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QNOAMHS
QUALITY NETWORK FOR OLDER ADULT MENTAL HEALTH SERVICES

Standards for Older Adult Mental Health Services

6th Edition

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Artwork: These mosaic artworks were created by patients and staff on exciting projects aimed at enhancing the mental health and well-being of patients and community. They inspire hope and resilience and serve as beacons of creativity's healing power, encouraging patients, families, and staff with its vibrant presence. In the art therapy group our patients chose the dragon for the symbolic meanings they hold of courage, protection, strength, wisdom, good luck and fortune. The mosaic panels add aesthetic value to the hospital, creating a more welcoming and uplifting atmosphere.
By Woodloes House, Coventry & Warwickshire Partnership NHS Trust

Contents

Sixth Edition published in January 2025

Fifth Edition published in December 2019

CCQI Core Standards revised in 2022

Main changes in standard revision

Some standards have been revised and updated to either Type 1, Type 2 or Type 3, in accordance with revised CCQI Core Standards and current workstreams.

- There are 5 new Type 1 standards within Care & Treatment and 1 upgraded Type 2 to Type 1 in the Staffing section.
- There is 1 new Type 2 standard and 2 downgraded Type 1 standards within Admission, Leave & Discharge.
- There are 2 new Type 3 standards within Staffing & Service Management

- We have sustainability standards to work towards, including 16 Type 1, 3 Type 2 and 1 Type 3.

Total number of standards: **151 – 5 more than the 5th edition**

Type 1: **108** (2 more than 5th edition)

Type 2: **36** (2 more than 5th edition)

Type 3: **7** (1 more than 5th edition)

Key

M Standard **modified** since last edition

N **New** standard since last edition

A manual of standards written primarily for:

Older adult inpatient mental health services.

Also of interest to:

Patients, carers, commissioners, policy makers, and researchers.

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Foreword

At a time when older adults are too often overlooked and excluded from mental health support and staff caring for those with the most devasting mental health needs are faced with a multitude of challenges, it is with absolute pleasure that I bring to you the 6th edition standards for the Quality Network for Older Adult Inpatient Mental Health Services.

The compassion, drive and commitment across the network, to ensure the delivery of high-quality care remains indefatigable. The Centre for Mental Health paper, " Mental Health in Later Life", (March 2024) , is a stark reminder of the current state of the mental health of older adults across England and emphasises the unmet need in terms of current service delivery, perhaps highlighting the hiatus between the aspirations set out by the NHS Long Term Plan and The NHS Mental Health Implementation Plan 2019/20 – 2023/34, and the reality experienced by several older adults across the country.

These standards and the ongoing work across the network serve to help bridge that gap and strengthen and sustain quality provision across these services. A lot of time and effort has been taken to ensure that the standards are value adding, meaningful and take into account the challenges faced by older adult inpatient mental health services on a day-to-day basis. They have been developed in partnership with a range of key stakeholders, including carers, patients with lived experience and frontline staff. These are also aligned to evidence-based guidance as set out in the NICE guidelines, whilst being conscious of the statutory requirements of the CQC single assessment framework.

The Quality Network for Older Adults Mental Health Services remains committed to creating a forum and milieu for high quality care to continue to flourish, by engaging with services through a range of means including making available key resources, peer support, training events, forums and a live online platform supporting individuals to interact and seek support and advice from across the network in real time.

I am truly grateful to my colleagues on the Advisory Committee and all of the those across the network for despite the competing demands experienced in healthcare today, for their resilience, knowledge and critical thinking in the development of these standards.

To all our members across the network, always remember; be proud of the fact that you have the power to rise above the situation and deliver the best outcomes for those in your care, no matter the circumstances.

Dr Vishelle Kamath

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Acknowledgements

The QNOAMHS Project Team would like to express its thanks to the QNOAMHS Advisory Group, Accreditation Committee and all member services for their contributions to this document.

Introduction

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

The 6th edition standards are drawn from key documents and expert consensus, as well as from the 5th edition, and work completed within the College Centre for Quality Improvement (CCQI.) The standards have been subject to extensive consultation with multidisciplinary professionals involved in the provision of inpatient mental health services, and with experts by experience and carers who have used services in the past.

Who are these standards for?

These standards are for service providers and commissioners of mental health services to help them ensure they provide high quality care to older adults experiencing mental illness and their carers. It is recognised that the 'older adults' umbrella covers a range of services and presenting problems. Most of these standards are applicable to all older adult services, however where a specific standard does not relate to a service, this will be scored as not applicable.

How to Read this Document

Standard Category

The full set of standards and criteria is aspirational, and it is unlikely that any service would meet all of them on the day of their accreditation visit. To provide support in their use during the accreditation process, each standard has been categorised as follows:

Type 1	Failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law.
Type 2	Standards that a service would be expected to meet.
Type 3	Standards that are aspirational or standards that are not the direct responsibility of the service.

To achieve accreditation services are required to meet 100% of type 1, 80% of type 2 and 60% of type 3 standards.

For reference purposes, the standards which either reflect or reference the core standards have their original core numbering in italics.

The key below can be used to help identify modified and new standards in this edition.

Sustainability Principles

The 6th edition QNOAMHS standards have been mapped against sustainability principles developed by the Royal College of Psychiatrists Sustainability Committee.

Sustainability and mental health

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 towards making psychiatric services sustainable in the long run. In recent years the mounting economic, social and environmental constraints have put the 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 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.

Sustainability in health services involves improving quality, cost and best practice, with a focus on reducing the impact on the environment and the resources used in delivering health interventions. A Sustainable mental health service is patient-centred, focused on recovery, self-monitoring and independent living, and actively reduces the need for intervention.

Sustainability is written into the NHS constitution (Department of Health, 2013.) In Principle 6, it states that the 'NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.'

It is vital for professionals involved in designing mental health services to have a good understanding of sustainability, i.e., the resources needed for each intervention, and to have an awareness of the effects of these interventions across economic, environmental and social domains. Adoption of these principles across mental healthcare would lead to a less resource intensive and more sustainable service.

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, tele-health 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.

Services that meet 90% or more of the standards relevant to Sustainability Principles (marked with the logo, left) will be awarded a Sustainable Service Accreditation certificate.

6th Edition Inpatient Standards

NUMBER	TYPE	STANDARD
Ward/Unit Environment		
1.1 M	**1**	Male and female patients have separate bedrooms, toilets and washing facilities. Male and female patients have separate bedrooms, toilets and washing facilities. *Core 17.1*
1.2	**2**	All patients have single bedrooms. *Core 17.2*
1.3	**2**	Patients can personalise their bedroom spaces. *Core 17.4*
1.4	**2**	The ward/unit has at least one bathroom/shower room for every three patients. Core 17.5
1.5	**3**	Every patient has an ensuite bathroom. *Core 17.6*
1.6	**1**	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. *Core 17.7*
1.7	**2**	All patients can access a range of current, culturally specific- resources for entertainment, which reflect the ward/unit's population. *Core 17.8*

1.8	**3**	All patients can access a charge point for electronic devices such as mobile phones. *Core 17.9*
1.9	**1**	The environment complies with current legislation on disabled access. *Core 17.10*
1.10 M	**1**	A risk assessment of all ligature points on the ward 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. *Core 17.14*
1.11	**1**	Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety. *Core 17.15*
1.12	**1**	Staff members, patients and visitors are able to raise alarms using panic buttons, strip alarms, or personal alarms and there is an agreed response when an alarm is used. *Core 17.16*
1.13	**2**	Staff members and patients can control heating, ventilation and light. *Core 17.17*
1.14	**1**	Emergency medical resuscitation equipment is available immediately, and is maintained and checked weekly, and after each use. *Core 17.18*
1.15	**2**	The ward/unit has a designated room for physical examination and minor medical procedures. *Core 17.19*
1.16	**1**	In wards/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; • 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 – it 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. *Core 17.20*
1.17	**2**	The ward/unit has at least one quiet room or de-escalation space other than patient bedrooms. *Core 17.21*
1.18	**2**	There are facilities for patients to make their own hot and cold drinks and snacks which are available 24 hours a day. *Core 17.23*
1.19 	**2**	Ward/unit-based staff members have access to a dedicated staff room. *Core 17.23* *Sustainability Principle: Empowering staff*
1.20	**1**	Staff members are easily identifiable, and for wards that admit patients living with dementia, identification should be dementia friendly.
1.21 M	**1**	The dining area is appropriate to enable patients to eat in comfort and to encourage social interaction, and enable staff to engage with, support and observe patients during mealtimes. There is a personable approach taken dependent on patients needs.
1.22 M	**1**	Mealtimes are protected and should not be disrupted by routine ward tasks or activities.
1.23	**1**	There is a range of the following that is appropriate to the needs of the resident population: • specialist feeding aids and/or supports; food consistencies and supplements to meet assessed needs, such as soft, pureed and finger foods, thickened fluids, and dietary supplements.

1.24 M	**1**	Wards that admit patients living with dementia have a dementia-friendly environment/layout.
1.25 M	**1**	Staff ensure that all patients wear their own clothing and footwear.
1.26 M	**1**	There is a system in place on the ward to ensure, where appropriate, that patients: • are provided with a ready supply and an appropriate range of continence management aids; • have individualised toothbrushes, toothpaste and/or dentures and denture pots, and these are kept safe; • are wearing working hearing aids and glasses, where required This should be reflected in care plans.
1.27	**1**	Patients have access to the following well-maintained equipment depending on clinical need; • wheel chairs; • ultra-lowering beds; • walking aids; • equipment to relieve and care for pressure ulcers and sores.
1.28	**1**	All patient information is kept in accordance with current legislation.
Admission, Leave & Discharge		
Access		
2.1	**1**	The service provides information to referrers about how to make a referral. *Core 1.1*
Admission – First 12 Hours		
2.2.1 M	**1**	On admission to the ward/unit, patients feel welcomed by staff members who explain why they are in hospital. *Core 2.1*

2.2.2 M	**1**	The patient's carer is contacted as soon as possible by a staff member (with patient consent) to notify them of the admission and to give them the ward/unit contact details. *Core 2.2*
2.2.3 M	**1**	Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: • their rights regarding admission and consent to treatment; • their rights under the Mental Health Act; • how to access advocacy services, a second opinion, interpreting services, to view their records; • how to raise concerns, complaints and compliments. *Core 2.3*
2.2.4 M 	**1**	Patients have a comprehensive mental health assessment which is started within 4 hours of admission. This involves the multi-disciplinary team, and includes consideration of patients': • mental health and medication; • psychosocial and psychological needs; • strengths and areas for development; • where clinically indicated, a diagnostic assessment of depression, dementia, and delirium. *Core 2.4* *Sustainability Principle: Improving Value*
2.2.5 M 	**1**	Patients have a comprehensive physical health review. This is started within 4 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. *Core 2.5* *Sustainability Principle: Prioritise Prevention*
2.2.6 M 	**1**	Patients have a risk assessment and safety plan which is co-produced (where the patient is able to participate), updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality.) *Core 2.6* *Sustainability Principle: Prioritise Prevention*
2.2.7	**1**	On admission the following is given consideration: • the security of the patient's home; • arrangements for dependants (children, people they are caring for); • arrangements for pets; • essential maintenance of home and garden.

		Core 2.7
2.2.8 M	**1**	Patients admitted to the ward outside the area in which they live, have a review of their placement at least every 3 months. *Core 2.8*
2.2.9 M	**1**	All patients are offered a complete examination for physical comorbidities.
Completing the admission process		
2.3.1 M	**2**	The patient is given an information pack on admission that contains the following: • a description of the service; • the therapeutic programme; • information about the staff team; • the unit code of conduct; • key service policies (e.g. permitted items, smoking policy); • resources to meet spiritual, cultural or gender needs. *Core 3.1*
Leave from the ward/unit		
2.4.1 M	**1**	The team and patient jointly develop a leave plan, which is shared with the patient, that includes: • a risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave; • conditions of the leave; • contact details of the ward/unit and crisis numbers and ability to access bed on return. *Core 5.1*
2.4.2	**1**	Staff agree leave plans with the patient's carer where appropriate, allowing carers sufficient time to prepare. *Core 5.2*
2.4.3	**1**	When patients are absent without leave, the team (in accordance with local policy): • activates a risk management plan; • makes efforts to locate the patient; • alerts carers, people at risk and the relevant authorities; • escalates as appropriate *Core 5.3*
Discharge planning and transfer of care		

2.5.1 M	**1**	Mental health practitioners should carry out a thorough assessment of the person's personal, social, safety and practical needs to reduce the risk of suicide on discharge. *Core 9.1*
2.5.2 M 	**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, within 24 hours of discharge. *Core 9.2* Sustainability Principle: Prioritise Prevention
2.5.3 M	**2**	A discharge summary is sent within a week to the patient's GP and others concerned with persons consent, including why the patient was admitted and how their condition has changed, diagnosis, medication and formulation. *Core 9.3*
2.5.4 M	**1**	The team makes sure that patients who are discharged from hospital have arrangements in place to be followed up within 72 hours of discharge. *Core 9.4*
2.5.5	**3**	Teams provide specific transition 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. *Core 9.5*
2.5.6	**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. *Core 9.6*
2.5.7 M	**1**	There is a protocol for admission to general hospital that ensures that when a patient is transferred to a medical bed, advice on mental health care management and treatment is provided and they are actively followed up at least weekly. Consideration is given to the appropriate legal framework and the legal framework is reviewed regularly.
2.5.8 N	**2**	Discharge planning is initiated at the earliest stage in partnership with patients, carers, and families in line with national guidance and legislation.

Care & Treatment		
Reviews and care planning		
3.1.1 M	**1**	Patients know how to access the key people in their team and how to contact them if they have any questions. If a particular staff member is absent, it is made clear who else they can approach.
3.1.2 M	**1**	There is a documented formalised review of care or ward round admission meeting within one week of the patient's admission. Patients are supported to attend this with advanced preparation and feedback. *Core 4.2*
3.1.3 M	**1**	Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients and their carers (with patient consent) when developing the care plan and they are offered a copy. *Core 4.3*
3.1.4 M	**1**	There is a clinical review meeting with the MDT for each patient at least every week, or more regularly, if necessary, to which they and their carer/advocate are invited with the patient's permission.
Therapies and activities		
3.2.1 M	**1**	Patients begin evidence-based interventions, which are appropriate for their bio-psychosocial needs, within a timeframe which complies with national standards e.g. as set by NHS or professional bodies. Any exceptions are documented in the case notes. *Core 6.1.1*
3.2.2	**1**	There is a psychologist who is part of the MDT. They contribute to the assessment and formulation of the patients' psychological needs and the safe and effective provision of evidence based psychological interventions. *Core 6.1.2*

3.2.3	**1**	There is an occupational therapist who is part of the MDT. They work with patients requiring an occupational assessment and ensure the safe and effective provision of evidence based occupational interventions. *Core 6.1.3*
3.2.4 	**1**	All staff members who deliver therapies and activities are appropriately trained and supervised. *Core 6.1.14* Sustainability Principle: Staff Empowerment
3.2.5 M	**2**	There is dedicated sessional input from arts or creative therapists. *Core 6.1.4*
3.2.6	**2**	Patients receive psychoeducation on topics about activities of daily living, interpersonal communication, relationships, coping with stigma, stress management and anger management. *Core 6.1.5*
3.2.7	**2**	Every patient has a 7-day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with. *Core 6.1.6*
3.2.8 M	**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. *Core 6.1.7*
3.2.9	**1**	Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment. *Core 6.1.8*
3.2.10	**2**	There is a minuted ward community meeting that is attended by patients and staff members. The frequency of this meeting is weekly, unless otherwise agreed with the patient group. *Core 6.1.9*
3.2.11	**2**	Patients have access to relevant faith-specific support, preferably through someone with an understanding of mental health issues. *Core 6.1.10*

3.2.12 M	**1**	Patients have access to safe outdoor space every day. *Core 6.1.11* *Sustainability Principle: Consider Carbon*
3.2.13 M	**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; · community centres; · local religious/cultural groups; · peer support networks; · recovery colleges *Core 6.1.13*
3.2.14 M	**2**	Patients and their families/carers are able to meet their consultant outside reviews.
3.2.15 M	**1**	Palliative care and end-of-life discussions which are holistic in nature including all aspects of patient care take place with the patient, and carer, if appropriate. Where this occurs it should include appropriate advanced care planning.
3.2.16 M	**1**	Staff recognise when patients are in need of help, e.g., feeling hungry or thirsty, or are in discomfort or pain. Specialist 5th edition 3.9.3
Medication		
3.3.1	**1**	When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are discussed, a timescale for response is set and patient consent is recorded. *Core 6.2.1*
3.3.2	**1**	Patients have their medications reviewed at least weekly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. *Core 6.2.2* *Sustainability Principle: Consider Carbon*
3.3.3 M	**1**	Every patient's PRN medication is reviewed weekly; frequency, does and indication. *Core 6.2.3*

3.3.4 M	**1**	All staff members who administer medications have been assessed as competent to do so. Assessment is done using a competency-based tool. This assessment is repeated at least once every three years using a competency based tool. *Core 6.2.4*
3.3.5	**2**	A specialist pharmacist is a member of the MDT. *Core 6.2.5*
3.3.6 M	**1**	Where covert administration of medication is assessed as being required, it takes place with the aid of a care plan, using an appropriate legal framework and internal policies.
Physical healthcare		
3.4.1	**1**	Patients have follow-up investigations and treatment when concerns about their physical health are identified during their admission. *Core 7.1*
3.4.2 M 	**1**	Patients are offered personalised healthy lifestyle interventions such as advice on healthy eating, physical activity and access to smoking cessation services. This is documented in the patient's care plan. *Core 7.2* *Sustainability Principle: Consider Carbon*
3.4.3 	**1**	The team including bank and agency staff are able to identify and manage an acute physical health emergency. *Core 19.2* *Sustainability Principle: Prioritise Prevention*
3.4.4 M	**1**	Patients who are prescribed mood stabilisers or antipsychotics, have the appropriate physical health assessments at the start of treatment (baseline), at 3 months and then annually. If a physical health abnormality is identified, this is acted upon. *Core 7.4*
3.4.5 M	**1**	A pressure risk assessment is completed for all patients on the ward using an appropriate scale. This should include a risk assessment, management plan and audit.
Non-pharmacological Interventions		

3.4.6 N	**1**	Patients should have access to a variety of non-pharmacological interventions to improve wellbeing.
Risk and Safeguarding		
3.5.1	**1**	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse on the ward. *Core 8.1*
3.5.2 M	**1**	Patients are involved (wherever possible) in decisions about their level of therapeutic observation by staff. *Core 8.2*
3.5.3	**2**	Patients on constant observations receive at least 1 hour per day being observed by a member of staff who is familiar to them. *Core 8.4*
3.5.4 M	**1**	In order to reduce the use of restrictive interventions, patients who have been harmful to themselves or others are supported to identify triggers and early warning signs, and make advance statements about the use of restrictive interventions. *Core 8.6*
3.5.5	**1**	The team uses seclusion or segregation only as a last resort and for brief periods only. *Core 8.7*
3.5.6 M	**1**	Patients who are involved in episodes of control and restraint, or compulsory treatment including tranquilisation, have their vital signs including respiratory rate monitored by staff members and any deterioration is responded to. *Core 8.9*
3.5.7	**1**	Staff members do not restrain patients in a way that affects their airway, breathing or circulation. *Core 8.3*
3.5.8 M	**1**	The multi-disciplinary team collects audit data on the use of restrictive interventions, including the ethnicity of the patients and actively works to reduce its use year on year through use of audit and/or quality improvement methodology. *Core 8.10*

3.5.9 M	**1**	The ward has a falls management processes which includes: • falls risk assessment; • falls management plans; • audit of falls.
Interface with other services		
3.6.1	**3**	The team supports patients to attend an appointment with their community GP whilst an inpatient if they are admitted in the local area. *Core 10.1*
3.6.2 M	**1**	All patients have access to an advocacy service including IMHAs (Independent Mental Health Advocates) and IMCAs (Independent Mental Capacity Advocate.) *Core 10.4*
3.6.3 M	**1**	Patients have access to the following referral services: • dental assessment and dental hygiene services; • visual reviews (eye sight); • hearing reviews; • podiatry; • wound care services; • phlebotomy services; • specialist infection control services; • a tissue viability nurse; • specialist continence services; • speech and language therapy; • palliative care; • physiotherapy; • geriatrician.
3.6.4 M	**1**	The team supports patients and carers to access support with finances, benefits, debt management and housing needs. *Core Community 10.2*
Capacity and Consent		
3.7.1 M	**1**	Assessments of patients' capacity to consent to care and treatment in hospital are performed in accordance with current legislation. *Core 11.1*
Carer/Nominated Person Engagement and Support		

3.8.1	**1**	Carers (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning. *Core 13.1*
3.8.2 M	**1**	Carers are supported to access a statutory carer's assessment, provided by an appropriate agency. *Core 13.2*
3.8.3 M 	**2**	Carers are offered individual time with staff members, within 48 hours of the patient's admission to discuss concerns, family history and their own needs. *Core 13.3* *Sustainability Principle: Empowering Individuals*
3.8.4 M	**2**	The team provides each carer with accessible carer's information. *Core 13.4*
3.8.5	**2**	Carers feel supported by the ward staff members. *Core 13.5*
3.8.6 N	**1**	The ward or team support carers of people subject to the mental health act. The team knows how to respond to carers when the patient does not consent to their involvement.
Treatment with Dignity and Respect		
3.9.1 M	**1**	Staff members treat all patients and carers with compassion, dignity, and respect. *Core 14.1*
3.9.2 M	**1**	Patients feel listened to and understood by staff members. *Core 14.2*
3.9.3 M	**1**	Staff members respect the patient's personal space, e.g., by knocking and waiting before entering their bedroom. *Core 17.11*
Provision of Information to Patients and Carers		

3.10.1 M	**2**	The ward/unit uses 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. *Core 15.1*
Patient Confidentiality		
3.11.1 M	**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 are respected and reviewed regularly. *Core 16.1*
3.11.2 M	**1**	All patient information is kept in accordance with current legislation. *Core 16.4*
Ward/Unit Environment		
3.12.1 M	**1**	Patients are provided with meals which offer choice, address nutritional/balanced diet and specific dietary requirements and which are also sufficient in quantity. Meals are varied and reflect the individual's cultural and religious needs. *Core 17.24*
Well-Being		
3.13.1 M 	**1**	Staff members, patients, and carers who are affected by a serious incident, including control and restraint and rapid tranquilisation, are offered post incident support. *Core 21.4* *Sustainability Principle: Empowering Individuals*
Staffing		
Leadership, Team-working and Culture		
4.1.1 	**3**	Staff members are able to access reflective practice groups at least every 6 weeks where teams can meet together to think about team dynamics and develop their clinical practice. *Sustainability principle: Empowering staff* *Core 18.1*

4.1.2 M	**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* *Core 18.2*
4.1.3 M	**1**	When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans. *Core 18.3*
Staffing Levels		
4.2.1 M	**1**	The ward/unit has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels, including: • a method for the team to report concerns about staffing levels; • access to additional staff members; • an agreed contingency plan, such as the minor and temporary reduction of non-essential services. *Sustainability principle: Empowering Staff* *Core Community 19.1*
4.2.2 M	**2**	The ward/unit is staffed by permanent staff members, and unfamiliar bank or agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need. *Core 19.2*
4.2.3 M	**1**	There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can attend the ward/unit within 30 minutes in the event of an emergency. *Core 19.3*
4.2.4 M	**1**	The ward has a minimum input of 0.5 WTE from a qualified clinical psychologist.
4.2.5 M	**1**	The ward has a minimum of 0.4 WTE Consultant Psychiatrist input.

4.2.6 M	**1**	The ward has dedicated junior medical input.
4.2.7	**2**	The ward has dedicated input from a physiotherapist.
4.2.8 N	**3**	A unit with 6 beds includes at least 0.5 WTE consultant clinical psychologist.
Staffing recruitment, induction and supervision		
4.3.1 M 	**2**	Patient or carer representatives are involved in the interview process for recruiting potential staff members *Core 20.1* *Sustainability principle: Empowering individuals.*
4.3.2	**1**	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. This includes: • arrangements for supernumerary 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. *Core 20.2*
4.3.3 M	**1**	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. *Core 20.3*
4.3.4 M	**2**	All staff members receive line management supervision at least monthly. *Core 20.4*
Staff Well-being		
4.4.1 M 	**1**	The ward/unit actively supports staff health and wellbeing. *Core 21.1* *Sustainability Principle: Empowering Staff*

4.4.2	**1**	Patients and staff members feel safe on the ward. *Core 21.2*
4.4.3 M	**1**	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. *Core 21.3*
Staff Training and Development		
4.5.1 M		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 4.5.1a-4.5.1h: *Core 22.1*
4.5.1a M	**1**	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent); *Core 22.1a*
4.5.1b M	**1**	Physical health assessment; *Core 22.1b*
4.5.1c M	**1**	Safeguarding vulnerable adults and children. *Core 22.1c* *Sustainability Principle: Prioritise prevention*
4.5.1d M	**1**	Risk assessment and risk management; *Core 22.1d* *Sustainability Principle: Prioritise prevention*
4.5.1e M	**1**	Recognising and communicating with patients with cognitive impairment or learning disabilities; *Core 22.1e*
4.5.1f M	**1**	Statutory and mandatory training. *Core 22.1f*

4.5.1g M	**2**	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality. *Core 22.1g*
4.5.1h M	**1**	All staff undergo specific training in therapeutic observation when they are inducted into a Trust or changing wards. 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 patient absconds *Core 22.1h*
4.5.2 M	**1**	All staff receive training in order to achieve core competencies working in an older adult inpatient setting. This training incudes: • monitoring of physical observations; • completion of NEWS and appropriate actions to take; • pressure area care; • dementia awareness; • falls prevention; • mental capacity act and mental health act; • infection prevention and control • end of life care
4.5.3 M	**1**	All staff working with people living with dementia receive specialist training in dementia care and working with behaviour that challenges.
4.5.4	**2**	Patient and/ or carer representatives are involved in delivering and developing staff training. *Core 22.2*
Service Management		
Patient involvement		
5.1.1 M 	**1**	The service asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service. *Core 12.1* *Sustainability Principle: Empowering Individuals*

5.1.2 M	**2**	Services are developed in partnership with appropriately experienced patient and carers and have an active role in decision making. *Community Core 12.3*
5.1.3 N	**3**	Patients have the opportunity to take part in appropriate research.
Ward/unit environment		
5.2.1 M	**1**	Patients use mobile phones, computers (which provide access to the internet and social media), cameras and other electronic equipment on the ward, subject to risk assessment and in line with local policy. *Core 17.13*
5.2.2	**2**	Patients are consulted about changes to the ward/unit environment. *Core 17.26*
Clinical outcome measurement		
5.3.1 M	**1**	Clinical outcome measurement, and progress against user defined goals is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible. *Core 23.1*
5.3.2 M	**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. *Core 23.2*
The ward/unit learns from feedback, complaints and incidents		
5.4.1 M	**1**	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this. *Core 24.1*
5.4.2 M	**1**	When serious mistakes are made in care, this is discussed with the patient and their carer, in line with the Duty of Candour agreement.

		Core 24.2
5.4.3 M	**1**	Lessons learned from untoward incidents are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons. *Core 24.3*
5.4.4	**2**	The ward team use quality improvement methods to implement service improvements. *Core 24.4*
5.4.5 M	**2**	The team is actively involved in activities that improve quality. This could include QI, research or other quality improvement activities that uses co-production and data to improve care. *Core 24.5*

Glossary

TERM	DEFINITION
Advance directive	A set of written instructions that a person gives that specify what actions should be taken for their health if they are no longer able to make decisions due to illness or incapacity.
Advocacy	A service which seeks to ensure that patients are able to speak out, to express their views and defend their rights.
Art/creative therapies	A form of psychotherapy that uses art media (e.g. paints) to help people express, understand and address emotional difficulties.
Assistive technology	Devices that promote greater independence by enabling people to perform tasks that they were formerly unable to/or found difficult to accomplish.
Bank and agency staff	Non-permanent staff members.
Care plan	An agreement between an individual and their health professional (and/or social services) to help them manage their health day-to-day. It can be a written document or something recorded in the patient notes.

Care Programme Approach (CPA)	A way of coordinating care for people with mental health problems and/or a range of different needs.
Carer	In this document a carer refers to anyone who has a close relationship with the patient or who cares for them.
Carer's Assessment	An assessment that looks at how caring affects a carer's life, including for example physical, mental and emotional needs, the support they may need and whether they are able or willing to carry on caring.
Clinical supervision	A regular meeting between a staff member and their clinical supervisor. A clinical supervisor's key duties are to monitor employees' work with patients and to maintain ethical and professional standards in clinical practice.
Co-produced	Refers to engaging and communicating with the service user and their family members (where appropriate) in the development of their care plan to ensure that support is person-centred.
Community meeting	A meeting of patients and staff members which is held on the ward.
Covert administration of medication	Covert medication is when medication is administered in a disguised form e.g. in a drink or mixed with food.
De-escalation	Talking with an angry or agitated service user in such a way that violence is averted, and the person regains a sense of calm and self-control.
Dementia	Dementia describes a set of symptoms that may include memory loss, mood changes and problems with communicating and reasoning. These symptoms occur when the brain is damaged by certain diseases. Alzheimer's disease is the most common form of dementia, but there are more than 100 other types including vascular dementia and dementia with Lewy bodies.
Dementia friendly	Dementia-friendly can refer to environments, communities, people and objects who take the needs of people living with dementia into account and adapt services for them accordingly.
Duty of Candour	Legislation to ensure that services are open and transparent with people who use services about their care and treatment, including when it goes wrong.
European Working Time Directive	Initiative designed to prevent employers requiring their workforce to work excessively long hours, with implications for health and safety.

Experts by experience	People who have personal experience of using or caring for someone who uses health, mental health and/or social care services.
GP	General Practitioner or 'family doctor'.
Ligature points	Anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. Ligature points include shower rails, coat hooks, pipes and radiators, bed steads, window and door frames, ceiling fittings, handles, hinges and closures.
Managerial supervision	Supervision involving issues relating to the job description or the workplace. A managerial supervisor's key duties are; prioritising workloads, monitoring work and work performance, sharing information relevant to work, clarifying task boundaries and identifying training and development needs.
Mental Capacity Act (MCA)	A law which is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment.
Mental Health Act (MHA)	A law under which people can be admitted or kept in hospital, or treated against their wishes, if this is in their best interests or for the safety of themselves or others.
Multi-Disciplinary Team (MDT)	A team made up of different kinds of health professionals who have specialised skills and expertise.
NEWS	National Early Warning Score. A tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes.
NICE	National Institute for Clinical Excellence. Publishes guidance for health services in England and Wales.
Palliative care	Palliative care is for people living with a terminal illness where a cure is no longer possible. It's also for people who have a complex illness and need their symptoms controlled.
Peer support network	Groups where other people in a similar situation can meet up to talk, ask for advice and offer support to each other.
PRN medication	Medicines that are taken 'as needed'. "PRN" is a Latin term that standard for "pro re nata" which means "as the thing is needed".

Psychoeducation	The process of providing education and information to those seeking or receiving mental health services, such as people diagnosed with mental health conditions and their family members.
Recovery colleges	A service that gives people with mental health problems the opportunity to access education and training programmes designed to help them in their recovery.
Recovery plan	A document, designed with a person who has mental health difficulties, stating everyday activities they can do to keep well, and triggers and warning signs that they are becoming unwell.
Reflective practice	The ability for people to be able to reflect on their own actions and the actions of others to engage in continuous learning and development.
Restrictive intervention	Deliberate acts on the part of other person(s) that restrict a patient's movement, liberty and/or freedom to act independently in order to 1) Take control of a dangerous situations where there is a real possibility of harm to the person or others if no action is taken, and 2) End or reduce significantly the danger to the patient or others.
Risk assessment	A systematic way of looking at the potential risks that may be associated with a particular activity or situation.
Safeguarding	Protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect.
Signpost	To tell a person how to access a related service.
SUS	Secondary Uses Services. A repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.

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W: Quality network for Older Adult Mental Health Service (QNOAMHS)