QNWA
QUALITY NETWORK FOR INPATIENT WORKING AGE MENTAL HEALTH SERVICES

CCQI

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ROYAL COLLEGE OF PSYCHIATRISTS

Standards for Acute Inpatient Services for Working Age Adults

7th Edition

Quality Network for Inpatient Working Age Mental Health Services (QNWA)

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Contents

Foreword

In 2006 the first set of standards for the Accreditation for Working Age Inpatient Mental Health Services (AIMS-WA) was published following a successful pilot phase. 13 years later the project has gone from strength to strength as the 7th set of standards are published.

Over time many of the original Type 2 standards and aspirational Type 3 standards have evolved into Type 1 standards and have become accepted ways of working in acute mental health inpatient settings. This has left room for new standards to emerge and be embedded in acute care, helping to drive change and improve services nationally.

The 7th edition sees a revised set of standards streamlined to meet the needs of acute inpatient services. This followed a series of consultations with expert stakeholders, member services and patient and carer representatives, to ensure that services are assessed against a set of quality standards and to recognise good practice within the field. The revised set of quality standards are relevant to the ever-changing face of acute inpatient settings and aim to support the challenge that change brings to front line services.

On behalf of the Advisory Group I would like to thank those involved in the consultations and the QNWA team for all their work in revising the standards prior to this publication.

Ellie Walsh
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Chair of the QNWA Advisory Group

Introduction

The 7th edition standards have been drawn from key documents and expert consensus and have been subject to extensive consultation with professional groups involved in the provision of inpatient mental health services, and with people and carers who have used services in the past.

The standards have been developed for the purposes of review and accreditation as part of the Quality Network for Inpatient Working Age Mental Health Services (QNWA) previously known as AIMS-WA, however, they can also be used as a guide for new or developing services.

The standards cover the follow topics:

- Admission and Assessment
- Care Planning and Treatment
- Referral, Discharge and Transfer
- Patient and Carer Experience
- Staff and Training
- Environment and Facilities
- Governance

Who are these standards for?

These standards are designed to be applicable to inpatient mental health services for working age adults and can be used by professionals to assess the quality of the team and the ward. The standards may also be of interest to commissioners, patients, carers, researchers and policy makers.

Categorisation of standards

To support in their use during the accreditation process, each standard has been categorised as follows:

- **Type 1:** Criteria relating to patient safety, rights, dignity, the law and fundamentals of care, including the provision of evidence-based care and treatment;
- **Type 2:** Criteria that a service would be expected to meet;

- **Type 3:** Criteria that are desirable for a service to meet, or criteria that are not the direct responsibility of the service.

The full set of standards are aspirational, and it is unlikely that any service would meet them all. To achieve accreditation, a service must meet 100% of type 1 standards, at least 80% of type 2 standards and 60% of type 3 standards.

Terms used in this document

In this document, the inpatient mental health service is referred to as *'the team'* or *'the ward/unit'*. People who are cared for by inpatient mental health services are referred to as *'patients'* and their loved ones are referred to as *'carers'*.

References

Please see the list at the end of this document for full references. These are referred to by the number in square brackets in the 'ref.' column throughout the document.

The standards are also available to download on our website www.rcpsych.ac.uk/AIMS-WA

Sustainability Principles

The seventh edition of the QNWA standards has been mapped against sustainability principles developed by the Royal college of Psychiatrists Sustainability 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 (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, tele-health clinics 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.

Services that meet 90% or more of the standards relevant to Sustainability Principles (marked with the logo, left) will be awarded a Sustainable Service Accreditation certification in recognition of provision of a sustainable mental health service.

Sustainability will automatically be examined alongside the usual review process and services will not have to submit extra evidence for this. Whether a service is awarded the sustainability certification or not will not affect the accreditation status of the service.

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

Standards for Acute Inpatient Services for Working Age Adults

Admission and Assessment

No.	Type	Standard	Ref.
1	1	The service provides information about how to make a referral to the ward.	[1]
2	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.	[1]
3	1	When patients lack capacity to consent to interventions, decisions are made in their best interests.	[4]
4	1	There are systems in place to ensure that the ward/unit takes account of any advance directives that the patient has made.	[4]
5	1	The aims of admission are agreed among the referring team, the ward/unit team and the patient and carers.	[2]
6	1	There is an identified and documented contact or link person for each agency involved with the patient.	[2]
7	1	The patient's main carer is identified and contact details are recorded.	[2]
8	1	There is a clear process in place for handling situations where agreed bed occupancy levels need to be exceeded.	[2]
9	1	The patient's carer is contacted by a staff member (with patient consent) to notify them of the admission and to give them the ward/unit contact details.	[1]
10	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; • essential maintenance of home and garden.	[1]
11	1	There is a documented Care Programme Approach (or equivalent) or ward round admission meeting within one week of the patient's admission. Patients are supported to attend this with advanced preparation and feedback.	[1]
12	1	Patients have a comprehensive mental health assessment which is started within 4 hours and completed within 1 week. This involves the multi-disciplinary team and includes patients': • mental health and medication; • psychosocial and psychological needs; • strengths and areas for development. Sustainability Principle: Improve Value	[1]

13	1	Patients have a comprehensive physical health review. This is started within 4 hours of admission, or as soon as is practically possible. The assessment is completed within 1 week, or prior to discharge. Sustainability Principle: Prioritise Prevention	[1] [10]
14	1	Patients are informed of the outcome of their physical health assessment and this is recorded in their notes. *Guidance: With patient consent, this can be shared with their carer.*	[2] [10]
15	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.*	[1]
16	1	Where the patient is found to have a physical condition which may increase their risk of collapse or injury during restraint this is: • clearly documented in their records; • regularly reviewed; • communicated to all MDT members; • evaluated with them and, where appropriate, their carer/advocate.	[2]
17	1	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.	[1] [13]
18	1	Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: • their rights regarding admission and consent to treatment; • rights under the Mental Health Act; • how to access advocacy services; • a second opinion; • interpreting services; • their records; • raise concerns, complaints and compliments.	[1]
19	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 the third parties are respected and reviewed regularly. *Guidance: The patients consent should be recorded in their notes and if consent has not been obtained the reasons for this should also be recorded.*	[1] [13]

20	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.	[1]
21	1	Patients admitted to the ward outside the area in which they live have a review of their placement at least weekly.	[1] [2]
22	1	All assessments are documented, signed/validated (electronic records) and dated by the assessing practitioner.	[2]

Care Planning and Treatment

No.	Type	Standard	Ref.
23	1	All patients have a documented diagnosis and/or a clinical formulation. *Guidance: The formulation includes the presenting problem and predisposing, precipitating, perpetuating and protective factors as appropriate.*	[14]
24	1	Every patient has a written care plan, reflecting their individual needs. Staff members actively seek to collaborate with patients and their carers (with patient consent) when developing the care plan and are offered a copy. *Guidance: the care plan clearly outlines:* • *agreed intervention strategies for physical and mental health;* • *measurable goals and outcomes;* • *strategies for self-management;* • *any advance directives or statements that the patient has made;* • *crisis and contingency plans;* • *review dates and discharge framework.*	[1]
25	2	Care plans give consideration to the monitoring of sleep duration and quality, night time observations, the enhancement of sleep (including via sleep hygiene) and the minimisation of night-time sedative drugs (for patients prescribed regular or as-required night-time sedation). *Guidance: This is discussed in collaboration with the patient and reassessed at least weekly.*	[2]
26	1	The team reviews and updates care plans according to clinical need or at least weekly.	[2]
27	1	The team knows how to respond to carers when the patient does not consent to their involvement.	[1]
28	1	Patients have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers: • risk to self; • risk to others; • risk from others. Sustainability Principle: Prioritising Prevention	[1]
29	1	Patients begin evidence-based interventions, which are appropriate for their bio-psychosocial needs, as soon as possible after admission and no later than 4 weeks. Any exceptions are documented in the case notes.	[1] [2] [13]
30	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.	[1]

31	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. *Guidance: If there are concerns about a patient's cognition, the risk assessment includes consideration of whether the patient may be driving/using heavy machinery etc. and there is a plan in place to manage this.*	[1]
32	1	Staff agree leave plans with the patient's carer where appropriate, allowing carers sufficient time to prepare.	[1]
33	1	If a patient is identified as at risk of absconding, the team completes a crisis plan, which includes: • a description of the patient; • clear instructions for alerting and communicating with carers, people at risk and the relevant authorities.	[2]
34	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; • completes an incident form.	[1]
35	1	Patients are involved in decisions about their level of observation by staff.	[1]
36	2	Patients on constant observations receive at least 1 hour per day being observed by a member of staff who is familiar to them.	[1]
37	1	When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are reviewed, a timescale for response is set and patient consent is recorded.	[1]
38 	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	[1]
39	1	Every patient's PRN medication is reviewed weekly, with consideration of the frequency dose and reasons.	[1]
40	1	Patients in hospital for long periods of time, who are prescribed mood stabilisers or antipsychotics, have the appropriate physical health assessments at the start of treatment (baseline), at 6 weeks, at 3 months and then annually (or every six months for young people) unless a physical health abnormality arises.	[1]
41 	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	[1]

42	1	Patients with drug and alcohol problems have access to specialist help e.g. substance misuse interventions.	[5]
43	1	The ward/unit has a care pathway for women who are pregnant or in the post-partum period. *Guidance: Women who are over 32 weeks pregnant or up to 12 months post-partum period should not be admitted to a general psychiatric ward unless there are exceptional circumstances.*	[1]
44	2	If needs are identified that cannot be met by the ward/unit team, then a referral is made to a service that can.	[2]
45	1	Every patient has a 7-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.*	[1]
46 	3	Patients have access to weekly activities which focus on accessing green spaces. *Guidance: The manner in which the green space is engaged with can include a range of activities from a basic group walk but also include interests which can be supported by staff and reflect interests of patients such as photography, drawing, mindfulness etc.* Sustainability Principle: Consider Carbon	[21]
47	2	Patients are able to leave the ward/unit to attend activities elsewhere in the building.	[2]

Referral, Discharge and Transfer

No.	Type	Standard	Ref.
48	2	The inpatient team invites a community team representative to attend and contribute to ward rounds and discharge planning.	[6] [13]
49	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.	[1]
50 	1	People discharged from inpatient care have their care plan or interim discharge summary sent 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	[1]
51	2	A discharge summary is sent within a week to the patient's GP and others concerned (with the patient's consent), including why the patient was admitted and how their condition has changed, diagnosis, medication and formulation.	[1]
52	1	When staff members are concerned about an informal patient self-discharging against medical advice, the staff members undertake a thorough assessment of the patient, taking their wishes into account as far as possible.	[1]
53	1	When patients are transferred between wards/units or from/to the community there is a handover which ensures that the new team have an up-to-date care plan and risk assessment.	[2] [6]
54	1	There are protocols for transfer or shared care between learning disability and generic mental health services.	[15]
55 	1	There are joint working protocols/care pathways in place to support patients in accessing the following services: • accident and emergency; • social services; • local and specialist mental health services; • primary health care teams; • secondary physical healthcare; • home treatment/crisis resolution team. Sustainability Principle: Improve Value	[2]

56 	2	Where there are delayed transfers/discharges: • the team can easily raise concerns about delays to senior management; • local information systems produce accurate and reliable data about delays; • action is taken to address any identified problems. Sustainability Principle: Consider Carbon	[2]
57	3	Teams provide specific transition 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*.	[1]
58	1	The inpatient team makes sure that patients who are discharged from hospital have arrangements in place to be followed up within 3 days of discharge.	[1]

Patient and Carer Experience

No.	Type	Standard	Ref.
59	1	On admission to the ward, patients feel welcomed by staff members. *Guidance: Staff members show patients around and introduce themselves and other patients; offer patients refreshments; address patients using the name and title they prefer.*	[1] [13]
60	2	Staff members are easily identifiable (for example, by wearing appropriate identification and having a staff photo board on the ward).	[2] [13]
61	1	Patients know who the key people are in their team and how to contact them if they have any questions.	[1]
62	1	Every patient is offered the opportunity to engage in 1:1 conversation at least once a day by a staff member.	[13]
63	2	Each patient receives a pre-arranged 1-hour session at least once a week with a nominated member of their care team to discuss progress, care plans and concerns.	[1] [13]
64	1	Patients and staff members feel safe on the ward.	[1] [13]
65	1	Patients are facilitated and supported to prepare for any formal review of their care. During their review they, along with their carer (where consent has been given), are able to express their views.	[2]
66	1	Actions from reviews are fed back to the patient (and carer, with the patient's consent) and this is documented.	[2]
67	2	Patients are able to meet with their consultant outside of reviews.	[2]
68	1	Patients are offered a staff member of the same gender as them, and/or a chaperone of the same gender, for physical examinations.	[16]
69	1	During the administration or supply of medicines to patients, privacy, dignity and confidentiality are ensured.	[17]
70	1	To reduce the use of restrictive interventions, patients who have been violent or aggressive are supported to identify triggers and early warning signs, and make advance statements about the use of restrictive interventions.	[1]
71	1	Staff members treat all patients and carers with compassion, dignity and respect. *Guidance: This includes respect of a patient's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background*.	[1]

72	1	Patients feel listened to and understood by staff members.	[1]
73	2	Patients are consulted about changes to the ward/unit environment.	[1]
74 	1	Patients have access to safe outdoor space every day. Sustainability Principle: Consider Carbon	[1]
75	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. The meeting should be facilitated by a professional who has an understanding of group dynamics.*	[1]
76	1	Staff members respect the patient's personal space, e.g. by knocking and waiting before entering their bedroom.	[1]
77	2	Patients receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management.	[1]
78	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 may include access to: • voluntary organisations; • community centres; • local religious/cultural groups; • peer support networks; • recovery colleges.	[1] [13]
79	1	The team supports patients to access support with finances, benefits, debt management and housing.	[1]
80	1	All patients have access to an advocacy service including IMHAs (Independent Mental Health Advocates).	[1] [13]
81	1	The ward/unit uses 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.	[1]
82	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.	[1]
83	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.	[1]
84	2	Staff members ask patients for feedback about the food and this is acted upon.	[13]

85	1	Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment. *Guidance: Verbal information could be provided in a 1:1 meeting with a staff member, a ward round or in a psychoeducation group*.	[1]
86	2	Patients have access to relevant faith-specific support, preferably through someone with an understanding of mental health issues.	[1]
87	1	Patients can access resources that enable them to meet their individual self-care needs, including ethnic- and gender-specific requirements.	[1]
88	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, computers and internet access (where risk assessment allows this).*	[1]
89	1	Patients can make and receive telephone calls in private, subject to appropriate risk assessment.	[2] [13]
90	3	The team supports patients to attend an appointment with their community GP whilst an inpatient if they are admitted in the local area.	[1]
91	2	The team provides each carer with accessible carer's information. *Guidance: Information is provided verbally and in writing (e.g. carer's 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.*	[1]
92	2	Carers feel supported by the ward staff members.	[1]
93	2	The ward/unit has a designated staff member dedicated to carer support (carer lead).	[7]
94	2	Carers have access to a carer support network or group. This could be provided by the ward/unit or the team could signpost carers to an existing network. *Guidance: This could be a group/network which meets face-to-face or communicates electronically.*	[7]
95	3	Carers are able to access regular group meetings that have a psychoeducational focus.	[7]
96	1	Carers (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning. Sustainability Principle: Empower Individuals and Communities	[1]
97	1	Carers are supported to access a statutory carers' assessment, provided by an appropriate agency.	[1]
98	2	Carers are offered individual time with staff members, within 48 hours of the patient's admission to discuss concerns, family history and their own needs. Sustainability Principle: Empower Individuals and Communities	[1]

99	3	Carers have access to a specialised pharmacist and/or pharmacy technician to discuss medications.	[13]
100	1	People 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.*	[1]
101 	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: Empower Individuals and Communities	[1]

Staffing and Training

No.	Type	Standard	Ref.
102	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.	[1]
103	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.	[1]
104	1	There is dedicated administrative support which meets the needs of the ward/unit.	[2]
105	2	A specialist pharmacist is a member of the MDT.	[1] [13]
106	3	There is dedicated sessional input from creative therapists.	[1]
107	3	The ward/unit recruits peer-support workers to facilitate recovery and other groups.	[8]
108	1	There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the ward/unit. Sustainability Principle: Improve Value	[2]
109	2	There is visible and accessible leadership at ward/unit level. Sustainability Principle: Improve Value	[2]
110	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: Staff Empowerment	[1]
111	2	The ward/unit is staffed by permanent staff members, and unfamiliar bank and agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need.	[1]
112	2	If the ward/unit uses bank and agency staff members, the service manager monitors their use on a monthly basis.	[2]
113	2	Appropriately experienced patient or carer representatives are involved in the interview process for recruiting potential staff members. Sustainability Principle: Empower Individuals and Communities	[1]
114	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.	[1]

115 	1	The team including bank and agency staff are able to identify and manage an acute physical health emergency. Sustainability Principle: Prioritising Prevention	[1]
116	1	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly, and after each use. *Guidance: Emergency medical resuscitation equipment should be available within three minutes.*	[1]
117	1	The ward/unit has clear clinical supervision guidelines which incorporate supervision contracts between supervisor and supervisee.	[11]
118	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.*	[1]
119	2	The quality and frequency of clinical supervision is monitored quarterly.	[2] [11]
120	2	All staff members receive line management supervision at least monthly.	[1]
121	2	Staff members in training and newly-qualified staff members are offered weekly supervision.	[2]
122	1	All staff members receive an annual appraisal and personal development planning (or equivalent). *Guidance: This contains clear objectives and identifies development needs.*	[2]
123 	2	Staff members have access to reflective practice groups at least every 6 weeks where teams can meet together to think about team dynamics and develop their clinical practice. Sustainability Principle: Staff Empowerment	[1]
124 	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: Staff Empowerment	[1]
125 	2	All staff members are involved in key decisions about the service provided. Sustainability Principle: Staff Empowerment	[2]
126 	1	The ward/unit actively supports staff health and well-being. *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: Staff Empowerment	[1]
127	2	The team has protected time for team-building and discussing service development at least once a year.	[2]

128	2	The ward team use quality improvement methods to implement service improvements.	[1]
129	3	The ward team actively encourage patients and carers to be involved in Quality Improvement projects.	[1]
130	1	There is a designated nurse in charge of each shift.	[2]
131	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. *Guidance: They have the right to one uninterrupted 20 minute rest break during their working day, if they work more than 6 hours a day. Adequate cover is provided to ensure staff members can take their breaks on both the day and night shift.*	[1]
132 	2	Ward/unit-based staff members have access to a dedicated staff room. Sustainability Principle: Staff Empowerment	[1]
133	2	All staff have access to a locker or locked area to store personal belongings.	[2]
134	1	When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans.	[1]
135	1	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. *Guidance: This should include arrangements for:* • *shadowing colleagues on the team;* • *jointly working with a more experienced colleague;* • *being observed and receiving enhanced supervision until core competencies have been assessed as met.*	[1]
136	1	All newly qualified staff members are allocated a preceptor to oversee their transition onto the ward/unit. *Guidance: This should be offered to recently graduated students, those returning to practice, those entering a new specialism and overseas-prepared practitioners who have satisfied the requirements of, and are registered with, their regulatory body.*	[9]
137	2	Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every three months.	[18]
138	2	Patients and carers are involved in delivering and developing staff training face-to-face.	[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:			
139	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent);	[1]
140	1	Physical health assessment; *Guidance: This could include training in understanding physical health problems, physical observations and when to refer the patient for specialist input.*	[1]
141 	1	Risk assessment and risk management; *Guidance: This includes: Assessing and managing suicide risk and self-harm; Prevention and management of aggression and violence;* Sustainability Principle: Prioritising Prevention	[1]
142	1	Recognising and communicating with patients with cognitive impairment or learning disabilities;	[1] [13]
143	1	Statutory and mandatory training; *Guidance: Includes equality and diversity, information governance and basic life support*	[1]
144 	1	Safeguarding vulnerable adults and children. This includes recognising and responding to the signs of abuse, exploitation or neglect; Sustainability Principle: Prioritising Prevention	[1]
145	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality;	[1]
146	2	Clinical outcome measures.	[2]
147	1	All staff undergo specific training in therapeutic observation when they are inducted into a Trust or changing wards. *Guidance: Training 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 and actions to take if the patent absconds.*	[1]
148 	1	All staff members who deliver therapies and activities are appropriately trained and supervised. Sustainability Principle: Staff Empowerment	[1]
149	2	Staff are given planned and protected time to ensure activities and interventions are provided regularly and routinely.	[2]
150 	3	Staff recognise the benefit of using natural settings or green spaces to enhance the therapeutic potential of the ward environment and make patients aware of those benefits. *Guidance: This includes efforts to include natural plants and images of natural setting in appropriate areas throughout the ward.* Sustainability Principle: Consider Carbon	[21]

151	1	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse on the ward.	[1]
152	1	All staff members who administer medications have been assessed as competent to do so. Assessment is done using a competency-based tool. This assessment is repeated at least once every three years.	[1]
153	1	Staff members do not restrain patients in a way that affects their airway, breathing or circulation.	[1]
154	1	The team uses seclusion or segregation only as a last resort and for brief periods only.	[1]
155	1	Staff members follow inter-agency protocols for the safeguarding of vulnerable adults and children. This includes escalating concerns if an inadequate response is received to a safeguarding referral.	[3]
156	1	Staff members follow a policy when conducting searches of patients and their personal property.	[2]
157	1	Staff members follow a lone working policy and feel safe when escorting patients on leave.	[12]

Environment and Facilities

No.	Type	Standard	Ref.
158	1	An audit of environmental risk is conducted annually, and a risk management strategy is agreed and acted on. *Guidance: This includes an audit of ligature points.*	[19]
159	2	The ward/unit entrance and key clinical areas are clearly signposted.	[2]
160	1	The agreed response to fire drills is rehearsed at least six monthly.	[2]
161	1	Facilities ensure routes of safe entry to and exit from the ward/unit in the event of an emergency.	[2]
162	1	Staff members, patients and visitors are able to raise alarms using panic buttons, strip alarms, or personal alarms and there is an agreed response when an alarm is used.	[1]
163	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.*	[1]
164	1	Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery.	[1]
165	1	There is access to the day room at night for patients who cannot sleep.	[2]
166	1	Patients are supported to access relevant faith-specific 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.	[1]
167	1	There is a designated dining area that is big enough to allow patients to eat in comfort and to encourage social interaction, including the ability for staff to engage with and observe patients during mealtimes. *Guidance: The dining area should be reserved for dining only during allocated mealtime.*	[18]
168	2	There are facilities for patients to make their own hot and cold drinks and snacks which are available 24 hours a day.	[1]
169	1	All rooms, including bathrooms, are kept clean and have fixtures, fittings and equipment that are in a good state of repair.	[18]

170	2	Staff members and patients can control heating, ventilation and light. *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.*	[1]
171	2	There is an alternative (such as nightlights) to bright fluorescent lighting in bedrooms, providing different levels of lighting which both patients and staff can control.	[2]
172	2	All patients have single bedrooms.	[1]
173	2	Every patient has an en-suite bathroom.	[1]
174	1	The ward/unit has at least one bathroom/shower room for every three patients.	[1]
175	1	Male and female patients have separate bedrooms, toilets and washing facilities. *Guidance: Male patients should not have to pass through female areas to access the bathrooms or their bed space, and vice versa.*	[1]
176	2	There is secure, lockable access to a patient's room, with external staff override.	[2]
177	2	Patients are able to personalise their bedroom spaces. *Guidance: For example, by patients putting up photos and pictures.*	[1]
178	3	All patients can access a charge point for electronic devices such as mobile phones.	[1]
179	2	All patients have access to lockable storage, which may include their own individual rooms or access to a safe on the ward/unit.	[2]
180	2	The ward/unit has a designated room, for physical examination and minor medical procedures.	[1] [18]
181	1	The team keeps medications in a secure place, in line with the organisation's medicine management policy.	[2]
182	1	There is a separable gender-specific space which can be used as required.	[1]
183	2	The ward/unit has at least one quiet room or de-escalation space other than patient bedrooms.	[1]

184	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 – it 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.	[1]
185	2	There is at least one room for interviewing and meeting with individual patients and relatives, which is furnished with comfortable seating.	[2]
186	2	There is a designated space for patients to receive visits from children, with appropriate facilities such as toys, books.	[2]
187	2	There are sufficient IT resources to provide all practitioners with easy access to key information, e.g. information about services/conditions/treatment, patient records, clinical outcome and service performance measurements.	[18]

Governance

No.	Type	Standard	Ref.
188	2	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use.	[2]
189	2	Services are developed in partnership with appropriately experienced patient and carers and have an active role in decision making.	[1]
190	1	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	[1]
191	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. Sustainability Principle: Empower Individuals and Communities	[1] [13]
192	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.*	[1]
193	2	The ward manager attends business meetings that are held at least monthly.	[2]
194	1	The ward has a policy on smoking.	[2]
195	1	There is a visiting policy which includes procedures to follow for specific groups including: • children; • unwanted visitors (i.e. those who pose a threat to patients, or to staff members).	[2]
196	1	There is a clear written policy on the use of seclusion, which complies with the MHA and NICE NG10.	[20]
197	1	The multi-disciplinary team collects audit data on the use of restrictive interventions and actively works to reduce its use year on year. *Guidance: Audit data are used to compare the service to national benchmarks where possible.*	[1]
198	1	The safe use of high risk medication is audited, at least annually and at a service level. *Guidance: This includes medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines.*	[2]

199	2	Key information generated from service evaluations, audits and key measure summary reports (e.g. reports on length of stay) are disseminated in a form that is accessible to all.	[2]
200	1	Clinical outcome measurement, and progress against user defined goals is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible.	[1]
201	2	Outcome data is used as part of service management and development, staff supervision and caseload feedback. *Guidance: This should be undertaken every 6 months as a minimum.*	[2]
202	1	There are clear policies and procedures for managing complaints.	[18]
203	1	Lessons learned from untoward incidents are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	[1]
204	1	When mistakes are made in care this is discussed with the patient themselves and their carer, in line with the Duty of Candour agreement.	[1]

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