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CCQI

Standards for Inpatient Mental Health Services

Fourth Edition

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FOREWORD

I am very pleased to introduce the Royal College of Psychiatrists' fourth edition of core standards for inpatient mental health services. These standards are intended for use across all mental health services to improve the quality of care provided. They will be implemented across the College Centre for Quality Improvement's quality and accreditation networks, supplemented by specialist standards specific to service type.

The College's first quality network, working with child and adolescent inpatient mental health services, was established in 2001 and there are now 28 networks working with over 1600 across the UK and beyond. These networks apply a similar methodology to a wide range of mental health services.

Over the past 20 years, the quality and accreditation networks have made a huge contribution to improving the quality of mental health services and patient experience. My own service, a mother and baby unit and linked community perinatal teams, has participated in the CCQI's perinatal network for many years and I have seen first-hand the positive impact these standards can have.

As part of this revision, the standards have been reviewed to ensure that they promote equality, diversity and inclusion and sustainability in mental health services – two of the College's priority areas.

The CCQI networks work with over 80 patient and carer representatives who contribute to every stage of the network's review cycle. I'm delighted that some of the representatives have been part of the standards revision group to ensure that the standards remain closely aligned to patient experience.

I would like to thank the patients, carers, healthcare professionals and CCQI staff who have worked to develop this new edition of core standards.

Dr Trudi Seneviratne
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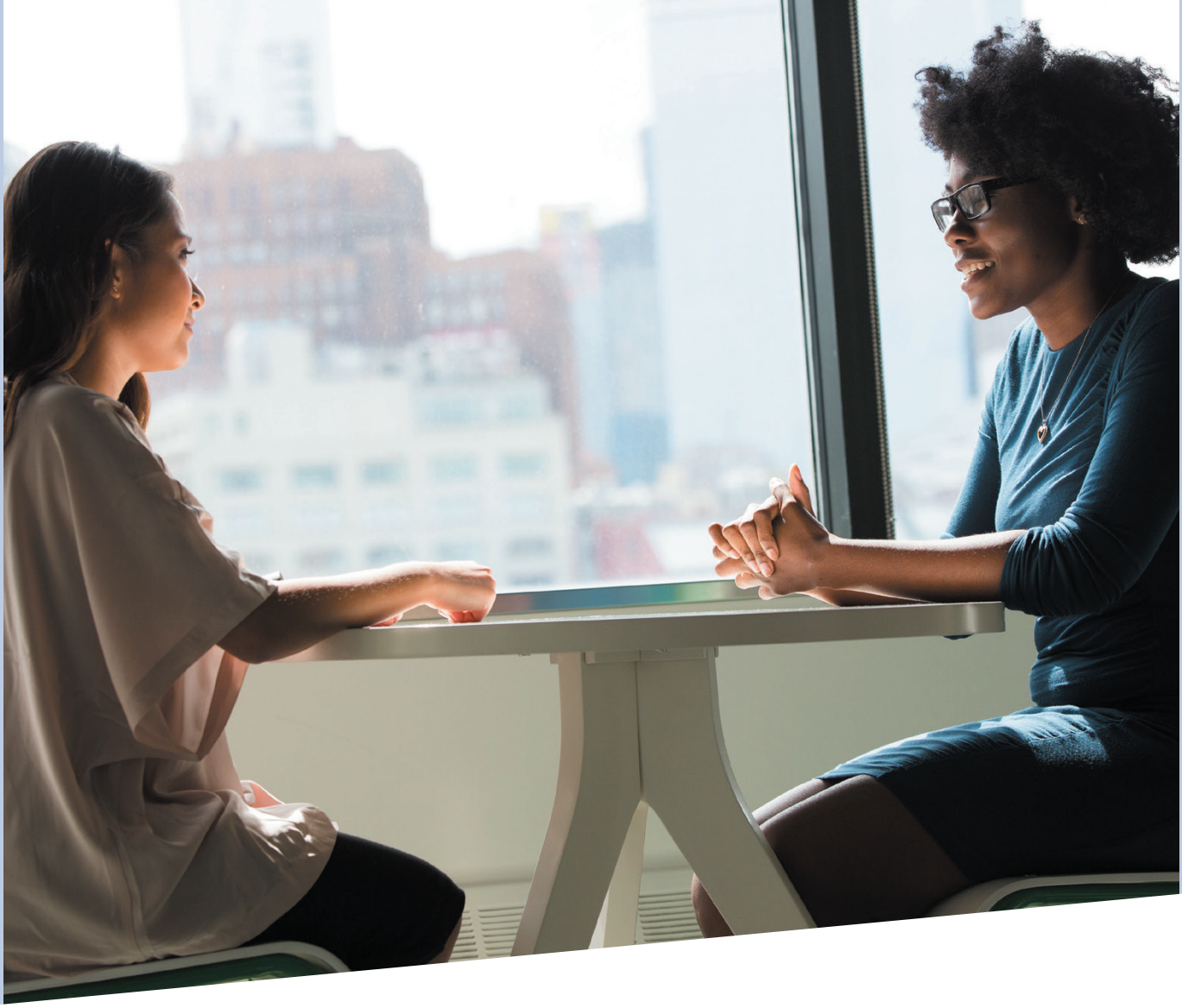


INTRODUCTION

Description and scope of the standards

The fourth edition of the core standards for inpatient mental health services has been revised by the Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI). It is based on the first edition which was created by the CCQI and the British Standards Institution (BSI) in 2015. The inpatient standards cover access to the ward/unit and what a good admission looks like (which includes assessment, care, treatment and discharge planning). They also cover ward/unit environment, staffing and governance.

How the standards were developed

A literature review was undertaken to identify any evidence published since publication of the third edition which could be used to update standards and create new standards. The standards then underwent a consultation process. This was done by a working group of multi-disciplinary mental health professionals, patient and carer representatives and CCQI staff that was led by Dr Rob Chaplin (Clinical Lead for Accreditation, CCQI).

The group reviewed all standards considering how critical they were to quality and their proximity to patient experience. Other factors considered included their measurability, if there was any repetition and whether the content was appropriate for core standards and could be applied across a range of mental health services. The final standards, we believe, will enable participating services and reviewers to focus on the issues that are key to quality.

The following principles were used to guide the development of these standards:

- **Access**: Patients have access to the care and treatment that they need, when and where they need it.
- **Compassion:** All services are committed to the compassionate care of patients, carers and staff.
- **Valuing relationships:** The value of relationships between people is of primary importance.
- **Patient and carer involvement:** Patients and carers are involved in all aspects of care.
- **Learning environment:** The environment fosters a continuous learning culture.
- **Leadership, management, effective and efficient care:** Services are well led and effectively managed and resourced.
- **Safety:** Services are safe for patients, carers and staff.

In addition, for this revision, the standards development group focused on ensuring that the standards promote equitable access, experience and outcomes for patients and carers and sustainability in mental health care.

How the core standards will be used

The core standards will be used by the quality and accreditation networks within the CCQI. Each project will adopt the relevant core standards which will be used alongside their own specialist standards that relate to the service type being reviewed.

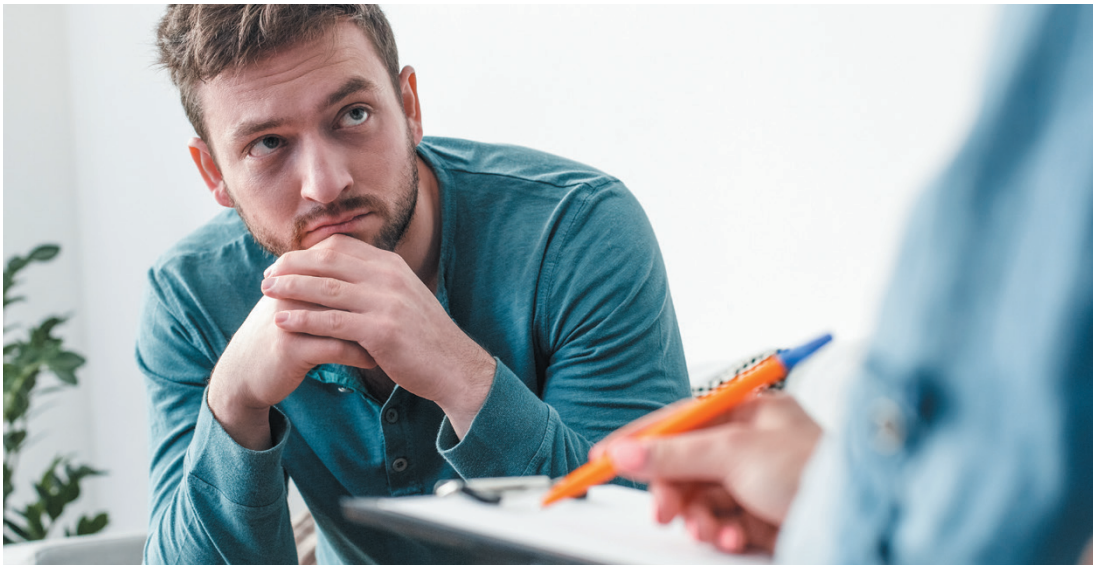
Use of terminology

The core inpatient standards use the terms 'patient' and 'carer'. The decision was made to use these terms during the consultation process for the first edition of the core standards. When projects come to take on these standards, they may change these terms where patient or carer might not be appropriate depending on the specialty.

Criteria

All criteria are rated as Type 1, 2 or 3.

- **Type 1:** Essential standards. Failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence-based care and treatment.
- **Type 2:** Expected standards that most services should meet.
- **Type 3:** Desirable



SUSTAINABILITY PRINCIPLES

This edition of the CCQI core standards been mapped against sustainability principles developed by the Royal College of Psychiatrists' Sustainability and Planetary Health Committee.

www.rcpsych.ac.uk/workinpsychiatry/sustainability.aspx

The Royal College of Psychiatrists is striving to improve the sustainability of mental health care, by designing and delivering services with the sustainability principles at the core. The aim of this process is to raise awareness around sustainability in mental health services and to work towards making psychiatric services sustainable in the long run. In recent years the mounting economic, social and environmental constraints have put mental healthcare system under enormous pressure and it is vital to ensure that high-value services continue despite these constraints. Developing a sustainable approach to our clinical practice is a crucial step in ensuring that mental health services will continue to provide high-quality care in the 21st century in the face of these constraints.

Sustainability in health services involves improving quality, cost and best practice, with a particular focus on reducing the impact on the environment and the resources used in delivering health interventions. A sustainable mental health service is patient-centred, focused on recovery, self-monitoring and independent living, and actively reduces the need for intervention.

Sustainability is written into the NHS Constitution for England (Department of Health, 2013). In Principle 6, it states that the 'NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.'

It is vital for professionals involved in designing mental health services to have a good understanding of sustainability i.e. the resources needed for each intervention, and to have an awareness of the effects of these interventions across economic, environmental and social domains. Adoption of these principles across mental healthcare would lead to a less resource intensive and more sustainable service.

The five Sustainability Principles are listed below:

1. Prioritise prevention – preventing poor mental health can reduce mental health need and therefore ultimately reduce the burden on health services (prevention involves tackling the social and environmental determinants alongside the biological determinants of health).

2. Empower individuals and communities – this involves improving awareness of mental health problems, promoting opportunities for self-management and independent living, and ensuring patients and carers are at the centre of decision-making. It also requires supporting community projects that improve social networks, build new skills, support employment (where appropriate) and ensure appropriate housing.

3. Improve value – this involves delivering interventions that provide the maximum patient benefit for the least cost by getting the right intervention at the right time, to the right person, while minimising waste.

4. Consider carbon – this requires working with providers to reduce the carbon impacts of interventions and models of care (e.g. emails instead of letters, video or telephone appointments instead of face-to-face contacts). Reducing over-medication, adopting a recovery approach, exploiting the therapeutic value of natural settings and nurturing support networks are examples that can improve patient care while reducing economic and environmental costs.

5. Staff sustainability – this requires actively supporting employees to maintain their health and well-being. Contributions to the service should be recognised and effective team working facilitated. Employees should be encouraged to develop their skills and supported to access training, mentorship and supervision.

The green leaf symbol is used throughout this document to indicate core standards that are linked to one of the sustainability principles.

A range of guidance reports and papers has already been developed by the College to help improve the sustainability of mental health care. Please see below for further information:

- Guidance for commissioners of financially, environmentally, and socially sustainable mental health services

https://www.jcpmh.info/good-services/sustainable-services/

- Choosing Wisely – shared decision making

http://www.rcpsych.ac.uk/healthadvice/choosingwisely.aspx

- Centre for Sustainable Healthcare

https://sustainablehealthcare.org.uk/

- Psych Susnet

https://networks.sustainablehealthcare.org.uk/network/psych-susnet

Number	Type	Standard	Reference
1		**Access**	
1.1	1	The service provides information to referrers about how to make a referral.	2, 3, 4
1.2	1	When a young person under the age of 18 is admitted: • There is a named CAMHS clinician who is available for consultation and advice; • The local authority or local equivalent is informed of the admission; • The CQC or local equivalent is informed if the patient is detained; • A single room is used.	4
1.3	1	The unit has mechanisms to review data at least annually about the people who are admitted. Data are compared and action is taken to address any inequalities in care planning and treatment. *Guidance: This includes data around the use of seclusion and length of stay in the unit for different groups.*	4
2		**Admission: First 12 hours**	
2.1	1	On admission to the ward/unit, patients feel welcomed by staff members who explain why they are in hospital. *Guidance: Staff members show patients around and introduce themselves and other patients, offer them refreshments and address them using their preferred name and correct pronouns. Staff should enquire as relevant how they would like to be supported in regard to their gender.*	4, 11
2.2	1	The patient's carer is contacted as soon as possible by a staff member (with patient consent) to notify them of the admission and to give them the ward/unit contact details.	4
2.3	1	Patients are given accessible written information which staff members talk through with them as soon as practically possible. The information includes: • Their rights regarding admission and consent to treatment; • Their rights under the Mental Health Act; • How to access advocacy services; • How to access a second opinion; • How to access interpreting services; • How to view their health records; • How to raise concerns, complaints and give compliments.	4, 12, 13, 55, 62
2.4	1	Patients have a comprehensive mental health assessment which is started within four hours of admission. This involves the multi-disciplinary team and includes consideration of the patient's: • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development. **Sustainability Principle: Improving Value**	4, 12, 16

Number	Type	Standard	Reference
2.5 	1	Patients have a comprehensive physical health review. This is started within four hours of admission, or as soon as is practically possible. If all or part of the examination is declined, then the reason is recorded, and repeated attempts are made. **Sustainability Principle: Prioritise Prevention**	4, 18, 39
2.6 	1	Patients have a risk assessment and safety plan which is co-produced (where the patient is able to participate), updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). *Guidance: This assessment considers risk to self, risk to others and risk from others.* **Sustainability Principle: Prioritise Prevention**	4, 19, 20, 62
2.7	1	On admission the following is given consideration: • The security of the patient's home; • Arrangements for dependants (children, people they are caring for); • Arrangements for pets.	4
2.8	1	Patients admitted to the ward outside the area in which they live have a review of their placement at least every three months.	5

3 Completing the admission process

3.1	2	The patient is given an information pack on admission that contains the following: • A description of the service; • The therapeutic programme; • Information about the staff team; • The unit code of conduct; • Key service policies (e.g., permitted items, smoking policy); • Resources to meet spiritual, cultural or gender needs.	4, 21, 55

4 Reviews and care planning

4.1	1	Patients know who the key people are in their team and how to contact them if they have any questions.	23
4.2	1	There is a documented formalised review of care or ward round admission meeting within one week of the patient's admission. Patients are supported to attend this with advanced preparation and feedback.	4
4.3	1	Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients and their carers (with patient consent) when developing the care plan, and they are offered a copy. *Guidance: Where possible, the patient writes the care plan themselves or with the support of staff.*	2, 4, 12, 62

Number	Type	Standard	Reference
5		**Leave from the ward/unit**	
5.1	1	The team and patient jointly develop a leave plan, which is shared with the patient, that includes: • A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave; • Conditions of the leave; • Contact details of the ward/unit and crisis numbers and ability to access bed on return.	4, 62
5.2	1	Staff agree leave plans with the patient's carer where appropriate, allowing carers sufficient time to prepare.	4
5.3	1	When patients are absent without leave, the team (in accordance with local policy): • Activates a risk management plan; • Makes efforts to locate the patient; • Alerts carers, people at risk and the relevant authorities; • Escalates as appropriate.	4

6		**Care and treatment – therapies and activities**	
6.1.1	1	Following assessment, patients promptly begin evidence-based therapeutic interventions which are appropriate to the bio-psychosocial needs.	4, 13, 27, 28, 29
6.1.2	1	There is a psychologist who is part of the MDT. They contribute to the assessment and formulation of the patients' psychological needs and the safe and effective provision of evidence based psychological interventions.	30, 31
6.1.3	1	There is an occupational therapist who is part of the MDT. They work with patients requiring an occupational assessment and ensure the safe and effective provision of evidence based occupational interventions.	4
6.1.4	3	There is dedicated sessional input from arts or creative therapists.	4
6.1.5	2	Patients receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management.	4, 5,
6.1.6	2	Every patient has a seven-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with. *Guidance: This includes activities such as education, employment, volunteering and other occupations such as leisure activities and caring for dependants.*	4, 12, 32, 33, 34
6.1.7	1	Each patient is offered a one-hour session at least once a week with a nominated member of their care team to discuss progress, care plans and concerns.	4, 34
6.1.8	1	Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment.	3, 4, 35,

Number	Type	Standard	Reference
6.1.9	2	There is a minuted ward community meeting that is attended by patients and staff members. The frequency of this meeting is weekly, unless otherwise agreed with the patient group. *Guidance: This is an opportunity for patients to share experiences, to highlight issues of safety and quality on the ward/unit and to review the quality and provision of activities with staff members. To promote inclusion, the meeting could be chaired by a patient, peer support worker or advocate.*	4, 5,
6.1.10	2	Patients have access to relevant faith-specific support, preferably through someone with an understanding of mental health issues.	4
6.1.11	1	Patients have access to safe outdoor space every day. **Sustainability Principle: Consider Carbon**	32
6.1.12	2	Patients, according to risk assessment, have access to regular 'green' walking sessions. *Guidance: Consideration should be given to how all patients are able to access these sessions including, for example, access to appropriate foot or rainwear.* **Sustainability Principle: Consider Carbon**	4, 26
6.1.13	2	The team provides information and encouragement to patients to access local organisations for peer support and social engagement. This is documented in the patient's care plan and includes access to: • Voluntary organisations; • Community centres; • Local religious/cultural groups; • Peer support networks; • Recovery colleges.	4, 5, 27, 32
6.1.14	1	All staff members who deliver therapies and activities are appropriately trained and supervised. **Sustainability Principle: Staff Empowerment**	29, 37, 38

6.2 Care and treatment – medication

6.2.1	1	When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are discussed, a timescale for response is set and patient consent is recorded.	4
6.2.2	1	Patients have their medications reviewed at least weekly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. *Guidance: Side effect monitoring tools can be used to support reviews.* **Sustainability Principle: Consider Carbon**	4
6.2.3	1	Every patient's PRN medication is reviewed weekly: frequency, dose and indication.	4
6.2.4	1	All staff members who administer medications have been assessed as competent to do so. The assessment is completed at least once every three years using a competency-based tool.	4
6.2.5	**2**	Patients and carers and prescribers are able to meet with a pharmacist to discuss medications.	4

Number	Type	Standard	Reference
7		**Physical healthcare**	
7.1	1	Patients have follow-up investigations and treatment when concerns about their physical health are identified during their admission. *Guidance: This is undertaken promptly, and a named individual is responsible for follow-up. Advice may be sought from primary or secondary physical healthcare services.*	39
7.2 	1	Patients are offered personalised healthy lifestyle interventions such as advice on healthy eating, physical activity and access to smoking cessation services. This is documented in the patient's care plan. **Sustainability Principle: Consider Carbon**	3, 21, 24, 39
7.3 	1	The team, including bank and agency staff, are able to identify and manage an acute physical health emergency. **Sustainability Principle: Prioritise Prevention**	4
7.4	1	Patients who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at three months and then annually (or six-monthly for young people). If a physical health abnormality is identified, this is acted upon.	3, 4, 24, 39, 41, 42, 43

8		**Risk and safeguarding**	
8.1	1	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse.	4,44
8.2	1	Patients are involved (wherever possible) in decisions about their level of therapeutic observation by staff. *Guidance: Patients are also supported to understand how the level can be reduced.*	4, 12, 56
8.3	1	When restraint is used, staff members restrain in adherence with accredited restraint techniques.	13, 19, 45
8.4	2	Patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them.	4
8.5	1	Any use of force (e.g. physical, restraint, chemical restraint, seclusion and long term segregation) should be recorded in line with Mental Health Units (Use of Force) Act 2018.	36
8.6	1	In order to reduce the use of restrictive interventions, patients who have been harmful to themselves or others are supported to identify triggers and early warning signs and make advance statements about the use of restrictive interventions.	19
8.7	1	The team uses seclusion only as a last resort and for brief periods only.	13, 19, 45, 62
8.8	1	In units where long term segregation is used, the area used conforms to standards as prescribed by the Mental Health Act Code of Practice. *Guidance: This includes patients having access to meaningful and therapeutic activity and outdoor space.*	65

Number	Type	Standard	Reference
8.9	1	Patients who are involved in episodes of control and restraint, or compulsory treatment including tranquilisation, have their vital signs, including respiratory rate, monitored by staff members and any deterioration is responded to.	13, 19, 45
8.10	1	The multi-disciplinary team collects audit data on the use of restrictive interventions, including the ethnicity of the patients, and actively works to reduce its use year on year through use of audit and/or quality improvement methodology. *Guidance: Audit data are used to compare the service to national benchmarks where possible.*	19, 62

9 Discharge planning and transfer of care

9.1	1	Mental health practitioners carry out a thorough assessment of the person's personal, social, safety and practical needs to reduce the risk of suicide on discharge. *Guidance: Where possible, this should be completed in partnership with carers.*	5
9.2 	1	The team sends a copy of the patient's care plan or interim discharge summary to everyone identified in the plan as involved in their ongoing care within 24 hours of discharge. *Guidance: The plan includes details of:* • *Care in the community/aftercare arrangements;* • *Crisis and contingency arrangements including details of who to contact;* • *Medication including monitoring arrangements;* • *Details of when, where and who will follow up with the patient.* **Sustainability Principle: Prioritise Prevention**	4, 5, 47
9.3	2	A discharge summary is sent, within a week, to the patient's GP and others concerned (with the patient's consent). The summary includes why the patient was admitted and how their condition has changed, and their diagnosis, medication and formulation.	4, 5, 61
9.4	1	The team makes sure that patients who are discharged from hospital have arrangements in place to be followed up within 72 hours of discharge.	48
9.5	3	Teams provide support to patients when their care is being transferred to another unit, to a community mental health team, or back to the care of their GP. *Guidance: The team provides transition mentors; transition support packs; or training for patients on how to manage transitions.*	4, 47
9.6	1	When staff members are concerned about an informal patient self-discharging against medical advice, staff undertake a thorough assessment of the patient, taking their wishes into account as far as possible.	4, 5

Number	Type	Standard	Reference
10		**Interface with other services**	
10.1	3	The team supports patients to attend an appointment with their community GP if they need to whilst an inpatient, if they are admitted in their local area.	4
10.2	1	The team supports patients to access support with finances, benefits, debt management and housing needs.	4, 23
10.3	1	The ward/ unit/ organisation has a care pathway for patients who are pregnant or in the postpartum period. *Guidance: Patients who are over 32 weeks pregnant or up to 12 months postpartum should not be admitted to a general psychiatric ward unless there are exceptional circumstances.*	1
10.4	1	All patients have access to an advocacy service, including IMHAs (Independent Mental Health Advocates).	5
11		**Capacity and consent**	
11.1	1	Assessments of patients' capacity (and competency for patients under the age of 16) to consent to care and treatment in hospital are performed in accordance with current legislation.	4, 13, 49,
12		**Patient involvement**	
12.1	1	The service asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service. **Sustainability Principle: Empowering Individuals**	12, 33
12.2	2	Feedback received from patients and carers is analysed and explored to identify any differences of experiences by protected characteristics.	4
12.3	2	Services are developed in partnership with appropriately experienced patients and carers and have an active role in decision making.	4, 12
13		**Carer engagement and support**	
13.1	1	Carers are supported to participate actively in decision making and care planning for the person they care for. This includes attendance at ward reviews where the patient consents. **Sustainability Principle: Empowering Individuals**	3, 4, 25, 51, 56
13.2	1	Carers are supported to access a statutory carers' assessment, provided by an appropriate agency.	4, 52
13.3	2	Carers are offered individual time with staff members, within 48 hours of the patient's admission to discuss concerns and their own needs. **Sustainability Principle: Empowering Individuals**	4, 51, 56

Number	Type	Standard	Reference
13.4	2	The team provides each carer with accessible carer's information. *Guidance: Information is provided verbally and in writing (e.g., in a carers' pack). This includes the names and contact details of key staff members on the unit and who to contact in an emergency. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.*	3, 4, 59, 55
13.5	2	Carers feel supported by the ward staff members.	4, 51, 53

14		Treatment with dignity and respect	
14.1	1	Staff members treat all patients and carers with compassion, dignity and respect.	12, 33, 54, 56
14.2	1	Patients feel listened to and understood by staff members.	23, 56

15		Provision of information to patients and carers	
15.1	2	The ward/unit works with interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances.	4

16		Patient confidentiality	
16.1	1	Confidentiality and its limits are explained to the patient and carer on admission, both verbally and in writing. Patient preferences for sharing information with third parties, including their family or carers, are respected and reviewed regularly.	4, 56
16.2	1	The team knows how to respond to carers when the patient does not consent to their involvement. *Guidance: The ward may receive information from the carer in confidence.*	4, 11
16.3	1	All patient information is kept in accordance with current legislation. *Guidance: This includes transfer of patient identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.*	56

Number	Type	Standard	Reference
17		**Ward/unit environment**	
17.1	1	Male and female patients have separate bedrooms, toilets and washing facilities. Room allocation should accommodate a spectrum of gender and patient gender self-identification should be supported wherever possible. *Guidance: Self-identification as male or female should be accepted, and allocation to a gendered room done with patients' agreement. Where this allocation could present risks to the patient or to vulnerable others, this is risk assessed and all practical steps taken to accommodate patient preference. If patient preference cannot be safely accommodated, this is discussed between the patient and clinical team and agreement made on the most appropriate environment for care.*	4, 57
17.2	2	All patients have single bedrooms.	4, 57
17.3	3	Wards are able to designate gender neutral bedrooms and toilet facilities for those patients who would prefer a non-gendered care environment.	
17.4	2	Patients are able to personalise their bedroom spaces. *Guidance; For example, patients by putting up photos and pictures.*	4
17.5	2	The ward/unit has at least one bathroom/shower room for every three patients.	4
17.6	3	Every patient has an en-suite bathroom.	4
17.7	1	Patients are supported to access materials and facilities that are associated with specific cultural or spiritual practices, e.g., covered copies of faith books, access to a multi-faith room, or access to groups.	4
17.8	2	All patients can access a range of current culturally specific resources for entertainment, which reflect the ward/unit's population *Guidance: This may include recent magazines, daily newspapers, board games, a TV and DVD player with DVDs.*	4, 58, 59
17.9	3	All patients can access a charge point for electronic devices such as mobile phones.	4
17.10	1	The environment complies with current legislation on disabled access. *Guidance: Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence.*	4, 54, 60
17.11	1	Staff members respect the patient's personal space, e.g., by knocking and waiting before entering their bedroom.	4,56
17.12	1	When visits cannot be facilitated, patients have access to video technology to communicate with their friends and relatives.	4
17.13	1	Patients use mobile phones, computers (which provide access to the internet and social media), cameras and other electronic equipment on the ward, subject to risk assessment and in line with local policy. *Guidance: Staff members ensure the use of such equipment respects the privacy and dignity of everyone and know how to manage situations when this is breached.*	4, 56

Number	Type	Standard	Reference
17.14	1	A risk assessment of all ligature points on the ward is conducted at least annually. An action plan and mitigations are put in place where risks are identified, and staff are aware of the risk points and their management.	4
17.15	1	Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety. *Guidance: This includes avoiding the use of blanket rules and assessing risk on an individual basis.*	4, 35, 62
17.16	1	Staff members, patients and visitors are able to raise alarms using panic buttons, strip alarms, or personal alarms. There is an agreed response when the alarm is raised.	4
17.17	2	Staff members and patients can control heating, ventilation and light on the ward/unit. *Guidance: For example, patients are able ventilate their rooms through the use of windows, they have access to light switches, and they can request adjustments to control heating.*	4
17.18	1	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly, and after each use.	61
17.19	2	The ward/unit has a designated room for physical examination and minor medical procedures.	4
17.20	1	In wards/units where seclusion is used, there is a designated room that meets the following requirements: • It allows clear observation; • It is well insulated and ventilated; • It has adequate lighting, including a window(s) that provides natural light; • It has direct access to toilet/washing facilities; • It has limited furnishings (which include a bed, pillow, mattress and blanket or covering); • It is safe and secure, and does not; contain anything that could be potentially harmful; • It includes a means of two-way communication with the team; • It has a clock that patients can see.	13
17.21	2	The ward/unit has at least one quiet room or de-escalation space other than patient bedrooms.	4
17.22	1	There is a separable gender-specific space which can be used as required.	4, 13, 57
17.23	2	There are facilities for patients to make their own hot and cold drinks and snacks which are available 24 hours a day. *Guidance: Hot drinks may be available on a risk-assessed basis.*	4, 62
17.24	1	Patients are provided with meals which offer choice, address nutritional/balanced diet and specific dietary requirements and which are also sufficient in quantity. Meals are varied and reflect the individual's cultural and religious needs.	62
17.25	2	Ward/unit-based staff members have access to a dedicated staff room. **Sustainability Principle: Empowering Staff**	4
17.26	2	Patients are consulted about changes to the ward/unit environment.	4

Number	Type	Standard	Reference
18		**Leadership, team-working and culture**	
18.1	3	Staff members are able to access reflective practice groups at least every six weeks where teams can meet together to think about team dynamics and develop their clinical practice. **Sustainability Principle: Empowering Staff**	4
18.2	1	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing. **Sustainability Principle: Empowering Staff**	4, 56, 63, 64
18.3	1	When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans.	4
18.4	3	The ward reviews the environmental and social value of its current practices against the organisation's or NHS green plan. It identifies areas for improvement and develops a plan to increase sustainability in line with principles of sustainable services (prevention, service user empowerment, maximising value/ minimising waste and low carbon interventions). Progress against this improvement plan is reviewed at least quarterly with the team.	40
19		**Staffing levels**	
19.1	1	The ward/unit has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels, including: • A method for the team to report concerns about staffing levels; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services. **Sustainability Principle: Empowering Staff**	4
19.2	2	The ward/unit is staffed by permanent staff members, and unfamiliar bank or agency staff members are used only in exceptional circumstances, e.g., in response to additional clinical need or short-term absence of permanent staff.	4
19.3	1	There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can attend the ward/unit within 30 minutes in the event of an emergency.	4
20		**Staff recruitment, induction and supervision**	
20.1	2	Patient or carer representatives are involved in the interview process for recruiting potential staff members. *Guidance: The representatives should have experience of the relevant service.* **Sustainability Principle: Empowering Individuals**	4

Number	Type	Standard	Reference
20.2	1	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. This includes arrangements for shadowing colleagues on the team, jointly working with a more experienced colleague, and being observed and receiving enhanced supervision until core competencies have been assessed as met.	13, 17, 37
20.3	1	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. *Guidance: Supervision should be profession specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications*	4, 38
20.4	2	All staff members receive individual line management supervision at least monthly.	4

21 Staff wellbeing

21.1	1	The ward/unit actively supports staff health and wellbeing. *Guidance: For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports, and taking action where needed.* **Sustainability Principle: Empowering Staff**	6, 8, 9, 37
21.2	1	Patients and staff members feel safe on the ward.	4
21.3	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. *Guidance: Staff have the right to one uninterrupted 20-minute rest break during their working day, if they work more than six hours a day. Adequate cover is provided to ensure staff members can take their breaks.*	4, 10
21.4	1	Staff members, patients and carers who are affected by a serious incident including control and restraint and rapid tranquilisation are offered post-incident support. *Guidance: This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection.* **Sustainability Principle: Empowering Individuals**	14

22 Staff training and development

22.1		Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:	
22.1a	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	13, 49, 50
22.1b	1	Physical health assessment and management. *Guidance: This could include training in understanding physical health problems, undertaking physical observations, basic life support, and Early Warning Signs.*	3, 4

Number	Type	Standard	Reference
22.1c 	1	Safeguarding vulnerable adults and children. *Guidance: This includes recognising and responding to the signs of abuse, exploitation, or neglect.* **Sustainability Principle: Prioritise Prevention**	5, 18, 20, 54, 56, 62
22.1d 	1	Risk assessment and management. *Guidance: This includes assessing and managing suicide risk and self-harm, and the prevention and management of challenging behaviour.* **Sustainability Principle: Prioritise Prevention**	4, 19, 20, 24
22.1e	1	Recognising and communicating with patients with cognitive impairment and learning disabilities.	4
22.1f	1	Inequalities in mental health access, experiences, and outcomes for patients with different protected characteristics. Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care.).	4, 62
22.1g	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	59
22.1h	1	All staff undergo specific training in therapeutic observation when they are inducted into a Trust or changing wards. This includes: • Principles around positive engagement with patients; • When to increase or decrease observation levels and the necessary multi-disciplinary team discussions that should occur relating to this; • It has adequate lighting, including a window(s) that provides natural light; • It has a clock that patients can see.	7
22.2	2	Patient and/or carer representatives are involved in delivering and developing staff training.	12

23 Clinical outcome measurement

23.1	1	Clinical outcome measurement is collected at two time points (at assessment and discharge). *Guidance: This includes patient-reported outcome measurements where possible.*	4, 62
23.2	2	Staff members review patients' progress against patient-defined goals in collaboration with the patient at the start of treatment, during clinical review meetings and at discharge.	4, 38, 58

Number	Type	Standard	Reference
24		**The ward/unit learns from feedback, complaints and incidents**	
24.1	1	Systems are in place to enable staff members to report incidents quickly and effectively and managers encourage staff members to do this.	4, 14
24.2	1	When serious mistakes are made in care, this is discussed with the patient themself and their carer, in line with the Duty of Candour agreement.	4, 15
24.3	1	Lessons learned from untoward incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	4, 14
24.4	2	The ward team use quality improvement methods to implement service improvements.	4
24.5	2	The team actively encourages patients and carers to be involved in quality improvement initiatives.	4

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