RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Quality Network for Inpatient Rehabilitation Services

Accreditation Peer Review Guide

02086184016

rehab@rcpsych.ac.uk

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Contents

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Introduction

Welcome to the Quality Network for Inpatient Mental Health Rehabilitation Services (Rehab).
This pack is aimed at the person or persons within your service who will take the lead in the ward's accreditation process. It should help you to understand what is expected of you and what will happen throughout the self-review process, accreditation visit and other expectations of membership. If you have any questions, please do get in touch with the project team (details below).

Rehab: COVID-19

Due to COVID-19 restrictions, Rehab had been unable to conduct peer review visits to members in person. Therefore, the Rehab Project Team created a process to conduct remote peer review visits to members so they can continue their accreditation journey. Whilst the principles of peer review remained the same, certain aspects of the review have been adapted to ensure that we can continue to provide a robust and comprehensive accreditation review to members.
This document has been adapted for the person(s) within your service who will take the lead in the ward's remote accreditation process. Its purpose is to inform you what to expect throughout the self-review process and the adapted accreditation visit as well as what is expected of you in your role as a project lead.

As expected, the restrictions of COVID-19 have presented various challenges for all involved with the CCQI. With the Project Team working from home to support Rehab members, adaptations and innovations have been made to ensure Rehab members benefit from their membership as far as possible.
An increase in the reliance on video technology to communicate as a College, and with our member services, has resulted in our quarterly Accreditation Committee meetings being held remotely. Therefore, whilst the evidence submission process remains unchanged for services going through the accreditation process, the impact of COVID-19 on services means there is now College guidance in place to provide support on a case-by-case basis. It is important to contact the Project Team if you feel you are affected in this way.

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Project Team

Bethan Thibaut
Programme Manager
Bethan.Thibaut@rcpsych.ac.uk

Lauren Sword
Deputy Programme Manager
Lauren.Sword@rcpsych.ac.uk

Unnati Pathak
Project Officer
Unnati.Pathak@rcpsych.ac.uk

Quality Network for Inpatient Rehabilitation Services
CCQI
Royal College of Psychiatrists
21 Prescot Street
London
E1 8BB

rehab@rcpsych.ac.uk
RehabDiscussion@rcpsych.ac.uk

02086184016

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Background

The Quality Network for Inpatient Mental Health Rehabilitation Services (Rehab) works with rehabilitation wards and units to assess and improve the quality of care they provide. Rehab engages staff, patients and carers in a comprehensive process of self and peer review to enable services to identify areas of good practice and areas for development. Member services are encouraged to use peer review visits, and other member events, to share knowledge and ideas with others, thereby creating a mutually supportive environment which encourages learning, and leads to positive change. Rehab also offers accreditation for those members who can demonstrate a high level of compliance with the standards.

The Rehab 4th edition standards are drawn from key documents and expert consensus and work completed within the College Centre for Quality Improvement (CCQI). The standards have been subject to extensive consultation with multidisciplinary professionals involved in the provision of inpatient mental health services, and with experts by experience and carers who have used services in the past.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Role of the Project Lead

As project lead there are a number of tasks for you to complete throughout your involvement with the project:

- Disseminate information from Rehab to your service
  - It is important that everyone who works in the service, current service users and carers are aware of the fact that you are going through the accreditation process, what this means and what is expected of them.
  - As lead you will receive updates and information about the wider network (including events) please share these with the rest of your team, as appropriate.

- Maintain contact with the network team
  - The project team will contact you throughout your membership - please respond promptly.
  - If your details change or you are no longer the best person to contact as the project lead, please let the network team know.
  - If the ward is moving or undergoing any major changes that may affect your accreditation process, please contact the network team with details.

- Arrange the date of your accreditation visit
  - The project lead is responsible for arranging a date that all key staff are able to attend. You will then need to make sure that all staff and current service users are aware of the date and given the opportunity to attend.

- Ensure that your self-review is completed on time

- Prepare for your accreditation visit
  - For more information, please see the Self-Review and Accreditation Visit section of this pack.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Role of the Project Lead

o Nominate reviewers and ensure that they attend reviews for other services

o Your service is required to provide professional reviewers to attend at least two rehab reviews every year. Travel costs for attending site reviews must be covered by your service.

o Professional reviewers are categorised as Nursing, Medical or MDT (all other staff). You should have trained reviewers from at least two of these categories.

o All professional reviewers have to attend training before they attend accreditation visits. If you do not have any trained reviewers or would like to train more, please contact the Project Team to find out when the next training dates are.

o If a reviewer is no longer able to attend a review that they have signed up for it is your responsibility, as Project Lead, to find a replacement. If the review is unable to go ahead because a reviewer has cancelled at short notice your service is liable for any associated costs.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Rehab Membership

In addition to the accreditation process which you have signed up to there are also a number of benefits to being a member of Rehab.

Being a Peer or Lead Reviewer

Acting as a Peer or Lead Reviewer is a great opportunity to learn from other services, as part of the quality improvement process.

Annual Forum

The Rehab Annual Forum is held every year. It is an opportunity for services across the country to come together to discuss findings from across the network and share service development initiatives. This is also an opportunity for your service to present on a topic of your choosing. If you would be interested in presenting at the Annual Forum, please contact the network team. During COVID-19

Annual Report

An Annual Report is published every year, with its findings and recommendations reported at the Annual Forum. The report presents national findings identifying trends and enabling bench marking with other services.

Special Interest Days

Special Interest Days are run by the network and dedicated to a topic identified by the members. The day is then led by members to ensure that it is truly focused to the topics that are most important for those working within inpatient mental health rehabilitation services. If you would like to suggest a topic for a special interest day or would like to know when the next one is being held, please contact the network team.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Rehab Membership

Email Discussion Group

The email discussion group provides access to experienced and knowledgeable professionals from a range of disciplines who work in or alongside inpatient mental health rehabilitation health services. The Project Lead(s) will automatically be added to the distribution list but any member of staff from the service is able to join by emailing rehabdiscussion@rcpsych.ac.uk with their details. Please ensure that you add this email address to your 'safe senders' list so that you are able to access the emails.

Shared Learning Forums and Webinars

Rehab host and produce webinars for professionals and service user and carer representatives to share good practice with the membership.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Project Lead Checklist

Project Lead Checklist for Accreditation (Site Visit)	Complete
Set the dates for your accreditation review.	
Receive copy of current standards. Familiarise yourself with them and plan any actions.	
Inform all staff, senior management, service users and carers about the visit and ensure as many as possible are involved during the day.	
Self-review opens online 4 months before the visit. Log-on to the CARS system to ensure you can access it properly.	
Distribute questionnaire links to staff, referrers, carers and service users (where possible). If service users are unable to access questionnaires online arrange for them to complete a paper copy (see guidance for notes on confidentiality).	
Host group discussions and prepare a copy of the self-review workbook. Ensure that you complete all sections with concise detailed comments.	
Collate all supporting evidence documents.	
Submit regulator reports and information on SUIs to the project team at least 4 weeks before your review date.	
Ensure a completed workbook and all required questionnaires are submitted via CARS at least 4 weeks before your review date.	
Invite all managers, staff, service users and carers to the relevant parts of the review day.	
Receive reviewer details from the project team and pass them on to any relevant individuals (e.g. reception).	
Ensure that there are sufficient copies of the self-review for staff members to refer to during the day.	

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Remote Accreditation Visit Checklist

For a Peer Review team to successfully conduct a Remote Accreditation Visit with your service it is important that we know how to support you to ensure you are equipped with the necessary video calling technology. If you do not have any of the below items available, please contact the Project Team, and we will take this into consideration.

Checklist for Remote Accreditation	Complete
Laptop or desktop computer	
Webcam Top tip: whilst a webcam is not strictly necessary to communicate, the Peer Review team will have one, and having a visual will help humanise the meetings for everyone.	
Microphone Top tip: a working microphone on your computer or through your personal headphones will be necessary for us to communicate. To minimise background feedback during meetings, it is helpful to mute your microphone until you would like to speak.	
Video Conferencing Program (Preferably Microsoft Teams) Top tip: for the best experience, it is useful to have the Microsoft Teams application installed directly onto your computer, however the program can also be easily accessed through your internet browser. If Microsoft Teams is not available in any capacity, we will support you with other methods.	
A quiet room where video calling can take place uninterrupted.	
A phone with the video conferencing app installed, to mitigate for the call dropping out.	

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Inform all service users and carers that the Peer Review team will want to contact them for their experiences of the service.	
Once your self-review opens, provide the Project Team with the contact details of four carers and four service users who are willing to be interviewed via telephone or videocall.	
Self-review opens online 4 months before the visit. Log-on to the CARS system to ensure you can access it properly.	
Distribute questionnaire links to staff, carers and service users (where possible). If service users are unable to access questionnaires online, arrange for them to complete a printed copy (see guidance for notes on confidentiality).	
Host group discussions and prepare a copy of the self-review workbook. Ensure that you complete all sections with concise detailed comments.	
Collate and upload all supporting evidence documents. Please see the appendix for the environment checklist, document checklist and matrix, COVID-19 evidence guidance.	
Submit regulator reports and information on SUIs to the project team at least 4 weeks before your review date.	
Ensure a completed workbook and all required questionnaires are submitted via CARS at least 4 weeks before your review date.	
Invite all managers, staff, service users and carers to the relevant parts of the review day.	
Ensure that there are sufficient copies of the self-review workbook for staff members to refer to during the day.	
Ensure that a quiet room is available for the review meetings.	
Where possible organise for a service user or carer to be available to assist the unit during the live remote tour.	

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Self-Review

Overview

The first aspect of the accreditation process is the self-review. The self-review period is 3 months, however there is a lot of work to complete within this time so you will need to start work straight away. Therefore, we advise that any changes that you would like to make to the service are made before the start of the self-review period. The self-review consists of:

- Completing a self-review workbook via CARS (College Accreditation and Review System), assigning a score to each standard and commenting on ward performance.
- Completing contextual information, staffing and service data via CARS.
- Online questionnaires for staff, patients, carers as well as a health record audit.
- Submitting the services most recent regulators report and information on any SUIs.

All of the above will be added into the self-review workbook and used as the basis for the peer review day.

Aims, Purpose and Outcomes

Completing the self-review workbook provides a designated space for teams to reflect and acts as a useful team-building opportunity. The self-review forms the basis of the accreditation visit: the completed workbook will be sent to the visiting peer reviewers in advance of your visit so that they can familiarise themselves with the key issues raised. The audit and questionnaire responses provide an additional dimension of information which will be balanced in the context of the self-review workbook.

Completing a Remote Self-Review

Services undergoing a Remote Review will be required to submit a more extensive portfolio of evidence on CARS at the point of self-review. Guidance on how to submit the relevant information is included within the 'Step-by-Step Guide to the Self-Review'.

In contrast to a face-to-face review, this evidence will be submitted in advance of the online peer-review via CARS, which will then be reviewed prior to your remote review. The Project Team will also guide you through this setup. Submitting evidence prior to the review will enable more discussion on the peer review day.

Please refer to the following Step-by-Step Guide to Self-Review section for the additional instructions for completing a Remote Self-Review, which include:

- Additional workbook information
- Additional contextual information requirements
- Conducting a self-review of your ward/unit environment
- Guidance on submitting all evidence for a Remote Review

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Step-by-Step Guide to the Self-Review

Please ensure that all staff, service users and carers are aware of the accreditation process and self-review by distributing the information sheets provided.

Completing the Workbook

In order to allow your Peer Review Team to prepare as thoroughly as possible you will need to provide comments against the standards, which you will do online through the CARS system. For more information on how to complete your workbook on CARS please see the CARS Handbook, Section 4: Completing the Self Review Workbook.
Please note that there are over 250 standards so allow plenty of time to complete this. You will be able to download and print a copy of the workbook to work through as a group, however you will need to complete and submit the workbook online through CARS.

The standards are split into three types:
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. These standards also include the fundamentals of care, including the provision of evidence based care and treatment
Type 2: standards that an accredited ward would be expected to meet.
Type 3: standards that an excellent ward should meet or standards that are not the direct responsibility of the ward.
You will be required to prepare evidence showing compliance against the standards for your review day. You may wish to use your self-review period to start collecting this evidence. Remember, you do not need to submit this evidence as part of the self-review, unless you are participating in a Remote Review.
During your self-review period it is your role to ensure that the following surveys are completed, the links to these surveys will be sent to you at the start of your self-review period. You can check your survey targets and progress at any time on your CARS review dashboard.

Workbook Considerations for a Remote Review

The process described above for completing a self-review workbook remains unchanged when participating in our Remote Reviews. However, we do require that services provide responses in their CARS workbook to all standards as far as possible. Where a standard might elicit responses related to COVID-19, we will require details of this, and these comments will be taken into consideration by the Peer Review team.

In addition to the contextual information prompts in the workbook, you will also be asked to provide the Project Team with responses to the below information, which will then be provided to the Peer Review Team prior to your review. The purpose of requesting this information is to further inform the Project Team and Peer Review team as to how they can support your service in light of the impact of COVD-19.
This further contextual information must be submitted to the Project Team via email and you will be prompted to do this when your survey targets and review dates are arranged.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Submitting Your Regulator's Report

As part of your self-review, you will also be asked to submit your most recent regulators (e.g. CQC, Health Improvement Scotland, The Regulation and Quality Improvement Authority, Health Inspectorate Wales) report. This will be shared with the review team to provide them with further context about the service, areas of good practice and areas that require improvement. They may ask questions about the report on the day or ask to see evidence that action has been taken.

Once you have completed your workbook you will then be asked to provide an update on previous action points. If you have previously been through the accreditation process please complete this in relation to the action points from your previous accreditation report. If you are new to Rehab please complete it in relation to actions that you have worked on within the last 12 months. These could be as a result of a regulators report, your preparation for the accreditation process, your own development processes or any other sources.

Completing Surveys

During your self-review period it is your role to ensure that the following surveys are completed, the links to these surveys will be sent to you at the start of your self-review period. You can check your survey targets and progress at any time on your CARS review dashboard.

Staff Questionnaire: All staff who work on the ward, including the ward manager, should complete this questionnaire (apart from bank and agency staff). There are a significant number of questions within this questionnaire so please ensure that staff allocate an hour to complete it.

Health Record Audit: Your team will need to complete audits totaling at least 50% of your bed numbers. These audits should be completed using real service user health records and not templates. You should select health records of service users who are currently residing on the ward and who have been discharged within your self-review period. All service users whose records are used should have been on the ward for at least four weeks. Around half of the records audited should be from service users who have been discharged if possible.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION

QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Carer Questionnaire: These should be completed by the person who has had most involvement with the patient and their care while they have been on the ward, this may be their carer, a relative or friend. Similarly, to the patient questionnaire, you will need 50% of your bed numbers and it is available online and on paper. If carers complete the questionnaire on paper please ensure that staff respect the confidentiality of the questionnaire and do not assist the carer in completing it or view their responses.
Please stress to carers that completing the questionnaire is entirely voluntary, entirely anonymous, and will not affect the care and treatment that their loved one will receive.

Patients Questionnaire: This should be completed by patients who are currently on the ward and those who have been discharged within the self-review period. The minimum number of patient questionnaires you will need is 50% of your bed numbers. As with all other questionnaires this is available online, however, if your patients are unable to complete it online, they are able to complete paper copies. Contact the project team for more information on this.
We recognise that some service users may not be well enough to complete the questionnaire; however, if the service user requires assistance understanding questions or recording their responses then an independent person (e.g. advocate) should be approached. Staff from your ward may not assist the service user. Please ensure that staff respect the confidentiality of the questionnaire by ensuring that responses are collected and returned to the team appropriately.
Please stress to service users that filling in the questionnaire is entirely voluntary, entirely anonymous, and will not affect the care and treatment they receive.

QuIRC

The Quality Indicator for Rehabilitative Care is an internationally recognised toolkit to enable you to measure best practice within your service and benchmark yourself against similar services. It is free to use and must be completed as part of the self-review process prior to the peer review visit/remote review. As well as providing additional information for the review team, it provides you and your team with useful information about how well your service is performing compared to other rehabilitation services
To complete the QuIRC visit http://www.quirc.eu where you will need to register. The QuIRC should be completed by a manager or senior member of the team. Once the QuIRC has been completed you will receive a report, which you can then send to your contact in the AIMS Rehab network team.

Submitting Evidence for your Review

With your workbook completed on CARS, the remaining elements of your self-review evidence, including any evidence related to the environment checklist, COVID-19 evidence, and document checklist, will need to be submitted to us separately.
Therefore, in order for the Peer Review Team to allow you to do this, you will be provided access to the CARS evidence submission portal, through your CARS account.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Following this, the Peer Review Team will review any evidence submitted to these folders (as well as your workbook) prior to your Review.
During the arrangement of your Review, the Project Team will provide you with support on accessing your CARS account.
It is important to notify the Project Team if you are experiencing any issues with submitting evidence, as we will be able to make alternative arrangements to support you where needed.

Keys to preparing for your self-review:

• Read through the CARS handbook, check you are able to log on to the system and familiarise yourself with the system
• Distribute the information letters/emails for staff, service users, carers and referrer/ partner agencies giving the web-link to the online questionnaires
• Let the team know that ALL STAFF are required to complete the questionnaire
• Allocate staff members to conduct the health record audit
• Arrange suitable time(s) when the team can come together to work through the self-review workbook
• The team should work through the workbook together, scoring themselves against the criteria and making comments against all standards that will enrich the accreditation visit
• Submit the completed self-review online at least 4 weeks before your accreditation visit is due to take place

If at any time you feel that you will not be able to complete the self-review (including securing the required number of surveys) before the deadline, please contact the network team as soon as possible.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Remote and Face-to-Face Review Evidence Checklists

Documentation Evidence Checklist- remote reviews

This is a list of policies/ documentation included in the Rehab Service Standards. Please upload the evidence on CARS, and ensure these are clearly labelled for the review team.

Please note that the review team may not ask to see all the documentation and they may ask for additional evidence that is not listed.
Please label each document according to the standard it relates to.

Standard	Type	Documentation to be Uploaded to CARS	
1.11	1	Local policy for patient use of mobile phones, computers and other electronic equipment on the ward/unit	
1.12	1	Audit of environmental risk and risk management strategy	
1.16	1	One month's record of resuscitation equipment checks	
1.18	1	Seclusion and segregation – management protocol/ photos, videos and clarity of use of seclusion room and de-escalation.	
2.1.14		Protocol for managing situations where patients are absent without leave.	
2.3	1	Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: · Their rights regarding admission and consent to treatment; · Rights under the Mental Health Act; · How to access advocacy services; · How to access a second opinion; · Interpreting services; · How to view their records; · How to raise concerns, complaints and give compliments.	
2.6	1	Risk assessment template or anonymised example.	
2.8	1	Additional commentary to be provided if no/few examples are found within the case note audit.	
2.11	2	The patient is given an information pack on admission that contains the following: · A description of the service; · The therapeutic programme; · Information about the staff team; · The unit code of conduct; · Key service policies (e.g. permitted items, smoking policy); · Resources to meet spiritual, cultural or gender needs.	
2.12	1	Anonymised example leave plan including all points listed.	
2.16	1	Anonymised example care plan / discharge summary. The case note audit should also capture timeframes.	
2.17	1	Anonymised example care plan / discharge summary.	
2.18	1	Data on 72-hour follow-up covering a 12-month period (compliance must be 80% or above in line with 2019 CQUIN target).	
2.20	1	Policy, such as the discharge against medical advice policy or equivalent.	

2.23	3	Figures on number/percentage of patients who are delayed discharges	
2.24	3	When patients are transferred between community services, there is a handover which ensures that the new team have an up-to-date care plan and risk assessment- response: Contextual commentary about what happens when a patient is transferred to another community service	
3.3	1	If audit and questionnaire feedback are inconsistent, an anonymised example care plan might be requested.	
3.8	1	Contextual commentary about how the team feels they meet this.	
3.12	3	Staffing list including all funded posts (identifying where there are vacancies). If not already requested as part of contextual information.	
3.14	1	Personalised 7-day therapeutic/recreational timetable of activities for patients	
3.16	1	Written information provided about a patient's mental illness.	
3.17	2	Evidence of weekly minuted community meetings	
3.18	2	Materials and facilities to support patients with cultural and spiritual practices	
3.23	2	Guidance document required: Information on how to access local organisations for support and social engagement.	
3.30	1	Matrix detailing when staff members were last assessed as competent.	
3.34	1	If service score this standard as N/A for the notes audited, an anonymised example of where this support has been provided can be submitted.	
3.44	1	Case note audit to assess whether there has been consideration of potential triggers and early warning signs.	
3.45	1	Data on the use of seclusion; improvement plans in line with the Use of Force Act.	
3.47	1	Action plan designed to reduce use of restrictive interventions (or contextual commentary if no actions identified).	
3.50	1	Contextual commentary about any established links with these services. If this is N/A for the notes audited, an anonymised example of where this support has been provided can be submitted	
3.51	1	Care pathway for women who are pregnant or in the post-partum period	
3.54	1	Case note audit to ask whether an assessment of the patient's capacity has been carried out	
3.56	1	Written information detailing how this assessment can be accessed can be provided if carer feedback is inconsistent.	
3.58	2	Accessible written information provided to carers (e.g. carer's pack)	
3.63	1	A leaflet or other documentation that shows how interpreting services can be accessed if required.	
3.64	1	Documentation relating to consent to share information.	
4.3	1	Staff should be asked whether they feel there is adequate time to handover this information. Evidence that handover time is planned, and that staff do not routinely stay beyond their shift.	

4.5	1	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. This includes arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met.	
4.6	1	Clinical supervision records.	
4.7	2	Managerial supervision records.	
4.10	1	Where survey data suggests this is not met, an audit of breaks allocated over a one-month period can be provided	

5.1	1 1	Example information, eg website link.	
5.2	1	The ward/unit has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels, including: · A method for the team to report concerns about staffing levels; · Access to additional staff members; · An agreed contingency plan, such as the minor and temporary reduction of non-essential services.	
5.3	2	Staff rota for one month's bank and agency staff use	
5.4	1	Service Level Agreement, or similar, for duty doctor project team request a call log, redacted incident notes and handover documents as evidence of the last 5 times for call time and highlight on call rota. Require evidence of 24 hour duty doctor cover, as well as attendance from duty doctor within 30 minutes of emergency call.	
5.5	1	Staffing level: If a post is vacant but the service have evidence that the post has been recruited to and the staff member is due to commence within 6 weeks after the Accreditation Committee, the standard can be confirmed as met and then if applicable service accredited following an update on the staff member commencing in post. The Accreditation will be withheld until the outcome of the staff member is determined.	
5.12	1 v	The ward operates according to their **staffing paper**, which outlines the number of staff needed according to the number and acuity of the patients.	
5.11	1	Liaise with C.L and S.N for rehab faculty for endorsement. Project Team can make initial judgement and liaise with Helen (Chair of AG) for formal qualification/ endorsement from the College. The endorsement will be issued with	

		evidence of 1 year in rehabilitation associated specialty as a senior trainee or consultant. Request CV and guide doctors for further evidence of experience as well as Service Level Agreement (SLA) with clarity for mental health or physical health hospital. We can also accept the consultants GMC no and evidence of them being on the rehabilitation specialist register.	
5.13	1	Contextual commentary detailing any tool(s) used	
5.17	1	Serious incident policy or equivalent	
5.21	1	Contextual commentary giving examples of how this has been used to make improvements	
5.22	2	Contextual commentary giving examples of how patients and carers have been involved in an aspect of service development	
5.27	1	A written document provided to patients placed out of area, outlining: why the person has been placed out of area · the steps that will be taken so they can return to their local area · how their family or carers will be helped to keep in contact · the advocacy support available to help them.	

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Training and supervision Checklist

We request for training and supervision checklist to be presented via an anonymised training and supervision matrix including dates of when the training and supervision was completed.

We request for the following:

- 90% compliance with commentary for remaining 10% e.g. mat leave.
- Training slides or content are not required unless specific training content needs to be confirmed.
- Training on ASD alone is not sufficient to meet the standard: Recognising and communicating with patients with cognitive impairment or learning disabilities.
- Training matrix covering all staff and all training standards. This should be condensed into one matrix and should be easy to interpret.
- Where training hasn't been completed or is overdue there should be a date for completion and any necessary commentary.

Standard	Type	**Completed Training Matrix Showing**	
4.13a	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent); Anonymised training matrix including dates of when the training was completed	
4.13b	1	Physical health assessment. Guidance: This could include training in understanding physical health problems, undertaking physical observations and when to refer the patient for specialist input; Anonymised training matrix including dates of when the training was completed	
4.13c	1	Safeguarding vulnerable adults and children. This includes recognising and responding to the signs of abuse, exploitation or neglect;# Anonymised training matrix including dates of when the training was completed	
4.13d	1	Risk assessment and risk management. *Guidance: This includes: Assessing and managing suicide risk and self-harm;* *Prevention and management of aggression and violence;* Anonymised training matrix including dates of when the training was completed	
4.13e	1	Recognising and communicating with patients with cognitive impairment or learning disabilities; Anonymised training matrix including dates of when the training was completed	
4.13f	1	Statutory and mandatory training. *Guidance: Includes equality and diversity, information governance, basic life* *support;* Anonymised training matrix including dates of when the training was completed	

4.13g	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality. Anonymised training matrix including dates of when the training was completed	
4.13h	1	All staff undergo specific training in therapeutic observation (including principles around positive engagement with patients, when to increase or decrease observation levels and the necessary multi-disciplinary team discussions that should occur relating to this and actions to take if the patient absconds) when they join the service as part of their induction or change wards. Anonymised training matrix including dates of when the training was completed	
4.13i	1	The basic principles of rehabilitation and recovery-oriented practice. Anonymised training matrix including dates of when the training was completed	
4.13j	2	Communication skills/styles Anonymised training matrix including dates of when the training was completed	
4.13k	1	Delivering non-discriminatory practice. Guidance: Which provides staff an understanding that people from black, Asian and minority ethnic groups may experience stigma arising from both their ethnicity and their mental health condition. Anonymised training matrix including dates of when the training was completed	
4..13l	2	The care of transgender patients and their needs Anonymised training matrix including dates of when the training was completed	
4.14	2	Experts by experience are involved in delivering and developing staff training face-to-face. Contextual commentary detailing how patients/carers are involved in staff training	
4.15	1	All staff members who deliver therapies and activities are appropriately trained and supervised.	

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Documentation Evidence Checklist- face to face reviews

This is a list of policies/ documentation included in the Rehab Service Standards. You should have these documents available and clearly labelled for the review team on the day of the accreditation visit.
However, evidence related to the standards highlighted in yellow, can be presented on the day, to ensure the review team can view all of the evidence.

Please note that the review team may not ask to see all the documentation and they may ask for additional evidence that is not listed.
Please label each document according to the standard it relates to.

Standard	Type	Documentation Uploaded to CARS	
1.11	1	Local policy for patient use of mobile phones, computers and other electronic equipment on the ward/unit	
1.12	1	Audit of environmental risk and risk management strategy	
1.16	1	One month's record of resuscitation equipment checks	
1.18	1	Seclusion and segregation – management protocol/ photos, videos and clarity of use of seclusion room and de-escalation.	
2.1.14		Protocol for managing situations where patients are absent without leave.	
2.3	1	Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: · Their rights regarding admission and consent to treatment; · Rights under the Mental Health Act; · How to access advocacy services; · How to access a second opinion; · Interpreting services; · How to view their records; · How to raise concerns, complaints and give compliments.	
2.6	1	Risk assessment template or anonymised example.	
2.8	1	Additional commentary to be provided if no/few examples are found within the case note audit.	
2.11	2	The patient is given an information pack on admission that contains the following: · A description of the service; · The therapeutic programme; · Information about the staff team; · The unit code of conduct; · Key service policies (e.g. permitted items, smoking policy); · Resources to meet spiritual, cultural or gender needs.	
2.12	1	Anonymised example leave plan including all points listed.	
2.16	1	Anonymised example care plan / discharge summary. The case note audit should also capture timeframes.	
2.17	1	Anonymised example care plan / discharge summary.	

2.18	1	Data on 72-hour follow-up covering a 12-month period (compliance must be 80% or above in line with 2019 CQUIN target).	
2.20	1	Policy, such as the discharge against medical advice policy or equivalent.	
2.23	3	Figures on number/percentage of patients who are delayed discharges	
2.24	3	When patients are transferred between community services, there is a handover which ensures that the new team have an up-to-date care plan and risk assessment- response: Contextual commentary about what happens when a patient is transferred to another community service	
3.3	1	If audit and questionnaire feedback are inconsistent, an anonymised example care plan might be requested.	
3.8	1	Contextual commentary about how the team feels they meet this.	
3.12	3	Staffing list including all funded posts (identifying where there are vacancies). If not already requested as part of contextual information.	
3.14	1	Personalised 7-day therapeutic/recreational timetable of activities for patients	
3.16	1	Written information provided about a patient's mental illness.	
3.17	2	Evidence of weekly minuted community meetings	
3.18	2	Materials and facilities to support patients with cultural and spiritual practices	
3.23	2	Guidance document required: Information on how to access local organisations for support and social engagement.	
3.30	1	Matrix detailing when staff members were last assessed as competent.	
3.34	1	If service score this standard as N/A for the notes audited, an anonymised example of where this support has been provided to be submitted.	
3.44	1	Case note audit to assess whether there has been consideration of potential triggers and early warning signs.	
3.45	1	Data on the use of seclusion; improvement plans in line with the Use of Force Act.	
3.47	1	Action plan designed to reduce use of restrictive interventions (or contextual commentary if no actions identified).	
3.50	1	Contextual commentary about any established links with these services. If this is N/A for the notes audited, an anonymised example of where this support has been provided can be submitted	
3.51	1	Care pathway for women who are pregnant or in the post-partum period	
3.54	1	Case note audit to ask whether an assessment of the patient's capacity has been carried out	
3.56	1	Written information detailing how this assessment can be accessed can be provided if carer feedback is inconsistent.	
3.58	2	Accessible written information provided to carers (e.g. carer's pack)	
3.63	1	A leaflet or other documentation that shows how interpreting services can be accessed if required.	

3.64	1	Documentation relating to consent to share information.	
4.3	1	Staff should be asked whether they feel there is adequate time to handover this information. Evidence that handover time is planned, and that staff do not routinely stay beyond their shift.	
4.5	1	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. This includes arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met.	
4.6	1	Clinical supervision records.	
4.7 4.10	2 1	Managerial supervision records. Where survey data suggests this is not met, an audit of breaks allocated over a one-month period can be provided	

5.1	1	Example information, eg website link.	
5.2	1	The ward/unit has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels, including: · A method for the team to report concerns about staffing levels; · Access to additional staff members; · An agreed contingency plan, such as the minor and temporary reduction of non-essential services.	
5.3	2	Staff rota for one month's bank and agency staff use	
5.4	1	Service Level Agreement, or similar, for duty doctor project team request a call log, redacted incident notes and handover documents as evidence of the last 5 times for call time and highlight on call rota. Require evidence of 24 hour duty doctor cover, as well as attendance from duty doctor within 30 minutes of emergency call.	
5.5	1	Staffing level: If a post is vacant but the service have evidence that the post has been recruited to and the staff member is due to commence within 6 weeks after the Accreditation Committee, the standard can be confirmed as met and then if applicable service accredited following an update on the staff member commencing in post. The Accreditation will be withheld until the outcome of the staff member is determined.	
5.12	1 v	The ward operates according to their **staffing paper**, which outlines the number of staff needed according to the number and acuity of the patients.	
5.11	1	Liaise with C.L and S.N for rehab faculty for endorsement.	

		RCV and further evidence of experience as well as Service Level Agreement (SLA) with clarity for mental health or physical health hospital. We can also accept the consultants GMC number and evidence of them being on the rehabilitation specialist register.	
5.13	1	Contextual commentary detailing any tool(s) used	
5.17	1	Serious incident policy or equivalent	
5.21	1	Contextual commentary giving examples of how this has been used to make improvements	
5.22	2	Contextual commentary giving examples of how patients and carers have been involved in an aspect of service development	
5.27	1	A written document provided to patients placed out of area, outlining: why the person has been placed out of area · the steps that will be taken so they can return to their local area · how their family or carers will be helped to keep in contact · the advocacy support available to help them.	

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Training and supervision Checklist
The checklist requires the following information, as per CCQI Guidance:

- 90% compliance with commentary for remaining 10% e.g. maternity leave.
- Training slides or content are not required unless specific training content needs to be confirmed.
- Training on ASD alone is not sufficient to meet the standard: Recognising and communicating with patients with cognitive impairment or learning disabilities.
- Training matrix covering all staff and all training standards. This should be condensed into one matrix and should be easy to interpret.
- Where training hasn't been completed or is overdue there should be a date for completion and any necessary commentary.

Please refer to the training matrix template for guidance. Also, please ensure this is submitted on CARS, prior to the review.

Standard	Type	Completed Training Matrix Showing	
4.13a	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent); Anonymised training matrix including dates of when the training was completed	
4.13b	1	Physical health assessment. Guidance: This could include training in understanding physical health problems, undertaking physical observations and when to refer the patient for specialist input; Anonymised training matrix including dates of when the training was completed	
4.13c	1	Safeguarding vulnerable adults and children. This includes recognising and responding to the signs of abuse, exploitation or neglect;# Anonymised training matrix including dates of when the training was completed	
4.13d	1	Risk assessment and risk management. *Guidance: This includes: Assessing and managing suicide risk and self-harm; Prevention and management of aggression and violence;* Anonymised training matrix including dates of when the training was completed	
4.13e	1	Recognising and communicating with patients with cognitive impairment or learning disabilities; Anonymised training matrix including dates of when the training was completed	
4.13f	1	Statutory and mandatory training. *Guidance: Includes equality and diversity, information governance, basic life support;* Anonymised training matrix including dates of when the training was completed	
4.13g	2	Carer awareness, family inclusive practice and social systems, including carers' rights	

		in relation to confidentiality. Anonymised training matrix including dates of when the training was completed	
4.13h	1	All staff undergo specific training in therapeutic observation (including principles around positive engagement with patients, when to increase or decrease observation levels and the necessary multi-disciplinary team discussions that should occur relating to this and actions to take if the patient absconds) when they join the service as part of their induction or change wards. Anonymised training matrix including dates of when the training was completed	
4.13i	1	The basic principles of rehabilitation and recovery-oriented practice. Anonymised training matrix including dates of when the training was completed	
4.13j	2	Communication skills/styles Anonymised training matrix including dates of when the training was completed	
4.13k	1	Delivering non-discriminatory practice. Guidance: Which provides staff an understanding that people from black, Asian and minority ethnic groups may experience stigma arising from both their ethnicity and their mental health condition. Anonymised training matrix including dates of when the training was completed	
4..13l	2	The care of transgender patients and their needs Anonymised training matrix including dates of when the training was completed	
4.14	2	Experts by experience are involved in delivering and developing staff training face-to-face. Contextual commentary detailing how patients/carers are involved in staff training	
4.15	1	All staff members who deliver therapies and activities are appropriately trained and supervised.	

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

The Review Day Timetable

The review day will take place on Microsoft Teams and runs from 10:00 – 16:00 with time for breaks. Whilst you do not need to have a Microsoft Teams account to participate in the virtual peer review, it is recommended that the Teams app is downloaded onto the devices you will be using if possible. Prior to the review day, the Peer Review team will meet and spend time reviewing the evidence submitted during your self-review. This includes any evidence in relation to the ward environment, the document checklist and your workbook and survey responses.

Rehab Accreditation Review Timetable

Time	Session	
09:30 – 10:00	**Introductory Meeting** *The review team come together and meet.* *This will be an opportunity for the review team to introduce themselves and the lead reviewer to explain what to expect throughout the day.*	
10:00 – 10:20	**Introductory Meeting with Host Team** *Review Team meet with the Host Team for introductions, to explain the purpose of the day, confirm the timetable and answer any preliminary questions.*	
10:20- 10:50	**Live Ward/Unit Environment Tour** *Review team focus on standards in relation to the ward/unit environment and review the service's evidence of their physical environment.*	
10:50 – 11:25	**Admission and discharge standards to follow up** *Review team cover "Admission and Discharge" standards with ward managers and senior staff of the ward/unit.*	
11:25 – 12:00	**Care and treatment standards to follow up on** *Review team cover "Care and Treatment" standards with ward managers and senior staff of the ward/unit.*	
12:00- 12.25	**Review Team Meeting** *The Review Team meets in private to consider areas of achievement and recommendations following the Ward Management and Senior Clinicians Meeting & review policies and procedures.*	
12:25 - 13.00	**Lunch Break**	
13:00 – 14:00	**Staff Interviews** *Review team cover "staffing" standards with front line, non-managerial staff*	**Patient Interviews** *Members of the review team meet patients to gain feedback about their experiences being on the ward.*
14:00 – 15:00	**Ward manager & Senior staff Meeting** *Review team cover "service management" standards with ward manager and senior staff.*	**Carer Interviews** *Members of the review team meet or interview carers to gain feedback about their experiences of the ward.*
15:00 – 15:30	**Review Team Writing Session** *The Review Team meets in private to consider areas of achievement and recommendations following the Ward Management and Senior Clinicians Meeting & review policies and procedures.*	
15:30 – 16:00	**Feedback Meeting with Host Service** *The Review Team and Host Team meet to discuss key areas of achievements and recommendations. The Host Team will also have the opportunity to provide feedback on how they have found the peer-review day.*	

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Accreditation Visit

Description

Once your self-review has been completed and returned and the online questionnaires and audits filled in, a peer review day follows. This involves a team of 2-3 staff from other inpatient rehabilitation units and a service user and/or carer representative visiting your team. Review days will be led by a member of the Project Team or another experienced lead reviewer. Accreditation reviewers will be experienced reviewers and have received accreditation reviewer training. There will be at least one nurse on the team and wherever possible a member of the MDT or a medic.

Aims, Purpose and Outcomes

During the accreditation visit, the visiting team will ask questions and discuss issues based on your self-review workbook and audit and questionnaire results. Over the course of the visit, the team will cover every section of the AIMS Rehab standards. The purpose of an accreditation visit is to validate the findings of your self-review. They will do this by assessing individual standards and making decisions about whether the scoring is representative of their findings.

Evidence Triangulation

The accreditation process looks for evidence in each of the categories, combining what can be seen, what can be heard and what can be read. Therefore, the review team will be looking for the following evidence throughout the review day.

 Seen – This will involve the review team observing the day and interactions within the service.
 Heard – This includes information gathered through both formal and informal discussions.
 Read – This includes a review of written evidence such as policies, procedures, information on noticeboards, group minutes and individual case files. When preparing your documents ensure files are tracked to demonstrate meeting the standards.

Prior to the review day, the Peer Review team will meet and spend time reviewing the evidence submitted during your self-review. This includes any evidence in relation to the ward environment, the document checklist and your workbook and survey responses.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Introduction Meeting with Host Service

Members of staff who have been heavily involved in the self-review process and the organisation of the virtual peer-review day should be present for this meeting.
The Project Team will provide you with a Microsoft Teams Meeting link which you should join at 10am. Upon joining the meeting, you will be place in a waiting room, once the review team are ready, you will be admitted into the meeting.

A Tour of the Ward Environment

A member of the Host Team and a patient (where available) will take the Review Team on a virtual tour of the ward and answer questions about the environment and facilities available for patients, staff and visitors. To uphold the confidentiality of patients on the ward no recording will be made.

Ward Manager and Senior Staff Meeting

The review team will then meet with Ward Management and Senior Clinicians (e.g. Ward Manager & Deputy, Matron, Service Manager, Senior Nurses, Occupational Therapists, Psychologists, Psychiatrists etc.).

Staff Interviews

The Review Team meet with all available frontline service, admin and domestic staff. Those participating should join the Teams meeting at 13:00, they will be placed in a waiting room and accepted into the meeting by the lead reviewer.

Patient Interviews

On an in-person review day this would usually take place as a group meeting with patients on the ward without any staff members present. However, we appreciate that this will be difficult to replicate virtually for various reasons.
Despite this, feedback from patients on the ward is an important aspect of the peer-review day and we are keen for this to still happen in one way or another.

Carer Interviews

As with the patient meeting, gaining feedback from carers about their experiences is an important part of the peer-review day and there are a number of ways this can be facilitated.

Feedback Session

Before this meeting, the review team will spend some time alone summarising areas which they think the ward are doing really well in as well as areas where improvements can be made based on the discussions had throughout the day. These thoughts will be shared with members of the host team during this meeting. This is a valuable meeting as it will give the ward some indication of what areas they need to work on before the full report is provided.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Preparing for a Accreditation Site Visit

Preparing Evidence

In the appendix you will find a Document Checklist, this details all of the evidence that you should prepare for the day. However, you may also want to prepare additional evidence, for example if a particular issue is highlighted within your previous action plan or has been noted elsewhere as an issue or success. You should prepare a folder of clearly marked evidence for the review team on the day of the accreditation visit.

Tracking

To track evidence, highlight issues relating to the standards and clearly mark what standard(s) these relate to. This can be done by attaching page markers to relevant documents e.g. individual case files, minutes of reviews, meetings, observation books, staff meeting minutes etc. This will enable the review team to quickly find evidence related to the standards.

Preparing for the day

In advance of the review day you will need to complete the following:

- Arrange the accreditation visit based on the timetable in the appendix. If you need to alter the schedule in any way, please contact the Lead Reviewer of your proposed timetable at least a week in advance of your review.
- Inform all team members about the visit as soon as your peer review date is confirmed and ensure members of your team are able to attend all or part of the review day.
- Invite service users and carers to the relevant interview sessions, and to lunch if you wish. Distribute information sheets about the purpose of the day. If people are unable to attend in person but would like to contribute ask them if they would be happy to talk to the review team over the phone. If they are, record their contact details and send to the lead reviewer as soon as possible.
- Invite a service user to lead the Tour of the Unit, alongside a member of staff.
- Ensure staff are informed which sessions throughout the day they should attend, including the morning brief and end of day feedback sessions.
- Ensure that rooms are booked for interviews.
- Book refreshments (for the morning brief and afternoon review team meeting) and lunch.

Guidance:

- Plan for the review day as far in advance as possible.
- Ensure that arrangements allow staff to fully participate.
- Liaise with service users and carers well in advance.
- Remember that the accreditation decision is based on a calculation of the number of standards your service meets; if you meet more standards between the time of the self-review and the peer review, inform the reviewers so they can do you justice.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

After the Accreditation Visit

Draft Report

Within 30 days of the visit you will receive your draft report, you then have 30 days to respond to this report. Spend the time to read through the report to ensure that you are happy that it is an accurate representation of your service. As a team you should develop an action plan (using the template provided within the report) to address some of the areas that have been highlighted for improvement. This should be returned to the project team before the end of your 30-day period, along with notification of any factual inaccuracies within the report.

If you think that you could provide any additional evidence for criteria scored as 'not met' you will need to send this to the Project Team within this 30-day period. If you would like support from the project team about accreditation committee precedents please contact them well before the end of your 30 day period. Please do not submit evidence in relation to standards scored as 'met' or those that will not affect your accreditation status as these will not be considered by the Accreditation Committee.

Guidance:

- Include the entire team in the action planning process to encourage a sense of ownership.
- Outline clear responsibilities for taking action points forward so that all staff know their obligations and level of commitment.
- Develop a clear timescale for working on action points so that progress can be monitored on a regular basis.
- Minimise the burden on staff by providing allocated time within regular job hours to work on the relevant actions.
- Email the AIMS Rehab email discussion group for advice on planning and implementing new initiatives: rehabdiscussion@rcpsych.ac.uk

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Accreditation Committee

Once you have submitted your response, or the 30-day period is over, the report (and any additional evidence) will be presented to the next Rehab Accreditation Committee (AC). Please note that the committee only meets 4 times a year so the wait time for this stage does vary. The Accreditation Committee, overseen by the Chair or Vice Chair of the Combined Accreditation Committees, takes into account the criteria below and is the ultimate decision-making body with the power to accredit services.
The aim of the accreditation decision is to ensure that services are recognised for their good practice, as well as protecting the value of an accreditation award by maintaining high standards. Therefore, the criteria for making decisions are as follows:

Category 1: "accredited". The team would:
- meet 100% of type 1 standards
- meet 80% of type 2 standards
- meet 60% of type 3 standards

Category 2: "accreditation deferred". The team would:
- fail to meet one or more type 1 standards but demonstrate the capacity to meet these within a short time
- fail to meet 80% of type 2 standards but demonstrate the capacity to meet the majority within a short time.

Category 3: "not accredited". The team would:
- fail to meet one or more type 1 standards and not demonstrate the capacity to meet these within a short time;
- fail to meet a substantial number of type 2 standards and not demonstrate the capacity to meet these within a short time.

Services will be notified of decisions in writing within 14 days of the committee. Accreditation statuses are published on the Rehab website (www.rcpsych.ac.uk/AIMS Rehab).

Confidentiality

It is a condition of membership that AC members agree that the accreditation report and any additional documentation submitted as part of the accreditation process are treated as confidential.

How long will accreditation last?

Services are accredited for a maximum of three years. The service will be accredited from the date of the accreditation committee at which they were accredited, until three years after the first accreditation committee at which they were considered. This means that a service will be accredited for less than three years if they are deferred.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

What happens if our unit is not accredited?

If a unit is deferred

In the event that accreditation is deferred, the AC has the right to request further documentary evidence of compliance with accreditation standards and, if required, to request a targeted revisit. The AC will also stipulate the time scale required to provide additional evidence or when the revisit will need to take place. Services are only able to be deferred once and for a maximum of 12 months. Services will be required to submit an update for every accreditation committee that occurs during their deferral period.
When deferred, the host unit should only provide supporting evidence for the standards they have been deferred upon, usually this will be only the Type 1 standards.

Further documentation

The Rehab project team will inform the service's project lead of the deferral, the reasons for it and advise what evidence the AC have requested in order to demonstrate that the standard is now met. Services will be provided with an 'evidence tracker' document in order to support services to track what standards are currently unmet, the accreditation committee's comments and decisions and what evidence has been submitted to evidence compliance.
The evidence could include signed and dated policies, summary audit results, or photographs of environmental changes that have taken place. The project team is also able to provide template training matrixes to help services evidence their training records clearly.

When this is received, the project team compiles a report with the further supporting evidence to submit to the next AC meeting for the group to consider whether this satisfies that the standards are now met and recommend an accreditation status.

Targeted peer-review

If the nature of the issue(s) that have caused accreditation to be deferred are such that further peer-review is required to verify that problems have been remedied, this will result in a further, targeted peer-review visit. Where possible, this will be carried out by the lead-reviewer that undertook the original review. The visit must take place and the results considered within an agreed timescale. A report of the findings of the visit will be submitted to the next AC.

If a unit is not accredited

In the event that the review finds evidence that practice is unsafe or threatens the dignity, safety or rights of service users or staff, the Royal College of Psychiatrists will advise the provider organisation that it should take appropriate remedial action. If the Royal College of Psychiatrists is not satisfied that appropriate action has been taken and that there is a substantial risk to service user safety, it reserves the right to inform those with responsibility for the management of the service and/ or the relevant regulatory body.
The CCQI appeals procedure is available on request.

REHABILITATION
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

Interim Review and Updates

All accreditation is subject to terms and conditions, which will be sent to you as appropriate. They are also available at any time upon request. As part of your accreditation you will be asked to submit an interim review, this is due 18 months after the first Accreditation Committee at which your service was discussed.

Aims, Purpose and Outcomes

The interim review is an opportunity for your service to evaluate their performance since accreditation, including the progress on your action plan. The network team also use it to consider whether you are still meeting the required standard for accreditation. If they are satisfied that the evidence provided demonstrates continuing compliance against the standards your accreditation will be continued. Sometimes they may need to come back to you for more information in order to do this.

Details of your interim review will be sent to you nearer the time. As with evidence and data for accreditation, it is vital that information submitted for your interim review is an accurate reflection of the current performance of the service.

Updates

A condition of your membership is that you promptly alert the network team to:

- any reports from regulatory or professional bodies (for example the Care Quality Commission, Healthcare Inspectorate Wales, the Northern Ireland Regulation and Quality Improvement Authority and Healthcare Improvement Scotland) that include any mention of the service;
- any current investigations, serious untoward incidents, serious complaints or any other information that might indicate potential serious problems in the service.

These should be sent to the project team as soon as they are available, they will also be requested at your interim review.