

# Accreditation for Community Mental Health Services

# National Thematic Report

2016 - 2021

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# Foreword

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## Carola Groom

*ACOMHS Carer Representative*

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Community mental health services play a vital role for patients and carers. They can offer support when and where needed, and help people manage their condition while remaining in their homes and communities, making use of local networks and amenities. They are often spoken of as 'a lifeline'.

It is a privilege to be a carer representative on the committee of Accreditation for Community Mental Health Services. The College's quality networks work to improve mental health care by encouraging services to meet agreed common standards, which range from the technical to ones that deal with collaborative working with patients and carers. Most of the committee's members have experienced the accreditation process within their own service before joining, then take part in peer reviewing other services and assessing their progress.

It is heartening to meet with representatives of all these services, as it reminds me how committed people are to the work they do in community mental health. We also always seek the views of patients and carers, and often hear testimony as to the positive difference made by this work.

The committee has now overseen dozens of services gaining accreditation. This thematic report reflects the knowledge it has gained as to which standards most often require additional effort, and why. Sometimes it is a question of providing sufficient evidence, for example on the content of training modules. Other standards embody more general principles of care, such as that the service should both invite feedback from patients and carers and use that feedback to make improvements. When assessing whether any standard is met the committee takes pains to be consistent, and looks carefully at the wording of the standard. We also bear in mind why each standard is there—really, the values that we all strive to work by.

I am delighted to commend this report.

## Jason Grant-Rowles

*ACOMHS Patient Representative and Peer Support Worker*

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The Accreditation for Community Mental Health Services (ACOMHS) is an improvement programme that works with staff to assure the quality of services for people with mental health problems, and their carers.

I have been a patient representative since August 2020, which has been a great opportunity to understand how services can be improved. My personal experience within mental health started as a child, watching my parent go in and out of hospital, being forcibly sectioned, receiving their depot injection, and attending community mental health services.

When I experienced my first episode of psychosis, I fell into the world of hospital, crisis teams, and early intervention services. As bad as the experience was, it gave me a renewed sense of purpose to understand more about mental health and how best to support people going through unusual experiences.

I got involved as an Expert by Experience at my local Trust, where I attended meetings, focus groups, gave feedback to researchers, sat on interview panels, and completed quality and safety reviews. This experience gave me the confidence to know that my voice had some value, and my experience could be put to good use.

I then worked as a peer support worker for the same Early Intervention Service that I received treatment from. I learnt to connect with people who had similar experiences. I set up an online peer support group, a weekly walking group, and gave one to one support. I am now working for a Trust in London as a peer coach, supporting people with ten sessions of coaching to enable them to achieve a recovery outcome.

So, I have an invested interest in ensuring that community mental health services can provide the best support to people. I hope you find this report insightful, and a call to continue improving services if you are part of the Network, or to join ACOMHS so that you can improve your service for the better.

# Introduction

## About ACOMHS

### Who we are

The **Accreditation for Community Mental Health Services (ACOMHS)** was established in 2015 to promote high standards of care and support quality improvement within community mental health services. ACOMHS is one of just under 30 quality improvement programmes (quality and accreditation networks and audits) organised by the Royal College of Psychiatrists, College Centre for Quality Improvement (CCQI). In the CCQI we work with professionals and people who access and engage with mental health services to develop the quality of care provided.

### What we do

We take community mental health services (CMHT) through a comprehensive review process which enables quality improvement. Teams are reviewed against ACOMHS specialist standards and following review areas of achievements are highlighted and areas of improvement are discussed. Solution focused action plans are then created to support the services development.

Outside of the review process ACOMHS offers various opportunities for networking, shared learning and development for all community mental health teams and interested parties at our Annual Forum, Special Interest Days and other learning events.

### What our review process looks like

The ACOMHS accreditation cycle, consists of a process of self review, peer review, the accreditation committee and accreditation decision, as illustrated in Figure 1.



Figure 1. An Illustration of the ACOMHS Accreditation Review Cycle

#### Self-Review (3 Months)

Services self-reflect on the quality of care provided by self-evaluating themselves against each of ACOMHS standards, this includes reflecting on the strengths and areas of development for the service.

#### Peer Review (1 Day)

A peer review team including an ACOMHS project team member, a patient/carer representative and colleagues from other community mental health services visit the service to validate and expand on the self-review data, enabling quality improvement through shared learning, networking, and constructive communication.

### Accreditation Committee and Decision

Following peer review a local report is produced which summarises peer review discussions, emphasises areas of achievement and highlights areas and ideas of improvement. The report is reviewed by the accreditation committee which includes representatives from multiple disciplines within community mental health services as well as patient and carer representatives. The accreditation committee decides on an accreditation status and where accreditation has not been achieved in the first instance, they will further advise on areas of development and make recommendations to support quality improvement.

There is a similar process of review for **ACOMHS development cycle** which does not include accreditation; instead, services receive a more focused self-review and peer-review reflecting on the service's progress with previous action plans and creating new action plans for development.

Throughout the review cycle, we engage with carers, patients and staff to gather feedback about their experiences and we use their feedback to support the quality improvement process.

### Current Members

ACOMHS currently has just under 40 members across the United Kingdom. The geographical distribution of our current members and of the members included within the report is demonstrated in Figure 2.



Figure 2. A United Kingdom map of the geographical distribution of current ACOMHS members and the members included within the report.

For more information about our network, current members, project and events updates please see our [website](#).

# Introduction

## About the report

### What is this report?

This is the first national thematic report published by ACOMHS. Performance data was collected from 32 member services who completed their first accreditation cycle in 2016-2021. The report uses a quantitative approach to analyse the common not met standards amongst member services and uses a qualitative approach to establish themes and patterns within this data.

### Who is it for?

The report is for all staff members working within CMHTs, patients and carers as well as anyone who has an interest in ACOMHS and/or CMHTs. The report has a specific emphasis for current and potential ACOMHS members.

### Why has the report been made?

The report aims to support the quality improvement of CMHTs by providing staff, patients, and carers with an insight around themes and standards of care which are commonly not met amongst ACOMHS members. The reports highlights: commonly not met standards, reasons why these standards are not met, the importance of these standards and how to better meet these standards. By understanding such factors, the report hopes to provide a framework which supports and enables the quality improvement of CMHTs.

### How did we make it?

We used statistical methods to determine the commonly not met standards by services at the point of peer review. Commonly not met standards were defined as standards which were 1 standard deviation or more away from the mean percentage of met standards. These standards were then qualitatively examined; standards were coded to identify initial themes and then recoded to determine the final six themes and sub-themes included within this report.

After establishing themes, we had a focus group discussion with two ACOMHS patient and carer representatives, Jason Grant-Rowles and Carola Groom to discuss the importance of these themes and gain insight on areas of good practice from their experiences. ACOMHS members were also invited to complete a survey to shed further light on the importance of these aspects of care and helpful practices from their experiences as staff members.

For further information on the report method please see appendix A.

Commonly not met standards are included within the report, to see how services performed against all ACOMHS standards see [appendix B](#).

The report included services who underwent review on both ACOMHS 1<sup>st</sup> and 2<sup>nd</sup> edition standards. To ensure the report is most relevant to our members 1<sup>st</sup> edition standards were mapped onto the 2<sup>nd</sup> edition standards and only 2<sup>nd</sup> edition standards have been included in this report. Substantive differences between standard editions have been highlighted. See [appendix B](#) for a list of the commonly not met standards worded in the 1<sup>st</sup> edition.

ACOMHS has **three types of standards**:

**Type 1:** Criteria that are essential for a service to meet. Relating to patient safety, rights, dignity, the law and fundamentals of care, including the provision of evidence-based care and treatment;

**Type 2:** Criteria that a service would be expected to meet;

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

All standard types are included within the report, where standards are listed the type will be listed in square brackets adjacent to the standard number e.g. 79 [1].



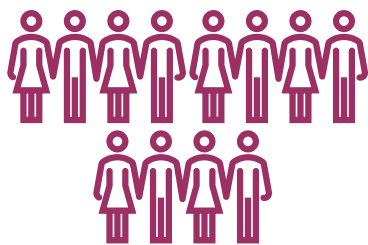
### How should you use it?

For current members and potential members it is recommended, staff members and senior management use the report in preparation for their accreditation or developmental cycle to evaluate their service's own performance in these aspects of care. Recommendations and suggestions made within the report should be used as a guide to support your own service's quality improvement. Quality improvement is a continual process and throughout the process you are encouraged to collaboratively work with your own staff, patients, and carers to ensure the best and more appropriate outcomes.

For non-members working within or interested in community mental health services, we hope this report is used as a reflective tool inviting discussions on improving services and driving changes to benefit all those who use and engage with community mental health services.

# Contextual Data

During their self review period, services were asked to provide some contextual data including staffing and referral figures, waiting times and current caseloads. A selection of this data is highlighted below. Averages are highlighted here, see [appendix A](#) for minimum and maximum figures of the data set.



The average population served was **135426**



Over a period of four weeks, the average proportion of **patients accepted** by services, was **83%**

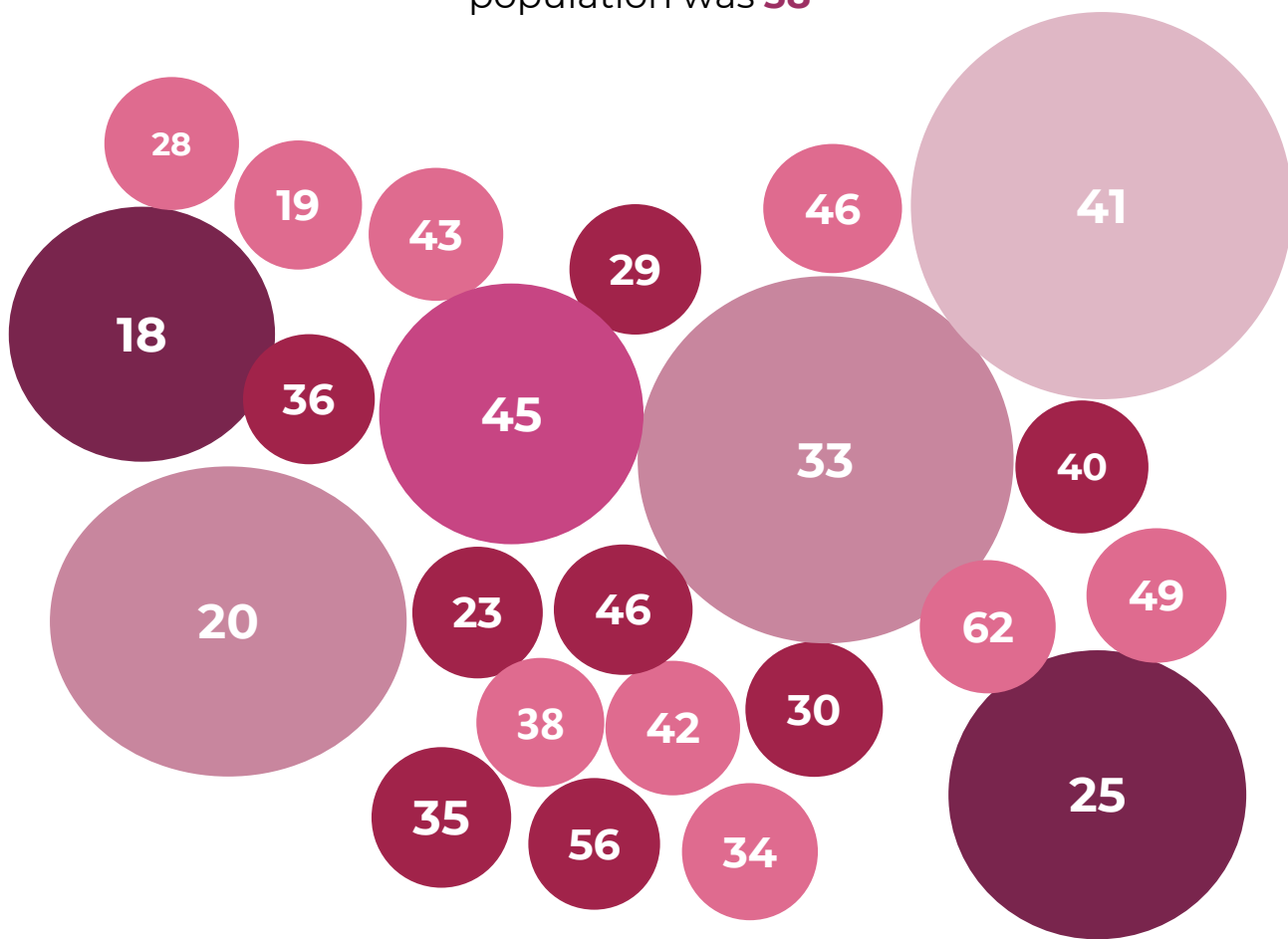


The average time period between referral and first assessment (in days) was **18**



The average caseload of services was **696**

The average number of clinical staff within services per 100,000 total population was **38**

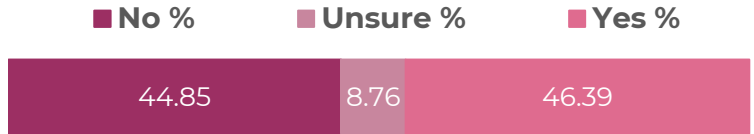


*In the above bubble diagram, each bubble represents a total staffing number amongst member services, larger bubbles represent a higher frequency of that staffing number.*

# Patient and Carer Involvement

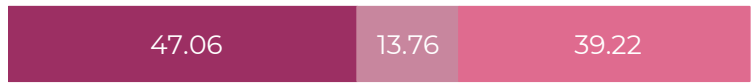
## Carer Survey

Apart from this survey, have you been asked to give feedback on the service, or been invited to attend a focus group? (194 Carers)



## Patient Survey

Apart from this survey, have you been asked to give feedback on the service, or been invited to attend a focus group? (408 Patients)



Were you asked if you wanted copies of letters about your treatment sent to you or your family, friend or carer? (387 patients)



Were you involved in writing your care plan? (397 patients)



## Common Not Met Standards around Patient and Carer Involvement (% of services not meeting the standard)

### Feedback Processes

**75 [1]** The service asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service. **(45.16%)**

### Care planning

**27 [1]** Every patient has a written care plan, reflecting their individual needs. Staff members actively seek to collaborate with patients and their carers (with patient consent) when developing the care plan. **(25.81%)**

### Information Sharing

**19 [1]** Confidentiality and its limits are explained to the patient and carer, both verbally and in writing. Patient preferences for sharing information with 3rd parties are respected and reviewed regularly. **(19.35%)**

## Reasons standards are marked Not Met at peer review:

### Feedback processes

- Patients and carers surveyed and spoken to reported not being asked to provide feedback;
- It was not clear how feedback collected had been used to improve the service;
- There were mechanisms in place for providing feedback however mechanisms had either, not been shared with patients and carers, ceased during the COVID-19 pandemic or only included the ACOMHS self review questionnaire.

### Care Planning

- Patients and carers surveyed and spoken to reported not being involved in care planning;
- A review of the care plans submitted, evidenced little or limited patient collaboration;
- Care plans were not submitted as part of the recommended evidence.

### Information Sharing

- Preferences for sharing information were not recorded;
- Processes for recording consent to information sharing were not robust e.g., consent forms lacked detail, were ambiguous or did not include what types of information sharing was being consented to.

# Patient and Carer Involvement

## A focus group discussion with Jason Grant-Rowles, Patient Representative and Peer Support Worker and Carola Groom, Carer Representative

### Care Planning

What is more important having a collaborative care plan or a very good plan?

**“For me it’s about the collaboration,** if I was doing a care plan for myself with a practitioner it would help me to understand this was my care plan, not the service’s care plan. **If I’ve not had my voice in it I’m not really going to take ownership of it.”** Jason Grant-Rowles

“Works much better to have something collaborative, **it feels like that process of developing the care plan when it works well is actually a key part of the therapy** as it’s beginning and developing the therapeutic relationship.” Carola Groom

Based on your experiences what processes have been in place to develop care plans collaboratively?

#### Suggestions from Jason Grant-Rowles

- “Asking the right questions to gain the bigger picture to understand different avenues of the patient’s life.”
- “Using Dialog+ which captures different domains of life, patient’s rate questions on a scale of 1-7 which help you (as the care provider) to be inquisitive around a person’s whole life, not just around their illness but around what makes them up as a person.”

#### Suggestions from Carola Groom

- “Having handwritten elements of the care plan written by the patient and scanning it in to the online system.”
- “Focusing on goals, what would really matter and make a difference to the patient and looking at what goals are realistic.”

### Feedback Processes

Is there a specific mechanism for collecting feedback that is most useful?

“There are multiple ways to gather feedback, the process itself can be simple but **knowing why you are doing it is important, what value can you get from it.”** Carola Groom

**“Services need to be clear on why they are trying to collect feedback in the first place,** what is the purpose, then think about the methods of collection.” Jason Grant-Rowles

#### Suggestions for helpful feedback mechanism by Carola Groom

- “I always like to see feedback systems that are personal and direct”.
- “Feedback needs to be at the scale of the individual service and it is not to be confused with gathering a satisfaction survey from the Trust as collecting feedback is about the interpersonal relationships between people and the setting they are in.”

#### Suggestions for how services should use feedback by Jason Grant-Rowles

- “There should be clear communication to the individuals on how their feedback will be used and what is going to happen to the feedback.”
- “Changes made after feedback should be communicated back to patients e.g., through ‘You said, We Did.’”
- “When suggestions have been implemented, the service should acknowledge the individual or individuals who gave suggestions e.g., This was suggested by John Doe and is now in practice.”





# Patient and Carer Involvement

## A survey with our members

### Care Planning

What makes a meaningful collaborative care plan?

#### Using forms which are tailored to patients

- “The language /communication style is **patient centred.**” *Dawn Pulling*
- “Using forms which are **co-produced with service users**, rather than developed by professionals.” *Dr Ina Ashworth*

#### Having Different Areas of Responsibility

- “It is split up into areas of responsibility so together **we work through what we do together, we then work on what the staff will support with and what the service users or carers can do** as part of their own recovery and wellbeing.” *Debbie Ross*
- “A clear plan and **timeframe for each person that has a part** to play in the care plan including the service user.” *Kendra Ainley*

#### Goal Setting

- “Recovery focused care plans should consider what patients want to achieve from engaging with the service, it should **look holistically to their diagnosis, lifestyle /social factors and their physical health** (biopsychosocial).” *John Olaitan*
- “The goal should be **focused on what the person sees is recovery to them** not on what services see as recovery.” *Kendra Ainley*

#### Collaborate with the wider community

- “**Working with the wider community team**, with local transformation work we are able to further develop care plans to include the wider community and further enhance their recovery journey.” *Dawn Pulling*
- “**Working with voluntary services and or secondary psychological services.**”

## Recommendations to meet standards within this theme

### Care planning

- Collaborate with patients and carers - Regularly consult patients and carers on their experiences of the care planning process, from feedback incorporate changes to ensure collaboration.
- Submit anonymised examples of care plans - Collaboration should be evident in the care plans submitted e.g., care plans are written in first person narrative, include sections on ‘My Views’, contain handwritten elements and/or include direct quotes from the patient.

### Feedback processes

- Regularly collect feedback from patients and carers – Where written feedback has been collected it is useful to submit examples of the questionnaires/surveys used and/or an analysis of the data. Where verbal feedback has been collected it is helpful to explain how feedback was collected and where applicable provide anonymised copies of meeting minutes.

### Feedback Processes

“Let them [patients and carers] know how feedback will be and has been used”

*Dr Ina Ashworth*

#### Suggestions from our members on mechanisms to collect feedback:

- Verbally at reviews and at each contact;
- Surveys (posted, online, telephone, text messaging);
- Engagement events;
- Collecting feedback after patients have been discharged;
- Having open conversation with patients and carers;
- Using focus groups;
- Engaging the patient or carer experience team/co-production groups.

“Patients at the centre of their own care, always do best. Make it [collecting feedback] a natural and normal part of care”

*Ryan O'Neill*

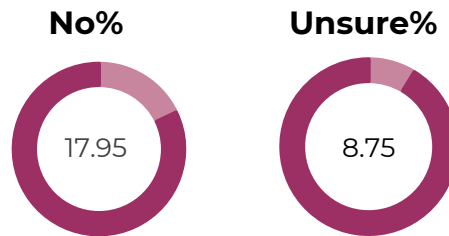
### Information sharing

- Detailed consent forms – Consent forms should include whether patients are happy for different types of information to be shared and who this information can be shared with.
- Appropriately share information – Once patient preferences for sharing information has been collected, it is important that this is actioned and information is shared accordingly. Developing checklists and audits can be a helpful tool to ensure timely and appropriate sharing of information.

# Carer Support

## Carers survey results

Were you told how to get an assessment of your needs? (195 Carers)



Were you offered individual time with staff to discuss your concerns, family history and your own needs? (197 Carers)



Were you given an information leaflet or pack with contact details for the service and local services that could help you in your caring role? (174 Carers)



## Common Not Met Standards around Carer Support (% of services not meeting the standard)

**80 [1]** Carers are offered individual time with staff members to discuss concerns, family history and their own needs. Guidance: *The team utilise the Triangle of Care audit tool for discussions.* **(25.81%)**

**79 [1]** Carers are supported to access a statutory carer's assessment, provided by an appropriate agency. Guidance: *This advice is offered at the time of the patient's initial assessment, or at the first opportunity.* **(22.58%)**

**81 [2]** The team provides each carer with accessible carer's information. Guidance: *Information is provided verbally and in writing (e.g., carer's pack).* **(25.81%)**

**131 [3]** The service has audited the provision of carer education and support programmes in the last 3 years. **(37.50%)**

## Reasons standards are marked Not Met at peer review:

- Information was not routinely given or formally offered e.g., information provided on request only or meetings provided on request;
- Carers spoken to or surveyed reported not receiving a carers information pack, information on how to access a carers assessment or not being offered individual time with staff to discuss concerns or their own needs;
- Case note audits did not document whether individual time had been offered to carers or do not evidence carers been provided with carers assessments.

## A focus group discussion with Carola Groom, Carer Representative

What makes a good carers information pack?

"It's about what information they give or have...**a good carers info pack is one that has all the information in user friendly language and good ones alert you to the fact that you might want to refer to that pack again or later.** They may not be useful at the time they are given but the good ones, help you to be mindful that this information will be useful later."

Why should CMHTs offer carers individual time to discuss concerns and their own needs?

"**Carers are the ones who know what the person was like before they were ill, carers will know the individual and will be able to recognise illness before anyone else** and it is said again and again by carers sometimes you feel that it's not appreciated that you have an awareness of what the person can be and their potential"

How can individual time benefit carers?

"Carers are under an immense amount of pressure and **that individual time provides an opportunity to find out what support carers need.**"

# Carer Support

## A survey with our members

What makes a good carers information pack?

### Relevant information

“**Brief information**, with options signposting to more in-depth information” *Dr Ina Ashworth*

“Too much information can be overwhelming, **information packs should be simple but effective**” *Kendra Ainley*

Why is it important for carers to receive an information pack?

### Recognise the role of carers

“**Carers have an important role to play** and may feel not recognized, unsupported and not informed” *Dr Ina Ashworth*

“**Allow carers to feel more supported in their valuable role**”. *Mark Akyea Addo*

### What to include in a carer information pack?

#### Suggestions from members

- ✓ Information on the service
- ✓ The available treatment and support which can be offered to their family member/friend
- ✓ How to access a carers assessment
- ✓ Who to contact in a crisis (a mental health and physical health crisis)
- ✓ Information on mental health conditions and managing wellbeing
- ✓ Definition/Description of a carer
- ✓ Local Carer support services and groups
- ✓ What carers are entitled to e.g., respite care, carer's allowance (where applicable)
- ✓ Relevant contact details

“**Take time to meet with carers to discuss the pack**”

*Dawn Pulling*

Why should CMHT's offer carers individual time to discuss concerns and their own needs?

### Support carers wellbeing

“Being a carer can be really stressful and **we need to ensure that we look at the carer's wellbeing.**” *Debbie Ross*

“**To ensure carers are well supported in their role and wellbeing.**” *Mark Akyea Addo*

“Because carers are predisposed to stress. **Carers need support and respite.**” *John Olaitan*

### Provide individualised support

“**They [carers] may not feel able to open up or discuss their own pressures in front of their loved ones.** It is important to meet the needs of the carer whilst supporting and treating the service user.”

“**Useful to allow the carer to talk freely.**” *Ryan O'Neill*

“Even if the patient does not give consent to share information as part of the [Triangle of Care](#) **we can meet and listen to the carer's concerns.**” *Dawn Pulling*

“**It is hugely important that we support those who are ultimately supporting us to help someone recover; without the carer (where there is a carer) our job would be a lot harder**”

*Kendra Ainley*

## Recommendations to meet standards within this theme

- Develop a carer information pack and ensure this is provided to all carers – It is beneficial to co-produce the carers information pack with carers to ensure the appropriate and relevant information is provided. All carers should be routinely provided with the information pack, the distribution of carer information packs can be included on admission checklists or audited to ensure information is shared in a timely manner.
- Provide information on carers assessment – All carers should be routinely informed of what a carers assessment is and how to access one. Written information can be included in the carers information pack and should be accompanied by a verbal conversation with carers. Information should be provided at the time of the patient's initial assessment, or at the first opportunity.
- Offer carers individual time – Carers should be routinely offered individual time with staff within the first few days of access to discuss family history and their own needs. It is also important to regularly communicate and engage with carers to answer any of their queries or concerns. Signposting carers to local carer support groups or having a carers support group at the service is an added benefit as these groups can provide additional and ongoing support to carers.

# Physical Health

## Common Not Met Standards around Physical Health (% of services not meeting the standard)

**15 [1]** A physical health review takes place as part of the initial assessment, or as soon as possible.\* **(28.13%)**

Guidance: The review includes but is not limited to:

- Details of past medical history;
- Current physical health medication, including side effects and compliance with medication regime;
- Lifestyle factors e.g. sleeping patterns, diet, smoking, exercise, sexual activity, drug and alcohol use;
- Consideration of risk of cardiovascular disease, metabolic disorders, and excessive weight gain.

**49 [1]** Patients who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at 6 weeks, at 3 months and then annually (or every six months for young people) unless a physical health abnormality arises.\* **(24.14%)**

Guidance: The clinician monitors the following information about the service user: Monitoring of:

- A personal/family history (at baseline and annual review);
- Lifestyle review (at every review);
- Weight (at every review);
- Waist circumference (at baseline and annual review);
- Blood pressure (at every review);
- Fasting plasma glucose/HbA1c (glycated haemoglobin) (at every review);
- Lipid profile (at every review);
- ECG (at baseline and annual review).

*\*Please note: the guidance for both standards is only included in ACOMHS 1<sup>st</sup> Standard Edition and is not present in the 2<sup>nd</sup> edition.*

## Reasons standards are marked Not Met at peer review:

- Inconsistent processes of physical health review for different groups of patients e.g., initial physical health assessments only completed for those prescribed mood stabilisers or antipsychotics;
- Inconsistent with the standard timeframe for physical health review e.g., no assessment at 3 months;
- Incomplete assessments or review where review does not cover all elements of the standard e.g., not considering cardiovascular risk or not conducting ECGs.

## A focus group discussion with Jason Grant-Rowles, Patient Representative and Peer Support Worker and Carola Groom, Carer Representative

How can services best support physical health and healthy lifestyles?

### Healthy Eating

**"I have been to a course on food and mood, which was a case of looking at the value, nutritional value of food and how it effects your mood, which was useful. It is also important to help people with cooking, as most people will live off takeaways and there are cooking services which focus on cooking on a low budget, helping people to cook good nutritional meals on a low budget e.g., meals under £5."** Jason Grant-Rowles



### Social Prescribing

**"This is a big area to focus on, people can realise the importance of social prescribing and this can sometimes be uncoordinated but it might be helpful to have a guide to point people in the right direction of activities or courses and it is important to have professionals to accompany patients to go along to activities, especially at the first sessions."** Carola Groom



### Physical Health

**"You need practitioners such as nurses to take people to places e.g., the nurses would take people to badminton, table tennis, on walks and basketball and the practitioners encouraged people to be involved...The main thing is for practitioners to help people understand where these places are and encourage people to take these activities up."** Jason Grant-Rowles



# Physical Health

## A survey with our members

How can services best support physical health and healthy lifestyles?

### Staff awareness and training

- “**Good staff training**, e.g. on what to look out for.” *Dr Ina Ashworth*
- “We are attached to an acute trust so we have **training on physical health issues** such as sepsis and falls prevention and **can work in collaboration with community matrons.**” *Debbie Ross*
- “**Having physical health leads** within the team, attending physical health training and developing and understanding medication management and side effects around physical health.” *Dawn Pulling*
- “**Ensuring the MDT are regularly trained** and updated on their physical health training.” *Mark Akyea Addo*



### Regularly Review Physical Health

- “**Offer regular health checks.**” *Dr Ina Ashworth*
- “**Monthly review patient physical health problems** and make adequate referrals to services that can support them.” *John Olaitan*
- “We have a **physical health team** dedicated to the physical health of our patients, they **offer reviews but also intervention should the person wants it.** They offer advice to all service users who need it.” *Kendra Ainley*

### Working with GPs and others teams

- “**Close liaison with GP colleagues.**” *Mark Akyea Addo*
- “[Having] physical health clinics, clozapine clinics, depot clinics and **communication with GP surgeries and the Neighbourhood team.**” *Dawn Pulling*
- “**We have access to EMIS [Egton Medical Information System] which is the GP record**, we have access to the service users physical health records and can see what physical health checks have been undertaken by other members of the primary care team.” *Debbie Ross*

### Other practices that our members find helpful:

- “Making the close monitoring and evaluation of **the nine physical health cardiometabolic factors as a part of our key performance indicators.**” *Mark Akyea Addo*
- “As part of our initial assessment, **if they consent, we undertake a lifestyle questionnaire on all patients.** This includes taking their weight, blood pressure, collecting information on smoking, alcohol, diet and exercise.” *Debbie Ross*
- Utilising the [10 priorities for integrating physical and mental health](#)
- “**Promoting healthy lifestyle groups through sector groups.**”
- “**We use the voluntary sector to introduce sports, cooking classes and wellbeing platforms.**” *Kendra Ainley*
- “[Having] **CPN Leads and support workers to aid programmes.**” *Ryan O’Neill*

## Recommendations to meet standards within this theme

- Ensure physical health review occurs within an appropriate timeframe – Develop or acquire good systems (e.g., audits and electronic systems) for recording and monitoring physical health reviews. Such systems can alert in advance when a physical health review should be conducted, allowing for time to ensure appropriate resources (e.g., access to specialist medical equipment) is in place for conducting reviews.
- Have a consistent process for undertaking physical health assessments – All staff undertaking physical health reviews should regularly receive appropriate training, this will help to ensure physical health reviews are conducted thoroughly for all patients and encourages consistency amongst staff. Where training has been completed, it is important this is recorded and logged e.g., on training matrixes.

# Frequency of Systems in Place

**Common Not Met Standards around Frequency of Systems in Place** (% of services not meeting the standard)

## Supervision

**113 (1)** All Clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. **(25.81%)**

**114 (2)** All staff members receive monthly line management supervision. **(22.58%)**

## Waiting times

**8 (2)** New patients receive an assessment within 4 weeks of referral.\* **(25%)**

*\*Please note: The previous 1<sup>st</sup> edition standard included a shorter 3 week timeframe, which has been increased to 4 weeks in the 2<sup>nd</sup> edition standard. However analysis of this standard has been based on the previous 3 week timeframe included in the 1<sup>st</sup> edition.*

### From our Patient Survey

After you were referred to the community mental health team were you seen by them within 3 weeks?

(412 Patients)

No: **9.95%**    Unsure: **17.23%**

### From our Carers Survey

After the person you care for was referred to the community mental health team, were they seen within three weeks?

(175 Patients)

No: **9.71%**    Unsure: **25.14%**

## Reasons standards are marked Not Met at peer review:

- Inconsistent timeframes between the Service and/or Trust policy and the standard, e.g. protocols or policies outlined a longer window for patients to receive an assessment than outlined by the standard;
- Clinical and managerial supervisions were often conducted jointly and were less frequently than monthly.

## A focus discussion with Jason Grant-Rowles, Patient Representative and Peer Support Worker and Carola Groom, Carer Representative

What are the benefits of clinical supervision being held monthly and separate to managerial supervision sessions?

Regular supervision gives practitioners **the chance to have regular focus in your diary** and you are able to pick things up before you forget about them. It's good to have separate clinical and management supervision so you can be clear on who you can bring different issues to.  
*Jason Grant-Rowles*

From a carers perspective you feel these things take place at a distance from you, but **you do get a sense when the people you're dealing with are well supervised and when the whole system is working together.** *Carola Groom*

How does a long waiting time for assessment impact service users experience of care?

At the point of referral, that's when you and your family are feeling desperate and may be frightened. **Long wait times means the patient may view the service as less valuable or helpful.** *Carola Groom*

### Suggestions from Carola Groom

- "It may feel tokenistic but to be checked in on does make a difference."
- A phone call with patients to let them know who will be co-ordinating their care and who to call if they are in crisis.

### A suggestion from Jason Grant-Rowles

- Practitioners phoning up and checking in with patients until they are able to meet them for the first time is beneficial.



# Frequency of Systems in Place

## A survey with our members

What are the benefits of clinical supervision being held monthly and separate to managerial supervision sessions?

### Serves a separate purpose

- “I firmly believe that there is a difference between clinical and management supervision. Some staff members/professional groups may be more or less familiar with clinical supervision – **its important to see this as a reflective space and not as ‘being weak’ or ‘incapable’.**” *Dr Ina Ashworth*

### Protected Time

- “**Clinical and management are very different**, and each are valuable therefore protected time for both is vitally important. **Monthly clinical supervision ensures that the staff member has protective time away from the demands of the service** to discuss cases and feel that they are fully supported.” *Dawn Pulling*
- “We have a structured process for supervision. **The benefits of splitting it into clinical and managerial mean that we have protected time to discuss both of these areas and develop a plan of support if this is required.** As it is only once a month we feel that we can achieve this and do prioritise the time for supervision.” *Debbie Ross*

“At least once per month ensures major problems are identified.”

*Ryan Oneill*

How does a long waiting time for assessment impact service users experience of care?

### Negative impacts on patients

- “A lot can change for a person whilst they are waiting, they can deteriorate or improve during the timeframe without any support whilst they wait, they could feel isolated with their concern without knowing what steps to take if anything changes.” *Kendra Ainley*

### Increased Risk

- “Timely assessment helps to assess and respond to risks.” *Dr Ina Ashworth*

How could this be addressed?

- “Utilisation of a daily MDT triage team and a duty system and daily MDT formulations in daily huddles.” *Mark Akyea Addo*
- “I think **it is important to ensure prompt contact with the person referred to the service to inform them you have received their referral**, to reassure them they will be seen, to give them an idea about how long they may be waiting...This prompt contact can be reassuring. **Telephone or video triage can cut down waiting times as this could potentially provide early solutions and avoid full assessments by services** if this is not actually required for the presenting problem.” *Kendra Ainley*

### Other practices that our members find helpful:

- Phone calls where possible
- Separate assessment teams
- Close working with the Crisis Team
- Robust recruitment policies to maintain staffing levels
- Clear signposting for patients
- Active engagement with primary care

## Recommendations to meet standards within this theme

- Ensure timeframes for processes match the standard - If Trust policy differs to the timeframes specified in the standard, it may be beneficial to discuss this as an MDT or with relevant members of the Trust/Organisation to ensure the service meets ACOMHS standards. If the service has a more frequent timeframe than Trust policy advises, this should be detailed in the Services’ operational policy and submitted.
- Conduct separate clinical and managerial supervision sessions – Provide clear evidence of separate supervision sessions, this is often supplied via a supervision log or matrix. Matrixes should be clear with staff names redacted and cover at least a three month period. Having a clear log helps to identify any staff who have missed supervision and ensures 90% compliance is maintained. The ACOMHS project team have developed a matrix template to assist teams to record and monitor supervision and appraisal. The link to this matrix is below.
- Consider adding timeframes to checklists – Adding precise timeframes and deadlines to checklists can help keep teams accountable and ensures data are available for audits or for providing patients and referrers with information such as accurate waiting time estimates.

[View the ACOMHS Clinical Supervision Matrix](#)

# Training and Additional Staffing

**Common Not Met Standards around Training and Additional Staffing** (% of services not meeting the standard)

## Training

**121 (1)** Recognising and communicating with patients with cognitive impairment or learning disabilities **(41.38%)**

**122 (1)** All staff have received up to date training on medication as required by their role\*. **(22.58%)**

*\*Please note: The previous 1<sup>st</sup> standard edition specified competency for administering medication should be assessed on a yearly basis, however frequency for assessments has been removed in the 2<sup>nd</sup> edition.*

**123 (2)** Staff have received training on carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality **(28.13%)**

## Additional Staffing

**100 (2)** GP Link Worker **(25%)**

**101 (3)** Pharmacist **(37.50%)**

**102 (2)** Employment Advisor **(31.25%)**

**103 (2)** Peer Support Worker **(45.16%)**

## Reasons Standards are marked Not Met at peer review:

- The matrix's required as evidence for training standards were often not submitted or were unclear;
- Staff compliance figures were below the 90% threshold;
- Training specified by the standard was not routinely provided or not provided at all;
- Staff roles specified by the standard were not part of the MDT.

## A focus group discussion with Jason Grant-Rowles, Patient Representative and Peer Support Worker and Carola Groom, Carer Representative

What are the benefits of having a peer support worker within the CMHT Team?

From my experience of being on peer review teams, it seems as though the teams which have a peer support worker are able to **keep more of a focus on the important service users information e.g., information packs and putting information on notice boards**. The peer support workers seem to be the bridge that keeps professionals focused on these things. *Carola Groom*

I have a general understanding of mental health and from my own experiences I have that understanding of psychosis. Although I've realised that I too learn a lot and from my time working [as a peer support worker], being in teams which have case managed over 75 people each with an experience of psychosis and each [experience] being different **I realised that no two cases are the same, they're all different, but I am able to draw on my experiences to support others and because of my experiences I can make that sort of instant connection and be that listening ear....** I also understand the bewilderment around mental health services and I can help others navigate those spaces. *Jason Grant-Rowles*

Why is it important for staff to be trained in Carer Awareness or Family Inclusive Practice?

"You can't know the patient or service user unless you know the whole picture and **you can't think about how to 'fix' them unless you know what parts of their life needs fixing** and this can't be done without seeing them as a whole and also without having talking to those who know the person best ...It's about **seeing the whole process and seeing the person as a whole**". *Carola Groom*





# Training and Additional Staffing

## A survey with our members

### Why is it important for staff to be trained in Carer Awareness or Family Inclusive Practice?

- Enables understanding of how poor mental health impacts a service user's carer and family members.
- Ensures carers needs are met.
- Values the roles carers and family members play.
- Provides confidence surrounding confidentiality.

**"This [carer awareness training] will improve or provide knowledge and awareness to the staff about carer's roles"**

*John Olaitan*

### What are the benefits of staff being trained in recognising and communicating with service users with cognitive impairment or learning disabilities?

- Promotes joint working with other services to make sure all needs are met.
- It is particularly important for Older Adult Services.
- **"We need more of this.** It is often seen that these are separate to what we do and this is not the case." *Kendra Ainley*
- "To be able to understand the needs and support those patient groups." *Dr Ina Ashworth*
- "Helps staff deliver appropriate care for clients who present with these difficulties. **[Our] team's plan is for everyone to be trained in this area and for a 6-monthly refresher training during team sessions."** *Mark Akyea Addo*

### What could be included in training on recognising and communicating with service users with cognitive impairment or learning disabilities?

- Training delivered by speech and language therapists
- What is communication?
- Being a successful communicator with people with a learning disability/cognitive impairment
- Top tips for communication
- Different types of communication i.e. Makaton, widget symbols, talking mats
- Using accessible language

### What are the benefits of having a peer support worker within the CMHT?

- "If the role is clearly defined – **huge benefit for recovery focussed services** and ensures staff put patients at the centre always." *Ryan O'Neill*
- "A peer support worker is vitally important as they have **lived experience** and are able to develop a therapeutic relationship with a patient that is based around mutual respect. **Our peer support worker is a valued member of our team** and has completed some amazing work with our service users. Patient feedback is very positive." *Dawn Pulling*

## Recommendations to meet standards within this theme

- Ensure training compliance levels are logged- For required training, compliance figures should be at 90% and recorded in a log or matrix which clearly identifies any staff members whose training is close to expiry or where training has been delayed due to sickness or leave. This will ensure compliance figures can be monitored and training is kept up to date. The ACOMHS project team have developed a matrix template to assist teams to record and monitor training figures. The link to this matrix is below.
- Turn ad hoc training into regular training – If a required training is currently being provided on an ad hoc basis consider transforming this into regular training with refresher courses run on an appropriate basis. Attendance and compliance with these trainings will be much easier to log if they are recurring.
- Staffing audits and skill mix review – Conducting an audit of staffing levels or an annual skill mix review may help to identify gaps in current provision for patients. These can be shared with hospital management to support the recruitment of additional staff members or upskilling members of staff currently in the team.

**View the ACOMHS  
Training Matrix**

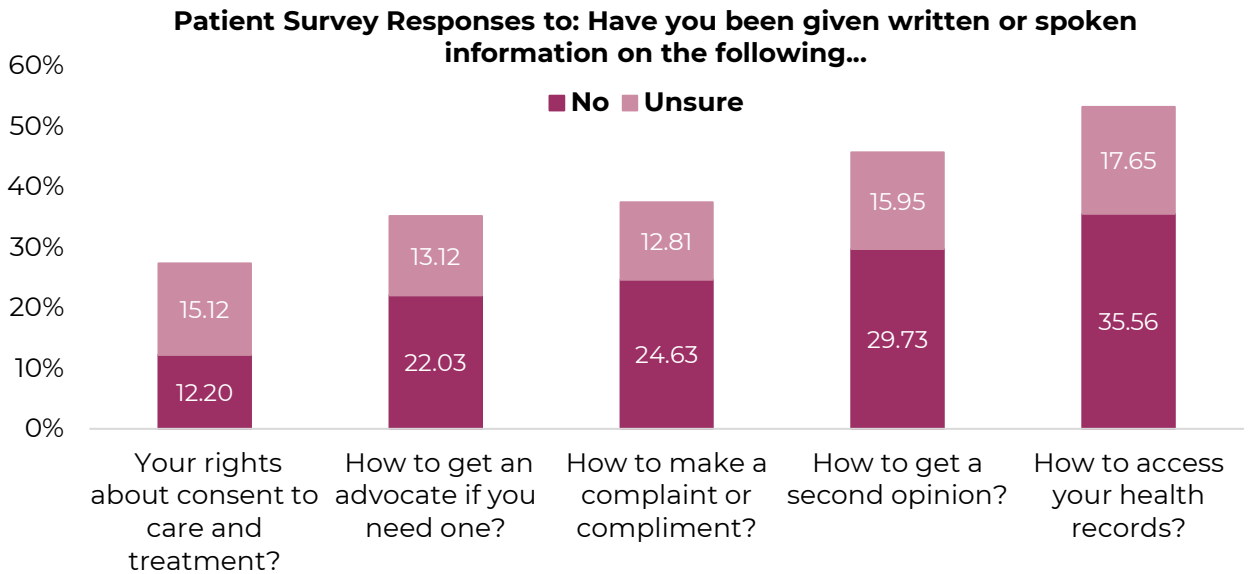
# Provision of Information

## Common Not Met Standards around Provision of Information (% of services not meeting the standard)

### Information for patients

**11 (1)** Patients are given verbal and written information on:

- Their rights regarding consent to care and treatment;
- How to access advocacy services;
- How to access a second opinion;
- How to access interpreting services;
- How to raise concerns, complaints and compliments;
- How to access their own health records. **(33.33%)**



### Information shared with other parties

**51 (1)** A discharge letter is sent to the patient and all relevant parties within 10 days of discharge. The letter includes the plan for:

- On-going care in the community/aftercare arrangements;
- Crisis and contingency arrangements including details of who to contact;
- Medication, including monitoring arrangements;
- Details of when, where and who will follow up with the patient as appropriate. **(38.71%)**

**18 (2)** The team sends correspondence detailing the outcomes of the assessment to the GP and other relevant services within a week of assessment **(19.35%)**

### Reasons standards are marked Not Met at peer review:

- Not all elements of the standard were included in the evidence submission e.g., All elements were submitted for standard 11 apart from information on advocacy services;
- Survey responses indicated patients and/or carers had not been provided with the information specified in the standard;
- Timeframes for processes were not in line with the standard e.g. for standard 18, letters were sent within 3 weeks opposed to the week specified within the standard.

### A focus group discussion with Jason Grant-Rowles, Patient Representative and Peer Support Worker and Carola Groom, Carer Representative

Why is it important for services to send letters and discharge plans to GP's/referrers and have consistent time frames for this?

"[Sending letters and plans] provides continuity of care and reduces banging on different doors. **Not sending information leads to pillar to post syndrome** that you get, it's especially frustrating to keep having to go back to the agency you were relying on and find they don't have all the information you thought they did." *Carola Groom*


"It's important to keep GP's in the loop, it shows you care and are wanting people to be passed on in a timely manner. **The service I work for has an electronic system that is updated and GP's have access to this.**" *Jason Grant-Rowles*

# Provision of Information

## A survey with our members

Why is it important for services to send letters and discharge plans to GP's/referrers and have consistent time frames for this?

- **“All of our letters are on Emis which is the electronic patient record that is used by Primary Care and the GP’s. This means that as soon as letters are written the GP’s have access to them.** The letters contain the up to date treatment plan, any medication changes, the interventions and information on services that can be accessed if the service users mental health deteriorates and they end up in crisis.” *Debbie Ross*
- **“Allows for timely implementation of treatment plans and improved patient care.”** *Mark Akyea Addo*



**“Timely and consistent framework reduces relapse and help crisis management.”**

*John Olaitan*

## Recommendations to meet standards within this theme

- Ensure all elements of the standard are submitted as evidence – Carefully read over bullet points within standards and check your evidence submission contains information on all of the elements. If information is provided by the Trust, provide links to the Trust website.
- Utilising systems to share information – Online systems such as Emis can be helpful tools for sharing letters and care plans with GP's and referrers. Developing an audit of the information shared with carers and patients can also be a beneficial process. Including the provision of information on referral or care plan checklists ensures a process for timely distribution to service users and other relevant parties.
- Develop your service leaflet – It may be beneficial to develop a service leaflet or pack which contains information on advocacy, raising complaints, second opinions, interpreters and viewing health records. This could reduce the number of individual pieces of information your service provides to patients and avoid missing out any key pieces of information. Information could be provided in a variety of formats including paper, links to online resources or links to videos.

# Summary of Recommendations

## Patient and Carer Involvement

### Care planning

Collaborate with patients and carers - Regularly consult patients and carers on their experiences of the care planning process, from feedback incorporate changes to ensure collaboration.

Submit anonymised examples of care plans - Collaboration should be evident in the care plans submitted e.g., care plans are written in first person narrative, include sections on 'My Views', contain handwritten elements and/or include direct quotes from the patient.

### Feedback processes

Regularly collect feedback from patients and carers - Where written feedback has been collected it is useful to submit examples of the questionnaires/surveys used and/or an analysis of the data. Where verbal feedback has been collected it is helpful to explain how feedback was collected and where applicable provide anonymised copies of meeting minutes.

Evidence how feedback was used to improve the service - At the point of self review it is useful to provide examples of how feedback collected from patients and carers has been used to improve the service and any written examples of this e.g., 'You said, we did' feedback forms/boards and/or action plans created following feedback.

### Information sharing

Detailed consent forms - Consent forms should include whether patients are happy for different types of information to be shared and who this information can be shared with.

Appropriately share information - Once patient preferences for sharing information have been collected, it is important that this is actioned and information is shared accordingly. Developing checklists and audits can be a helpful tool to ensure timely and appropriate sharing of information.



1

## Carer Support

Develop a carer information pack and ensure this is provided to all carers - It is beneficial to co-produce the carers information pack with carers to ensure the appropriate and relevant information is provided. All carers should be routinely provided with the information pack, the distribution of carer information packs can be included on admission checklists or audited to ensure information is shared in a timely manner.

Provide information on carers assessment - All carers should be routinely informed of what a carers assessment is and how to access one. Written information can be included in the carers information pack and should be accompanied by a verbal conversation with carers. Information should be provided at the time of the patient's initial assessment, or at the first opportunity

Offer carers individual time - Carers should be routinely offered individual time with staff within the first few days of access to discuss family history and their own needs. It is also important to regularly communicate and engage with carers to answer any of their queries or concerns. Signposting carers to local carer support groups or having a carers support group at the service is an added benefit as these groups can provide additional and ongoing support to carers.



2

## Physical Health

Ensure physical health review occurs within an appropriate timeframe - Develop or acquire good systems (e.g., audits and electronic systems) for recording and monitoring physical health reviews. Such systems can alert in advance when a physical health review should be conducted, allowing for time to ensure appropriate resources (e.g., access to specialist medical equipment) is in place for conducting reviews.

Have a consistent process for undertaking physical health assessments - All staff undertaking physical health reviews should regularly receive appropriate training, this will help to ensure physical health reviews are conducted thoroughly for all patients and encourages consistency amongst staff. Where training has been completed, it is important this is recorded and logged e.g., on training matrixes.



3

# Summary of Recommendations

## Frequency of systems in Place

Ensure timeframes for processes match the standard - If Trust policy differs to the timeframes specified in the standard, it may be beneficial to discuss this as an MDT or with relevant members of the Trust/Organisation to ensure the service meets ACOMHS standards. If the service has a more frequent timeframe than Trust policy advises, this should be detailed in the Services' operational policy and submitted.

Conduct separate clinical and managerial supervision sessions – Provide clear evidence of separate supervision sessions, this is often supplied via a supervision log or matrix. Matrixes should be clear with staff names redacted and cover at least a three month period. Having a clear log helps to identify any staff who have missed supervision and ensures 90% compliance is maintained. The ACOMHS project team have developed a matrix template to assist teams to record and monitor supervision and appraisal. The link to this is on page 15.

Consider adding timeframes to checklists – Adding precise timeframes and deadlines to checklists can help keep teams accountable and ensures data are available for audits or for providing patients and referrers with information such as accurate waiting time estimates.

4

## Training and additional staffing

5

Ensure training compliance levels are logged- For required training, compliance figures should be at 90% and recorded in a log or matrix which clearly identifies any staff members whose training is close to expiry or where training has been delayed due to sickness or leave. This will ensure compliance figures can be monitored and training is kept up to date. The ACOMHS project team have developed a matrix template to assist teams to record and monitor training figures. The link to this is on page 17.

Turn ad hoc training into regular training – If a required training is currently being provided on an ad hoc basis consider transforming this into regular training with refresher courses run on an appropriate basis. Attendance and compliance with these trainings will be much easier to log if they are recurring.

Staffing audits and skill mix review – Conducting an audit of staffing levels or an annual skill mix review may help to identify gaps in current provision for patients. These can be shared with Trust management to support the recruitment of additional staff members or upskilling members of staff currently in the team.

## Provision of Information

Ensure all elements of the standard are submitted as evidence – Carefully read over bullet points within standards and check your evidence submission contains information on all of the elements. If information is provided by the Trust, provide links to the Trust website.

Utilising systems to share information – Online systems such as Emis can be helpful tools for sharing letters and care plans with GP's and referrers. Developing an audit of the information shared with carers and patients can also be a beneficial process. Including the provision of information on referral or care plan checklists ensures a process for timely distribution to service users and other relevant parties.

Develop your service leaflet – It may be beneficial to develop a service leaflet or pack which contains information on advocacy, raising complaints, second opinions, interpreters and viewing health records. This could reduce the number of individual pieces of information your service provides to patients and avoid missing out any key pieces of information. Information could be provided in a variety of formats including paper, links to online resources or links to videos.

6

## Acknowledgements

The ACOMHS project team would like to thank the ACOMHS Accreditation Committee, Advisory Group and Patient and Carer Representatives, Amy Colwill (CCQI Programme Manager), Harriet Clarke (CCQI Head of Quality and Accreditation), Ruth Aheto (CCQI Project Officer), for their input on this report and their ongoing support for the network.

Data from the services below were used to create this report. The project team extend their thanks to these teams for engaging in the accreditation and review process.

**Ballymoney CMHT** (Northern Health and Social Care Trust)  
**Barnsley OA CMHT** (South West Yorkshire Partnership NHS Foundation Trust)  
**Bethnal Green CMHT** (Bethnal Green CMHT)  
**Bracknell CMHT** (Berkshire Healthcare NHS Foundation Trust)  
**Bradford CMHT** (Bradford District Care NHS Foundation Trust)  
**Centenary House** (Herefordshire Partnership NHS Foundation Trust)  
**Cromwell House CMHT** (Greater Manchester Mental Health NHS Foundation Trust)  
**Cygnets House** (Herefordshire Partnership NHS Foundation Trust)  
**Gateshead OA CMHT** (Gateshead Health NHS Foundation Trust)  
**Grantham and Sleaford CMHT** (Lincolnshire Partnership Foundation Trust)  
**Holly Lodge** (Herefordshire Partnership NHS Foundation Trust)  
**Lincoln North CMHT** (Lincolnshire Partnership Foundation NHS Trust)  
**Lincoln South CMHT** (Lincolnshire Partnership Foundation NHS Trust)  
**Magherafelt CMHT** (Northern Health and Social Care Trust)  
**Manygates Clinic** (South West Yorkshire Partnership NHS Foundation Trust)  
**NAVIGO CMHT** (NAVIGO)  
**Newham South Recovery Team** (East London Foundation Trust)  
**North Belfast CMHT** (Belfast Health & Social Care)  
**North East Hampshire WAA CMHS** (Surrey and Borders Partnership NHS Foundation Trust)  
**North Lincolnshire Recovery Team** (Lincolnshire Partnership Foundation NHS Trust)  
**Sheffield OA CMHT** (Sheffield Health & Social Care Trust)  
**Oxford House** (Herefordshire Partnership NHS Foundation Trust)  
**Prescott House CMHT** (Greater Manchester Mental Health NHS Foundation Trust)  
**Ramsgate House CMHT**  
**Rosanne House** (Herefordshire Partnership NHS Foundation Trust)  
**Saffron Ground** (Herefordshire Partnership NHS Foundation Trust)  
**Skegness CMHT** (Lincolnshire Partnership Foundation NHS Trust)  
**South Hackney CMHT** (Greater Manchester Mental Health NHS Foundation Trust)  
**Stamford CMHT** (Lincolnshire Partnership Foundation NHS Trust)  
**Spalding CMHT** (Lincolnshire Partnership Foundation NHS Trust)  
**Swindon Recovery Team** (Avon & Wiltshire Mental Health Partnership NHS Trust)  
**Wokingham CMHT** (Berkshire Healthcare NHS Foundation Trust)

The project team extends thanks to the following mental health practitioners who provided responses to questions on this reports themes and whose words and recommendations are used throughout this report.

Dr Ina Ashworth, Bradford District Care NHS Foundation Trust  
Debbie Ross, Gateshead Health NHS Foundation Trust  
Dawn Pulling, Lincolnshire Partnership NHS Foundation Trust  
Helen Hall, Avon & Wiltshire Mental Health Partnership NHS Trust  
Dr Ryan O'Neill, Northern Health and Social Care Trust  
Mark Akyea Addo, East London NHS Foundation Trust  
John Olaitain, East London Foundation Trust  
Kendra Ainley, Berkshire NHS Foundation Trust

The project team would explicitly like to thank ACOMHS Carer Representative Carola Groom and ACOMHS Patient Representative Jason Grant-Rowles for their contributions to this report, namely in writing a foreword for the report and providing insight and recommendations around themes.

The project team would also like to thank Michelle Wright for providing the two pieces of artwork featured in this report entitled 'Reflection/Hope'.

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## Contacting the Team

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### Contact information

Contact the Team  
[ACOMHS@rcpsych.ac.uk](mailto:ACOMHS@rcpsych.ac.uk)

### Address

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21 Prescott Street  
London  
E1 8BB

### Website

[www.rcpsych.ac.uk/acomhs](http://www.rcpsych.ac.uk/acomhs)

### ACOMHS mailing list

You can stay updated on the network, any upcoming events and reviews by signing up to our mailing list. To join, email 'join' to [ACOMHS@rcpsych.ac.uk](mailto:ACOMHS@rcpsych.ac.uk).



# Appendix A

## Methods

32 Services were included in this report, the majority of services included within this report completed their accreditation cycle on ACOMHS first edition standards. The report also includes services who completed accreditation on the second edition standards and the initial first edition standards prior to their amendment in 2018, please see table 1 for the full breakdown of services included in the report by standard edition completed.

Number of Services	ACOMHS Standard Edition Completed
27	First Edition
2	Second Edition
3	First Edition (prior to amendment)

Table 1. A Breakdown of the 32 services included within this report by ACOMHS standard edition completed.

## Quantitative Analysis of Results

The mean percentage of standards being met was 90.45 (range 54.85 - 100) and the standard deviation of this mean was 10.76. Indicating the majority of time services are able to meet ACOMHS standards. This high mean resulted in the data being negatively or left skewed with the mode > median > mean. See table 2 for descriptive statistics.

Descriptive Statistics	Data
Mean	90.45
Standard Deviation	10.76
Median	92.59
Mode	100.00
Range of data	54.84 – 100.00

Table 2. Descriptive statistics (mean, median, standard deviation, mode and range) of the data set

Commonly not met standards were determined as standards that were one standard deviation or more away from the mean which equated to standards that were met by 79.69% of services or less. Standards which exceeded the cut-off point by +1% were also included as commonly not met standards resulting in 26 standards within this range, see Appendix B for a list of these standards.

## Contextual Data

The report features statistical information about the contextual data of services collected during self reviews, averages are included within the report and the below table 3 includes further information about the range (minimum and maximum scores) as well as the averages.

Contextual data type	Mean	Minimum	Maximum
Total population served	127940	19579	1200000
How many staff work for the team?	32.5	10	62
How many new patients have been seen by the team over the past 4 weeks?	41.85	2	87
How many referrals have been rejected by the team over the past 4 weeks?	16.19	1	65
What is the current caseload of the community mental health team?	674	26	1588
What is the average time period between referral and the first assessment (in days)?	17.6	10	30

Table 3. Mean, Minimum and Maximum Figures of Services Contextual Data taken from self-review scores.



# Appendix B

Commonly not met standards and services performances against all ACOMHS standards.

Note: Commonly not met standards are listed first, followed by services performance against all ACOMHS 1<sup>st</sup> edition standards where applicable the corresponding 2<sup>nd</sup> edition standard is noted in the second column of the table. Standards are listed in order of 'Met%' starting from the lowest to highest, this column is colour coded\*

\*Met% (Listed from lowest % - Highest %)

54 – 80  
  81 – 90  
  91 - 100

1 <sup>st</sup> edition Standard No [type]	Mapped 2 <sup>nd</sup> edition Standard No [type]	Standard (1 <sup>st</sup> edition)	Met%
<b>Commonly not met standards</b>			
14.1 [1]	75 [1]	Service users and their carers are given the opportunity to feed back about their experiences of using the service, and their feedback has been used to improve the service	54.84
22.12 [3]	103 [2]	Peer Support Worker(s)	54.84
26.9 [1]	121 [1]	All staff have received training in recognising and communicating with service users with special needs, e.g. cognitive impairment or learning disabilities	58.62
11.4 [1]	52 [2]	A letter setting out a clear discharge plan is sent to the service user and all relevant parties within 10 days of discharge. The plan includes details of: <ul style="list-style-type: none"> <li>- On-going 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 service user as appropriate</li> </ul>	61.29
22.1 [3]	101 [3]	Pharmacist(s)	62.50
29.2 [3]	131 [3]	The service has audited the provision of carer education and support programmes in the last 3 years	62.50
17.6	11 [1]	Service users are given verbal and written information on: <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>	66.67
22.11 [2]	102 [2]	Employment Advisor(s)	68.75
4.3 [1]	15 [1]	A physical health review takes place as part of the initial assessment. The review includes but is not limited to: <ul style="list-style-type: none"> <li>- Details of past medical history</li> <li>- Current physical health medication, including side effects and compliance with medication regime</li> <li>- Lifestyle factors e.g. sleeping patterns, diet, smoking, exercise, sexual activity, drug and alcohol use</li> <li>- Consideration of risk of cardiovascular disease, metabolic disorders, and excessive weight gain</li> </ul>	71.88
26.8 [2]	123 [2]	All staff have received training in carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality	71.88
7.3 [1]	27 [1]	The practitioner develops the care plan collaboratively the service user and their carer (with service user consent)	74.19

# Appendix B

1 <sup>st</sup> edition Standard No [type]	Mapped 2 <sup>nd</sup> edition Standard No [type]	Standard (1 <sup>st</sup> edition)	Met%
<b>Commonly not met standards</b>			
15.3 [2]	80 [1]	Carers are offered individual time with staff to discuss concerns, family history and their own needs	74.19
15.4 [2]	81 [2]	The team provides each carer with a carer's information pack	74.19
24.2 [1]	113 [1]	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body	74.19
2.1 [2]	8 [2]	Service users receive an assessment within 3 weeks of referral	75.00
22.8 [3]	100 [2]	GP Link Worker(s)	75.00
9.2.1 [1]	50 [1]	<p>Service users 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 service user:</p> <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 (at every review)</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> <li>- ECG (at baseline and annual review)</li> </ul>	75.86
7.4 [1]	Removed in the second edition (however patients are still asked 'Were you offered a copy of your care plan?')	The service user and their carer (with service user consent) are offered a copy of the care plan and the opportunity to review this	77.42
15.2 [1]	79 [1]	Carers are advised how to access a statutory carers' assessment, provided by an appropriate agency	77.42
24.3 [1]	114 [2]	All staff members receive monthly line management supervision	77.42
26.3	Removed in second edition (similar to standard 121 [1])	All practitioners who administer medications have been assessed as competent to do so. This is repeated on a yearly basis using a competency-based tool.	77.42
26.2 [1]	122 [1]	All staff have received training on medication as required by their role	78.13
19.12 [1]	91 [1]	A collective response to alarm calls and fire drills is agreed before incidents occur. This is rehearsed at least 6 monthly	79.31
5.2 [2]	18 [2]	The team sends a letter detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment	80.65
18.4 [1]	19 [1]	The service user's consent to the sharing of clinical information outside the team (including with carers) is recorded. If this is not obtained, the reasons for this are recorded	80.65

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1 <sup>st</sup> edition Standard No [type]	Mapped 2 <sup>nd</sup> edition Standard No [type]	Standard (1 <sup>st</sup> edition)	Met%
<b>Services performance against all ACOMHS Standards</b>			
29.3 [2]	Removed in second edition (therefore not included in commonly not met standards)	An assessment of the extent to which the service is recovery-focused has taken place, using an identified tool within the last 2 years	50.00
26.4	Removed in second edition (therefore not included in commonly not met standards)	All staff have received training in reflective practice and debriefing	62.07
29.6 [3]	Removed in the second edition (therefore not included in the report)	The team, service users and carers are involved in identifying audit topics in line with national and local priorities and service user feedback	65.38
26.5 [1]	121 [1]	All staff have received training in the use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent)	81.25
8.1.10 [2]	125 [2]	All healthcare professionals have received training and supervision in providing psychologically informed care, including evidence-based low-intensity talking therapies	81.25
22.4 [2]	95 [1]	Occupational Therapist(s)	81.25
3.4 [3]	Removed in second edition	The assessing professional can easily access relevant clinical information (past and current) about the service user from primary and secondary care	81.25
11.5 [1]	54 [1]	The team follows a protocol to manage service users who discharge themselves against medical advice. This includes:  Recording the service user's capacity to understand the risks of self-discharge  Putting a crisis plan in place  Contacting the relevant agencies to notify them of the discharge	81.48
26.11 [3]	126 [3]	Shared in-house multi-disciplinary team training, education and practice development activities occur in the service at least every 3 months	82.14
26.7 [1]	121 [1]	All staff have received statutory and mandatory training	82.76
1.4 [2]	4 [2]	Where referrals are made through a single point of access e.g. triage, these are passed on to the community team within one working day	82.76
12.1 [1]	Removed in second edition	The team follows a joint working protocol/care pathway with primary health care teams	83.33
4.5 [1]	16 [1]	Service users have a risk assessment that is shared with relevant agencies (with consideration of confidentiality) and includes a comprehensive assessment of:  - Risk to self (including self-neglect) - Risk to others - Risk from others	83.87

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1 <sup>st</sup> edition Standard No [type]	Mapped 2 <sup>nd</sup> edition Standard No [type]	Standard (1 <sup>st</sup> edition)	Met%
<b>Services performance against all ACOMHS Standards</b>			
8.2.1 [2]	41 [1]	When medication is prescribed, specific treatment targets are set for the service user, the risks and benefits are reviewed, a timescale for response is set and service user consent is recorded	83.87
7.2 [1]	27 [1]	Every service user has a written care plan, reflecting their individual needs	84.38
26.6 [1]	121 [1]	All staff have received training in physical health assessment	84.38
25.2 [2]	115 [3]	Staff members have access to reflective practice groups	84.38
8.2.8 [1]	45 [1]	The safe use of high risk medication is audited at a service level, at least annually	85.71
9.1.4 [1]	62 [1]	The service has a care pathway for the care of women in the perinatal period (pregnancy and 12 months post-partum) that includes: <ul style="list-style-type: none"> <li>- Assessment</li> <li>- Care and treatment (particularly relating to prescribing psychotropic medication)</li> <li>- Referral to a specialist perinatal team/unit unless there is a specific reason not to do so</li> </ul>	86.21
19.13 [1]	92 [1]	Emergency medical resuscitation equipment (crash bag), as required by Trust/organisation guidelines, is available at the team's base within 3 minutes	86.21
12.3 [2]	Removed in second edition	There are regular clinical discussions between the community mental health service and the primary care team to: <ul style="list-style-type: none"> <li>- discuss service users with shared care arrangements</li> <li>- discuss service users known only to primary care</li> <li>- provide information and advice to primary care practitioners on managing common mental health conditions</li> <li>- seek advice from primary care on the management of physical health problems</li> </ul>	86.21
12.1 [3]	68 [3]	The service 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	86.21
9.1.3 [1]	48 [1]	The service has a policy for the care of service users with dual diagnosis of mental health problems and alcohol or substance misuse that includes: <ul style="list-style-type: none"> <li>- Staff training</li> <li>- Access to evidence based treatments</li> <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> </ul>	86.67
10.2 [1]	Removed in second edition	All staff have received training in personal safety issues	86.67
5.1 [1]	17 [1]	All service users have a diagnosis and a clinical formulation	87.10

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1 <sup>st</sup> edition Standard No [type]	Mapped 2 <sup>nd</sup> edition Standard No [type]	Standard (1 <sup>st</sup> edition)	Met%
<b>Services performance against all ACOMHS Standards</b>			
7.8 [2]	Removed in second edition	There is a single record for each service user and all contacts with the service user and their carers are recorded	87.10
15.7 [2]	82 [3]	The service has a designated staff member dedicated to carer support (carer lead)	87.10
26.12 [2]	124 [2]	Service users, carers and staff are involved in devising and delivering training face-to-face	87.10
1.2	Removed in second edition	<p>Clear information is made available, in paper and/or electronic format, to service users, carers and healthcare practitioners on:</p> <p>A simple description of the service and its purpose</p> <p>Clear referral criteria</p> <p>How to make a referral, including self-referral if the service allows</p> <p>Clear clinical pathways describing access and discharge</p> <p>Main interventions and treatments available</p> <p>Contact details for the service, including emergency and out of hours details</p>	87.50
3.1 [1]	10 [1]	<p>For planned assessments the team sends letters in advance to service users that include:</p> <p>An explanation of the assessment process</p> <p>Information on who can accompany them</p> <p>How to contact the team if they have any queries, require support (e.g. an interpreter), need to change the appointment or have difficulty in getting there</p>	87.50
8.1.8 [1]	37 [1]	Service users and carers are offered written and verbal information about the service user's mental illness	87.50
8.1.4 [2]	33 [1]	Service users have access to occupational therapy	87.50
28.2 [2]	129 [2]	Outcome data is used as part of service management and development, staff supervision and caseload feedback	87.50
22.14 [3]	104 [2]	Welfare and Benefits Advisor(s)	87.50
22.21 [1]	109 [1]	<p>The service has a mechanism for responding to low staffing levels, including:</p> <p>A method for the team to report concerns about staffing levels</p> <p>Access to additional staff members</p> <p>An agreed contingency plan, such as the minor and temporary reduction of non-essential services</p>	89.29
8.1.9 [2]	81 [2] 37 [1]	Carers are given information on mental health problems, what they can do to help, their rights as carers and an up to date directory of local services they can access	89.29

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1 <sup>st</sup> edition Standard No [type]	Mapped 2 <sup>nd</sup> edition Standard No [type]	Standard (1 <sup>st</sup> edition)	Met%
<b>Services performance against all ACOMHS Standards</b>			
22.18 [2]	108 [2]	There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the service	89.29
23.4 [1]	Removed in second edition	All newly qualified staff members are allocated a preceptor to oversee their transition into the service	89.66
17.7 [2]	27 [1]	How to make a crisis/contingency plan, or advance decision/statement if they wish	90.00
11.9 [3]	56 [1]	When service users are transferred between community services there is a meeting in which members of the two teams meet with the service user and carer to discuss transfer of care	90.00
4.7 [1]	Removed in second edition	The service user is asked if they have a carer, and if so, the carer's name is recorded	90.32
4.8 [1]	51 [1]	Any dependants are identified and recorded, including their wellbeing, needs, and any childcare issues	90.32
17.5 [1]	20 [1]	Service users are asked if they and their carers wish to have copies of letters about their health and treatment	90.32
12.2 [2]	64 [1]	The service has a physical health care pathway with clearly identified and agreed responsibilities with primary care	90.32
15.5 [2]	82 [3]	Carers have access to a carer support network or group. This could be provided by the service, or the team could signpost carers to an existing network	90.32
23.1 [2]	111 [2]	Service user or carer representatives are involved in interviewing potential staff members during the recruitment process	90.32
19.4 [1]	85 [1]	Clinical rooms are private and conversations cannot be easily over-heard	90.63
19.8 [1]	88 [1]	There is an alarm system in place (e.g. panic buttons) and this is easily accessible	90.63
19.11 [1]	89 [1]	An audit of environmental risk is conducted annually and a risk management strategy is agreed	90.63
3.2 [2]	12 [2]	Service users are provided with information and choice about their assessment and appointments	90.63
21.2 [2]	117 [2]	The team has protected time for team-building and discussing service development at least once a year	90.63
22.16 [3]	106 [3]	Full-time care co-ordinators have a caseload of no more than 35 (reduced pro-rata for part-time staff)	90.63
16.3 [1]	71 [1]	The service can demonstrate that it promotes culturally and spiritually sensitive practice	92.00
17.1 [1]	73 [1]	Information, which is accessible and easy to understand, is provided to service users and carers	92.00
19.14 [1]	92 [1]	The crash bag is maintained and checked weekly, and after each use	92.00
8.2.7 [2]	42 [1]	The service has a shared care protocol with primary care which defines responsibility for prescription and administration of medication	92.00
27.2 [2]	Removed in second edition	The team attends business meetings that are held at least monthly	92.00
27.4 [2]	Removed in second edition	Front-line staff members are involved in key decisions about the service provided	92.00
4.1 [1]	14 [1]	Service users have a comprehensive assessment which includes their:  Mental health and medication  Psychosocial needs  Strengths and weaknesses	92.31

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1 <sup>st</sup> edition Standard No [type]	Mapped 2 <sup>nd</sup> edition Standard No [type]	Standard (1 <sup>st</sup> edition)	Met%
<b>Services performance against all ACOMHS Standards</b>			
8.2.4 [1]	Removed in second edition	The service has rapid access to medication during working hours	92.31
10.3 [1]	Removed in second edition	Staff members follow inter-agency protocols for the safeguarding of vulnerable adults, and children. This includes escalating concerns if an inadequate response is received to a safeguarding referral	92.31
18.2 [1]	Removed in second edition	The service has confidentiality policies which are regularly monitored and reviewed, and upheld at all times when exchanging information	92.31
20.1 [1]	Removed in second edition	There are written documents that specify professional, organisational and line management responsibilities	92.31
6.3 [2]	Removed in second edition	Data on missed appointments are reviewed at least annually. This is done at a service level to identify where engagement difficulties may exist	92.31
14.2 [2]	Removed in second edition	Service user and carer representatives attend and contribute to local and service level meetings and committees	92.31
20.3 [2]	Removed in second edition	Staff members have an understanding of group dynamics and of what makes a therapeutic environment	92.31
27.1 [2]	Removed in second edition	The service has an operational policy which covers the purpose and aims of the service, ways of working and defined catchment population	92.31
31.1 [2]	Removed in second edition	The service is explicitly commissioned or contracted against agreed standards	92.31
27.3 [3]	Removed in second edition	The team reviews its progress against its own plan/strategy, which includes objectives and deadlines in line with the organisation's strategy	92.31
15.6 [1]	28 [1]	The team follows a protocol for responding to carers when the service user does not consent to their involvement	92.59
25.1 [1]	118 [1]	The service actively supports staff health and wellbeing	92.59
4.4 [2]	Removed in second edition	An assessment of practical problems of daily living is recorded	92.59
24.4 [2]	Removed in second edition	All supervisors have received specific training to provide supervision	92.59
29.1 [2]	130 [2]	A range of local and multi-centre clinical audits is conducted which include the use of evidence-based treatments, as a minimum	92.59
12.7 [1]	66 [2]	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence	92.86
8.2.5 [2]	Removed in second edition	The service is able to use or access blood tests and other physical investigations to monitor outcomes and side effects of medications	93.10
17.8 [2]	Removed in second edition	Managing their health and wellbeing	93.33
23.2 [1]	Removed in second edition	Staff members receive an induction programme specific to the service, which covers: <ul style="list-style-type: none"> <li>- The purpose of the service</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>	93.55
22.15 [2]	105 [2]	Administrative assistance to meet the needs of the service	93.55

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1 <sup>st</sup> edition Standard No [type]	Mapped 2 <sup>nd</sup> edition Standard No [type]	Standard (1 <sup>st</sup> edition)	Met%
<b>Services performance against all ACOMHS Standards</b>			
8.1.1 [1]	29 [1]	Service users are offered evidence-based pharmacological and psychological interventions and any exceptions are documented in the case notes	93.75
8.2.2 [1]	Removed in second edition	Service users and their carers (with service user consent) are helped to understand the functions, expected outcomes, limitations and side effects of their medications, to enable them to make informed choices and to self-manage as far as possible	93.75
18.1 [1]	19 [1]	Confidentiality and its limits are explained to the service user and carer at the first assessment, both verbally and in writing	93.75
1.1 [2]	1 [1]	The service reviews access data at least annually. Data are compared with local population statistics and action is taken to address any inequalities of access where identified	93.75
22.3 [2]	98 [2]	Social Worker(s)	93.75
15.1 [1]	78 [1]	Carers are involved in discussions about the service user's care, treatment and discharge planning	95.83
4.6 [1]	16 [1]	The team discusses the purpose and outcome of the risk assessment with the service user and a management plan is formulated jointly	96.00
6.1 [1]	23 [1]	The team proactively follows up service users who have not attended an appointment/assessment or who are difficult to engage, with consideration of risk, in line with the service's engagement policy	96.00
8.1.11 [1]	39 [1]	All staff members who deliver therapies and activities are appropriately trained and supervised	96.00
11.1 [1]	58 [1]	There is active collaboration between Child and Adolescent Mental Health Services and Working Age Adult Services for service users who are approaching the age for transfer between services. This starts at least 6 months before the date of transfer	96.00
12.4 [1]	64 [1]	The team follows a joint working protocol/care pathway with the Home Treatment/Crisis Resolution Team, in services that have access to one	96.00
12.9 [1]	59 [1]	There are arrangements in place to ensure that service users can access help, from mental health services, 24 hours a day, 7 days a week	96.00
22.17 [1]	107 [1]	There is an identified duty doctor available at all times. They are able to attend the team base within 1 hour	96.00
2.3 [2]	2 [1]	The team provides service users with information about waiting times for assessment and treatment	96.00
11.1 [2]	Removed in second edition	Discharge or onward care planning is discussed at the first and every subsequent care plan review	96.00
1.5 [1]	5 [1]	Outcomes of referrals are fed back to the referrer, service user and carer (with the service user's consent). If a referral is not accepted, the team advises the referrer, service user and carer on alternative options	96.15
3.3 [1]	Removed in second edition	The service has access to independent advocates to provide information, advice and support to service users, including assistance with assessment, advance statements and Care Programme Approach reviews	96.15
11.2 [1]	77 [1]	Service users and their carers (with service user consent) are involved in decisions about discharge or transfer plans	96.15
19.1 [1]	87 [1]	Staff members follow a lone working policy and feel safe when conducting home visits	96.15
17.3 [2]	74 [1]	The service uses interpreters who are sufficiently knowledgeable to provide a full and accurate translation	96.15
19.1 [2]	84 [2]	The environment is comfortable, clean and warm, and areas of privacy are available in the waiting area	96.15
19.2 [2]	Removed in second edition	The service entrance and key clinical areas are clearly signposted	96.15



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1 <sup>st</sup> edition Standard No [type]	Mapped 2 <sup>nd</sup> edition Standard No [type]	Standard (1 <sup>st</sup> edition)	Met%
<b>Services performance against all ACOMHS Standards</b>			
22.1 [2]	97 [1]	A service lead	96.15
22.13 [2]	Removed in second edition	Approved Mental Health Professional(s) (AMHPs)	96.15
28.3 [2]	127 [1]	Clinical outcome monitoring includes reviewing service user progress against service user-defined goals in collaboration with the service user	96.15
20.4 [3]	Removed in second edition	The organisation's leaders provide opportunities for positive relationships to develop between everyone	96.15
31.2 [3]	Removed in second edition	Commissioners and service managers meet at least 6 monthly	96.15
1.3 [1]	3 [1]	A clinical member of staff is available to discuss emergency referrals during working hours	100.00
1.6 [1]	6 [1]	Acceptance to the service is based on need and risk; the service does not use specific exclusion criteria	100.00
3.5 [1]	11 [1]	Service users are given verbal and written information on their rights under the Mental Health Act if under a Community Treatment Order (or equivalent) and this is documented in their notes	100.00
4.9 [1]	Removed in second edition	Staff members are easily identifiable (for example, by wearing appropriate identification)	100.00
4.1 [1]	13 [1]	Staff members address service users using the name and title they prefer	100.00
5.3 [1]	Removed in second edition	All assessments are documented, signed/validated (electronic records) and dated by the assessing practitioner	100.00
6.2 [1]	24 [1]	If a service user does not attend for assessment, the team contacts the referrer	100.00
7.1 [1]	26 [1]	The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments, reviews and service users on the waiting list	100.00
7.5 [1]	Removed in second edition	The service uses the Care Programme Approach (CPA) framework (or equivalent) when necessary for the needs of the service user, which is applied in line with Trust/Social Services policy, based on effective care coordination in mental health services	100.00
7.6 [1]	Removed in second edition	Managers and practitioners conduct clinical review meetings at least annually, or according to clinical need (in line with the Care Programme Approach)	100.00
7.7 [1]	16 [1]	Risk assessments and management plans are updated at least annually, or according to clinical need (in line with the Care Programme Approach)	100.00
8.1.3 [1]	30 [1]	Service users' preferences are taken into account during the selection of medication, therapies and activities, and are acted upon as far as possible	100.00
8.1.6 [1]	36 [2]	The team signposts service users to structured activities such as work, education and volunteering	100.00
8.1.13	Removed in second edition	The service user and the team can obtain a second opinion if there is doubt, uncertainty or disagreement about the diagnosis or treatment	100.00
8.2.3 [1]	42 [1]	Service users have their medications reviewed at a frequency according to the evidence base and clinical need. Medication reviews include an assessment of therapeutic response, safety, side effects and adherence to medication regime	100.00
9.1.1 [1]	Removed in second edition	Where concerns about a service user's physical health are identified, the team arranges or signposts the service user to further assessment, investigations and management from primary or secondary healthcare services	100.00

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1 <sup>st</sup> edition Standard No [type]	Mapped 2 <sup>nd</sup> edition Standard No [type]	Standard (1 <sup>st</sup> edition)	Met%
<b>Services performance against all ACOMHS Standards</b>			
9.1.2 [1]	47 [1]	The service gives targeted lifestyle advice to service users when appropriate. This includes: <ul style="list-style-type: none"> <li>- Smoking cessation advice</li> <li>- Healthy eating advice</li> <li>- Physical exercise advice</li> </ul>	100.00
9.1.5 [1]	49 [1]	The team understands and follows an agreed protocol for the management of an acute physical health emergency	100.00
11.7 [1]	55 [1]	Service users who are discharged from hospital to the care of the community team are followed up within one week of discharge, or within 48 hours of discharge if they are at risk	100.00
11.8 [1]	56 [1]	When service users 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	100.00
12.5 [1]	Removed in second edition	The service is able to signpost or refer service users on to: <ul style="list-style-type: none"> <li>- other health services</li> <li>- Advocacy</li> <li>- peer support</li> <li>- employment services</li> <li>- voluntary sector services</li> </ul>	100.00
12.6 [1]	60 [1]	The team supports service users to access organisations which offer: <ul style="list-style-type: none"> <li>- housing support</li> <li>- support with finances, benefits and debt management</li> <li>- social services</li> </ul>	100.00
12.8 [1]	Removed in second edition	Health records can be easily accessed by other services who may be involved with the service user's care	100.00
13.1 [1]	21 [1]	Capacity assessments are performed in accordance with current legislation	100.00
13.2 [1]	Removed in second edition	When service users lack capacity to consent to interventions, decisions are made in accordance with current legislation	100.00
13.3 [1]	22 [1]	There are systems in place to ensure that the service takes account of any advance decisions that the service user has made	100.00
16.1 [1]	69 [1]	Service users are treated with compassion, dignity and respect	100.00
17.2 [1]	74 [1]	The service has access to translators and interpreters and the service user's relatives are not used in this role unless there are exceptional circumstances	100.00
17.4 [1]	Removed in second edition	When talking to service users and carers, health professionals communicate clearly, avoiding the use of jargon so that people understand them	100.00
18.3 [1]	132 [1]	All service user information is kept in accordance with current legislation	100.00
19.3 [1]	Removed in second edition	If teams see service users at their team base or other health-based community settings, entrances and exits are visibly monitored and/or access is restricted	100.00
19.5 [1]	Removed in second edition	There is easy access to suitable toilet facilities	100.00
19.6 [1]	86 [1]	The environment complies with current legislation on disabled access	100.00

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1 <sup>st</sup> edition Standard No [type]	Mapped 2 <sup>nd</sup> edition Standard No [type]	Standard (1 <sup>st</sup> edition)	Met%
<b>Services performance against all ACOMHS Standards</b>			
19.7 [1]	Removed in second edition	Furniture is arranged so that doors, in rooms where consultations take place, are not obstructed	100.00
20.6 [1]	116 [1]	Staff members and service users feel confident to contribute to, and safely challenge decisions	100.00
20.7 [1]	116 [1]	Staff members feel able to raise any concerns they may have about standards of care	100.00
22.19 [1]	Removed in second edition	The service has a nominated medicines management lead	100.00
22.22 [1]	110 [1]	There are systems in place to ensure that staffing is sufficient, and caseloads are covered and monitored when members of the team are absent for planned or unplanned periods	100.00
23.3 [1]	112 [1]	New staff members, including agency staff, receive an induction based on an agreed list of core competencies	100.00
24.1 [1]	Removed in second edition	All staff members receive an annual appraisal and personal development planning (or equivalent)	100.00
25.4 [1]	119 [1]	Staff members are able to take breaks during their shift that comply with the European Working Time Directive	100.00
26.1 [1]	Removed in second edition	Clinical staff members have received formal training to perform as a competent practitioner, or, if still in training, are practising under the supervision of a senior qualified clinician	100.00
29.4 [1]	Removed in second edition	The team reviews and updates care plans according to clinical need or at a minimum frequency that complies with College Centre for Quality Improvement specialist standards	100.00
30.1 [1]	134 [1]	Staff members share information about any serious untoward incidents involving a service user with the service user themselves and their carer, in line with the Statutory Duty of Candour	100.00
30.2 [1]	120 [1]	Staff members, service users and carers who are affected by a serious incident are offered post-incident support	100.00
30.3 [1]	133 [2]	Systems are in place to enable staff members to quickly and effectively report incidents. Managers encourage staff members to do this	100.00
30.4 [1]	135 [1]	Lessons learned from incidents are shared with the team and disseminated to the wider organisation	100.00
1.7 [2]	Removed in second edition	There is sufficient car parking for visitors to the service	100.00
2.2 [2]	Removed in second edition	There are systems in place to monitor waiting times and ensure adherence to local and national waiting times standards	100.00
4.2 [2]	Removed in second edition	Immediate social stressors and social networks are identified and recorded, including financial, housing, employment, educational and vocational issues	100.00
8.1.7 [2]	Removed in second edition	The team provides information, signposting and encouragement to service users to access local organisations for peer support and social engagement such as: <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>	100.00
8.1.12 [2]	35 [2]	The service is able to provide care to people with a personality disorder, or signpost/refer them on for care	100.00

## Appendix B

1 <sup>st</sup> edition Standard No [type]	Mapped 2 <sup>nd</sup> edition Standard No [type]	Standard (1 <sup>st</sup> edition)	Met%
<b>Services performance against all ACOMHS Standards</b>			
8.2.6 [2]	Removed in second edition	When service users experience side effects from their medication, this is engaged with and there is a clear plan in place for managing this	100.00
11.3 [2]	53 [2]	There are agreements with other agencies for service users to re-access the service if needed, without following the initial referral pathway	100.00
11.6 [2]	Removed in second edition	When a service user is admitted to a psychiatric hospital, a community team representative attends and contributes to ward rounds and discharge planning	100.00
15.8 [2]	51 [1]	The service ensures that children and other dependants are supported appropriately	100.00
16.2 [2]	70 [1]	Service users feel listened to and understood in consultations with staff members	100.00
19.9 [2]	89 [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 and treatment, service user records, clinical outcome and service performance measurements	100.00
20.2 [2]	Removed in second edition	Staff members can access leadership and management training appropriate to their role and specialty	100.00
20.5 [2]	Removed in second edition	Team managers and senior managers promote positive risk-taking to encourage service user recovery and personal development	100.00
21.1 [2]	Removed in second edition	Staff members work well together, acknowledging and appreciating each other's efforts, contributions and compromises	100.00
22.2 [2]	94 [1]	Registered Mental Health Nurse(s)	100.00
22.5 [2]	96 [1]	Psychologist(s)	100.00
22.6 [2]	98 [2]	Support Worker(s)	100.00
22.7 [2]	93 [1]	Consultant Psychiatrist(s)	100.00
22.2 [2]	Removed in second edition	The service includes individuals with special interests that cover a range of needs	100.00
24.5 [2]	Removed in second edition	Staff members in training and newly qualified staff members are offered weekly supervision	100.00
25.3 [2]	Removed in second edition	There are systems in place to monitor individual caseloads of staff members	100.00
27.5 [2]	Removed in second edition	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team finds accessible and easy to use	100.00
29.7 [2]	Removed in second edition	Key information generated from service evaluations and key measure summary reports (e.g. reports on waiting times) are disseminated in a form that is accessible to all	100.00
30.5 [2]	Removed in second edition	Key clinical/service measures and reports are shared between the team and the organisation's board, e.g. findings from serious incident investigations and examples of innovative practice	100.00
1.8 [3]	9 [3]	Everyone is able to access the service using public transport or transport provided by the service	100.00



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