Quality Network for Learning Disability Services (QNLD)

Standards for Adult Community Learning Disability Services

Second Edition

Editor: Amy Colwill

December 2021

Publication number: CCQI 382

Contents

Front cover artwork courtesy of person at Byron Court, Essex.

Foreword

In recent years and with the government's 'Transforming Care' agenda, there has been a great deal of emphasis on the provision of appropriately resourced community services for people with a learning disability.

There is a wide variety of available teams and services at least partly, due to the variation in local arrangements, partnerships with other providers and the complexity of care for people with a learning disability. Nonetheless, and indeed, as a result of this variability, there is a need for nationally accepted standards towards which teams can aspire to. In keeping with its role in other areas of mental health standards, the College's Centre for Quality Improvement (CCQI) has taken up the challenge, and put together this second edition set of standards for community learning disability teams, following the pilot year of the project.

I would like to thank, firstly, the teams who came forward enthusiastically to share their experience and contribute to the pilot leading to the publication of the standards. It was a complex round of numerous discussions within the Standards Development Group and I would like to thank them for giving their time and expertise so generously. And, of course, a huge thanks to colleagues from the CCQI who so adroitly supported, facilitated and gently cajoled the often long-drawn out discussions of the group.

Dr Kiran Purandare

Consultant Psychiatrist

Chair of the QNLD Advisory Group

Quality Network for Learning Disability Services (QNLD)

Royal College of Psychiatrists' Centre for Quality Improvement
21 Prescot Street
London
E1 8BB

www.rcpsych.ac.uk/QNLD

L.D@rcpsych.ac.uk

Publication number: CCQI 382

Revision date: 2023/24

Introduction

Following the publication of the First Edition Standards for Adult Community Learning Disability Services in 2019, this Second Edition set have been published reflecting what was learnt from the initial phase of the QNLD Community project and any other change in policy and practice in this time.

The standards have been drawn from key documents and expert consensus and have been subject to extensive consultation via our standards development group and email forums with professional groups involved in the provision of community learning disability services. They incorporate the College Centre for Quality Improvement (CCQI) Core Community Standards, as well as specialist standards relating specifically to community learning disability teams.

The standards cover the following topics:

- Access and assessment
- Care planning and treatment
- Working with other services
- Experiences of people accessing the service
- Environment and facilities
- Staffing and training
- Governance

Who are these standards for?

These standards are designed to be applicable to community learning disability services for adults and can be used by professionals to assess the quality of a team. The standards may also be of interest to commissioners, people with learning disabilities, carers, researchers and policy makers.

Since community learning disability services differ widely in their configuration and the models used, these standards focus on the <u>function</u> of a team in order to make them as widely accessible as possible.

5

Categorisation of standards

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

- **Type 1:** Criteria relating to 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.

Terms used in this document

In this document, the community learning disability service is referred to as *'the team'* or *'the service'*. People who access community learning disability services are referred to as *'person with a learning disability'* or collectively as *'people with learning disabilities'* and their loved ones are referred to as *'carers'*.

Key within the document

These standards have been mapped against the 'Five Essential Learning Disabilities Health Teams Roles' outlined by the Learning Disability Professional Senate in their paper '*Delivering Effective Specialist Community Learning Disabilities Health Team Support to People with Learning Disabilities and their Families or Carers, 2019'*. The below icons appear next to the standards that are specifically related to these roles. Icons for standards relating directly to accessible information and best interest decisions have also been included as these relate to several standards throughout the document.

	Supporting positive access to and responses from mainstream services.
	Enabling others to provide effective person-centred support to people with learning disabilities

	Direct specialist clinical therapeutic support for people with complex needs
	Responding positively and effectively to crisis
	Quality assurance and service development in support of commissioners

	All information provided to people with learning disabilities and carers must be in an **accessible format**, in line with the Royal College of Speech & Language Therapists '5 Good Communication Standards' and NHS Accessible Information Standard and **staff check their understanding**.
	If a person lacks capacity, decisions are made in their **best interests** as per the Mental Capacity Act 2005.

References

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

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

Standards for Adult Community Learning Disability Services

Section 1: Access & assessment

No.	Type	Standard		Ref.
Accessibility				
1	1	The service reviews data at least annually about the people who use it. Data are compared with local population statistics and action is taken to address any inequalities of access that are identified. *Guidance: This data is used to understand who is accessing the service, identify under-represented groups, promote the service to these groups and improve the accessibility of the service in collaboration with senior managers and commissioners.*		[1] [2]
2	1	The service provides accessible information about how to make a referral and waiting times for assessment.		[1]
3	2	Everyone can access the service using public transport or transport provided by the service.		[1]
4	2	The service makes use of digital technologies as an additional resource to support and enhance access, care and support. *Guidance: This includes having the provision to have digital appointments and digital enabled models of intervention.*		[2]
Referral and waiting times				
5	1	Where referrals are made through a single point of access, these are passed on to the community team within one working day unless it is a high priority referral which should be passed across immediately to an appropriate clinician. *Guidance: The community team then contacts the person being referred within the appropriate timeframe, as per the service specification.*		[1] [2]
6	1	A clinical member of staff is available to discuss high priority referrals during working hours.		[1] [2]
7	1	If a referral is not accepted, the team advises the referrer, person with a learning disability and carer on alternative options.		[15]

8	1	The team assess people, who are referred to the service, within a locally agreed timeframe.		[1]
9	1	There is a protocol to follow for people who are on the waiting list, including support for carers and frequency of follow ups with a defined timescale and monitoring by a qualified practitioner.		[2]
Initial appointments				
10	1	For non-emergency assessments, the team contacts the person with a learning disability in advance and provides accessible information on: • The name and title of the professional they will see; • An explanation of the assessment process; • Information on who can accompany them; • How to contact the team if they have any queries or require support (e.g. information on access to an interpreter or how to change the appointment time). *Guidance: Information could be in written, verbal or video format. All information should comply with accessible information standards.*	**i**	[1] [2]
11	1	People with learning disabilities feel welcomed by staff members at appointments. *Guidance: Staff make use of communication passports/profiles where available to establish correct communication strategies. Staff members introduce themselves and address people using their preferred name and correct pronouns.*		[1] [2]
12	2	Health records, including communication passports and hospital passports are accessible by other services with protocols of sharing information.		[4]
13	1	People with learning disabilities are given accessible information which staff members talk through with them as soon as is practically possible. The information includes: • Their rights and consent to treatment; • Their rights under the Mental Health Act (where applicable); • How to access advocacy services; • How to access a second opinion; • Interpreting services; • How to view their records; • How to raise concerns, complaints and give compliments. *Guidance: The quantity and style of information provided is adapted in line with the person's communication needs.*	**i**	[1] [2]

14	1	People with learning disabilities have a comprehensive evidence-based holistic assessment which includes their: • Mental health; • Medication; • Psychosocial and psychological needs; • Strengths and areas for development. *Guidance: Assessments are completed by the most appropriate member of the multi-disciplinary team and in line with NICE guidelines for mental health in learning disability.*		[1] [2]
15	1	Where applicable, a physical health review takes place as part of the initial assessment, or as soon as possible.		[1]
16	1	People with learning disabilities have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers risk to self, risk to others and risk from others.	⚖️	[1]
17	1	People with learning disabilities have a documented diagnosis and/or clinical formulation. Where a complete assessment is not in place, an interim plan is developed.		[1] [2]
18	2	The team sends correspondence detailing the outcomes of the assessment to the referrer, the GP and other relevant services on completion of the assessment. The person with a learning disability receives a copy.	ℹ️	[1]
19	1	When behaviour that challenges is part of the presentation, a functional behavioural assessment is undertaken. This should identify possible triggers, emotional factors and functions of their behaviour in order to develop a shared understanding of the function of behaviour that challenges.		[14]
20	2	For adults with Down's syndrome, the team can refer them to have a baseline assessment of cognitive functioning and adaptive behaviour at age 30.		[13]
Following up people who do not attend appointments				
21	1	If a person with a learning disability does not attend for an initial appointment, the staff member contacts the referrer. *Guidance: If the person is likely to be considered a risk to themselves or others, the team contacts the referrer immediately to discuss a risk action plan.*		[1]

22	1	The team follows up people who have not attended an appointment. If they are unable to be engaged a decision is made by the assessor/team, based on need and risk, as to how long to continue to follow up the person. *Guidance: Where a person consents, the carer is contacted.*		[1]
Confidentiality, consent and capacity				
23	1	Confidentiality and its limits are explained to the person with a learning disability and carer, both verbally and in writing. The person's preferences for sharing information with third parties are respected and reviewed regularly.		[1]
24	1	The team knows how to respond to carers when the person with a learning disability does not consent to their involvement. *Guidance: The team may receive information from the carer in confidence.*		[1]
25	1	Assessments of people with learning disabilities' capacity to make decisions to specific care and treatment are performed in accordance with current legislation. *Guidance: This is updated when a new intervention begins.*		[1] [2]
26	1	The service takes account of any advance decisions or statements that the person with a learning disability has made. *Guidance: These are recorded and accessible to staff members.*		[1]
27	1	All information is kept in accordance with current legislation. *Guidance: This includes transfer of identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices and using swipe cards and having password protected computer access.*		[1]

Section 2. Care planning and treatment

No.	Type	Standard		Ref.
Reviews and care planning				
28	1	People with learning disabilities know who is co-ordinating their care and how to contact them if they have any questions.		[1]
29	1	The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews. *Guidance: Referrals that are high priority or that the team feel do not require discussion can be allocated before the meeting.*		[1]
30	1	The team have developed mental health and physical health pathways that are appropriate to the needs of the population they cover.		[2]
31	1	People with learning disabilities have accessible care plans, reflecting their individual needs. Staff members collaborate with them and their carers (with consent) when developing the care plan, and they are offered a copy. *Guidance: All care plans are adapted to the persons' communication needs.*	ℹ️ ⚖️	[1] [2]
32	1	People with learning disabilities (and carers, with consent) are offered accessible information about their mental health, physical health and intervention.	ℹ️	[1] [2]
33	2	Staff members review progress against user-defined goals in collaboration with the person with a learning disability at the start of an intervention, during an intervention and when it is complete.		[1] [2]
34	1	Following assessment, people with learning disabilities promptly begin evidence-based interventions, which are appropriate for their identified needs.		[1] [2]
35	1	Support and interventions are person-centred, outcome focussed and considers all aspects of the person's presentation.		[3]

		Linking in with community services		
36	2	The team supports people with learning disabilities to access meaningful activities such as work and education through signposting and other means.		[1] [2]
37	2	The team supports people with learning disabilities to access meaningful activities to support them to build their social and community networks through signposting and other means.		[1] [2]
		Medication		
38	1	When medication is prescribed, specific treatment goals are set with the person with a learning disability, the risks (including interactions) and benefits are discussed, a timescale for response is set and consent is recorded.		[1]
39	1	People with learning disabilities have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. *Guidance: Side effect monitoring tools can be used to support reviews.*		[1]
40	1	When psychotropic medication is prescribed, consent from the person with a learning disability is recorded. They are supported to understand: • What medication they are taking; • What the benefits are; • What the common side effects are; • Whether the medication is being prescribed off label or in high dose; • How it will work with other medicines; • A timescale for medicine to be stepped down or stopped. *Guidance: Medication is prescribed in line with the principles of STOMP.*		[11]
41	1	When psychotropic medication for behaviour that challenges is prescribed, a specific rationale should be recorded, and reviews planned as per national guidance. Evidence for the use of alternatives prior to initiation and ongoing behavioural support plans are in place.		[11]
42	1	The safe use of high-risk psychotropic medication is audited at a service level, at least annually.		[11]

		Guidance: This includes medications such as Lithium, Clozapine, high dose antipsychotic drugs, antipsychotics in combination and benzodiazepines.		
43	2	People with learning disabilities, carers and prescribers are able to contact a specialist pharmacist and/or pharmacy technician to discuss medications.		[1]
44	1	When antipsychotic medication is prescribed by the team, they maintain the responsibility for the monitoring of physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised, whichever is longer. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements.		[1]
Physical health and health promotion				
45	1	Staff members support people with a learning disability to access screening, monitoring and treatment for physical health problems through primary and secondary care services. This is documented in the person's care plan. *Guidance: Staff support primary and secondary care services with any reasonable adjustments that may need to be made.*		[1] [2]
46	1	The team supports people with learning disabilities to access an annual health check by signposting them to their GP and informing the GP that they are accessing the community learning disability service. *Guidance: The team informs the GP that they need to be placed on an annual health check register and be invited for one.*		[2]
47	2	The team provide support to primary and secondary care teams in capacity and best interest decisions for physical health interventions, where required.		[10]
48	1	People with learning disabilities are offered personalised healthy lifestyle interventions, such as advice on healthy eating, physical activity and access to smoking cessation services. This is documented in their care plan.		[1]

No.	Type	Standard		Ref.
49	1	People with learning disabilities have access to all prevention services and public health initiatives, supported by the community team to make reasonable adjustments, where appropriate.		[2]
50	2	The service has a pathway for comorbid epilepsy. *Guidance: Clinicians should be able to demonstrate that they have this expertise or are able to access the expertise required.*		[16]
51	1	People with a learning disability 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 unless a physical health abnormality arises.		[1]
Safeguarding				
52	1	The team records which people with learning disabilities are responsible for the care of children and vulnerable adults and takes appropriate safeguarding action when necessary.		[1]
53	1	Staff members follow inter-agency protocols for the safeguarding of vulnerable adults and children. This includes escalating concerns if an inadequate response is received to a safeguarding referral.		[2]
54	1	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing. *Guidance: Staff members are able to raise concerns about standards of care both within the community team and in other services they work with.*		[1]

Section 3. Working with other services

No.	Type	Standard		Ref.
Joint working with inpatient services				
55	1	When a person with a learning disability is admitted to a specialist mental health or learning disability inpatient unit, a community team representative is actively involved to support the inpatient team to make reasonable adjustments for the person and participates in discharge planning.		[3]

		Guidance: This occurs when the person is known to the community learning disability team.		
56	1	The service support commissioners in any check of the quality of service provision to ensure people in inpatient settings are safe and well and in receipt of good quality assessment, treatment and discharge planning. *Guidance: For example, during community and treatment reviews (CTR) for services in England.*	⏱	[8]
57	1	The community team makes sure that people who are discharged from a specialist mental health or learning disability inpatient unit are followed up within 3 days.	⏱	[1]
Transfer to other community teams				
58	1	When people with learning disabilities are transferred between community services there is a handover which ensures that the new team has the required information. *Guidance: This information may include assessments, care plans, communication passports, hospital passports, health action plans, care plans, PBS plans, risk mitigation plans, relapse prevention and contingency plans where appropriate.*	⚙	[1] [2]
59	2	Teams provide specific transition support to people with learning disabilities when their care is being transferred to another community team, or back to the care of their GP.	⚙	
60	1	There is active collaboration between Children and Young People's Services and Adult Services for people who are approaching the age for transfer between services. This starts at least 6 months before the date of transfer.		[1]
Discharge from the community team				
61	2	A discharge letter is sent to the person with a learning disability and all relevant parties within 10 days of discharge from the community team or from a professional within the community team. The letter includes: • Why the person was referred; • Details of interventions completed; • Recommendations for follow up; • Reminder that the GP should invite the person with a learning disability for their next annual health check.		[1] [2]

17

		Interface with other services		
62	1	People with learning disabilities are given information about how to access help from mental health services, 24 hours a day, 7 days a week. *Guidance: Out of hours, this may involve crisis/home treatment teams, psychiatric liaison teams.*	⏱	[1]
63	1	The team signposts people with learning disabilities to access: • Housing support; • Support with finances, benefits and debt management; • Social services.	⏏	[1]
64	2	The service/organisation has a care pathway for the care of women in the perinatal period (pregnancy and 12 months post-partum) that includes: • Assessment; • Care and treatment (particularly relating to prescribing psychotropic medication); • Referral to a specialist perinatal team/unit unless there is a specific reason not to do so.		[1]
65	1	The team follows a joint working protocol or care pathway with the Home Treatment/Crisis Resolution Team, in services that have access to one. *Guidance: This includes joint care reviews and jointly organising admissions to hospital for people in crisis.*	⏱	[2]

Section 4. Experience of people accessing the service

No.	Type	Standard		Ref.
		Compassion, dignity and respect		
66	1	Staff members treat people with learning disabilities and carers with compassion, dignity and respect.		[1]
67	1	People with learning disabilities and carers feel listened to and understood by staff members.		[1]

68	1	When talking to people with learning disabilities and carers, health professionals communicate clearly, avoiding the use of jargon and acronyms. *Guidance: Teams give consideration to the Royal College of Speech and Language Therapists 'Five Good Communication Standards'.*		[5]
69	1	The service can demonstrate that it promotes culturally and spiritually sensitive practice.		[12]
70	1	The team are knowledgeable about, and sensitive to, the needs of people with learning disabilities from minority groups. This may include: • Black, Asian and minority ethnic groups; • Asylum seekers or refugees; • LGBTQ+ community; • People with physical disabilities; • Travellers.		[2] [12]
Provision of accessible information				
71	1	The service can provide information in a range of formats to suit individual needs. *Guidance: The service should be able to provide key information in languages other than English and in an accessible format for people with sight, hearing, cognitive or learning disabilities.*		[5]
72	1	People with learning disabilities are asked if they and their carers wish to have copies of correspondence about their health and treatment.		[1]
73	2	The service uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. Relatives are not used in this role unless there are exceptional circumstances.		[1]
Involvement and coproduction				
74	2	Services and pathways are coproduced with appropriately experienced people with learning disabilities and carers who have an active role in decision making.		[1] [2]
75	1	People with learning disabilities are actively involved in shared decision-making about their mental and physical health care and treatment.		[1] [2]

76	1	The service asks people with learning disabilities and carers for their feedback about their experiences of using the service and this is used to improve the service. *Guidance: The service uses a range of accessible mechanisms to obtain feedback.*	ℹ	[1] [2]
77	2	Feedback received from people with learning disabilities and carers is analysed and explored to identify any differences of experiences according to protected characteristics.		[1]
Carer experience and support				
78	1	Carers (with consent) are involved in discussions and decisions about the person's care and treatment. This includes attendance at review meetings where the person consents. *Guidance: If the person lacks capacity, decisions are made in their best interests as per the Mental Capacity Act 2005.*	⚖	[1] [2]
79	1	Carers are signposted to access a statutory carers' assessment, provided by an appropriate agency. *Guidance: This advice is offered at the time of the initial appointment, or at the first opportunity and includes information on what a carers assessment is and how to access one.*		[1]
80	1	Carers are offered individual time with staff members to discuss concerns, family history and their own needs.		[1]
81	2	The team provides each carer with carer's information. *Guidance: This may be in the form of a carers pack and includes:* • *Names of key staff members and who to contact for questions, concerns or in an emergency;* • *Information on sharing information with carers;* • *Local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.*		[1]
82	2	The team actively encourages carers to attend carer support networks or groups. There is a designated staff member to promote carer involvement.		[1]

No.	Type	Standard		Ref.
83	2	The service has a strategy for carer engagement. The strategy describes measures taken to proactively support: • A carer's own needs around information and support; • How they can be involved in the care of their loved one; • Opportunities to be involved in service developments, training and improvements.		[9]

Section 5. Environment and facilities

No.	Type	Standard		Ref.
Service environment				
84	2	The environment is clean, comfortable and welcoming.		[1]
85	1	Clinical rooms are private, and conversations cannot be overheard.		[1]
86	2	Clinical rooms are set up to be communication sensitive environments and adjusted to people's individual needs. *Guidance: Teams give consideration to the Royal College of Speech and Language Therapists 'Five Good Communication Standards'.*		[5]
87	1	The environment complies with current legislation on disabled access. *Guidance: Relevant assistive technology equipment, such as handrails, are provided to meet individual needs and to maximise independence.*		[1]
88	1	There is a system by which staff are able to raise an alarm if needed.		[1]
89	2	There are sufficient IT resources (e.g. computer terminals) to provide all staff with easy access to key information, such as electronic records.		[15]
90	1	There are measures in place to ensure staff are as safe as possible when conducting home visits. These include: • Having a lone working policy in place; • Conducting a risk assessment; • Identifying control measures that prevent or reduce any risks identified.		[1]

Section 6. Staffing and training

No.	Type	Standard		Ref.
Staffing mix				
The service has dedicated sessional input from or can evidence timely access to the following professionals: *Guidance: This staff mix ensures that the team can provide direct delivery of specialist assessment and intervention, as well as a facilitation role and ensures that the needs of the people who access the service are met.*				
91	1	Consultant Psychiatrist(s)		[2] [3]
92	1	Learning Disability Nurse(s)		
93	1	Speech and Language Therapist(s)		[2] [3]
94	1	Healthcare Assistant(s)		[2]
95	1	A Service Lead		[2]
96	1	Social Worker(s)		[2] [3]
97	1	Physiotherapist(s)		[2] [3]
98	2	Dietitian(s)		[2]
99	2	Behavioural Support Specialist(s)		[2]
100	2	Pharmacist(s)		[2]
101	2	Arts Therapist(s) *Guidance: This could include Art Psychotherapy, Dramatherapy, Music Therapy and Dance Movement Psychotherapy.*		[2] [3]
102	1	There is dedicated sessional time from psychologists to: • Provide assessment and formulation of a person's psychological needs; • Ensure the safe and effective provision of evidence based psychological interventions adapted to the person's needs through a defined pathway. *Guidance: Psychologists are HCPC registered.*		[1]

103	2	There is dedicated sessional time from psychologists to support a whole team approach for psychological management.		[1]
104	1	There is dedicated sessional input from occupational therapists to: • Provide an occupational assessment for those people who require it; • Ensure the safe and effective provision of evidence based occupational interventions adapted to the person's needs. *Guidance: Occupational Therapists are HCPC registered.*		[1]
105	2	The team has administrative assistance to meet the needs of the service.		[15]
Staffing levels				
106	1	The service has a mechanism for responding to low/unsafe staffing levels, including: • A method for the team to report concerns about staffing levels; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services.		[1]
107	1	When a staff member is on leave, the team puts a plan in place to provide appropriate cover for the people with learning disabilities who are allocated to that staff member. *Guidance: This could include identifying a point of contact for the person, dependant on any risks identified.*		[1] [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.		
Staff recruitment, induction and support				
109	2	People with learning disabilities or carer representatives are involved in the interview process for recruiting potential staff members. *Guidance: These representatives should have experience of the relevant service.*		[1]

110	1	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. *Guidance: This should include:* • *Arrangements for shadowing colleagues on the team;* • *Jointly working with a more experienced colleague;* • *Being observed and receiving enhanced supervision until core competencies have been assessed as met.*		[1]
111	1	All staff members who deliver therapies and activities are appropriately trained, supervised and be registered with the relevant regulator (e.g. HCPC).		[1]
112	1	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. *Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.*		[1]
113	2	All staff members receive line management supervision at least monthly.		[1]
114	2	Staff members are able to access reflective practice groups at least every 6 weeks where teams can meet to think about team dynamics and develop their clinical practice.		[1]
115	2	The team has protected time for team building and discussing service development at least once a year, at a minimum.		[15]
116	2	Team managers and senior managers promote positive risk taking to enhance quality of life.		[2]
Staff wellbeing				
117	1	The service actively supports staff health and wellbeing. *Guidance: This includes:* • *Providing access to support services;* • *Providing access to physical activity programmes;* • *Monitoring staff sickness and burnout;* • *Assessing and improving morale;* • *Monitoring turnover;* • *Reviewing feedback from exit reports and taking action where needed.*		[1]

118	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. *Guidance: Staff have the right to one uninterrupted 20-minute rest break during their working day if they work more than six hours a day.*		[1]
119	1	Staff members, people with learning disabilities and carers who are affected by a serious incident are offered post-incident support. *Guidance: This includes attention to the physical and emotional wellbeing of the people involved, post-incident reflection and a learning review.*		[1]

Staff training & development				
Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:				
120	1	The use of legal frameworks, such as the Mental Health Act (or equivalent); Mental Capacity Act (or equivalent) & Human Rights Act; Physical health assessment; *Guidance: This includes training in understanding physical health problems, understanding physical observations and when to refer for specialist input;* Safeguarding vulnerable adults and children; *Guidance: This includes recognising and responding to the signs of abuse, exploitation or neglect;* Risk assessment and risk management; *Guidance: This includes assessing and managing suicide risk and self-harm;* Recognising and communicating with people with cognitive impairment or learning disabilities.		[1]
121	1	Autism awareness.		[2]

No.	Type	Standard		Ref.
122	1	Positive Behavioural Support.		[2]
123	2	Trauma-informed approaches to care.		[2]
124	1	The inequalities in mental health & learning disability access, experiences and outcomes for people with learning disabilities with protected characteristics.		[1]
125	1	The team including bank and agency staff are able to identify and respond to an acute physical health emergency. *Guidance: This includes guidance about when to call 999.*		[1]
126	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.		[1]
127	2	People with learning disabilities and carer representatives are involved in delivering and developing staff training.		[1]
128	2	Shared in-house multi-disciplinary team training, education and practice development activities occur in the service at least every 3 months.		[15]
129	2	The team provides education and awareness raising to enable local health services to understand and make reasonable adjustments for people with learning disabilities.		[3]

Section 7. Governance

No.	Type	Standard		Ref.
Clinical outcomes and measurement				
130	1	Clinical outcome measurement is collected at two time points (at assessment and discharge). *Guidance: This includes user-reported outcome measurements where possible.*		[1]

131	2	Progress against user-defined goals is reviewed collaboratively between the person with a learning disability and staff members during clinical review meetings and at discharge.		[1]
132	2	The service's clinical outcome data are reviewed at least every six months. The data is shared with commissioners, the team, people with learning disabilities and carers, and used to make improvements to the service.	📋	[1]
Learning from complaints, feedback and incidents				
133	1	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	📋	[1]
134	1	When mistakes are made in care this is discussed with the person themselves and their carer, in line with the Duty of Candour agreement.		[1]
135	1	Lessons learned from untoward incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	📋	[1]
136	2	Where possible, the service contributes to LeDeR and incorporates learning from LeDeR within the service.	📋	[7]
137	2	A range of local and multi-centre clinical audits is conducted which include the use of evidence-based treatments, as a minimum.	📋	[15]
Quality Improvement				
138	2	The team is actively involved in quality improvement (QI) activity.	📋	[1]
139	2	The team actively encourages people with learning disabilities and carers to be involved in quality improvement (QI) initiatives.	📋	[1]

References

[1] Royal College of Psychiatrists. Fourth Edition Standards for Community Mental Health Services, 2021.

[2] Royal College of Psychiatrists, Expert Consensus: Quality Network for Learning Disability Services (QNLD) Standards Development Group, 2021.

[3] Learning Disability Professional Senate, Delivering Effective Specialist Community Learning Disabilities Health Teams Support to People with Learning Disabilities and their Families or Carers, 2019.

[4] NHS England, Transforming Care, Model service specifications: supporting the implementation of the service model, January 2017.

[5] Royal College of Speech and Language Therapists, 5 Good Communication Standards, 2013.

[6] NHS Improvement, The Learning disability improvement standards for NHS Trusts, June 2018.

[7] NHS England and NHS Improvement, Learning Disability Mortality Review (LeDeR) Programme: Action from Learning, May 2019.

[8] NHS England, Care & Treatment Reviews: Policy & Guidance, March 2017.

[9] Carers Trust, The Triangle of Care, Carers involved: A Guide to Best Practice in Mental Health Care in England, Second Edition, January 2016.

[10] Department of Health, Mental Capacity Act, 2005.

[11] NHS England, Stopping over medication of people with a learning disability, autism or both (STOMP), 2018.

[12] Royal College of Psychiatrists, RCPsych Equality Action Plan, 2021 – 2023.

[13] The British Psychological Society and Royal College of Psychiatrists, Dementia and People with Learning Disabilities, September 2009.

[14] NICE, challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges, May 2015.

[15] Royal College of Psychiatrists. Second Edition 'ACOMHS Standards for Community Mental Health Services' 2020.

[16] Step Together Integrating Care for People with Epilepsy and a Learning Disability, 2020.

Acknowledgements

The Quality Network for Learning Disability Services (QNLD) is extremely grateful to the following people for their time and expert advice in the development and revision of these standards:

- Members of the Quality Network for Learning Disability Services (QNLD) Advisory Group;
- Carer representatives that contributed their views and opinions;
- Individuals who attended the virtual standards consultation workshop;
- Individuals who contributed feedback via the e-consultation process.

Quality Network for Learning Disability Services (QNLD)

Royal College of Psychiatrists' Centre for Quality Improvement

21 Prescot Street

London

E1 8BB

L.D@rcpsych.ac.uk

www.rcpsych.ac.uk/QNLD

© 2021 Royal College of Psychiatrists