Quality Network for Learning Disability Services (QNLD)

Standards for Acute Inpatient Learning Disability Services

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

QNLD
QUALITY NETWORK FOR LEARNING DISABILITY SERVICES

Contents

Artwork provided by a patient at Walker Close, Ipswich

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Foreword

Quality standards for specialist acute units for people with a learning disability continue to evolve, and this new set of standards reflects these changes since the publication of the 4th Edition of the Quality Network for Learning Disability Services (QNLD) standards in 2021.

The 5th Edition of the Inpatient Standards has taken shape after over a year of extensive consultation with a wide range of stakeholders represented in the Advisory Group and Standards Development Group. Efforts have been taken to closely map these standards against the latest CCQI Core Standards as far as possible and adapt where needed.

There has been a particular focus to look more closely at areas such as the operational management of units, improving unit-level processes to enhance efficiency and patient experience including purposeful admission, least restrictive care, continuity of care, access to treatment and discharge processes. Inpatient units are particularly vulnerable to workforce challenges and there are new standards addressing support for healthcare staff, leadership and culture of the unit. There is also increasing recognition of the need to consider aspects such as spirituality and mental health. The language of the standards has also been modified to reflect the variation in legal frameworks between the four nations. In addition, QNLD has updated the wording of the four principles that run throughout the standards, that are crucial to providing quality care.

The College relies on the hard work and time given by the experts of colleagues that work with QNLD, in particular the Advisory Group, and I would like to express my gratitude to them. And of course, also to the team at the CCQI for all the incredible work putting together this 5th Edition of the QNLD standards for inpatient units for people with a learning disability.

My very best wishes to the patients who, I hope, will ultimately benefit from this work.

Dr Kiran Purandare
Chair of the QNLD Advisory Group
April 2025

Introduction

The Quality Network for Learning Disability Services (QNLD) network has been established since 2009, and these standards have been developed for the purpose of the review of specialist acute inpatient services for adults with a learning disability.

These standards have been drawn from key documents and expert consensus and have been subject to extensive consultation with professional groups involved in the provision of inpatient learning disability services, and carers. They incorporate the latest Fifth Edition [College Centre for Quality Improvement (CCQI) Core Standards for Inpatient Mental Health Standards](), as well as additional specialist standards relating to inpatient learning disability services.

The standards have been developed for the purpose of review as part of the Quality Network for Learning Disability Services (QNLD). They can also be used as a guide for new or developing services.

The standards cover the following topics:

1. Admission Process & Assessment
2. Care Planning and Treatment
3. Discharge, Transfer and Joint Working with Other Services
4. Patient and Carer Experience
5. Environment and Facilities
6. Staffing and Training
7. Leadership and Governance

Who are these standards for?

These standards are designed to be applicable to inpatient learning disability services for working-age adults and can be used by professionals to assess the quality of the team. The standards will also be of interest to commissioners, patients, carers, researchers and policy makers.

Since inpatient learning disability units differ widely in their configuration and the models used, these standards focus on the function of a team in order to make them as widely accessible as possible.

Categorisation of standards

Each standard has been categorised as follows:

Type 1: Essential standards. Failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also

include the fundamentals of care, including the provision of evidence-based care and treatment.

Type 2: Expected standards that most services should meet. The full set of standards is aspirational, and it is unlikely that any service would meet them all.

Terms used in this document

In this document, the inpatient learning disability service is referred to as 'the team' or 'the unit'. People who are cared for by the inpatient learning disability service are referred to as 'patients' and their loved ones are referred to as 'carers'.

The standards are available to download on our website: Learning disabilities service (QNLD)

Key Principles within the standards

There are four key principles that run through the standards, which are crucial to providing high quality care. One or more of the principles applies to the majority of the standards within the document and evidence is required in relation to these principles in order to meet a standard.

	Involvement of patients and carers within all aspects of care planning and treatment.
	All information provided to patients and carers must be in place in an accessible format, in line with the person's preferences and relevant national standards. Interventions are adapted to meet the person's communication needs.
	If patients lack capacity, decisions are made in their best interest. Information is given to the patients' carer/family and advocate, and efforts are made to maximise their involvement.
	Reasonable adjustments are made in line with equality law.

Sustainability Principles

The standards have been mapped against the College's sustainability principles.

Services that meet 90% or more of the standards relevant to Sustainability Principles will be awarded a Sustainable Service Accreditation certification in recognition of provision of a sustainable mental health service. The standards that relate to sustainability principles are highlighted throughout the document.

For further information, please see appendix 2.

Standards for Acute Inpatient Learning Disability Services

Admission Process & Assessment

No.	Type	Standard	Ref.
Referral Information			
1	1	Accessible information is made available, in paper and/or electronic format, to patients, carers and healthcare practitioners on: • How to make a referral; • A description of the unit and its purpose; • Admission criteria; • Clinical pathways describing access, discharge, timescales and treatment pathways; • Main interventions and treatments available; • Contact details for the unit.	[1] [2]
Admission and Assessment			
2	1	Patients are only admitted when they require assessments, interventions or treatment that can only feasibly be provided in hospital. There is a clearly stated purpose for the admission, developed with and taking into account views of the patient and their carer. Sustainability Principle: Improving Value	[1]
3	1	Where available, staff have access to a package of existing information and plans from the community team about the patient during the admission process to help inform and plan care and treatment. *Guidance: This includes documents such as previous mental health assessments, care plans, health action plans & communication profiles.*	[1] [2]
4	1	Assessments of patients' capacity to consent to care and treatment in the unit are performed in accordance with relevant/current legislation and repeated at regular intervals.	[1]
5	1	When patients lack capacity to consent to interventions, decisions are made in their best interests. *Guidance: Patients and carers are provided with accessible information about capacity, best interests and their input to the process.*	[3]

6	1	There are systems in place to ensure that the unit takes account of any advance decisions and advance statements that the patient has made. Sustainability Principle: Empowering Individuals	[5]
7	1	The unit/staff members engage with the patient's carer(s) and people who know them best (with the patient's consent) to gather information and support with the admission process.	[5]
8	1	On admission, any arrangements needed around the following are completed and communicated to the patient: • The security of the patient's home; • Arrangements for dependants (children, people they are caring for); • Arrangements for pets.	[1]
9	1	When patients are admitted to the unit as an emergency without a Community Care and Treatment Review (CTR), staff at the unit will identify and notify the relevant Integrated Care Board (ICB) or equivalent, Local Authority, GP, and Community Team for People with Learning Disabilities.	[5]
10	1	When a young person under the age of 18 is admitted: • There is a named CAMHS clinician who is available for consultation and advice; • The local authority or local equivalent is informed of the admission; • The relevant regulatory authority is informed if the patient is detained; • The admission is discussed with appropriate safeguarding professionals; • A single room is used; • Transfer to an age-appropriate environment is facilitated as soon as possible.	[1]
11	1	Patients begin a screening profile to identify their communication needs, outlining how to effectively communicate with them, within 4 hours of admission or as soon as practically possible. *Guidance: The team utilise the patients' current communication passport/profile during this assessment, where available.*	[8]

12	1	Patients have a comprehensive mental health assessment which is started within four hours of admission. For patients already receiving care in the community, their existing mental health assessment and care plan is reviewed and updated. The process involves the patient, their carer(s), community care providers, multi-disciplinary team and includes consideration of the patient's: • Mental health and medication; • Psychosocial and psychological needs; • Religious traditions and spiritual beliefs; • Strengths and areas for development; • Advance choices; • Reasonable adjustments. Sustainability Principle: Improving Value	[1] [2]
13	1	Patients have a comprehensive physical health review. This is started within four hours of admission, or as soon as is practically possible. If all or part of the examination is declined, then the reason is recorded and repeated attempts are made. Following the physical health review, the physical health care plan is developed or updated. *Guidance: The comprehensive physical health review should be guided by the principles and components set out in the NCEPOD report 'A Picture of Health' (2022) recommendations 1-3. People carrying out physical health assessments and investigations are mindful of sensory sensitivities to touch and pain.* Sustainability Principle: Prioritise Prevention	[1]
14	1	Patients have follow-up investigations and treatment when concerns about their physical health are identified during their admission. *Guidance: This is undertaken promptly, and a named individual is responsible for follow-up. Patients have a health action plan, reasonable adjustments are made to support access, and advice may be sought from primary or secondary physical healthcare services.*	[1] [2]
15	1	Patients have a formal review of care or a ward round within one week of admission. The review should address the patient's questions, concerns and goals. Patients should be well supported to attend and engage with this process in advance of the review.	[1]

Information on Admission			
16	1	Patients are given accessible information on their rights, which staff members talk through with them and explain how it relates to their care, as soon as practically possible. The information includes: • Their rights regarding admission and consent to treatment; • Rights under the relevant mental health legislation; • How to access advocacy services; • How to access a second medical opinion; • How to access Interpreting services; • How to view their health records; • How to raise concerns, complaints and give compliments; • Information on restrictive practice. *Guidance: Patients' rights are continuously discussed throughout their time on the unit. For patients who may lack the capacity to understand the information, information their rights should be given to their carer or advocate on their behalf.*	[1] [2]
17	1	Patients are given an accessible information pack on admission, which staff talk through with them, that contains the following: • A description of the service; • The therapeutic programme including access to exercise and outdoor space; • Information about the staff team; • How to stay in contact with family and friends; • The unit mutual expectations of staff and patients; • Key service policies (e.g. permitted items, smoking policy); • Information on safeguarding; • Resources to meet spiritual, cultural or gender related needs including signposting to Chaplaincy services.	[1] [2]

Care Planning and Treatment

No.	Type	Standard	Ref.
Care Planning			
18	1	Care plans are co-produced and reflect patients' individual needs and strengths. *Guidance: Documentation sets out how their care support and treatment is delivered. Plans aim to develop the necessary structure of support that can transfer to the community and be sustained by families and support providers in the long term. Care plans are adapted to the patients' communication needs.*	[1] [2]
19	1	Patients have a risk assessment and safety plan which is co-produced (where the patient is able to participate), involves carers, is updated regularly and shared where appropriate with relevant agencies. *Guidance: This assessment and plan considers risk to self, risk to others and risk from others, the types of harm that could occur, when they are likely to occur and relatedly how they may be mitigated.* Sustainability Principle: Prioritise Prevention	[1]
20	1	Following assessment, patients promptly begin evidence-based therapeutic interventions which are meaningful and appropriate to their bio-psychosocial needs and the identified goals for the admission. *Guidance: Patients already receiving mental health support in the community should have their care plan updated reflecting their change in needs and interventions to be received in an inpatient setting. The unit should support where possible continuity of aspects in the care plan that were being delivered in the community e.g. access to social or psychological support.*	[1] [2]
Review of Care, Treatment and Interventions			
21	1	There is an MDT review of care weekly, where care plans are updated where required and indicated.	[2]
22	1	Patients are supported to prepare and actively participate for any formal review of their care. During their review they, along with their	[6]

		carers (where consent has been given), are supported to express their views.	
		Guidance: Actions from reviews are fed back to the patient and carer (with the patient's consent) and this is documented. Advocates attend these meetings to support, where appropriate.	
		Sustainability Principle: Empowering Individuals	
23	1	Each patient is offered a one-hour session at least once a week with a nominated member of their care team to discuss progress, care plans and concerns.	[1]
Clinical Outcomes			
24	1	Clinical outcome measurements are collected at two time points (at assessment and discharge). *Guidance: This includes patient-reported outcome measurements where possible.*	[1]
25	2	Staff members review patients' progress against patient-defined goals in collaboration with the patient at the start of treatment, during clinical review meetings and at discharge.	[1]
Medication			
26	1	When medication is prescribed, the following is discussed and patients (and carers, with patient's consent) 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 and other therapeutic interventions; • The risks related to other aspects of life; • A timescale for medicine to be stepped down or stopped.	[1] [2]
27	1	Patients' medications are reviewed at least weekly. Medication reviews include patient feedback, assessment of therapeutic response, safety, management of side effects including during medication changes and deprescribing.	[1] [2]

		Guidance: Medication is initiated, monitored, and reviewed in line with the STOMP principles. Sustainability Principle: Consider Carbon	
28	1	Every patient's PRN medication is reviewed at least weekly. This review includes frequency, dose and indication.	[1]
29	1	The indication(s) and rationale for prescribing psychotropic medication is clearly stated and documented including: • Whether the medication is being used off-label, polypharmacy or high dose; • How long the medication should be taken for; • The strategy for reviewing the prescription and stopping the medication. *Guidance: In line with STOMP guidance in prescribing psychotropic medication, where utilised.* Sustainability Principle: Consider Carbon	[6]
30	1	Review and evaluation of the need for continuation or discontinuation of the psychotropic drug should be undertaken in line with diagnostic review or whenever there is a request from patients, carers or other professionals.	[6]
31	1	Patients who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at three months and then annually. If a physical health abnormality is identified, this is acted upon.	[1]
32	2	Within 24 hours of admission to a mental health inpatient setting pharmacy staff undertake a full medicines reconciliation, including all medications for physical as well as mental health. *Guidance: For people admitted over a weekend this may take up to 72 hours.*	[1]
Leave from the Unit			
33	1	The team and patient jointly develop a leave plan, which is shared with the patient and their carer (with the patient's consent), that includes:	[1]

No.	Type	Standard	Ref.
		• A risk assessment and risk management plan that includes protective factors and an explanation of what to do if problems arise on leave; • Conditions of the leave; • Information on medication; • Contact details of the unit and crisis numbers; • Ability to access bed on return; • How the unit will check in with the patient on their wellbeing when on leave.	
34	1	Staff agree leave plans with the patient's carer allowing them sufficient time to prepare and to provide opportunity to feedback post visit to inform ongoing care and leave planning.	[1]
35	1	When patients are absent without leave, the team (in accordance with local policy): • Activate a safety management plan; • Make efforts to locate the patient; • Alert carers, people of concern and the relevant authorities; • Complete an incident form; • Escalates as appropriate.	[1]

Discharge, Transfer and Joint Working with other Services

No.	Type	Standard	Ref.
Discharge Planning			
36	1	Proactive discharge planning with the patient and their carer takes place from point of admission focusing on identifying any barriers to discharge and what post discharge support needs to be in place at point of discharge. *Guidance: Patients will be allocated a registered professional who will lead and coordinate the discharge and follow up.*	[1]
37	1	Patients have a discharge plan, which reflects their individual needs. Staff members collaborate with patients and their carers (with the	[15]

		patient's consent) when developing the discharge plan and they are offered a copy. *Guidance: The plan includes details of:* *Transition arrangements from the unit;* *Current care plan;* *Strengths and needs;* *How services will proactively work together (and carers, with the patient's consent) to support the transition;* *What to do in a crisis;* *Medication including monitoring arrangements;* *Details of when, where and who will follow up with the patient.* Sustainability Principle: Improving Value	
38	2	The unit has access to social workers who attend regular meetings/reviews throughout the patient's admission and are part of the discharge planning process.	[15]
39	1	Mental health and learning disability practitioners carry out a thorough assessment of the patient's personal, social, safety and practical needs to reduce the risk of suicide on discharge. *Guidance: Where possible, this should be completed in partnership with carers.*	[1]
40	1	Follow up appointments for the patient post discharge are arranged with community services prior to the patient being discharged. The details of when, where and with whom this follow up will take place are given to the patient and their carer in accessible format.	[1]
41	1	Where there are delayed transfers/discharges: - The team can easily raise concerns about delays to senior management; - Local information systems produce accurate and reliable data about delays; - Action is taken to address any identified problems.	[15]
42	1	When staff members are concerned about an informal patient self-discharging against medical advice, the staff members undertake a thorough assessment of the patient, taking their wishes into account as far as possible.	[1]

		Guidance: They explore with the patient and support network alternative community options to see if they could be a safe and viable alternative.	
Post Discharge Processes			
43	1	The team sends a copy of the patient's care plan or interim discharge summary to everyone identified in the plan as involved in their ongoing care (including carers) within 24 hours of discharge. *Guidance: The plan includes details of:* • *Care in the community/aftercare arrangements;* • *Crisis and contingency arrangements including details of who to contact;* • *Medication including prescribing, dispensing and monitoring arrangements;* • *Details of when, where and who will follow up with the patient.* Sustainability Principle: Prioritise Prevention	[1]
44	2	A discharge summary is sent, within a week, to the patient's GP and others involved in the patient's ongoing care. *Guidance: The summary includes why the patient was admitted, how their condition has changed, what interventions were used and their impact, their diagnosis, relapse indicators, medication and follow up plan.*	[1]
45	1	The team makes sure that patients who are discharged from hospital have arrangements in place before they leave the hospital to be followed up within 72 hours of discharge. *Guidance: Face to face 72-hour follow-up should be arranged where possible.*	[1]
Transfer of Care			
46	1	Teams provide support to patients when their care is being transferred to another unit, to a community mental health team, or back to the care of their GP. *Guidance: When community and inpatient teams differ, the team provides transition mentors; transition support packs; or education for patients on how to manage transitions.*	[1] [2]

47	1	Patients admitted to a unit outside the area in which they live have a review of their placement, in line with national timeframes. *Guidance: This will occur at a minimum every 3 months, in line with national guidelines.*	[1] [2]
Joint Working with Other Services			
48	2	The team invites a community team representative and commissioners to attend and contribute to ward rounds and discharge planning, where appropriate.	[5]
49	1	The team works in collaboration with primary health care teams. *Guidance: This includes the team informing the patient's GP:* • *If an annual health check is overdue;* • *If there are significant changes in the patient's mental health or medication;* • *If the patient has been referred to another team.*	[14]
50	2	The team supports patients to attend appointments with their community GP whilst on the unit if they are admitted in the local area.	[1]
51	1	There are care pathways in place to support patients when attending local health services. *Guidance: This includes joint working with liaison nurses within hospitals.*	[14]
52	1	The unit has a care pathway for women who are pregnant or in the postpartum period. *Guidance: Women who are over 32 weeks pregnant or up to 12 months postpartum period should not be admitted to the unit unless there are exceptional circumstances.*	[1]

Patient & Carer Experience

No.	Type	Standard	Ref.
Patient Experience			
53	1	On admission to the unit, patients feel welcomed by staff members who explain why they are on the unit. *Guidance: Staff make use of the patient's hospital passport/communication profile where available to establish correct communication strategies. Staff members show patients around and introduce themselves and other patients, offer them refreshments and address them using their preferred name and correct pronouns.*	[1]
54	1	Staff members treat all patients and carers with compassion, dignity and respect.	[1]
55	1	Patients feel listened to and understood by staff members.	[1]
56	1	Reasonable adjustments are made, if required, for the patient population. Any reasonable adjustments are recorded in patients' notes.	[1]
57	1	Patients know who the key people are in their team and how to contact them if they have any questions. *Guidance: Patients are supported to understand the role of each person involved in their care.*	[1] [2]
58	1	Patients have access to safe outdoor space every day. Sustainability principle: Consider Carbon	[1]
59	1	Patients are supported to access advocacy services. *Guidance: Staff members check if patients have an advocate and support in the application process.*	[1] [2]
60	1	Patients and staff members feel safe on the unit.	[1]

		Guidance: Staff and patient experience is systematically captured, reviewed and acted on.	
61	1	For physical examinations, all patients are given the option to have an impartial observer to act as a chaperone. *Guidance: A chaperone should usually be a health professional who is familiar with the examination procedure. Any appropriate requests for a specific gender of healthcare professional should be accommodated as far as possible.*	[15]
62	1	Patients are involved (wherever possible) in decisions about their level of therapeutic observation by staff. *Guidance: Patients are also supported to understand how the level of observation is decided and the factors that influence it.*	[1]
63	1	Every patient has a personalised therapeutic/recreational timetable of meaningful activities to promote social inclusion, which the team encourages them to engage with. *Guidance: The timetable covers seven days including unstructured activity time. It may include activities such as physical activity, education, employment, volunteering, faith or spirituality related activities, and other occupations such as leisure activities and caring for dependants.*	[1] [2]
64	2	Patients according to their care plan have access to regular sessions of longer periods of outdoor activities facilitated by staff. *Guidance: Consideration should be given to how all patients are able to access these sessions including, for example, access to appropriate foot or rain wear. Staff should be able to facilitate this at least twice a week in a group or individually.* Sustainability principle: Consider Carbon	[1]
65	2	Patients receive psychoeducation to enhance skills in areas such as activities of daily living, interpersonal communication, relationships, sleep hygiene, coping with stigma, stress and dealing with difficult emotions.	[1]
66	1	The unit has a comprehensive range of approaches to meet the sensory needs of patients.	[2] [17]

		Guidance: This could include: • *Individual patient adaptations;* • *Adaptation to the environment as far as practically possible;* • *Availability of mobile sensory equipment available for all to use;* • *Specific provision of sensory equipment to an individual where this is a core need/care plan.*	
67	1	The unit can demonstrate that it promotes culturally and spiritually sensitive practice. Patients are supported to access materials and facilities that are associated with specific cultural or spiritual practices, e.g. covered copies of faith books, access to a multi-faith room, access to groups. *Guidance: This is taken into consideration within care planning and treatment and the unit links in with external agencies to meet any unmet needs.*	[1] [2]
68	1	Patients use mobile phones, computers (which provide access to the internet and social media), cameras and other electronic equipment on the unit, subject to risk assessment and safety plan. *Guidance: Patients can access a charge point for electric devices. Staff members ensure the use of such equipment respects the privacy and dignity of everyone and know how to manage situations when this is breached.*	[1]
69	1	Patients have access to relevant faith-specific support, preferably through someone with an understanding of mental health and learning disabilities. *Guidance: Patients are supported to maintain pre-existing links with their faith community where possible.*	[1] [2]
70	1	The team supports patients to access support with finances, benefits, debt management and housing needs.	[1]
71	2	The team provides information and encouragement to patients to access local organisations for peer support and social engagement. This is documented in the patient's care plan and may include access to: • Voluntary organisations;	[1]

		• Community centres; • Local religious/cultural groups; • Peer support networks; • Recovery Colleges.	

72	2	Patients, carers and prescribers are able to meet with a pharmacist to discuss medications.	[1]
73	2	Patients in seclusion or long-term segregation should have access to independent specialist trained advocacy and specialist free legal advice.	[1]
74	1	The service routinely asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service. *Guidance: Patients are supported to express their views, through communication adjustments and support that meets their individual need. There are processes for regular formalised feedback as well as opportunities for informal feedback.* Sustainability Principle: Empowering individuals	[1] [2]
75	2	There is a minuted ward community meeting that is attended by patients and multi-disciplinary staff members. The frequency of this meeting is weekly, unless otherwise agreed with the patient group. Actions from the meeting are followed up. *Guidance: This is an opportunity for patients to share experiences, to highlight issues of safety and quality on the unit and to review the quality and provision of activities with staff members. To promote inclusion, the meeting could be chaired by a patient, peer support worker or advocate.*	[1]
76	2	Patients are consulted about changes to the unit environment.	[1]
Health Promotion			
77	1	Patients are offered personalised healthy lifestyle interventions such as advice on healthy eating and physical activity. They are offered and can access through the unit smoking cessation and/or drug and alcohol services. These are documented in the patient's care plan. Sustainability Principle: Consider Carbon	[1]

| 78 | 2 | Health promotion principles are embedded on the unit and education is offered to patients on the importance of keeping healthy and remaining active.

Guidance: Patients have access to a range of physical activities based on individual needs and interests. This may also include promotion of healthy lifestyle including exercise, sleep, healthy eating and fluid intake, vaccinations, bowel management and pain assessment.

Sustainability Principle: Prioritise Prevention | [16] |
|---|---|---|---|
| Provision of Information for Patients and Carers | | | |
| 79 | 1 | Information provided to patients is available in an accessible format.

Guidance: Information can be provided in languages other than English and in formats that are accessible for people with sight/hearing/cognitive difficulties and learning disabilities. This could include easy read, audio and video materials, using symbols and pictures, communication passports and signers. This information is in line with national accessible information standards. | [8] |
| 80 | 1 | Patients and carers are provided with accessible information about the patient's mental illness, presenting behaviours, autism, sensory needs and physical health needs. | [1]

[2] |
| 81 | 1 | There are processes in place to facilitate the understanding of information given to patients throughout their time on the unit.

Guidance: Staff routinely check patients' understanding of information provided and refer to the communication passport where available for guidance. | [8] |
| 82 | 1 | The unit works with interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances.

Guidance: If the patient's first language is not English, an assessment is made as to whether they can accurately describe their symptoms, difficulties and needs. If not, an interpreter is booked for subsequent reviews. In Wales services and communication (written and spoken) should comply with the Welsh Language Act. | [1] |

		Patient Confidentiality	
83	1	Confidentiality and its limits are explained to the patient and carer on admission, both verbally and in writing. Patient preferences for sharing information with third parties, including their family or carers, are respected and reviewed regularly.	[1]
84	1	The team know what information can be provided to carers when the patient does not consent to their involvement. *Guidance: The team may receive information from the carer in confidence.*	[1]
85	1	All patient information is kept in accordance with current legislation. *Guidance: This includes transfer of patient identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.*	[1]
		Carer Engagement and Support	
86	1	Carers are offered the opportunity to speak with staff members, within 48 hours of the patient's admission to discuss concerns, their own needs and to share and receive information. Sustainability Principle: Empowering Individuals	[1]
87	1	Carers are supported to participate actively in decision making and care planning for the person they care for. This includes attendance at unit reviews where the patient consents. *Guidance: This could also include inviting carers to provide comment on written documents such as care plans or positive behaviour support plans.* Sustainability Principle: Empowering Individuals	[1] [2]
88	2	Carers feel listened to and supported by the unit staff members.	[1]
89	2	Carers have regular contact and communication with the responsible clinician when patients are in seclusion or long-term segregation. *Guidance: The frequency of contact and communication is agreed with carers.*	[7]

90	2	The team provides each carer with accessible 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;* • *How to stay in contact with their loved one whilst they are on the unit;* • *Information on sharing information with carers;* • *Information on family advocacy;* • *Local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.*	[1]
91	1	Carers are supported to access a statutory carers' assessment, provided by an appropriate agency.	[1]
92	2	Carers have access to a carer support network or group. This could be provided by the unit, or the team could signpost carers to an existing network. *Guidance: This could be a group or network which meets face-to-face or communicates online.*	[8]
93	2	The unit has a staff member designated as the carer lead or champion.	[8]
94	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.	[8]

Unit Environment and Facilities

No.	Type	Standard	Ref.
95	1	Key information about the unit is accessible and clearly displayed. *Guidance: This includes clear signage, pictures and names of unit staff members, unit activity timetable.*	[1]
96	1	All patients have single bedrooms.	[1]
97	2	Units are able to designate gender neutral bedrooms and toilet facilities for those patients who would prefer a non-gendered care environment.	[1]
98	2	Every patient has an en-suite bathroom.	[1]
99	1	The unit has at least one bathroom/shower room for every three patients.	[1]
100	1	Male and female patients have separate bedrooms, toilets and washing facilities. Room allocation should accommodate a spectrum of genders. *Guidance: Where room allocation could present risks to the patient or to vulnerable others, this is risk assessed, and all practical steps taken to accommodate patient preference. If patient preference cannot be safely accommodated, this is discussed between the patient and clinical team and agreement made on the most appropriate environment for care. Care and safety planning should be carried out with the patient to specifically address how to best to support them in this context.*	[1]
101	2	Patients are able to personalise their bedroom spaces. *Guidance: This may include allowing photos and pictures to be displayed and other personalisation in line with infection control policy.*	[1]
102	2	There are facilities for patients to make their own drinks and snacks which are available 24 hours a day.	[1] [2]

		Guidance: Hot drinks may be available on a risk-assessed basis. Patients have lockers available to store personal food and drinks, based on risk and individual plans. If there are identified risks, staff will provide patients with snacks and drinks.	
103	2	The unit/unit has a designated room for physical examination and minor medical procedures. *Guidance: The room has a couch for physical examination.*	[1]
104	1	When visits cannot be facilitated, patients have access to video technology to communicate with their friends and relatives.	[1]
105	1	Laundry facilities are available to all patients and their clothes are washed separately.	[2]
106	2	Equipment for physical activity is available to meet patient's physical needs.	[2]
107	2	Staff members and patients can control heating, ventilation and light on the unit/unit. *Guidance: For example, patients are able ventilate their rooms through the use of windows, they have access to light switches and they can request adjustments to control heating. Dimmable lighting is available.*	[1]
108	2	All patients can access a range of current culturally-specific resources for entertainment, which reflect the unit's population.	[1]
109	1	There is a separable gender-specific space which can be used as required.	[1]
110	2	The unit has at least one low stimulus quiet room or de-escalation space other than patient bedrooms.	[1]
111	1	In units where seclusion is used, there is a designated room that meets the following requirements: • It allows clear observation; • It is well insulated and ventilated;	[1] [2]

112		- It has adequate lighting, including a window(s) that provides natural light; - It has direct access to toilet/washing facilities; - It has limited furnishings (which includes a bed, pillow, mattress and blanket or covering); - It is safe and secure, and does not contain anything that could be potentially harmful; - It includes a means of two-way communication with the team; - It has a clock that patients can see; - Therapeutic and meaningful activities are available in line with individualised risk assessment. *Guidance: Units that do not have seclusion facilities ensure that local policies fully describe alternatives to seclusion and how patients' safety, dignity, privacy and health and well-being needs will be met.*	
112	1	In units where long-term segregation is used, the area used conforms to standards prescribed by relevant legislation and/or regulatory frameworks. *Guidance: This includes for example patients having access to meaningful and therapeutic activity and outdoor space.*	[2]
113	1	Patients are provided with meals which offer choice, ensure a nutritional and balanced diet, reflect specific dietary requirements, and are also sufficient in quantity. Meals are varied and reflect the individual's sensory, cultural and religious needs.	[1] [2]
114	2	Unit-based staff members have access to a dedicated staff room. Sustainability Principle: Empowering Staff	[1]
115	1	The environment complies with current legislation on disabled access. *Guidance: Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence.*	[1]
116	1	There is an alarm system on the unit for use by staff, patients and visitors. The unit has an agreed response when the alarm is raised. *Guidance: Alarms in patient rooms should accord with relevant regulatory guidance.*	[1]

No.	Type	Standard	Ref.
117	1	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly, and after each use.	[15]
118	1	A risk assessment of all ligature points on the unit is conducted at least annually. An action plan and mitigations are put in place where risks are identified, and staff are aware of the risk points and their management.	[1]

Workforce and Training

No.	Type	Standard	Ref.
Workforce			
There is a core team of professionally qualified multi-disciplinary staff who work together to deliver assessments and safe and effective evidence-based care. *Guidance: All staff have an active registration with the relevant professional body.* The core team includes:			
119	1	Consultant psychiatrist(s)	[1]
120	1	Registered specialist learning disability nurses, registered mental health nurse(s)	[1] [2]
121	1	Psychologist(s)	[1]
122	1	Occupational Therapist(s)	[1] [2]
123	1	Speech and Language Therapist(s)	[2]
124	1	Specialist pharmacist(s)	[1] [2]
125	1	Healthcare assistant(s)	[5]

126	2	Peer Support Worker(s) *Guidance: People with lived experience to support patients to feel listened to and feedback to the wider MDT.*	[5]
127	2	Arts therapist(s) or other creative therapist(s) *Guidance: This could include art, drama, music and dance and movement psychotherapists.*	[18]
128	2	The unit has access to Allied Health Professionals to meet a range of patient needs that may be identified as a part of the admission treatment plan. There is sufficient sessional time and/or pathway arrangements in place to draw on these staff on an as needed basis. *Guidance: This includes dietetics and physiotherapy. The unit monitors its demand for and access to these services, the response time when input is needed and any delays in accessing input on patient progression through the inpatient pathway.*	[1]
129	2	The unit has appropriate administrative support and infrastructure in place to release clinical time to care. *Guidance: The unit has a dedicated administrator.*	[1]
130	2	The unit has a staffing model or care pathways in place to ensure access to smoking cessation and/or drug and/or alcohol interventions when they are identified as a part of an admission treatment plan.	[1]
Staffing Levels			
131	1	The unit has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels, including: • A method for the team to report concerns about staffing levels; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services. Sustainability Principle: Empowering Staff	[1]
132	2	The unit has a staffing model that ensures activities in therapeutic/recreational timetables are routinely delivered and that patient leave, exercise, access to the outdoors and faith-based needs can be facilitated in line with QNLD standard 63.	[1]

		Guidance: The unit may draw on a range of roles including therapies staff, peer workers, healthcare assistants, activity co-ordinators and/ or they may partner with organisations such as voluntary, community, faith and social enterprise (VCFSE) sector organisations to meet this standard.	
133	2	The unit is primarily staffed by permanent staff members. Unfamiliar bank or agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need or short-term absence of permanent staff or regular bank/ agency staff. Guidance: There should be at minimum one permanent qualified nurse on each shift at all times.	[1]
134	2	If the staff vacancy rate exceeds 15% there is a workforce recruitment and retention plan in place.	[1]
135	1	There is an identified duty doctor available at all times to attend the unit, including out of hours. The doctor can attend the unit within 30 minutes in the event of an urgent situation. Guidance: Video consultation for advice/assessment may be used in exceptional circumstances, which would include rural settings.	[1]
Supporting Staff			
136	1	The unit actively promotes and supports staff health and well-being. Guidance: This could include: • Providing access to support services; • Providing access to physical activity programmes; • Monitoring staff sickness and burnout; • assessing and improving morale; • Monitoring turnover; • Promoting sleep hygiene and known health inequalities facing night staff; • Reviewing feedback from exit interviews and taking action where needed. Sustainability Principle: Empowering Staff	[1]
137	1	All clinical staff members receive formal individual clinical supervision at least monthly, or as otherwise specified by their professional body.	[1]

		Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications. Clinical supervision should be in addition to managerial supervision. If the two are provided together there is a clear differentiation between them.	
138	2	All staff members receive individual line management supervision at least monthly. *Guidance: Managerial supervision should be in addition to clinical supervision. If the two are provided together there is a clear differentiation between them.*	[1]
139	2	There is regular reflective practice available of sufficient frequency to ensure that all staff can access this at least every six weeks. *Guidance: Reflective practice should be facilitated by someone with experience in managing a group process.* Sustainability Principle: Empowering Staff	[1]
140	1	Staff members, patients and carers who are affected by a serious incident including restraint and rapid tranquilisation are offered post-incident support. *Guidance: This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection.* Sustainability Principle: Empowering Individuals	[1]
141	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. *Guidance: They have the right to one uninterrupted 20-minute rest break during their working day if they work more than 6 hours a day. Adequate cover is provided to ensure staff members can take their breaks.*	[1]
Training and Staff Development			
142	1	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. This includes: • Arrangements for shadowing colleagues on the team; • Jointly working with a more experienced colleague; • Being observed;	[1]

		• Receiving enhanced supervision until core competencies have been assessed as met.	

Staff receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. The training includes:

| 143 | 1 | The use of relevant mental health and capacity legal frameworks;

Physical health assessment and management including management of the physically deteriorating patient;

Guidance: This could include training in understanding physical health problems, undertaking physical observations, using early warning scores (e.g. NEWS2), identification and management of the medically deteriorating patient and basic life support.
Sustainability Principle: Prioritise Prevention

Safeguarding vulnerable adults and children;

Guidance: This includes recognising and responding to the signs of abuse, exploitation or neglect.
Sustainability Principle: Prioritise Prevention

Risk assessment and risk management;

Guidance: This includes assessing and managing suicide risk and self-harm; prevention and management of behaviour that communicates distress.
Sustainability Principle: Prioritise Prevention

Cognitive impairment, learning disability and autism, including awareness of neurodiversity and how to interact appropriately with autistic people and people who have a learning disability;

Inequalities in mental health access, experiences, and outcomes for patients with different protected characteristics. Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care;

Guidance: Training should address all 9 protected characteristics and their relevance to delivering equitable mental health care.

Restrictive practice training;

Guidance: Staff are trained in de-escalation, preventative, and reactive approaches. This training includes the human rights-based approach and is certified as complying with the Restraint Reduction Network training standards. | [1]

[2]

[10] |

		Trauma-informed approaches; Enhanced Autism awareness training; Positive Behavioural Support (PBS).	
144	1	Mental health nurses within the team have completed learning disability specific post registration training. *Guidance: This is post-registration training at minimum degree level or equivalent and could include publicly available online CPD modules.*	[2]
145	2	Epilepsy training.	[2]
146	1	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	[1]
147	1	All staff involved in administering or prescribing rapid tranquillisation or monitoring patients to whom parenteral rapid tranquillisation has been administered, have received training in immediate life support.	[1]
148	1	All staff who prescribe or undertake therapeutic engagement and observation receive specific training when they are inducted into a hospital or changing units. This includes: • Principles around positive engagement with patients; • When to increase or decrease observation levels and the necessary multi-disciplinary team discussions that should occur relating to this; • Actions to take if the patent absconds; • Trauma informed principles.	[1]
Team Processes			
149	1	When the team meets for handover, adequate time is allocated to discuss patients' needs, safety and care plans.	[1]

Leadership & Governance

No.	Type	Standard	Ref.
Positive Culture			
150	2	The service has a system for reviewing culture in the unit and takes action on findings. *Guidance: This may include review of incident and restrictive practice data, patient and carer feedback, staffing and employee relations data and/ or use of a validated staff survey, culture of care or safety culture tool/ survey.*	[1]
151	2	Those in unit leadership roles are visible and present on the unit and actively role model and promote an open learning culture. They are confident and competent in both listening up and following up in line with freedom to speak up principles. *Guidance: Staff know that incident reporting, learning from incidents and responsiveness to feedback are leadership priorities. If staff raise concerns, they are confident their leadership will address it.*	[1]
152	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. Sustainability Principle: Empowering Staff	[1]
Reducing Restrictive Practice			
153	1	Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety. *Guidance: This includes avoiding the use of blanket rules and assessing risk on an individual basis.*	[1]
154	1	To reduce the use of restrictive interventions, patients are supported to: • Identify what causes distress, triggers and early warning signs (through the use of alternative and augmentative communication when necessary);	[1] [2]

		• Make advance statements which are used to identify the patient's wishes and feelings through positive behaviour support plans, which are trauma informed.	
155	1	The multi-disciplinary team collects data on the use of restrictive interventions and actively works to reduce its use year on year through use of audit and/ or other quality improvement methodology. *Guidance: Audit data are used to compare the service to national benchmarks where available.*	[1]
156	1	The team uses seclusion only as a last resort and for the shortest period possible until a less restrictive management option can be utilised. All incidences of seclusion are recorded, and these are reviewed in team governance meetings.	[1]
157	2	Patients on constant observations receive at least one hour per day being observed by a member of staff who is familiar to them. *Guidance: Staff facilitate patient choice of staff member where possible.*	[1] [2]
158	1	Any use of force (e.g. physical, restraint, chemical restraint, seclusion and long-term segregation) should be recorded and reported in line with hospital policy, relevant legislation and/or regulatory requirements.	[1]
159	1	If long-term segregation is used on the unit, mechanisms are in place for regular monitoring. *Guidance: The use is monitored in weekly multi-disciplinary team meetings or at external reviews.*	[12]
160	1	Patients who are involved in episodes of restraint, or compulsory treatment including tranquilisation, have their vital signs, including respiratory rate, monitored by staff members and any deterioration is immediately responded to in line with unit policy. *Guidance: If all vital signs cannot be taken because of the patient's presentation, observable signs including respiratory rate and reason for omission of a full set of observations must be recorded.*	[1]
Responding to, and Learning from Incidents			

161	1	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	[1]
162	1	When serious mistakes are made in care, this is discussed with the patient, and their carer, an apology given and actions taken as appropriate to mitigate the outcome of the mistake and/or prevent its recurrence. Any safeguarding concerns that have arisen through the incident should be raised and processed in line with policy.	[1]
163	1	Lessons learned from 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]
164	1	There is a system in place to respond to themes and trends in safeguarding alerts/referrals and there are mechanisms to share learning. *Guidance: An organisational action plan is in place to address any issues raised, including where training needs are identified.*	[11]
Lived Experience Input			
165	2	Services are developed in partnership with patients and carers who have relevant lived experience, and who take an active role in informing decision making.	[1]
166	2	Patient or carer representatives are involved in the interview process for recruiting potential staff members. *Guidance: The representatives should have experience of the relevant service.* Sustainability Principle: Empowering Individuals	[1]
167	2	Patient and/or carer representatives are involved in delivering and developing staff training.	[1]
Reducing Inequalities in Care			

168	1	The unit reviews demographic data at least annually about people who are admitted. Data are compared and action is taken to address any inequalities in care planning and treatment. *Guidance: This includes data around the use of seclusion and length of stay in the unit for different groups.*	[1]
169	1	The multi-disciplinary team collects patient ethnicity data on the use of restrictive interventions and actively works to reduce inequalities year on year through use of audit and/ or other quality improvement methodology. *Guidance: Audit data are used to compare the service to national benchmarks where available.*	[1]
170	1	Feedback received from patients and carers is analysed to identify and act on any differences of experiences by protected characteristics. *Guidance: Complaints and compliments and other feedback sources include the option to share demographic information.*	[1]
Audit and Quality Improvement			
171	2	The team use quality improvement methods to implement service improvements.	[1]
172	2	The team actively encourages patients and carers to be involved in quality improvement initiatives.	[1]
173	2	The service's clinical outcome data are collated, analysed and reported at least bi-annually. The data are shared with commissioners, the team, patients and carers, and used to make improvements to the service. Sustainability Principle: Improving Value	[1]
174	1	The safe use of high-risk medication is audited at a unit level, at least annually. *Guidance: This includes audit of the use of medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines.*	[15]

175	2	The unit reviews its current practices against the organisation's or NHS green plan. It identifies areas for improvement and develops a plan to increase sustainability in line with principles of sustainable services. Progress against the plan is reviewed at regular time points throughout the year and the plan refreshed annually. *Guidance: Good practice includes adopting practices in line with recommendations in RCPsych Net Zero Guidance. This may include for example assigning a Sustainability Champion role and staff undertaking training in sustainable practice.* Sustainability Principle: Consider Carbon	[1]

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Appendix 1: Acknowledgements

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Appendix 2: Sustainability Principles

The fifth edition of the QNLD standards have been mapped against sustainability principles developed by the Royal College of Psychiatrists Sustainability Committee.

The Royal College of Psychiatrists is striving to improve the sustainability of mental health care, by designing and delivering services with the sustainability principles at the core. The aim of this process is to raise awareness around sustainability in mental health services and to work with units making psychiatric services sustainable in the long run. In recent years the mounting economic, social and environmental constraints have put mental healthcare system under enormous pressure, and it is vital to ensure that high-value services continue despite these constraints.

Developing a sustainable approach to our clinical practice is a crucial step in ensuring that mental health services will continue to provide high-quality care in the 21st century in the face of these constraints. For more information on the Sustainability Committee, please follow this link: Sustainability and mental health

The five Sustainability Principles are listed below:

1. Prioritise Prevention – preventing poor mental health can reduce mental health need and therefore ultimately reduce the burden on health services (prevention involves tackling the social and environmental determinants alongside the biological determinants of health).

2. Empower Individuals and Communities – this involves improving awareness of mental health problems, promoting opportunities for self-management and independent living, and ensuring patients and carers are at the centre of decision making. It also requires supporting community projects that improve social networks, build new skills, support employment (where appropriate) and ensure appropriate housing.

3. Improve Value – this involves delivering interventions that provide the maximum patient benefit for the least cost by getting the right intervention at the right time, to the right person, while minimising waste.

4. Consider Carbon – this requires working with providers to reduce the carbon impacts of interventions and models of care (e.g. emails instead of letters, telehealth clinics instead of face-to-face contacts). Reducing over-medication, adopting a recovery approach, exploiting the therapeutic value of natural settings and nurturing support networks are examples that can improve patient care while reducing economic and environmental costs.

5. Staff Sustainability – this requires actively supporting employees to maintain their health and well-being. Contributions to the service should be recognised and effective team working facilitated. Employees should be encouraged to develop their skills and supported to access training, mentorship and supervision.

A range of guidance reports and papers has already been developed by the College to help improve the sustainability of mental health care. Please see below for further information:

- [Guidance for commissioners of financially, environmentally, and socially sustainable mental health services](#)

- [Choosing Wisely – shared decision making](#)

- [Centre for Sustainable Healthcare](#)

- [Psych Susnet](#)

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