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## Foreword

Inpatient services for children and young people have been very much in the public focus over the last few years. The safety of our services, the quality of interventions we provide and how well we engage young people have all been improvement priorities for QNIC.

Inpatient CAMHS for children and young people have evolved considerably in the last 15 years since QNIC was launched. Starting with 30 or so units in 2001 the Network now has 117 units in 5 countries. During this time QNIC has emerged as a well-respected authority on the quality of inpatient services. Central Government departments, national commissioners and regulators from across the UK have turned to QNIC for advice and guidance in shaping policy, commissioning intentions and inspection frameworks. Aggregate QNIC data has also been used to inform several National reviews of CAMHS since 2001 and has helped with the setting up of CAMHS units outside the UK. It is the combined clinical and quality improvement expertise that keeps QNIC credible and up to date and this is a credit to us all.

Our most recent revision of the QNIC standards raises the bar even further. Whilst this may present challenges for some units who need to reconsider their service offer, few of us would argue that raising expectations and continually striving to improve quality and safety is the right thing to do. Those in doubt or needing leverage to make the strategic case may wish to reflect on the Friends and Family test question which asks "How likely are you to recommend our service to friends and family if they needed similar care or treatment?"

As always the process of consultation to update the standards has been a busy one. We have consulted with a range of young people through our Young Advisors, and we have met with parents and professionals from within and outside CAMHS inpatient settings. The debate has often been lively and sometimes intense. We have taken legal advice and asked experts and professional bodies for their views on some of the standards which have prompted most debate. We are aware that the revisions will not please everyone but listening carefully to all views we are confident that there will be consensus agreement on the majority.

A few standard revisions attracted particular debate. The high use of medication in inpatient settings alongside the growth in the evidence base for psychological interventions for children and young people with mental health disorders means that these should now be a key part of the inpatient care and treatment offer. As such the requirement for units to include a whole time clinical psychologist is now essential. Recognising that there is an important difference between regular and unfamiliar bank and agency staff we have relaxed this standard and will be introducing new mechanisms to monitor this in the next cycle of reviews.

We have also strengthened standards in relation to assessment and care-planning to help make this more systematic and collaborative. Sometimes care and treatment objectives are unclear at point of admission and the time it takes to clarify these into treatment goals varies across the country. This of course can affect how long a child or young person needs to remain in hospital and how soon community services can take over their care. In other words, we need to take much more seriously the question of how long a child or young person should stay in hospital at an important time in their personal, social and family life.

Member units will notice that we have removed a number of standards this year. This is either because the general improvements that units have made render them unnecessary, or because they are combined with other improvement priorities. We have also been conscious of the need to reduce duplication by looking carefully at how the QNIC standards fit with CQC and some of the specialist CCQI quality standards.

It is with a heavy heart that I am leaving CAMHS after 20 years. It has been a privilege to have been part of QNIC from the very start and to have learned so much from the very many inspirational clinicians, quality improvement leads, young people and parents who have been part of the extended QNIC family. I have no doubt whatsoever that QNIC will go from strength to strength in the coming years and will continue to shape how our inpatient services continue to evolve and improve.

**Tim McDougall, Outgoing QNIC Chair, April 2016**

## Introduction

### Background

The QNIC standards evolved from a set developed to evaluate services as part of the National Inpatient Child and Adolescent Psychiatry Study (NICAPS) (Ref 96, O’Herlihy et al., 2001). The NICAPS standards were based on the findings of a literature review and information from an expert panel. The first QNIC standards were developed in 2001 and have been revised biennially since. This new edition represents the seventh revision of these standards.

### The QNIC review process

The standards represent just one part of the QNIC cycle; the real benefit for CAMHS inpatient units is in taking part in the process of QNIC reviews. These reviews aim to gradually improve services using the principles of the clinical audit cycle (see figure below). For the fourteenth cycle QNIC had 117 members across the UK, Republic of Ireland and Europe took part in the QNIC process. If you are interested in joining QNIC please contact Peter Thompson on 020 3701 2662 or [peter.thompson@rcpsych.ac.uk](mailto:peter.thompson@rcpsych.ac.uk)



### Updating the QNIC Standards

This eighth edition of the QNIC standards has been informed by a new literature review in order to ensure it is as accurate and as up to date as possible.

A standards workshop was held in June 2015, to which all QNIC members were invited to gain expert opinion and consensus. A good range of units were represented at the workshop, including general psychiatric units, secure and forensic units, learning disability units, children’s units and adolescent units, from both NHS and independently funded sectors. A wide range of disciplines were also represented.

Once additions and changes had been proposed there was a wider consultation with all QNIC members and with the QNIC advisory group. A consultation document was sent out to over 500 members via the QNIC email discussion group. The document listed suggested criteria additions, changes and removals. We accepted criteria where there was clear consensus; otherwise a decision was negotiated within the project team.

A group of young people advisors also reviewed the standards to ensure they reflect the needs of young people accessing inpatient services.

The standards are mapped against the Care Quality Commission (CQC), You're Welcome (YM) and Monitor Quality Criteria (M). They are also mapped to the CCQI Core Standards which have been developed in conjunction with the British Standards Institute.

### Terminology

Please note that for this edition of the standards we have made some changes to terminology to make the criteria clearer and more consistent. "Young people" will be used to describe all age groups of service users who access child and adolescent mental health services. We have also used "parents/carers" to identify and acknowledge those who hold parental responsibility but who may not be the biological parent.

### Rating

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

- **Type 1:** failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law.
- **Type 2:** standards that an inpatient unit would be expected to meet.
- **Type 3:** standards that an excellent inpatient unit should meet or standards that are not the direct responsibility of the ward.

### QNIC ROM

QNIC members can also access the QNIC ROM service free of charge. This service has been designed to develop, implement and support a model of routine outcome evaluation specifically for inpatient CAMHS. Perspectives are sought from clinicians, young people, parents/carers and teachers at two time points. When data is submitted to QNIC ROM at admission and discharge services will receive an individual service report based on this data. Data collected nationally is also collated to produce an annual report which is published on the QNIC website.

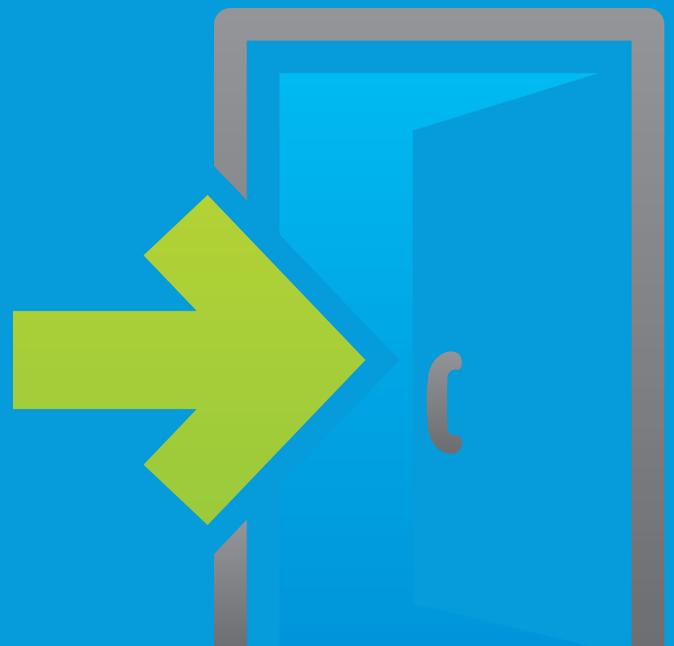
### Important Note

Data collection tools adapted from these standards will be provided with guidance notes to QNIC members before reviews take place. This document is provided for reference and not for data collection.

These are best practice statements and consequently we would not expect services to meet every standard. While there are some statements that are based upon legal requirements, this document is not intended to act as a legal guide in any way. This is not intended to be a guide to any reviews conducted by regulatory bodies.

If you have any questions about these standards please contact Peter Thompson on 020 3701 2662 or email [peter.thompson@rcpsych.ac.uk](mailto:peter.thompson@rcpsych.ac.uk).

# ENVIRONMENT AND FACILITIES





	Type	Standards and Criteria	CORE	CQC	YM	M
<b>1</b>	<b>Environment and Facilities</b>					
<b>1.1</b>	<b>The inpatient unit is well designed and has the necessary facilities and resources</b>					
1.1.1	2	The ward/unit entrance and key clinical areas are clearly signposted Ref 38: 'Routes and signposting to and from parking areas and public transport points should be clear and obvious.'	19.1			
1.1.2	1	All rooms are kept clean. Ref 19: 'A clean environment provides the right setting for good patient care practice.'	19.25	8		
1.1.3	2	The unit is in a good state of repair and maintenance is carried out in a timely manner Ref 51, pg8 'Healthcare services are provided in environments which are well maintained.'				
1.1.4	2	Staff members and young people can control heating, ventilation and light or have access to support from facilities Ref 38, 9.8: 'The heating, ventilation and air conditioning systems should be logically designed to operate efficiently and provide local control where required.'	19.26			
1.1.5	2	Waiting rooms/areas are provided			4.2	
1.1.6	2	There is indoor space for recreation which can accommodate all young people Ref 39, pg22: 'Facilities for play and recreation were high on the wish list.'		101	4.5	
1.1.7	2	There is a designated outdoor space Ref 10, pg11: 'Children in psychiatric units should have access to suitable play areas. Access to outside space and access to transport for outings and trips to parks are also essential.' Ref 42, pg6: 'The recommendations refer to opportunities for moderate to vigorous intensity physical activity. Children and young people should undertake a range of activities at this level for at least 60 minutes over the course of a day.' Ref 26, pg37: '...aim to offer all 5 –16 year olds 5 hours sporting activity a week.' Ref 29, pg25: 'Particular attention should be paid to ensuring good access to gardens and outdoor spaces, and to their design.'		10M	4.5	
1.1.8	1	Young people are able to access safe outdoor space every day, where clinically appropriate	8.1.13			
1.1.9	2	The unit contains rooms for individual and group meetings Ref 45, pg29: 'At least one room per ward is needed for interviewing individual patients and relatives.'		101		

1.1.10	2	The ward/unit has a designated dining area, which is available during allocated mealtimes Ref 39, pg36: 'Hospitals should, wherever practical and possible, ensure that children eat together in a social group. Children should be provided with the opportunity to eat in a dining room or other suitable location which resembles a home rather than a hospital.'				
1.1.11	2	There is designated teaching space for education which can accommodate all young people in the unit Ref 9, pg36: 'Accommodation should ...provide sufficient separate teaching and storage space.'		101	4.5	
1.1.12	1	In wards/units where seclusion is used, there is a designated room that meets the following requirements: <ul style="list-style-type: none"> <li>• It allows clear observation;</li> <li>• It is well insulated and ventilated;</li> <li>• It has direct access to toilet/washing facilities;</li> <li>• It is safe and secure – it does not contain anything that could be potentially harmful;</li> <li>• It includes a means of twoway communication with the team;</li> <li>• It has a clock that young people can see</li> </ul> Ref 45, pg51: 'Seclusion facilities should be available in every unit. 'Ref 49, pg78: '...it is clear that a lack of seclusion facilities... leads to restraint episodes being conducted in full view of the ward...' Ref 24, pg125-126: 'The room used for seclusion should <ul style="list-style-type: none"> <li>• provide privacy form other patients, but enable staff to observe the patient at all times;</li> <li>• be safe and secure and should not contain anything which could cause harm to the patients or others;</li> <li>• be adequately furnished, heated, lit and ventilated; and</li> <li>• be quiet but not soundproofed and should have some means of calling for attention.'</li></ul>	19.31	4Q		
1.1.13	2	There is a designated area or room (de-escalation space) that the team may consider using, with the young person's agreement, specifically for the purpose of reducing arousal and/or agitation	19.34			
1.1.14	2	All young people can access a range of current age appropriate resources for entertainment, which reflect the ward/unit's population. Ref 39, pg 26: 'Young people attending inpatient facilities wanted: appropriate entertainment for all ages.'	19.9	41	4.2	
1.1.15	2	One computer is provided for every two young people in school				
1.1.16	2	Young people have access to the internet for recreational purpose				
1.1.17	1	Each young person has the educational materials required for continuing with their education. Ref 9, pg34: 'All such pupils should as far as possible receive the same range and quality of educational opportunities as they would have done at their home school.'				
1.1.18	2	There are sufficient IT resources (e.g. computer terminals) to provide all practitioners with easy access to key information, e.g. information about services/conditions/ treatment, young people records, clinical outcome and service performance measurements. Ref 20: 'IT resources and equipment to support high quality care and the monitoring and evaluation of services should be available in all appropriate settings.'				

1.1.19	2	There are facilities for young people to make their own hot and cold drinks and snacks where risk permits	19.37	5C	4.5	
1.1.20	2	Parents/carers have access to refreshments at the unit				
1.1.21	3	Units can provide accommodation for families, where necessary Ref 39, pg 25: 'The 4-7 year old children in the Derbyshire project wanted to have their parents near them at all times. The need for good accommodation for families is therefore extremely important.'				
1.1.22	2	Ward/unit-based staff members have access to a dedicated staff room.	19.41			
<b>1.2 Children's units and adolescent units are separate from adult units</b>						
1.2.1	1	There is a visiting policy which includes procedures to follow for specific groups including: <ul style="list-style-type: none"> <li>• Children;</li> <li>• Unwanted visitors (i.e. those who pose a threat to young people or to staff members).</li> </ul> Ref 24, pg 139: 'If hospital are to manage entry to and exit from the ward effectively, they will need to have a policy for doing so.' Ref 24, pg 156: 'Local policies should ensure that the best interests and safety of the children and young people concerned are always considered and that visits by or to children and young people are not allowed if they are not in their best interests. However, within that overarching framework, hospitals should do all they can to facilitate the maintenance of children and young people's contact with friends and family and offer privacy within which that can happen.'	19.16	10C		
1.2.2	1	When a unit is on the same site as an adult unit, there are policies and procedures to ensure young people are not using shared facilities at the same time as other adults Ref 50, pg 133: 'We recommend that the goal of separate adolescent provision from children and adults should be explored by policy makers and considered actively by management in all hospitals.'		10C		
<b>1.3 Premises are designed and managed so that young people's rights, privacy and dignity are respected</b>						
1.3.1	1	All young people's information is kept in accordance with current legislation. <i>Guidance: 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</i> Ref 12, pg 105: 'All personal files and confidential information must be kept in secure, environmentally controlled locations when unattended, e.g. in locked storage cabinets, security protected computer systems etc.'	18.2	21A		
1.3.2	1	The environment complies with current legislation on disabled access. <i>Guidance: Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence</i>	19.11	10A	1.7	
1.3.3	2	All young people have single bedrooms Ref 13, pg 119: 'All children are admitted to a single room unless there is a specific request or clinical reason to share on a companion basis.'	19.3	10L		

1.3.4	1	Male and female young people (self-defined by the young person) have separate bedrooms, toilets and washing facilities and young people do not pass through areas occupied by members of the opposite sex at night to reach the toilet and/or washing facilities Ref 22: 'In practice, good segregation can be achieved if men and women have separate sleeping areas.' Ref 40, pg 7: 'As a minimum requirement, male and female patients should have separate sleeping accommodation, separate toilets and separate washing facilities.' Ref 40, pg 11: 'The layouts of new designs must prevent members of one sex having to walk through an area occupied by the other sex, to reach toilets or bathrooms.'	19.2	4F		
1.3.5	2	The unit has at least one bathroom/shower room per 3 young people	19.5	10F		
1.3.6	3	Every young person has an en-suite bathroom.	19.6			
1.3.7	2	There are areas that may become single-sex lounges as required Ref 40, pg 8: 'Where possible, women patients should have the opportunity to associate together in women only lounge areas, if they so wish...'	19.35	4F		
1.3.8	1	The unit has a designated room for physical examination and minor medical procedures Ref 45, pg 29: 'The ward will require treatment room facilities to enable blood samples to be taken, medical examinations to be carried out and minor first aid or other procedures performed.'	19.30			
1.3.9	2	The unit has at least one quiet room other than young people's bedrooms Ref 14, pg 38: 'There are rooms in which children and meet privately with visitors and space for private activities, play and recreation which do not affect other children's routine activities.'	19.33			
1.3.10	2	There is a designated space for young people to receive visits from children, with appropriate facilities such as toys, books Ref 24, pg 346: 'Children and young people aged under 18 should also have access to age appropriate leisure activities and facilities for visitors from parents, guardians, siblings or carers.'				
1.3.11	1	Young people can make and receive telephone calls in private, where risk permits Ref 49, pg 64: 'The code of practice for England also states that hospital managers should ensure that patients who use any coin or card operated telephone on the ward can do so in privacy without being overheard.'	19.14			
1.3.12	3	All young people can access a plug socket for electronic devices such as mobile phones (where risk permits)	19.10			
1.3.13	2	There is a safe place for young people to keep their property Ref 24, pg 116: '...giving each patient a defined personal space and a secure locker for the safe keeping of possessions.' Ref 51, pg 8 'Healthcare premises provide a safe and secure environment which protects patients, staff and visitors and their property.'		10C		
1.3.14	2	There is a safe place for staff to keep their property				

1.3.15	1	Young people 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	19.8			
1.3.16	2	Laundry facilities are available to all young people	19.7			
<b>1.4 The unit provides a safe environment for staff and young people</b>						
1.4.1	1	The team keeps medications in a secure place, in line with the organisation's medicine management policy	8.2.7			
1.4.2	1	Entrances and exits are designed to enable staff to see who is entering or leaving and if required CCTV is used to achieve this Ref 40, pg 14: 'In addition, there should be well located controls/ observation bases. Designs should eliminate features which present risks to patients' safety. Layout should allow for good observation.' Ref 51, pg 8 'Healthcare premises provide a safe and secure environment which protects patients, staff and visitors and their property.'		10C		
1.4.3	1	There are clear lines of sight to enable staff members to view young people. Measures are taken to address blind spots and ensure sightlines are not impeded, e.g. by using mirrors.	19.19			
1.4.4	1	Young people are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery.	19.20			
<b>1.5 Young people are consulted about the unit environment and have choice when this is appropriate</b>						
1.5.1	3	Young people are consulted about changes to the ward/unit environment.	19.42		7.1	
1.5.2	2	Young people are able to personalise their bedrooms	19.4	10L	7.2	
<b>1.6 There is equipment and procedures for dealing with emergencies in the unit</b>						
1.6.1	1	A collective response to alarm calls and fire drills is agreed by the team before incidents occur. This is rehearsed at least 6 monthly	19.24	10G		
1.6.2	1	Emergency medical resuscitation equipment (crash bag), as required by Trust/organisation guidelines, is available within 3 minutes and its location is clearly identified	19.28			
1.6.3	1	The crash bag is maintained and checked weekly, and after each use.	19.29			
1.6.4	1	There is an alarm system in place (e.g. panic buttons) and this is easily accessible Ref 40, pg 8: 'Security measures, for example alarm systems or call buttons, to alert staff may need to be available and accessible to patients, staff and visitors, and should be checked regularly.'	19.22	10E		
1.6.5	2	Alarm systems/call buttons/personal alarms are available to young people and visitors, and instructions are given for their use Ref 40, pg 8: 'Security measures, for example alarm systems or call buttons, to alert staff may need to be available and accessible to patients, staff and visitors, and should be checked regularly.'	19.23	10E		

1.6.6	1	<p>An audit of environmental risk is conducted annually and a risk management strategy is agreed.</p> <p><i>Guidance: This includes an audit of ligature points</i></p> <p>Ref 37: 'PEAT is an annual assessment, established in 2000, of inpatient healthcare sites in England with more than ten beds.'</p>	19.18	10A 10P		
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# STAFFING AND TRAINING





	Type	Standards and Criteria	CORE	CQC	YM	M
<b>2 Staffing and Training</b>						
<b>2.1 The number of nursing staff on the unit is sufficient to safely meet the needs of the young people at all times</b>						
2.1.1	1	Where there are high dependency/high acuity cases (e.g. high levels of observation, use of seclusion, increased risk of violence or self harm), there is a minimum ward staff to young person ratio of 1:1 to 3:1 for the most highly disturbed cases	22.1			
2.1.2	1	Where there are medium dependency (e.g. 10-minute checks, intensive support at meal times), there is a minimum ward staff to young person ratio of 1:2				
2.1.3	1	Where young people are on general observations there is a ward staff to young person ratio of 1:3				
2.1.4	1	At night-time in a 12 bedded unit with general observations there is a minimum of two staff on duty, including one registered member of staff and access to additional support as appropriate				
2.1.5	1	Senior nursing staff have the authority to arrange for additional staff to cover shifts in an emergency				
2.1.6	2	The unit is staffed by permanent staff, and bank and agency staff are used only in exceptional circumstances e.g. in response to additional clinical need <i>Guidance: A CAMHS inpatient unit is likely to have a problem with over-use of staff if more than 15% of staff are bank or agency staff during a week or if more than one member of staff on a shift are bank or agency. Bank and agency staff should not be used for more than two shifts in a day</i>				
2.1.7	1	Where bank and agency staff are used, they are familiar with the unit. <i>Guidance: a maximum of 15% of staff during a week are unfamiliar (non-permanent or non-regular) bank or agency staff</i>				
2.1.8	2	Where bank and agency staff are used, they are familiar with the service and experienced in working with young people with mental health problems				
<b>2.2 There are nurses with a specialist qualification in the unit at all times</b>						
2.2.1	1	A typical unit with 12 beds include a minimum of two registered nurses, that have relevant child and young people experience, per day shift and one at night. At least one of which should have completed preceptorship	22.1			
2.2.2	2	A typical unit with 12 beds includes 1 WTE ward manager (band 7+ or equivalent)	22.1			

<b>2.3 The inpatient unit comprises a core multi-disciplinary team</b>						
2.3.1	1	A typical unit with 12 beds includes at least 1 WTE consultant child and adolescent psychiatrist input (which may be provided by two clinicians in a split post)	22.1			
2.3.2	2	A unit with 12 beds includes at least 1 WTE nonconsultant Child and Adolescent Psychiatrist input	22.1			
2.3.3	1	A typical unit with 12 beds includes at least 1 WTE clinical psychologist	22.1			
2.3.4	2	A typical unit with 12 beds includes at least 0.5 WTE Social Worker	22.1			
2.3.5	2	A typical unit with 12 places includes at least 0.5 WTE occupational therapist	22.1			
2.3.6	2	The unit has formal arrangements to ensure easy access to therapists trained in psychological interventions (e.g. CBT, child and adolescent psychotherapy, psychodynamic psychotherapy, MBT, DBT, IPT, EMDR) List is not exhaustive	22.1			
2.3.7	2	The unit has formal arrangements to ensure easy access to a dietician	22.1			
2.3.8	3	The unit has formal arrangements to ensure easy access to a speech and language therapist	22.1			
2.3.9	3	The unit has formal arrangements to ensure provision of arts therapists e.g. drama therapy, music, art	22.1			
2.3.10	2	A typical unit with 12 beds includes at least 0.5 WTE family therapist	22.1			
2.3.11	2	There is a minimum of one qualified teacher to four students per lesson Ref 10, pg 11: '...this requires a teacher to pupil ratio of 1:4 or less, the presence of specialist nursing staff or the provision of a room for individual teaching.' Ref 10, pg 13: 'When teaching pupils with mental health problems, a teacher pupil ratio of 1:4 or less is common.'				
2.3.12	3	Young people have access to teachers of specialist subjects e.g. language tutors				
2.3.13	3	Young people have access to other education professionals as required <i>Guidance: Career advisors, educational psychologists etc.</i> Ref 9, pg 11: 'The policy should make links with related services in the local authority such as those for special educational needs and other local authority support services, educational psychologists ...'				
2.3.14	2	A typical unit with 12 beds includes 1 WTE administrator (band 3 or above or local equivalent) Ref 20: 'The administrative workforce should be sufficient to ensure that all necessary administrative function, including data collection, can be fulfilled.'	22.1			
2.3.15	1	Unit staff have input from a pharmacist	22.1			

2.3.16	1	There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can: <ul style="list-style-type: none"> <li>• Attend the ward/unit within 30 minutes in the event of a psychiatric emergency;</li> <li>• Attend the ward/unit within 1 hour during normal working hours;</li> <li>• Attend the ward/unit within 4 hours when out of hours</li> </ul>	22.5			
2.3.17	2	There has been a review of the staff capacity 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.				
<b>2.4 Unit staff work effectively as a multi-disciplinary team</b>						
2.4.1	1	There are written documents that specify professional, organisational and line management responsibilities Ref 7, pg 17: 'Staff are clear about and confident with their roles, responsibilities and accountability as part of a distributed responsibility model.'	20.1	12A		
2.4.2	2	The MDT attends business meetings that are held at least monthly	29.1			
2.4.3	1	In a typical 12 bedded unit, there is time scheduled in staff rotas to allow 30 minute handover sessions between shifts				
2.4.4	1	The team has integrated records of the young people which can be accessed by all clinical staff				
2.4.5	1	The unit has a whistleblowing policy and staff members are able to raise concerns without prejudicing their position				
2.4.6	1	The ward/unit actively supports staff health and well-being. <i>Guidance: For example, providing access to support services, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed</i> Ref 6, pg 13: 'Modern mental health services must be planned and delivered around the needs and aspirations of service users, delivered by a workforce who are skilled, of high morale and able to adopt new ways of working.'	27.1			
2.4.7	2	The team has protected time for team-building and discussing service development at least once a year	21.3			
2.4.8	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive.				
<b>2.5 Training is provided for all staff</b>						
2.5.1	2	All qualified staff receive at least 5 days training and continuing professional development activities per year in line with their professional body, in addition to mandatory training Ref 29, pg 13: 'Staff must be provided with a decent working environment, appropriate training and defined career development pathways.' Ref 6, pg 8: 'All practitioners should have access to training that helps them develop their capability and no barriers should be placed in the way of further development.'				
2.5.2	2	The organisation has a budget for staff training and development				

<b>2.6 Staff are provided with a thorough training programme including:</b>						
2.6.1	1	The team receives training, consistent with their roles, on risk assessment and risk management. This is refreshed in accordance with local guidelines. This includes, but is not limited to, training on: <ul style="list-style-type: none"> <li>• Safeguarding vulnerable adults and children;</li> <li>• Assessing and managing suicide risk and selfharm;</li> <li>• Prevention and management of aggression and violence.</li> </ul>	10.1	7E	3.2	
2.6.2	1	Care co-ordination including transfer of care				
2.6.3	1	Managing relationships and boundaries between young people and staff, including appropriate touch				
2.6.4	1	Observation and engagement				
2.6.5	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent)	28.3a			
2.6.6	1	All qualified nursing and medical staff that administer rapid tranquillisation need to have done Intermediate Life Support training				
2.6.7	1	All other staff have done Basic Life Support training				
2.6.8	2	Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every 3 months <i>Guidance: This includes discussion of evidence based treatment, for example, NICE guidelines</i>	28.5			
2.6.9	3	Non clinical staff have received mental health awareness training <i>Guidance: This includes teachers, administrators and domestic staff</i>				
<b>2.7 Appropriate training methods are used to ensure staff training is effective</b>						
2.7.1	3	Staff members have access to study facilities (including books and journals on site or online) and time to support relevant research and academic activity <i>Ref 6, pg 33: 'A range of educational and learning activity is required to improve the skill and knowledge base of practitioners.'</i>	28.1			
2.7.2	1	Staff members receive an induction programme specific to the ward/unit that covers: <ul style="list-style-type: none"> <li>• The purpose of the ward/unit;</li> <li>• The team's clinical approach;</li> <li>• The roles and responsibilities of staff members;</li> <li>• The importance of family and carers;</li> <li>• Care pathways with other services.</li> </ul> <i>Guidance: This induction should be over and above the mandatory Trust or organisation-wide induction programme</i> <i>Ref 13, pg 24: 'All staff, including agency nurses and locum medical staff, undertake an induction programme which includes awareness of the policies and procedures relevant to their area of work and which is signed off when completed and a record kept.'</i>	25.2	14A		
2.7.3	1	Bank and agency staff receive an induction based on an agreed list of core competencies. <i>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</i>	25.3			

2.7.4	2	Young people, carers and staff members are involved in devising and delivering training face-to-face.	28.4			
<b>2.8 All staff receive regular supervision totalling at least one hour per month from a person with appropriate experience</b>						
2.8.1	1	All clinical staff members receive individual clinical supervision at least monthly, or as otherwise specified by their professional body. Ref 2: 'Clinical supervision was more positively evaluated where sessions lasted for over one hour and took place on at least a once monthly basis.'	26.2	14C	5.3	
2.8.2	2	All staff members receive monthly line management supervision, proportionate to their roles	26.6			
2.8.3	2	All supervisors have received specific training to provide supervision. This training is refreshed in line with local guidance Ref 6, pg 12: 'Staff involved in the delivery of training and supervision in the workplace should be trained and supported in these roles.'	26.6			
2.8.4	1	Staff members, young people and carers who are affected by a serious incident are offered a debrief within 24 hours and post incident support	32.3			
2.8.5	2	Staff members have access to reflective practice groups	27.3			
2.8.6	2	Staff members in training and newly qualified staff members are offered weekly supervision	26.3			
2.8.7	1	All newly qualified staff members are allocated a preceptor to oversee their transition onto the ward/unit. <i>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.</i> See <a href="http://www.rcn.org.uk/__data/assets/pdf_file/0010/307756/Preceptorship_framework.pdf">http://www.rcn.org.uk/__data/assets/pdf_file/0010/307756/Preceptorship_framework.pdf</a> for more practical advice.	25.4			
2.8.8	1	All staff members receive an annual appraisal and personal development planning (or equivalent). Ref 6, pg 37: 'Systems for ongoing learning, supervision, training and appraisal should be a fundamental part of the working arrangements of all acute mental health services.'	26.1	14A 14C	5.3	
<b>2.9 There is a recruitment policy to ensure vacant posts are filled quickly with well qualified and checked candidates</b>						
2.9.1	2	Young people are involved in and influence the recruitment of unit staff Ref 51, pg 7 'The views of patients, service users ... are sought and taken into account in the design, planning, delivery ... of health care services.'	25.1			
2.9.2	1	Human resources staff ensure that all unit staff, including temporary staff, undergo a Disclosure and Barring Service (DBS) check (or local equivalent) and are checked against the Protection of Children Act (POCA) register before appointment. Ongoing monitoring of this is carried out every three years Ref 13, pg 127: 'Routine reference collection before interview, and police checks prior to appointment, are required for all staff with substantial access to children.'		12A		

2.9.3	1	Human resources staff ensure that all staff with a professional regulatory body are checked for appropriate registration on recruitment and again at renewal date		12A		
2.9.4	2	When posts are vacant or in the event of long term sickness or maternity leave, prompt arrangements are made for temporary staff cover		13A		

# ACCESS, ADMISSION AND DISCHARGE





	Type	Standards and Criteria	CORE	CQC	YM	M
<b>3 Access, Admission &amp; Discharge</b>						
<b>3.1 Provision and procedures ensure that appropriate and timely inpatient care is available to all those who would benefit</b>						
3.1.1	1	<p>Clear information is made available, in paper and/or electronic format, to the young people, carers and healthcare practitioners on:</p> <ul style="list-style-type: none"> <li>• A simple description of the ward/unit and its purpose;</li> <li>• Admission criteria;</li> <li>• Clinical pathways describing access and discharge;</li> <li>• Main interventions and treatments available;</li> <li>• Contact details for the ward/unit and hospital.</li> </ul> <p>Ref 18, pg 19: '...clarify the level of service provided and the criteria for referral.'</p> <p>Ref 18, pg 17: 'Services agree referral criteria that are explicit and are negotiated between commissioners and providers.'</p>	1.1			
3.1.2	1	Unplanned admissions need an initial planning meeting with local services within five working days of admission				
3.1.3	1	<p>Senior clinical staff members make decisions about young person admission or transfer. They can refuse to accept young people if they fear that the mix will compromise safety and/or therapeutic activity</p> <p><i>Guidance: Senior clinical staff members include the ward/unit manager or nurse in charge</i></p>	2.1			
3.1.4	2	<p>The unit formally records all referrals with respect to race, gender, home area and disability, and this is reviewed annually</p> <p>Ref 25, pg 39: 'Management information systems should routinely collect data on service users' race, ethnicity, gender etc, so that the impact and accessibility of service delivery for these groups can be measured and action taken to address inequalities, where necessary.'</p>			1.8	
<b>3.2 Assessment and treatment are offered without unacceptable delay</b>						
3.2.1	1	<p>Young people at severe risk can be admitted as emergencies (i.e. within 24 hours) including out of hours. Units that fail to meet 3.2.1 have a plan in place to deal with emergency referrals</p> <p>Ref 18, pg 19: 'Arrangements are in place to ensure that 24 hour cover is provided to meet children's urgent needs.'</p>				
3.2.2	1	There is a clear process in place for handling situations where agreed bed occupancy levels need to be exceeded.	2.2			
3.2.3	2	There is a system in place to monitor and address delays in admission and treatment which is reviewed annually				
3.2.4	1	The aims of the treatment are discussed with the young person and others involved in care	4.3	1H		

3.2.5	1	Young people have a comprehensive assessment which is started on the day of admission and completed within four weeks. This involves the multi-disciplinary team and includes young people's: <ul style="list-style-type: none"> <li>• Mental health and medication;</li> <li>• Psychosocial needs;</li> <li>• Strengths and weaknesses.</li> <li>• Views and personal goals</li> </ul>	4.8			
3.2.6	1	All assessments are documented, signed/validated (electronic records) and dated by the assessing practitioner.	5.2			
3.2.7	1	There is a documented admission meeting within one week of the young person's admission. <i>Guidance: This could take the form of a ward round meeting or a Care Programme Approach meeting (or equivalent).</i>	6.4			
3.2.8	1	On admission to the ward/unit, or when the young person is well enough, staff members show the young person around.	3.3			
<b>3.3 There is equity of access to inpatient units in relation to ethnic origin, social status, disability, physical health and location of residence</b>						
3.3.1	1	The unit meets the needs of young people from different ethnic, cultural and religious backgrounds Ref 39, pg 35: 'Consideration should be given to differing cultural requirements.' Ref 35, pg 23: 'A culturally competent mental health service will be prepared to adapt the conventional ways of working to meet the needs of culturally diverse groups of people. Flexibility and adaptability in service provision, as well as awareness of different cultural norms are necessary to achieve this.'	19.8	8.2		
3.3.2	2	The service actively supports families to overcome barriers to access Ref 18, pg 16: 'Services need to establish flexible arrangements in order to meet the needs of children, young people and their families who are reluctant to seek help.'				
3.3.3	1	The ward/unit has access to interpreters and the young person's relatives are not used in this role unless there are exceptional circumstances. Ref 35, pg 23: 'For non-English speaking people, the lack of appropriate language skills amongst mental health professionals and difficulties in accessing appropriate interpreter services make mental health care difficult and problematic... therefore the provision of high quality, culturally responsive and language appropriate mental health services in locations accessible to ethnic minorities is essential to creating a more equitable system.' Ref 35, pg 26: 'All patients presenting with mental health problems are assessed in their preferred language.'	17.2			
<b>3.4 There are robust arrangements for collecting information from all agencies involved with the young person and their family</b>						
3.4.1	2	Where young people are not admitted to the service, the reasons are explained to the referrer, and young people and parents/carers where appropriate				

3.5 Families are involved throughout assessment						
3.5.1	1	During assessment staff involve parents/carers where appropriate				
3.5.2	1	Carers are advised on how to access a statutory carers' assessment, provided by an appropriate agency	15.2			
3.5.3	1	The young person's carer is contacted by a staff member (with young person's consent) to notify them of the admission and to give them the ward/unit contact details.	4.4			
3.6 Before discharge, decisions are made about meeting any continuing needs						
3.6.1	1	The inpatient team invites a community team representative to attend and contribute to relevant meetings e.g. CPA, discharge planning Ref 18, pg 58: 'Children and young people who need more specialised support, and their parents and carers should have a lead person to be their main point of contact.'	11.5	4A 6A		
3.6.2	2	Discharge planning is initiated at the first multidisciplinary team review and an estimated length of stay is established	11.1			
3.6.3	1	When a young person transfers to adult services, unit staff invite adult services and other involved agencies to a joint review to ensure an effective handover takes place and there is a protocol for collaborative working Ref 18, pg 5: 'When children and young people are discharged from inpatient services into the community and when young people are transferred from child to adult services, their continuity of care is ensured by use of the Care Programme Approach.'		4A 6A 6M	8.3	
3.6.4	1	A letter setting out a clear discharge plan, which the young person takes home with them, is sent to all relevant parties before or on the day of discharge. The plan includes details of: <ul style="list-style-type: none"> <li>• Care in the community/aftercare arrangements;</li> <li>• Crisis and contingency arrangements including details of who to contact;</li> <li>• Medication;</li> <li>• Details of when, where and who will follow up with the young person</li> </ul> Ref 13, pg 106: 'Multi professional post discharge plans are devised.'	11.3	4A		
3.6.5	1	A written comprehensive MDT summary is produced and distributed within five working days of discharge				
3.6.6	1	The young person and their carer (with young person's consent) are invited to a discharge meeting and are involved in decisions about discharge plans Ref 13, pg 106: 'Patients and carers are involved in discharge planning.' Ref 53 'It has become the norm to invite the child and family members to planning and review meetings.'	11.2	4A		
3.6.7	2	Where there are delayed transfers/discharges: <ul style="list-style-type: none"> <li>• The team can easily raise concerns about delays to senior management;</li> <li>• Local information systems produce accurate and reliable data about delays;</li> <li>• Action is taken to address any identified problems</li> </ul>	11.8			

3.6.8	3	<p>The team provides information, signposting and encouragement to young people to access local organisations such as:</p> <ul style="list-style-type: none"> <li>• Voluntary organisations;</li> <li>• Community centres;</li> <li>• Local religious/cultural groups;</li> <li>• Peer support networks;</li> <li>• Recovery colleges.</li> </ul>	8.1.14	
3.6.9	1	<p>The team makes sure that young people who are discharged from hospital to the care of the community team have arrangements in place to be followed up within one week of discharge, or sooner if they are at particular risk.</p> <p><i>Guidance: This may be in coordination with the Home Treatment/Crisis Resolution Team.</i></p>	11.6	
3.6.10	1	<p>When young people are transferred between wards/units there is a handover which ensures that the new team have an up to date care plan and risk assessment.</p>	11.7	
3.6.11	1	<p>The team follows a joint working protocol/care pathway with the Home Treatment/Crisis Resolution team in wards/units that have access to one.</p> <p><i>Guidance: This includes the team inviting the Home Treatment Team to attend ward rounds, to screen for early discharge, to undertake joint acute care reviews and to jointly arrange supported leave.</i></p>	12.3	

# CARE AND TREATMENT





	Type	Standards and Criteria	CORE	CQC	YM	M
<b>4 Care &amp; Treatment</b>						
<b>4.1 All young people are assessed for their health and social care needs</b>						
4.1.1	1	<p>Young people have a risk assessment which is completed using a formal tool and includes a comprehensive assessment of: risk to self; risk to others; risk from others</p> <p>Ref 13, pg 100: 'When a patient is referred for the first time, or transferred from another team, a new clinical assessment is carried out and includes an assessment of risk or harm to self or others by the patient.'</p>	4.12	4L		
4.1.2	1	Risk assessments and management plans are updated according to clinical need and as part of care planning meetings at a minimum	6.8			
4.1.3	1	<p>Young people have a comprehensive physical health review. This is started within 4 hours of admission and is completed within 1 week, or prior to discharge. It includes:</p> <p>First 4 hours</p> <ul style="list-style-type: none"> <li>• Details of past medical history;</li> <li>• Current medication, including side effects and compliance (information is sought from the young person's history and collateral information within the first 4 hours. Further details can be sought from medical reconciliation after this);</li> <li>• Physical observations including blood pressure, heart rate and respiratory rate.</li> </ul> <p>First 72 hours</p> <ul style="list-style-type: none"> <li>• Physical examination;</li> <li>• Height, weight;</li> <li>• Blood tests (Can use recent blood tests if appropriate);</li> <li>• ECG.</li> </ul> <p>First 1 week</p> <ul style="list-style-type: none"> <li>• Details of past family medical history;</li> <li>• A review of physical health symptoms and a targeted systems review;</li> <li>• Lifestyle factors e.g. sleeping patterns, diet, smoking, sexercise,exual activity, drug and alcohol use.</li> </ul> <p>Guidance: <i>Specific physical investigations are as clinically required</i></p> <p>Ref 3, pg 143: 'Ideally, physical examination should be carried out as part of the admission procedure.'</p>	4.9			
4.1.4	1	<p>If part or all of the examination is refused, the reason why has been recorded and repeated attempts have been made to complete this process</p> <p>Ref 31, pg 143: 'Although delay may be justified because of the patient's mental state, reasons for the delay should be recorded clearly.'</p>				
4.1.5	1	<p>Young people have follow-up investigations and treatment when concerns about their physical health are identified during their admission.</p> <p>Guidance: <i>This is undertaken promptly and a named individual is responsible for follow-up. Advice may be sought from primary or secondary physical healthcare services</i></p>	9.1.1			

<b>4.2</b>		<b>A comprehensive range of interventions is available to the young people who are inpatients</b>			
4.2.1	1	Young people are offered pharmacological and psychological interventions in accordance with the evidence base and good practice	8.1.1		
4.2.2	1	Inpatient services have a range of interventions available. These include: Ref 34, pg 21: 'Inpatient services have a range of interventions available including: medication, individual and group psychological therapies and family support.'			
4.2.2.1	1	Medication			
4.2.2.2	1	Individual therapy (e.g. psychotherapy, CBT etc.) provided by a qualified therapist			
4.2.2.3	1	Therapeutic group work			
4.2.2.4	1	Family Therapy			
4.2.2.5	2	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	15.5		
4.2.2.6	1	Occupational therapy	8.1.3		
4.2.2.7	3	Art/creative therapies	8.1.4		
<b>4.3</b>		<b>There is a structured programme of care and treatment</b>			
4.3.1	1	Every young person has a personalised structured timetable of meaningful activities Ref 13, pg 118: 'A structured therapeutic programme is run during the day.'	8.1.7		
4.3.2	1	Activities are provided in the evenings and weekends	8.1.6		
4.3.3	1	The team gives targeted lifestyle advice and provides health promotion activities for young people. This may include: physical exercise advice; healthy eating advice; smoking cessation advice	9.1.2		
4.3.4	1	Young people's preferences are taken into account during the selection of medication, therapies and activities and acted upon as far as possible Ref 13, pg 91: 'The involvement of patients in their individualised care, as well as in planning and implementation of services is seen as an essential component of contemporary mental health care.'	8.1.2		
4.3.5	1	Young people and parents/carers have access to key members of the MDT outside of planned meetings to review their progress Ref 13, pg 109: 'Clinical staff are encouraged to see the families and carer of patients.'			

<b>4.4 Young people and parents/carers are involved in decisions about their treatment</b>						
4.4.1	1	All young people have a documented diagnosis and/or clinical formulation which is discussed with them <i>Guidance: The formulation includes the presenting problem and predisposing, precipitating, perpetuating and protective factors as appropriate</i>	5.1			
<b>4.5 All young people have a written care plan as part of the Care Programme Approach (or local equivalent)</b>						
4.5.1	1	Care of all young people takes place within a formal Care Programme Approach framework or local equivalent: Ref 13, pg 99: 'Patients received treatment and care in line with Care Programme Approach.' Ref 13, pg 101: 'There is a single detailed, multi professional plan of care formulated for each individual patient.'		4A 4R		
4.5.2	1	Young people are facilitated and supported to prepare for any formal review of their care. <i>Guidance: an advocate may help young people to do this</i>	6.2			
4.5.3	1	Young people and parents/carers are supported to contribute and express their views during reviews				
4.5.4	1	Every young person has a written care plan, reflecting their individual needs. <i>Guidance: This clearly outlines:</i> <ul style="list-style-type: none"> <li>• Agreed intervention strategies for physical and mental health;</li> <li>• Measurable goals and outcomes;</li> <li>• Strategies for self-management;</li> <li>• Any advance directives or stated wishes that the young person has made;</li> <li>• Crisis and contingency plans;</li> <li>• Review dates and discharge framework.</li> </ul>	6.9			
4.5.5	1	The team reviews and updates care plans according to clinical need or at a minimum frequency <i>Guidance: This should take place at CPA meetings (or equivalent) as well as a weekly review of any care and treatment interventions</i>	6.1.1			
4.5.6	1	The practitioner develops and reviews the care plan collaboratively with the young person and their carer (with young person consent) Ref 25, pg 48: 'Young people's involvement brings advantages in terms of promoting user empowerment and choice. However, to make young people's involvement in CPA a reality rather than an aspiration careful attention needs to be paid to, for example, the design of paperwork so that service users do not feel excluded.' Ref 25, pg 47: '...the need to ensure that the child or young person's family are involved in the care plan decision making process and have a good quality relationship with the care co-ordinator. CAMHS typically works from a family centred orientation rather than a person centre approach and care must be taken to ensure all relevant family members are included.' Ref 24, pg 192: 'Subject to the normal considerations of patient confidentiality, the treatment plan should also be discussed with their carers, with a view to enabling them to contribute to it and express agreement or disagreement.'	6.10	1A 1B 1C 1F 4A 4E		

4.5.7	1	All young people sign their care plan		1C		
4.5.8	1	The young person and their carer (with young person consent) are offered a copy of the care plan and the opportunity to review this Ref 13, pg 101: 'A copy of the plan is given to the patient (who should sign it if possible).'	6.12			
4.5.9	2	Each young person has a pre-arranged session with their key worker at least once a week to discuss progress, care plans and concerns	8.1.9			
4.5.10	1	If a local authority has parental responsibility as a result of a care order, the hospital should obtain the named social worker's consent where necessary and consult on the young person's care plan				
4.5.11	1	When a care order is in place the Local Authority is asked to confirm who should be consulted about treatment decisions and other aspects of the child's care plan Ref 24, pg 329: 'If the child or young person is subject to a care order, the parents (or others with parental responsibility) share parental responsibility with the local authority, and it will be a matter for negotiation and agreement between them as to who should be consulted about treatment decisions.'		4A		
<b>4.6</b>	<b>Young people can continue with their education whilst admitted</b>					
4.6.1	1	The unit provides the core educational subjects: Maths, English and Science				
4.6.2	2	The unit provides a broad and balanced curriculum that is suitable and flexible, appropriate to the students needs Ref 10, pg 11: 'A full curriculum may be accessed by patients with mental health problems'				
4.6.3	1	Where the unit caters for young people over the age of 16, young people are able to continue with education Ref 9, pg 19: 'A young person's educational needs post 16 should be borne carefully in mind.'				
4.6.4	1	Teaching staff complete an assessment of each young person's educational needs which is reviewed at each CPA review (or local equivalent) Ref 9, pg 13: 'A child or young person who is unable to attend school because of medical needs should have their educational needs identified and receive educational support quickly and effectively.'				
4.6.5	1	All young people have a personal education plan Ref 9, pg 22: 'Personal education plans play a vital role in setting out, not only a plan, but also effective liaison strategies.'				
4.6.6	1	If the young person is receiving education, educational staff at the unit must liaise with the young person's own school in order to maintain continuity of education provision Ref 9, pg 17: 'Effective liaison between the key partners minimises disruption caused by illness to a pupil's education. It is essential that there is good liaison between the school, parents, hospital.' Ref 10, pg 7: 'Links between the home school and hospital school are important and must be properly established and catered for.'				

4.6.7	1	Where young people are returning to their local educational facility after discharge, education and unit staff support the young people with their reintegration  Ref 9, pg 27: 'Each long term pupil should have an assessment of their situation and the provision of well-structured support from the home school in liaison with the hospital and home teaching service and other agencies as necessary, to assist reintegration to school, wherever possible.'				
4.6.8	2	The educational staff maintain communication with the young peoples' parents/carers, e.g. providing progress reports for each CPA review  Ref 9, pg 31: 'Parents hold key information and knowledge and have a crucial part to play. They should be full collaborative partners and should be informed about their child's educational programme and performance.'				
4.6.9	3	Educational outings are provided, as appropriate				
4.6.10	1	Teachers contribute to multi-disciplinary meetings  Ref 9, pg 23: 'Co-operation between education, medical and administrative staff within the hospital is also essential. The aim should be to achieve the greatest possible benefit for the child's education and health, which should include the creation of an atmosphere conducive to effective learning. It is crucial that hospital teaching staff establish a clear profile within the hospital setting. Service managers need to be pro-active in establishing a multi-disciplinary perspective.'				
4.6.11	2	Teachers and nursing staff have a handover at the beginning and end of each education session				
4.6.12	1	The unit must be part of an education organisation that is a registered examination centre				
<b>4.7 Outcome measurement is undertaken routinely using validated outcome tools</b>						
4.7.1	1	Clinical outcome measurement data is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible (e.g. HoNOSCA, SDQ etc)	30.1			
4.7.2	1	Outcome measurement tools are completed from the perspective of staff, young people and/or parents/carers  Ref 18, pg 37: 'As a minimum, all services evaluate outcome from the perspective of users (including where possible the referred child or young person themselves as well as key family members or carers) and providers of the service.'				
4.7.3	2	Individual outcome measurement data is discussed with the young person as part of their care planning e.g. Goal based outcomes	30.2			
4.7.4	2	Outcome data is used as part of service management, staff supervision and development  Ref 13, pg 95: 'The views of patients and their carers are routinely sought and are used as an indicator of the quality of services.'	30.3			
4.7.5	2	Information from outcome measurement is fed back to the whole staff team, users and commissioners				
4.7.6	2	Units contribute to a national dataset to allow for information sharing e.g. QNIC ROM				

<b>4.8 All young people at the unit are given a choice of healthy, balanced food</b>						
4.8.1	1	<p>Young people 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</p> <p>Ref 13, pg 24: 'Food is nutritious, balanced and varied and meets any special needs of the patient, including age related requirements for children.'</p> <p>Ref 51, pg 9 'Patients and services are provided with a choice of food which is prepared safely and provides a balanced diet, and patients and service users' individual nutritional, personal, cultural and clinical dietary requirements are met.'</p>	19.38	5C 4.5		
4.8.2	2	<p>Staff ask young people for feedback about the food and this is acted upon</p> <p>Ref 51, pg 7 'The views of patients, services users ... are sought and taken into account in the ... delivery ... of health care services.'</p>	19.39			
4.8.3	2	<p>Where there is a therapeutic benefit staff eat with the young people at mealtimes and the cost of the staff meal is covered by the organisation</p>				
4.8.4	2	<p>Where there is a therapeutic benefit, there are arrangements for families to eat at mealtimes and the cost of the meal is covered by the organisation.</p> <p><i>Guidance: Therapeutic benefits may include working with ED young people, social interaction, normalisation, role-modelling etc.</i></p>				
<b>4.9 Young people are involved in decisions around their care and treatment, including leave from the unit</b>						
4.9.1	1	<p>The team develops a leave plan jointly with the young person and parent/carer that includes:</p> <ul style="list-style-type: none"> <li>• A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave;</li> <li>• Conditions of the leave;</li> <li>• Contact details of the ward/unit.</li> </ul>	7.1			
4.9.2	2	<p>There is a weekly minuted community meeting that is attended by young people and staff members.</p> <p><i>Guidance: This is an opportunity for young people to share experiences, to highlight issues 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.</i></p>	8.1.11			
4.9.3	2	<p>Young people have access to relevant faith-specific and/or spiritual support, preferably through someone with an understanding of mental health issues.</p>	8.1.2			
4.9.4	1	<p>Young people have their medications reviewed at least weekly. Medication reviews include an assessment of therapeutic response, safety, side effects and adherence to medication regime.</p> <p><i>Guidance: Side effect monitoring tools can be used to support reviews.</i></p>	8.2.3			
4.9.5	1	<p>When young people experience side effects from their medication, this is engaged with and there is a clear care plan in place for managing this.</p>	8.2.4			

4.9.6	1	The team follows a policy when prescribing and dispensing PRN (i.e. as required) medication.	8.2.5			
4.9.7	3	Young people have access to a specialised pharmacist and/or pharmacy technician to discuss medications.	8.2.8			
4.9.8	1	The safe use of high risk medication is audited, at least annually and at a service level. <i>Guidance: This includes medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines.</i>	8.2.10			
4.9.9	1	Young people with poor personal hygiene have a care plan that reflects their personal care needs. <i>Guidance: This could include encouragement to have regular showers and to shave, referral to a dentist for oral dentition, referral to a podiatrist for foot care.</i>	9.1.4			
4.9.10	1	The ward/unit has a policy for the care of young people with dual diagnosis that includes: <ul style="list-style-type: none"> <li>• Liaison and shared protocols between mental health and substance misuse services to enable joint working;</li> <li>• Drug/alcohol screening to support decisions about care/ treatment options;</li> <li>• Liaison between mental health, statutory and voluntary agencies;</li> <li>• Staff training;</li> <li>• Access to evidence based treatments;</li> <li>• Considering the impact on other young people of adverse behaviours due to alcohol/drug abuse.</li> </ul>	9.1.5			
4.9.11	1	Long-stay young people who are prescribed mood stabilisers or antipsychotics are reviewed at the start of treatment (baseline), at 3 months and then annually unless a physical health abnormality arises. The clinician monitors the following information about the young person: <ul style="list-style-type: none"> <li>• A personal/family history (at baseline and annual review);</li> <li>• Lifestyle review (at every review);</li> <li>• Weight (every week for the first 6 weeks);</li> <li>• Waist circumference (at baseline and annual review);</li> <li>• Blood pressure (at every review);</li> <li>• Fasting plasma glucose/ HbA1c (glycated haemoglobin) (at every review);</li> <li>• Lipid profile (at every review).</li> </ul>	9.2.1			
4.9.12	1	Young people are told about the level of observation that they are under, how it is instigated, the review process and how their own perspectives are taken into account.	10.2			
4.9.13	1	Young people are treated with compassion, dignity and respect. <i>Guidance: This includes respect for a young person's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background.</i>	16.1			



# INFORMATION CONSENT AND CONFIDENTIALITY





	Type	Standards and Criteria	CORE	CQC	YM	M
<b>5 Information, Consent &amp; Confidentiality</b>						
<b>5.1 Young people and parents/carers can find out about the inpatient unit before the admission</b>						
5.1.1	2	<p>Clear information is made available, in paper and/or electronic format, to young people, carers and healthcare practitioners on:</p> <ul style="list-style-type: none"> <li>• A simple description of the ward/unit and its purpose;</li> <li>• Admission criteria;</li> <li>• Clinical pathways describing access and discharge;</li> <li>• Main interventions and treatments available;</li> <li>• Contact details for the ward/unit and hospital</li> </ul> <p>Ref 13, pg 118: 'There is a pre-planned programme and a pre admission visit to allay anxiety on the part of the child, where appropriate.'</p> <p>Ref 40, pg 7: 'Information about services should be given prior to admission, if possible.'</p>	1.1	1H	10.1	
5.1.2	2	The service has a website which provides information about the unit that young people and parents/carers can access prior to admission	1.1	1H		
<b>5.2 Information is available to young people and parents/carers</b>						
5.2.1	1	Information, which is accessible and easy to understand, is provided to young people and carers.	17.1			
5.2.2	2	<p>The young person is given an age appropriate 'welcome pack' or introductory information that contains the following:</p> <ul style="list-style-type: none"> <li>• A clear description of the aims of the ward/unit;</li> <li>• The current programme and modes of treatment;</li> <li>• The ward/unit team membership;</li> <li>• Personal safety on the ward/unit;</li> <li>• The code of conduct on the ward/unit;</li> <li>• Ward/unit facilities and the layout of the ward/unit;</li> <li>• What practical items can and cannot be brought in;</li> <li>• Resources to meet spiritual, cultural and gender needs</li> </ul> <p>Ref 25, pg48: 'Information leaflets and paperwork should be age appropriate.'</p> <p>Ref 1, pg24: 'The provision of information to young people is essential if they are to be able to be involved in decisions about their care and exercise their rights.'</p>	4.1	2.1 2.2		
5.2.3	1	The welcome pack should include				
5.2.3.1	1	The complaints procedure	4.6	1H		
5.2.3.2	1	Who else has access to information that the young person shares with the services	18.1			
5.2.3.3	1	Circumstances under which information may be disclosed or shared	18.1			
5.2.4	2	Staff members explain the main points of the welcome pack to the young person and ask if they need further information on anything explained	4.2			

5.2.5	1	<p>Young people are given verbal and written information on:</p> <ul style="list-style-type: none"> <li>• Their rights regarding consent to care and treatment;</li> <li>• How to access advocacy services;</li> <li>• How to access a second opinion;</li> <li>• How to access interpreting services;</li> <li>• How to raise concerns, complaints and compliments;</li> <li>• How to access their own health records</li> </ul> <p>Ref 26, pg 58: 'Children and young people who need more specialised support and their parents and carers should have clear information about what to do if things don't go according to plan.'</p> <p>Ref 16, pg 10: 'Under the Data Protection Act 1998, there are only two reasons where access could be denied or limited to a patient of their authorised representative.'</p>	4.6			
5.2.6	2	<p>The team provides each carer with a carer's information pack.</p> <p><i>Guidance: This may include the names and contact details of key staff members on the unit. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities</i></p>				
5.2.7	3	<p>There is evidence that information leaflets for parents/carers and young people have had involvement from parents/carers or young people in developing them</p>				
<b>5.3 Each young person has a named nurse/key worker</b>						
5.3.1	1	<p>Each young person is allocated key worker(s) and the young person and their parents/carers are told who this is</p>		4C 6A		
5.3.2	2	<p>Staff update parents/carers on their child's progress at a minimum of once a week, subject to confidentiality</p>				
<b>5.4 Young people know the names of the staff team looking after them</b>						
5.4.1	2	<p>Staff are easily identifiable (e.g. By wearing appropriate identification)</p>	3.4	4C		
5.4.2	3	<p>There is a board on display with the names and photographs of staff</p>		4C		
<b>5.5 Personal information about young people is kept confidential, unless this is detrimental to their care</b>						
5.5.1	1	<p>Young people and their parents/carers are informed verbally and in writing of their right to confidentiality and its limitations</p> <p>Ref 24, pg 328: 'Children and young people have as much right to 3.4 privacy and confidentiality as anyone else.'</p> <p>Ref 15, pg 8: 'Patients generally have the right to object to the use and disclosure of confidential information that identifies them, and need to be made aware of this right.'</p>	18.1		2.4 3.3	
5.5.2	1	<p>Consent is sought prior to the disclosure of case material to parents/carers if the young person is assessed as able to make such a decision.</p> <p><i>Guidance: In certain circumstances this may be overruled if felt in the young person's best interests. The young person should be informed when this happens</i></p> <p>Ref 24, pg 146: 'Before considering such disclosure of confidential patient information, the individual's consent should normally be sought.'</p> <p>Ref 51, pg 25 'Where confidentiality is an issue, every effort should be made to negotiate with the young person about what information can and cannot be shared.'</p>		2A 41		

5.5.3	1	The young person's consent to the sharing of clinical information outside the clinical team is recorded. If this is not obtained the reasons for this are recorded  Ref 15, pg 7: 'It is extremely important that patients are made aware of information disclosures that must take place in order to provide them with high quality care.'	18.3	6G	3.3 3.4	
<b>5.6 All examination and treatment is conducted with the appropriate consent</b>						
5.6.1	1	Consent is sought and recorded by staff  <i>Guidance: Where the young person is assessed as not having competency to consent then this should also be recorded. This applies to both medication and therapy and should be sought by the staff members administering the treatment.</i>  Ref 52, pg 24 'Consent is central to the relationship within which a health service is offered. Any person receiving a health service in Scotland does so of their own free will, with a clear understanding of the reasons as to their involvement and the likely outcome. Interventions within the health service are not generally carried out without consent.'		2A		
5.6.2	1	Young people and their parents/carers (with young person consent) are helped to understand the functions, expected outcomes, limitations and side effects of their treatments and to self-manage as far as possible  Ref 13, pg 28: 'Information is given to patients about the use, benefits and potential harms of medication prescribed.'  Ref 13, pg 102: 'The medication regime of each patient, and the known side effects and risks, is explained fully to the patient and their carers.'	8.2.2	1A 1C 1F 2A	10.1 10.3	
5.6.3	1	Staff inform young people both verbally and in writing of their right to agree to or refuse treatment and the limits of this  Ref 24, pg 10: 'Patients must be told what the act says about treatment for their mental disorder. In particular they must be told the circumstances in which they can be treated without their consent and the circumstances in which they have the right to refuse treatment.'	4.6	2A	10.2 10.3	
5.6.4	1	For all young people, the young person's capacity and/or competency is assessed and recorded when a decision is required about their care		2A		
5.6.5	1	Where young people are not able to give consent, their views are ascertained as far as possible and taken into account, and the legal basis for giving the proposed treatment or intervention is recorded				
5.6.6	2	Written information is given to parents/carers which contains information about consent and their rights, and the limitations of these				
5.6.7	1	Parental responsibility is recorded in the young person's notes  Ref 36, pg 14: 'When working with child and young people it is essential to identify the person(s) with parental responsibility for them.'		2A		
5.6.8	1	Young people and carers are offered written and verbal information about the young person's mental illness.  <i>Guidance: Verbal information could be provided in a 1:1 meeting with a staff member, a ward round or in a psycho-education group.</i>	8.1.10			

5.6.9	1	Young people have an assessment of their capacity to consent to admission, care and treatment within 24 hours of admission.	13.2			
5.6.10	1	The team follows a protocol for responding to carers when the young person does not consent to their involvement.	15.6			

# YOUNG PEOPLE'S RIGHTS AND SAFEGUARDING CHILDREN





	Type	Standards and Criteria	CORE	CQC	YM	M
<b>6 Young People's Rights &amp; Safeguarding Children</b>						
<b>6.1 If a young person is detained under the Mental Health Act (MHA), the legal authority for admission and treatment is clear</b>						
6.1.1	1	The MHA status (detained and informal) for each young person is recorded in their notes.				
6.1.2	1	Detained young people are given verbal and written information on their rights under the Mental Health Act (or equivalent) and this is documented in their notes	4.5			
6.1.3	1	Young people are provided with information about their rights to access a mental health tribunal and/or managers hearing. Ref 36, pr 51: 'Hospital managers have the primary responsibility for seeing that the requirements of the MHA 1983 are follows. These include the right to apply to (and be legally represented at) a Tribunal for a review of the person's detention.' Ref 36, pg 74: 'In relation to children and young people who are detained under the MHA 1983, hospital managers should ensure that they are made aware of their right and given assistance in applying to hospital managers' hearings and Tribunals and helped to obtain legal representation at an early stage.'				
6.1.4	1	Staff explain to the young person who their Nearest Relative/Named Person is and why this is relevant				
6.1.5	1	The young person's Nearest Relative/Named Person is recorded in the young person's notes				
6.1.6	1	Information is given to the Nearest Relative/Named Person about their rights				
<b>6.2 The inpatient unit is young person-centred and respects the rights of young people and their parents/carers</b>						
6.2.1	1	Young people are able to see a clinician on their own, although this may be refused in certain circumstances and the reasons why are explained		1.3 1.4		
6.2.2	3	Young people can meet with a staff member of the gender of their choice		1.3		
6.2.3	1	The unit has procedures to ensure that young people's access to media (e.g. TV, DVDs, audio and the internet) is age appropriate				
<b>6.3 Young people and their parents/carers are informed about how to make complaints and seek independent advice</b>						
6.3.1	1	All young people have access to an advocacy service, including IMHAs (Independent Mental Health Advocates) for those detained Ref 13, pg 107: 'Details of local organisations providing independent advocacy are displayed in the establishment.'	4.6	1A 1H 17A		

6.3.2	2	<p>Information provided on complaints assures young people and parents/carers that if they complain they will not be discriminated against and their care will not be compromised</p> <p>Ref 33, pg 2: 'It is vital that patients feel that they can complain to NHS organisations without prejudicing the healthcare they receive.'</p>		17E		
<b>6.4 The unit operates within the appropriate legal framework in relation to the use of physical restraint</b>						
6.4.1	1	<p>The team effectively manages violence and aggression of the young people.</p> <p><i>Guidance:</i></p> <p>1) Staff members do not deliberately restrain young people in a way that affects their airway, breathing or circulation;</p> <p>2) Restrictive intervention always represents the least restrictive option to meet the immediate need;</p> <p>3) Individualised support plans, incorporating behaviour support plans, are implemented for all young people who are known to be at risk of being exposed to restrictive interventions;</p> <p>4) The team does not use seclusion or segregation other than for young people detained under the Mental Health Act (or equivalent);</p> <p>5) The team works to reduce the amount of restrictive practice used;</p> <p>6) Providers report on the use of restrictive interventions to service commissioners, who monitor and act in the event of concerns</p>	10.4			
6.4.2	2	<p>After any episode of control and restraint, or compulsory treatment including rapid tranquillisation, the team spends time with the young person reflecting on why this was necessary. The young person's views are sought and they are offered the opportunity to document this in their care record along with any disagreement with healthcare professionals</p> <p>Ref 24, pg 120: 'Hospitals should have in place a system of post incident support and review which allows the organisation to learn from experience of using physical restraint and which caters for the needs of the patient who has been restrained, any other patients in the area where the restraint occurred, the staff involved in the incident, the restrained patient's carers and family (where appropriate) and any visitors who witnessed the incident.'</p>	10.5	7H		
6.4.3	1	<p>After any episode of control and restraint, or compulsory treatment including rapid tranquillisation, the team makes sure that other young people on the ward/unit who are distressed by these events are offered support and time to discuss their experiences</p>	10.6			
6.4.4	1	<p>Parents/carers are informed about all episodes of restraint within 24 hours</p>				
6.4.5	1	<p>The team audits the use of restrictive practice, including face-down restraint</p>	10.7			
6.4.6	1	<p>Staff members know how often young people are restrained and how this compares to benchmarks, e.g. by participating in multi-centre audits or by referring to their previous years' data</p>	10.8			
6.4.7	1	<p>The unit follows organisational policies for untoward occurrences and critical incident reporting</p> <p><i>Guidance: This includes the circumstances and justification of using restraint, and the recording of information after a restraint has occurred</i></p>	32.5			

<b>6.5</b>		<b>The unit complies with Local Safeguarding Children Board (LSCB) procedures (or equivalent outside of England and Wales) and with the guidance contained in "What to do if you're worried a child is being abused" (2006) document</b>			
6.5.1	1	It is recorded as to whether or not a young person has a child protection plan in place			
6.5.2	1	The unit has a named child protection lead and staff know who this is			
6.5.3	1	The unit has policies and procedures which are compatible with LSCB (or local equivalent) guidelines, including the conduct of reviews and procedures for working together		7A 7B	3.2
6.5.4	1	Staff know what to do if there are safeguarding concerns and who to contact, during and out of working hours  Ref 11, pg 11: 'All practitioners working with children and families should be familiar with and follow your organisation's procedures and protocols for promoting and safeguarding the welfare of children in your area, and know who to contact in your organisation to express concerns about a child's welfare.'	10.9	7A	
6.5.5	1	If a young person raises safeguarding concerns or someone else raises concerns about them, staff inform them of the process that will be followed by the unit and other agencies		7J	
<b>6.6</b>		<b>Unit staff work with the local authority to safeguard and promote the welfare of young people</b>			
6.6.1	1	The local authority will be made aware if a young person remains on the unit for a consecutive period of 3 months (in line with section 85 of the Children Act 1989)			
6.6.2	1	The local authority is alerted if the whereabouts of the person with parental responsibility is not known or if that person has not contacted the young person			



# CLINICAL GOVERNANCE





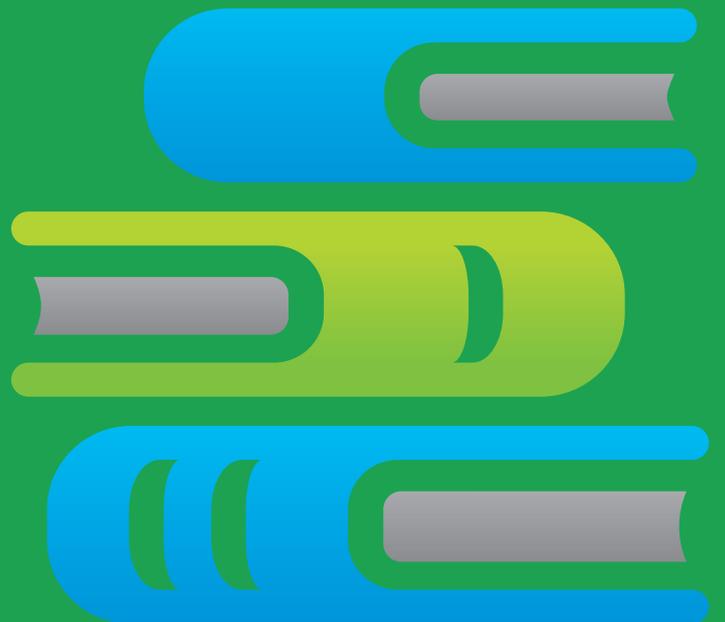
	Type	Standards and Criteria	CORE	CQC	YM	M
<b>7</b>	<b>Clinical Governance</b>					
<b>7.1</b>	<b>All available information is used to evaluate the performance of the unit</b>					
7.1.1	1	Young people and their carers are given the opportunity to feed back about their experiences of using the service, and their feedback is used to improve the service.  Ref 18, pg 13: 'The views of service users are systematically sought and incorporated into reviews of service provision. Service providers and commissioners develop proposals for user involvement, ranging from consultation to participation of children and young people and their parents or carers.'	14.1	1J 16A	7	3C
7.1.2	2	Key clinical/service measures and reports are shared between the team and organisation's board, e.g. Findings from serious incident investigations and examples of innovative practice	32.5			
<b>7.2</b>	<b>Unit staff are involved in clinical audit</b>					
7.2.1	3	A range of local and multi-centre clinical audits is conducted which include the use of evidence based treatments, as a minimum.		16A		1A 3B
7.2.2	1	There are dedicated resources, including protected staff time to support clinical audit within the directorate or specialist areas  Ref 41, pg 10: 'Organisations must recognise that clinical audit requires appropriate funding.'  Ref 41, pg 2: 'Clinical audit must be fully supported by trusts. They should ensure that healthcare professionals have access to the necessary time, facilities, advice and expertise in order to conduct audit effectively.'	31.1			2B
7.2.3	3	The team, young people and carers are involved in identifying priority audit topics in line with national and local priorities and young person feedback.  Ref 4: 'National Standards, Local Action (2005/6–2007/8) states that providers should participate fully in comparative clinical audit and take account of the results to support local and national clinical governance.'	31.2			1A 4B
7.2.4	2	Measures are in place to record and audit referrals, terminated referrals and waiting lists				
7.2.5	2	When staff members undertake audits they; <ul style="list-style-type: none"> <li>• Agree and implement action plans in response to audit reports;</li> <li>• Disseminate information (audit findings, action plan);</li> <li>• Complete the audit cycle.</li> </ul>	31.3			
<b>7.3</b>	<b>Unit staff learn from information collected on clinical risks</b>					
7.3.1	1	The lead clinician for the service has operational responsibility to ensure that identified risks are acted upon				
7.3.2	1	The organisation has a risk management strategy  Ref 21, pg 7: 'All service providers should have in place of set of policies and procedures relating to the management of risk.'		4B		1B 3B

7.3.3	1	Staff members share information about any serious untoward incidents involving a young person with the young person themselves and their carer, in line with the Duty of Candour agreement.	32.2			
7.3.4	1	Lessons learned from incidents are shared with the team and disseminated to the wider organisation.	32.4			
<b>7.4 The unit has a comprehensive range of policies and procedures</b>						
7.4.1	1	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use	29.4			
7.4.2	1	There is a written admission procedure, which includes procedures for emergency referrals				
7.4.3	1	The team follows a protocol to manage informal young people who discharge themselves against medical advice. This includes: <ul style="list-style-type: none"> <li>• Recording the young person's capacity to understand the risks of self-discharge;</li> <li>• Putting a crisis plan in place;</li> <li>• Contacting relevant agencies to notify them of the discharge.</li> </ul>	11.4			
7.4.4	1	There are policies and procedures on the management of aggression and violence and the use of physical restraint Ref 24, pg 113: 'All hospitals should have a policy on the recognition and prevention of disturbed or violent behaviour, as well as risk assessment and management, including the use of de-escalation techniques, enhanced observation, physical intervention, rapid tranquilisation and seclusion. Local policies should suit the needs of the particular groups of patients who may be treated in the hospital.'				
7.4.5	1	There is an organisational policy for the use of rapid tranquilisation Ref 12, pg 116: 'The policy includes procedures for rapid tranquilisation.'		7P		
7.4.6	1	There is a policy on clinical risk assessment and management				
7.4.7	1	There is a policy for responding to serious incidents requiring investigation				
7.4.8	1	The unit has policy and procedures for the management of bullies and for those who have been bullied, which covers both staff and young people Ref 13, pg 7: 'There are written policies on the prevention of harassment and bullying of patients by staff and/or other patients.'				
7.4.9	1	There is a locked door policy which allows young people to be cared for in the least restrictive environment possible				
7.4.10	1	There are appropriate procedures where units close at weekends				
7.4.11	2	There is a clear policy on young people's smoking	4.1			

7.4.12	1	There is a policy on the use of mobile phones, including use of camera phones and internet enabled phones Ref 24, pg 132: 'Hospital managers should have a policy on the possession and use of mobile phones by patient and their visitors.' Ref 23, pg 7: 'NHS trusts should have written policy regarding the use of mobile and camera phones. It should be easily accessible to staff, patients and visitors and have the patient at the forefront of any such policy. All staff should be aware of the policy, and its reasons. The policy should be reviewed periodically.'	19.15			
7.4.13	1	There is a policy on the use of the internet by young people on the unit Ref 24, pg 133: 'Managers should have guidance on patients' access to email and internet facilities by means of the hospital's IT infrastructure. This guidance should cover the availability of such facilities and rules prohibiting access to illegal or what would otherwise be considered inappropriate material.'				
7.4.14	1	There is a policy on the use of drugs and alcohol, and on the management of young people who may be abusing drugs and alcohol		4X		
7.4.15	1	Staff members follow a protocol when conducting searches of young people and their personal property and visitors where necessary		4X		
7.4.16	1	The unit has a policy on the use of seclusion. <i>Guidance: If seclusion is not used, this policy should include how situations are managed when seclusion is needed</i>		4X		
7.4.17	1	Staff members follow a lone working policy and feel safe when escorting young people on leave				
7.4.18	1	The team follows a protocol for managing situations where young people are absent without leave	7.4			
7.4.19	1	The team understands and follows an agreed protocol for the management of an acute physical health emergency. <i>Guidance: This includes guidance about when to call 999 and when to contact the duty doctor.</i>	9.1.3			
7.4.20	1	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence.	12.5			
<b>7.5</b>	<b>There is a clear role for the service that is explicitly set in the context of a four-tier CAMHS strategy</b>					
7.5.1	1	The ward/unit is explicitly commissioned or contracted against agreed ward/unit standards.	33.1			
7.5.2	3	Commissioners and service managers meet at least 6 monthly	33.2			
7.5.3	3	The team reviews its progress against its own plan/strategy, which includes objectives and deadlines in line with the organisation's strategy.	29.2			
7.5.4	3	The ward/unit has a meeting, at least annually, with all stakeholders to consider topics such as referrals, service developments, issues of concern and to re-affirm good practice.	12.6			

7.5.5	2	Key information generated from service evaluations and key measure summary reports (e.g. reports on length of stay) are disseminated in a form that is accessible to all.	31.4			
7.5.6	2	Young person representatives attend and contribute to local and service level meetings and committees.	14.2			

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