



# QN-CRHTT

Developmental  
Guidebook V3



## Contents

|   |    |
|---|----|
| Introduction .....                                      | 4  |
| The College Centre for Quality Improvement (CCQI) ..... | 4  |
| QN-CRHTT Standards.....                                 | 4  |
| Our Aims .....  | 4  |
| The Review Cycle .....                                  | 6  |
| Self-review.....  | 7  |
| Peer review.....  | 10 |
| Report and Action Plan.....                             | 11 |
| QN-CRHTT Team Contact Details.....                      | 12 |

## Introduction

The Quality Network for Crisis Resolution and Home Treatment Teams (QN-CRHTT) works to assure and improve the quality of crisis resolution and home treatment teams throughout the UK. We are delighted that you are interested in joining the network.

This document has been created to explain the accreditation review process, what you can expect from us and what we will expect from you. If you have any questions about the process, please contact the QN-CRHTT project team. Contact details can be found in 'QN-CRHTT Team Contact Details'.

## The College Centre for Quality Improvement (CCQI)

The College Centre for Quality Improvement (CCQI) is a department of the Royal College of Psychiatrists. The centre runs a variety of quality improvement and accreditation programmes, with participation from over 90% of the mental health services in the UK.

## QN-CRHTT Standards

Member teams are reviewed against the Standards for Crisis Resolution and Home Treatment Teams.

The standards have been developed from recommendations in key literature, research and in consultation with a range of stakeholders. A copy of these standards can be found at [www.rcpsych.ac.uk/QN-CRHTT](http://www.rcpsych.ac.uk/QN-CRHTT).

## Our Aims

QN-CRHTT aims to ensure that people who experience mental health crises and their family/carers receive high quality care from their crisis resolution/home treatment team, with fair access for all. We recommend that teams might achieve this by following some of our core principles:

- People experiencing a mental health crisis should receive timely care in the least restrictive environment suitable for them.
- Pharmacological and bio-psycho-social treatments should be considered equally.
- People experiencing a mental health crisis and their families or carers should be supported to be involved in making decisions about their care as fully as possible.

- Families or carers of those experiencing a mental health crisis should be supported appropriately in their own right, and involved with their loved one's care as much as possible.
- Nobody should be admitted to an inpatient mental health ward without the knowledge of the home treatment team.
- The home treatment team should work with staff from inpatient mental health wards to ensure that people are discharged from the ward as soon as clinically possible.
- Home treatment team staff should be appropriately trained and supported to carry out their jobs competently, safely, and with regard to their wellbeing as practitioners.
- Care from the home treatment team should be available to all regardless of age, disability, sex, gender reassignment, marital status, maternity, ethnicity, religion or sexual orientation, and the team should reach out to underrepresented groups.
- The home treatment team should have good links with other mental health and physical health services, and social care.

## The Review Cycle



**Diagram 1:** An overview of the review process.

*\* New members are required to undertake a developmental review therefore they will not be presented to the QN-CRHTT Accreditation Committee. This allows them to be involved in quality improvement before going through the accreditation process.*

# Self-review

## Completing the Self-review Process

You will have 12 weeks to complete the self-review. You will complete the process on our online system, CARS. The purpose of the self-review is for the team to review their service provision against the QN-CRHTT standards. Teams are asked to rate themselves as 'Met' or 'Not Met' against each of the standards and upload supporting evidence, this forms the 'checklist'. We will also ask for questionnaires to be completed to gather feedback and for the team to complete a case note audit.

## Starting the self-review

- The QN-CRHTT team will email the key contact(s) for the team with all the information to begin the process **one week before** the start of the self-review. The email will include:
  - The login details to CARS to complete the checklist.
  - The deadline to complete the self-review by (this includes the checklist, surveys and case note audit).
  - Links to the online questionnaires.
  - Paper versions of the patient questionnaire and carer questionnaire..
  - Posters to display around the service.
- The QN-CRHTT team will send you 40 pre-paid envelopes to return the patient and family/carers questionnaires

## Completing the Checklist

The checklist is organised into each of the meetings from the review day:

- Contextual information.
- Evidence bank. These are standards that we require evidence for. Please upload documents. *Please ensure documents are fully redacted, with no identifiable information.*
- Staffing.
- Managers meeting.
- Staff meeting.
- Referrer meeting.
- Patient and family/carers meeting.
- Case note audit.

All standards in the checklist must be scored as Met, or Not Met.

We recommend adding commentary again each standard. This helps give information to the peer review team and aid discussion during the peer review day. This might be explaining how the standard is met, or why the standard is not met.

Some standards will have guidance notes displayed in italics to give you further clarification.

## Surveys

To obtain feedback about your team, you will need to disseminate a survey to all crisis resolution/home treatment team staff, patients, family/carers, other services who refer to the home treatment team and a case note audit.

There is a different questionnaire for each group, and the online links will be included in your email.

The response rates for the questionnaires are below:

- Staff: *all staff must complete the survey*
- Referrers: *a minimum of 10 responses*
- Patients: *a minimum of 10 responses*
- Family/carers: *a minimum of 10 responses*
- Case note audit: *the team should complete a minimum of 10 cases.*

CARS will send weekly self-review updates that will include your progress with the checklist and the return rate of each questionnaire.

## The end of the self-review

At the end of the self-review period, the QN-CRHTT team will email a final update about your progress with the self-review and will ask for some information. In your email there will be:

- Invitation letters that you can use to encourage patients and family/carers to provide feedback via telephone.
- Timetable for the peer review day.
- The team's previous report/interim report/last action plan, if applicable.

We will ask for some information:

- A template or anonymised case note (this should include referral, assessment, case notes, GP letter and discharge letter.)



- Identify patients and carers who have consented to give feedback via a phone call. We will provide a date and time when the calls will take place. At least 5 patient and 5 carer contacts should be provided.

## **Guidance**

- We strongly encourage teams to complete the self-review checklist with the whole team.
- We advise you to plan meetings with your team to discuss what sections of the checklist need to be completed. Different staff members could lead on different sections of the checklist such as evidence bank and managers meetings or the different subheadings of the standards.

# Peer Review

## Preparing for your Peer review Visit

Prior to your peer review visit, please ensure all staff are aware of the visit, the teams peer review will be completed online via MS Teams.

- Check the timetable to ensure it is suitable. If you need to alter the timetable, please liaise with the QN-CRHTT team.

Two weeks before the peer review day, the QN-CRHTT team will send the peer-review pack to the peer review team and the host team. The peer review includes:

- The agreed timetable for the day
- Peer review workbook (*this is where all the self-review data is collated and will be used throughout the peer review visit*)
- Patient questionnaire handout
- Family/carer questionnaire handout
- Regulatory report (e.g. CQC, HIW where applicable),
- The team's previous report action points (if applicable)
- A link to the team's evidence.
- A link to the MS Teams meeting.

## The Peer Review Day

Around a month after the end of the self-review period, the team will have a peer review visit. The visit lasts one day, and the peer review team will include staff from other member services, a service user or carer representative and a representative from the QN-CRHTT team.

The aim of the peer review visit is to validate the self-review data. Throughout the day there will be different meetings with different groups, including: staff, team managers and patients and carers.

The QN-CRHTT representative will facilitate the day. If you have any questions, please do not hesitate to ask them.

## Report and Action Plan

Following the peer review visit, we will type up the findings into a report. The team will have 30 days to read through the report, ensure it is accurate and provide any more information.

It will also include the number of standards the team are meeting from each section of the standards and by each 'type' of standard.

Once the team have provided feedback, the report will be finalised. We strongly recommend sharing the report with the Trust, commissioners and CQC.

Teams are not presented to the Accreditation Committee but are required to complete an action plan based on their report findings. This action plan is used to set goals and targets and can be used as guidance if the team choose to undergo an accreditation review. A template action plan will be sent to the team with the final report.

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