AIMS Rehab
QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

CCQI

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Standards for Inpatient Mental Health Rehabilitation Services

4th Edition

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Published: December 2020
Publication Number: CCQI 356

A manual of standards written primarily for:

Inpatient mental health rehabilitation services

Also of interest to:

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

Fourth Edition published in December 2020

Third Edition published April 2016

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A full copy of this document is available on our website at:
https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/rehabilitation-services

The AIMS Rehab Project Team would like to express its thanks to its carer and service user representatives, members of staff from: NHS Greater Glasgow and Clyde, Hertfordshire Partnership University NHS Foundation Trust and Cardiff and Vale University Healthboard as well as the members of the AIMS Rehab Advisory Group and Accreditation Committee for their contributions to these standards.

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Foreword

We are delighted to introduce to you the 4th edition of inpatient standards for the Quality Network for Mental Health Rehabilitation Services. These standards were developed in an extensive consultation with range of multidisciplinary professionals, patients, and carers.

The 4th edition standards focus on improving and promoting patients access to long-term recovery and independent living. The standards also recognise the importance of improving access to support and involvement for carers.

Ultimately, the network wants to ensure everyone that accesses mental health rehab services receives the best possible care and treatment in a responsive and enabling environment, regardless of their background or wherever in the country they are admitted.

When services actively reflect and work towards improvement in line with the quality standards, they can aspire to achieve accreditation, in doing so creating a uniformity of excellence within the ward.

The current edition emphasises the quality of care in the following terms:

- Ensuring that the patients have access to socially inclusive community services: so that they are engaged with society as much as they wish to be e.g. work, education, social/leisure activities, contact with family and friends.

- Learning and relearning living skills: helping patient to gain confidence about making choices and decisions.

- Promoting recovery: so that patients can go on to live as independently and autonomously as possible. They are supported to achieve the things they want to, such as living in their own home– getting a job – starting a family etc.

- Greater involvement: patients and carers are involved in any important decision making that effects their interests.

We hope you find these standards useful in helping you to shape and drive improvement in mental health rehabilitation services.

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Quality Network for Mental Health Rehabilitation Services

Introduction

The Quality Network for Mental Health Rehabilitation Services works with wards and units to improve the quality of care patients with complex and enduring mental illness. The network 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.

The network also offers accreditation for those members who can demonstrate a high level of compliance with the standards. The 4th edition standards are drawn from key documents and expert consensus, as well as from the 3rd edition, and from the 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 rehabilitation services to help them ensure they provide high quality patient-centred care to people with complex mental illness and their carers. These standards are designed to be applicable to all inpatient rehabilitation services. It is recognised that there are a wide range of services within the 'mental health rehabilitation' umbrella which have different functions, purposes, and work with different patient groups. The majority of these standards are applicable to all rehabilitation services, however within the Staffing Levels and Skill Mix section some standards specify whether they are applicable to *'A High Dependency Unit, Complex Care Unit or Community Unit that admits detained patients'* or *'A Community Unit that does not admit detained patients*. Services will only be measured against the standards that relate to their specific service; other standards will be scored as not applicable.

How were these standards developed?

The standards have been developed with extensive consultation with multidisciplinary professionals involved in the provision of inpatient mental health rehabilitation services, and with experts by experience who have used services in the past.

The standards were developed in five key stages:

1. **Standard mapping –** The AIMS Rehab project team reviewed the previous edition of inpatient standards alongside key documents and guidelines to create a working sheet, to allow members to comment on existing standards and create new standards for consideration.

2. **Electronic consultation** – All AIMS Rehab members and contacts were provided the opportunity to review the working sheet electronically and provide their ideas and feedback.

3. **Standards working group consultation** – Member services, experts by experience and members of the AIMS Rehab Advisory Group and Accreditation committee met remotely to review member comments and worked together to make key changes and create new standards, resulting in the first draft of the 4th edition standards.

4. **Advisory Group Review** – The AIMS Rehab advisory group reviewed the first draft created and made changes to key areas where necessary.

5. **Review within the CCQI –** The standards were then reviewed within the College Centre for Quality Improvement (CCQI) and following consultation with the AIMS Rehab project team were approved for use.

How to Read this Document

Standard Category

To achieve every standard listed is aspirational, and it is not expected that a service would meet every standard on the day of their peer-review visit.

Every standard has been categorised as either type 1, 2 or 3. The meanings of these types are 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 and/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.

Key	**M**	Standard **modified** since last edition
	N	**New** standard since last edition

Standards for Inpatient Mental Health Rehabilitation Services

NUMBER	TYPE	STANDARD	Ref.
WARD/UNIT ENVIRONMENT			
1.1	**1**	Male and female patients have separate bedrooms, toilets and washing facilities. Core 16.1	4, 14, 56
1.2	**2**	All patients have single bedrooms. Core 17.2	4, 57
1.3 M	**1**	Patients are able to personalise their bedroom spaces where appropriate and risk managed *Guidance; For example, patients by putting up photos and pictures.* Core 17.3	4, 10
1.4	**2**	The ward/unit has at least one bathroom/shower room for every three patients. Core 17.4	4, 10
1.5	**3**	Every patient has an ensuite bathroom. Core 17.5	4, 10
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 17.6	4

1.7	**2**	All patients can access a range of current culturally-specific resources for entertainment, which reflect the ward/unit's population. *Guidance: This may include recent magazines, daily newspapers, board games, a TV and DVD player with DVDs.* *Core 17.7*	4, 10, 24, 57, 58
1.8	**3**	All patients can access a charge point for electronic devices such as mobile phones. Core 17.8	4
1.9	**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.* *Core 17.9*	4, 10, 53, 59
1.10	**1**	Staff members respect the patient's personal space, e.g., knocking and waiting before entering their bedroom except in emergencies or where there is concerns about the patient's wellbeing. Core 17.10	4, 10, 55
1.11 N	**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. *Guidance: 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.* *Core 17.11*	4, 13, 55

1.12 M	**1**	The ward is a safe environment, with appropriately risk assessed and managed ligature points, clear sightlines (e.g., with use of mirrors) and safe external spaces. Core 17.12	4, 10
1.13 M	**1**	Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety. Core 17.13	4, 10, 35
1.14 M	**1**	Staff members, patients and visitors are able to raise alarms using panic buttons, strip alarms, or personal alarms. There is an agreed response when an alarm is used. Core 17.14	4, 10, 14
1.15 M	**2**	Staff members and patients can control heating, ventilation, and light. *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.* *Core 17.15*	
1.16	**1**	Emergency medical resuscitation equipment is available immediately and is maintained and checked weekly and after each use. Core 17.16	60
1.17	**2**	The ward/unit has a designated room for physical examination and minor medical procedures. Core 17.17	4, 10

1.18	**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 17.18	10, 13
1.19	**2**	The ward/unit has at least one quiet room or de-escalation space other than patient bedrooms. Core 17.19	4, 10
1.20 M	**1**	There is a separable gender-specific space which can be used as required. Core 17.20	4, 10, 13, 56
1.21 M	**2**	There are facilities for patients to make their own hot and cold drinks and snacks which are available 24 hours a day. Core 17.21	4, 61
1.22	**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 17.22	24, 61

1.23	**2**	Ward/unit-based staff members have access to a dedicated staff room. Core 17.23	4, 10
1.24	**2**	Examples of recovery stories are visible/readily accessible on the ward.	77
1.25	**2**	Patients are consulted about changes to the ward/unit environment. Core 17.25	4
1.26 N	**1**	The unit has adequate resources to allow patients, carers and staff to communicate remotely and attend meetings, reviews and activities when they are unable to in person. *Guidance: This includes the use of tablets/laptops, webcams, microphones and teleconferencing software.*	76
1.27 N	**1**	The ward/unit should have a pleasant environment, ensuring that the ward/unit is not overly clinical and has a therapeutic feel.	76

ADMISSION, LEAVE, AND DISCHARGE			
Admission - First 12 Hours			
2.1	**1**	On admission to the ward/unit, patients feel welcomed by staff members who explain why they are in hospital. Guidance: Staff members: Show patients around and introduce themselves and other patients; Offer patients refreshments; Address patients using the name and title they prefer. Core 2.1	4, 10, 11
2.2	**1**	The patient's carer is contacted 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	4
2.3	**1**	Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes: • Their rights regarding admission and consent to treatment; • Rights under the Mental Health Act; • How to access advocacy services; • How to access a second opinion; • Interpreting services; • How to view their records; • How to raise concerns, complaints and give compliments. *Core 2.3*	4, 6, 12, 13, 14, 15, 54
2.4 M	**1**	Patients have a comprehensive mental health assessment which is completed within 4 weeks. This involves the multi-disciplinary team and includes consideration of the patient's: • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development; • Social and personal relationships (key people involved in supporting the recovery journey of	4, 12, 15, 16, 74

		the individual) e.g. carers and community functioning; • Daily living skills Core 2.4	
2.5 M	**1**	Patient's physical health needs should be reviewed within the first 24 hours of admission and the ward doctor should follow up on any outstanding investigations and physical health reviews. This physical health assessment is completed within 4 weeks and any outstanding physical health needs are addressed prior to discharge or communicated to primary care. Core 2.6	4, 17, 18, 39, 74
2.6 M	**1**	Patients have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers risk to self, risk to others, risk from others and risk of self-neglect. Core 2.6	4, 6, 19, 20
2.7 M	**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	10
2.8 N	**1**	People admitted to the ward outside the area in which they live have a review of their placement at least every 3 months	5
2.9	**1**	Staff members discuss the purpose and process of the potential admission with the patient before they are admitted, as part of the admission process.	75

2.10 N	**2**	Patients are able to visit the ward/unit prior to formal admission, allowing them to meet other patients and staff and get to know the unit and its approach better.	76

Completing the admission process			
2.11	**2**	The patient is given an information pack on admission that contains the following: A description of the service; The therapeutic programme; Information about the staff team; The unit code of conduct; Key service policies (e.g. permitted items, smoking policy); Resources to meet spiritual, cultural or gender needs. Core 3.1	4, 14, 21, 54
Leave from the ward/unit			
2.12	**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. Core 5.1	4, 26
2.13	**1**	Leave plans are agreed collaboratively between the patient and the carer. Core 5.2	8
2.14 M	**1**	When patients are absent without leave, the team (in accordance with local policy): • Activate a risk management plan; • Make efforts to locate the patient; • Alert carers, people at risk and the relevant authorities; • Complete an incident form.	4

Discharge planning and transfer of care			
2.15 N	**1**	Mental health practitioners should carry out a thorough assessment of the person's personal, social, safety and practical needs to ensure the patient has the safest discharge possible, including managing suicide risk. Core 9.1	5
2.16	**1**	Patients discharged from inpatient care have their care plan or interim discharge summary sent to everyone identified in the plan as involved in their ongoing care 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 monitoring arrangements; • Details of when, where and who will follow up with the patient. Core 9.2	4, 5, 10, 46
2.17 N	**1**	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	4, 5
2.18 M	**1**	The inpatient team makes sure that patients who are discharged from hospital have arrangements in place to be followed up within 3 days of discharge Core 9.4	54
2.19 N	**2**	Teams provide specific transition support to patients when their care is being transferred to another unit, a community mental health team, or back to the care of their GP. Guidance: The team provides transition mentors; transition support packs; or training for patients on how to manage transitions. Core 9.5	4, 46

2.20 M	**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	4, 5, 10
2.21	**2**	Patients are able to visit new accommodation placements and have graded leave so that they are able to stay overnight, where appropriate, before discharge.	75
2.22	**3**	The ward team are able to discharge patients into the care of a community rehab team when appropriate.	74
2.23	**3**	At any one time fewer than 10% of patients are delayed discharges due to a lack of appropriately supported accommodation places.	78
2.24 N	**3**	Training is provided to CMHTs, other mental health teams and supported housing projects to ensure that they are adequately trained and supported to continue to support the patient in their new placement/circumstances.	76

CARE AND TREATMENT			
Reviews and care planning			
3.1	**1**	Patients know who the key people are in their team and how to contact them if they have any questions. Core 4.1	23
3.2 M	**1**	There is a documented CPA (or equivalent) 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	10
3.3 M	**1**	Every patient has a written recovery oriented care plan(s), 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: Guidance: The care plan(s) clearly outlines: • Agreed intervention strategies for physical and mental health; • Measurable goals and outcomes; • Strategies for self-management; • Any advance directives or statements that the patient has made; • Crisis and contingency plans; • Review dates and discharge framework. Core 4.3	1, 2, 4, 12
3.4	**1**	There is a clinical review meeting for each patient at least every four weeks, or more regularly if necessary, to which they are invited.	77

3.5	**1**	The team reviews and updates care plans according to clinical need and at least every four weeks.	77
3.6 N	**2**	Both staff rated and patient rated measurements of progress are recorded in care plan reviews, so that their support can be adjusted if needed.	74
3.7 M	**2**	The inpatient team invites a community team representative to attend and contribute to ward rounds and discharge planning. Guidance: *Where they are unable to attend in person they should have the opportunity to attend via teleconference.*	75

Therapies and activities			
3.8 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	4, 13, 27, 28, 29
3.9 M	**1**	There is a registered 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	30, 31
3.10 M	**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	4, 14
3.11 M	**1**	Patients have a formal assessment of their daily living skills including meal planning and preparation, laundry, bed making, money handling, household skills, budgeting, social skills and road safety. This is re-assessed at an interval as appropriate for each patient for the patient's carer is involved in this assessment where possible	77
3.12 M	**3**	There is dedicated sessional input from creative therapists. Core 6.1.4	4, 14
3.13 M	**1**	Patients receive psychoeducation on topics about activities of daily living, for example interpersonal communication, relationships, coping with stigma, stress management and anger management. Core 6.1.5	4, 5, 8

3.14 M	**1**	Every patient has a 7 day personalised therapeutic/recreational timetable of activities to promote social inclusion, which the team encourages them to engage with *Guidance: This includes activities such as education, employment, volunteering and other occupations such as leisure activities, caring for dependants and activities for daily living skills* Core 6.1.6	4, 10, 12, 32, 33, 34, 76
3.15	**1**	Each patient receives a pre-arranged 1-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	4, 10, 34
3.16 M	**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, 4, 6, 10, 35
3.17 M	**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. *Guidance: This is an opportunity for patients to share experiences, to highlight issues of safety and quality on the ward/unit and to review the quality and provision of activities with staff members. The meeting should be facilitated by a professional who has an understanding of group dynamics.* Core 6.1.9	4, 5 ,10
3.18	**2**	Patients have access to relevant faith-specific support, preferably through someone with an understanding of mental health issues. Core 6.1.10	26

3.19	**1**	Patients have access to safe outdoor space every day Core 6.1.11	10, 32
3.20	**2 N**	Patients are able to maintain and develop friendships and social networks outside of the hospital environment and have the resources and support to do this remotely when they are unable to leave the unit.	77
3.21	**2 M**	Patients are supported to access regular group meetings that have a psychoeducational focus either on or off the ward/unit. Groups on the unit can be provided by any member of the MDT team.	77
3.22	**2**	Carers are able to access regular group meetings that have a psychoeducational focus.	77
3.23	**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; • Vocational services. Core 6.1.12	4, 5,10, 27, 32

3.24 N	**2**	Patients are supported with continuity of individual therapeutic relationships wherever possible	74
3.25 N	**3**	Patients have access to weekly peer-led or peer supported group activities	74
3.26	**1**	Patients are supported to plan a menu, shop for ingredients and cook a meal as part of their rehabilitation programme.	77
Medication			
3.27 M	**1**	When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are reviewed, a timescale for response is set and patient consent is recorded. Core 6.2.1	4
3.28	**1**	Patients have their medications reviewed at least monthly and/or after a change of medication. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. *Guidance: Side effect monitoring tools can be used to support reviews.* Core 6.2.2	4, 26, 74
3.29 M	**1**	Every patient's PRN medication is reviewed monthly: frequency, dose and reasons. Core 6.2.3	4, 17, 74

3.30 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. Core 6.2.4	4, 10
3.31 N	**2**	A specialist pharmacist is a member of the MDT. Core 6.2.5	26
3.32	**2**	The patient's tolerability and side effects of medication is monitored on a daily basis when starting new medication, or where medication management is an active or current issue.	77
3.33	**2**	The ward/unit enables the patient to work towards managing their own medication as independently as possible, including self-administration and self-monitoring of the desired effects and side effects.	77
Physical healthcare			
3.34	**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. Advice may be sought from primary or secondary physical healthcare services.* Core 7.1	24, 26, 39
3.35	**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(s). Core 7.2	3, 21, 24, 39,

3.36 M	**2**	Patients identified by staff screening should have access to specialist dietetic input for nutritional support or weight management.	82
3.37 N	**2**	Patients identified as requiring additional support to participate in physical activity should have access to specialist physiotherapy input for managing musculoskeletal problems.	
3.38 M	**1**	The team including bank and agency staff are able to identify and manage an acute physical health emergency. Core 7.3	4
3.39 M	**1**	Patients who are prescribed mood stabilisers, antipsychotics or high-dose medication, have the appropriate physical health assessments and blood tests in line with local guidelines Core 7.4	3, 4, 39, 40, 41, 42
Risk and Safeguarding			
3.40	**1**	Staff know how to prevent and respond to sexual exploitation, coercion, intimidation and abuse on the ward. Core 8.1	4, 43
3.41 M	**1**	Patients are involved in decisions about their level of observation by staff. Core 8.2	4, 12, 14, 55

3.42	**1**	Staff members do not restrain patients in a way that affects their airway, breathing or circulation. Core 8.3	13, 19, 44
3.43 N	**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	4
3.44 M	**1**	In order to reduce the use of restrictive interventions, patients who have been violent or aggressive are supported to identify triggers and early warning signs, and make advance statements about the use of restrictive interventions Core 8.5	19
3.45 N	**1**	The team uses seclusion or segregation only as a last resort and for brief periods only Core 8.6	13, 19, 44
3.46 N	**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 8.7	13, 19, 44
3.47 M	**1**	The multi-disciplinary team collects audit data on the use of restrictive interventions and actively works to reduce its use year on year. Guidance: Audit data are used to compare the service to national benchmarks where possible. Core 8.8	19

3.48 M	**1**	Risk assessments and management plans are updated according to clinical need and at least 3 monthly.	76
Interface with other services			
3.49 M	**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	4
3.50 M	**1**	The team supports patients to access support with finances, benefits, debt management and housing. Core 10.2	4, 23
3.51	**1**	The ward/unit/organisation has a care pathway for women who are pregnant or in the post partum period. Guidance: Women who are over 32 weeks pregnant or up to 12 months post partum period should not be admitted to a rehabilitation ward unless there are exceptional circumstances Core 10.3	1
3.52 M	**1**	All patients have access to an advocacy service including IMHAs (Independent Mental Health Advocates) and this is regularly reviewed with patients. Core 10.4	5, 15
3.53	**3**	The team able to access to supported accommodation services for people leaving hospital including staffed and floating outreach services.	78

Capacity and consent			
3.54 M	**1**	Assessments of patients' capacity (and competency for patients under the age of 16) to consent to care and treatment in hospital are performed in accordance with current legislation Core 11.1	4, 6, 10, 13, 48
Carer / Nominated Person Engagement and Support			
3.55 M	**1**	Carers (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning. Core 13.1	3, 4, 10, 51, 55
3.56 M	**1**	Carers are supported to access a statutory carers' assessment, provided by an appropriate agency. Core 13.2	4, 51
3.57	**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	4, 15, 50, 55
3.58 M	**2**	The team provides each carer with accessible carer's information. *Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes the names and contact details of key staff members on the unit and who to contact in an emergency. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.* Core 13.4	3, 4, 10, 54, 58

3.59 M	**2**	Carers feel supported by the ward staff members. Core 13.5	4, 8, 26, 50, 52
3.60 N	**2**	The ward/unit has a designated carers lead/carers contact. *Guidance: Who's responsibilities involve acting as the main point of contact for carers to answer any questions, arrange carers meetings, gather feedback and offer regular catch ups.*	76
Treatment with Dignity and Respect			
3.61 M	**1**	Staff members treat all patients and carers with compassion, dignity, and respect. Core 14.1	12, 33, 53, 55
3.62 M	**1**	Patients feel listened to and understood by staff members. Core 14.2	23, 55
Provision of Information to Patients and Carers			
3.63 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	4, 14, 25

Patient Confidentiality			
3.64 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	4, 14, 55
3.65 N	**1**	The team knows how to respond to carers when the patient does not consent to their involvement.	4, 11
3.66	**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.* *Core 16.4*	14, 55

STAFFING			
Leadership, Team-Working and Culture			
4.1 M	**3**	Staff members are able to access reflective practice groups at least every six weeks where teams can meet together to think about team dynamics and develop their clinical practice. Core 18.1	4
4.2 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. Core 18.2	4, 55, 62, 63
4.3	**1**	When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans. Core 18.3	4, 10
Staff Induction and Supervision			
4.4 M	**2**	Appropriately experienced patient or carer representatives are involved in the interview process for recruiting potential staff members. Core 20.1	4, 10
4.5 M	**1**	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. This includes arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met. Core. 20.2	13, 37, 64, 65

4.6	**1**	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications. Core 20.3	4, 10, 38
4.7	**2**	All staff members receive line management supervision at least monthly. Core 20.4	4

Leadership, Team-Working and Culture			
4.8	**1**	The ward/unit actively supports staff health and well-being. Guidance; For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed. Core 21.1	37, 64, 66, 67, 68
4.9 N	**1**	Patients and staff members feel safe on the ward Core 21.2	4
4.10 M	**1**	All staff members are able to take breaks during their shift that comply with the European Working Time Directive, including qualified staff working night shifts. 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. Core 21.3	4, 10, 69
4.11 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	15, 70
4.12	**2**	The team has protected time for team-building and innovating their practice once a year.	80

Staff Training and Development			
4.13		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: Core 22.1	
4.13a	**1**	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent); Core 22.1a	13, 10, 48, 49
4.13b	**1**	Physical health assessments. *Guidance: This could include training in understanding physical health problems, undertaking physical observations and when to refer the patient for specialist input;* Core 22.1b	3 , 4
4.13c	**1**	Safeguarding vulnerable adults and children. This includes recognising and responding to the signs of abuse, exploitation or neglect;	5, 18, 20, 53, 55
4.13d	**1**	Risk assessment and risk management. *Guidance: This includes: Assessing and managing suicide risk and self-harm; Prevention and management of aggression and violence;* Core 22.1c	4, 19, 20
4.13e	**1**	Recognising and communicating with patients with cognitive impairment or learning disabilities; Core 22.1d	4, 25

4.13f	**1**	Statutory and mandatory training. *Guidance: Includes equality and diversity, information governance, basic life support;* Core 22.1e	4, 10
4.13g	**2**	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality. Core 22.1f	15, 58
4.13h	**1**	All staff undergo specific training in therapeutic observation *Guidance: This includes principles of positive engagement with patients, when to increase or decrease observation levels and the necessary multi-disciplinary team discussions that should occur and actions to take if the patient absconds when they join the service as part of their induction or change wards.* Core 22.1g	7
4.13i	**1**	The basic principles of rehabilitation and recovery-oriented practice.	74
4.13j N	**2**	Communication skills/styles	76
4.13k N	**1**	Delivering non-discriminatory practice. *Guidance: Which provides staff an understanding that people from black, Asian and minority ethnic groups may experience stigma arising from both their ethnicity and their mental health condition.*	76

4.13l N	**2**	The care of transgender patients and their needs	76
4.14	**2**	Experts by experience are involved in delivering and developing staff training face-to-face. Core 22.2	12
4.15	**1**	All staff members who deliver therapies and activities are appropriately trained and supervised. Core 22.3	29, 37, 38

SERVICE MANAGEMENT			
Access			
5.1 N	**1**	The service provides information about how to make a referral Core 1.1	1, 2, 3, 4, 6
Staffing Levels			
5.2 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. Core 19.1	4, 64
5.3 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
5.4	**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, 14

5.5		A ward/unit with up to 16 beds is required to have the following staff: For units with 17-20 beds, additional input from assistant psychologists, occupational therapy assistants etc. can be used to demonstrate patients have sufficient access to the relevant interventions. For units over 20 beds, whole time equivalents will need to be scaled appropriately.	
5.5a M	**1**	A High Dependency Unit, Complex Care Unit or Community Unit that admits detained patients with up to 16 beds has at least one qualified nurse and one unqualified member of staff on shift at all times.	75, 76
5.5b M	**1**	A High Dependency Unit, Complex Care Unit or Community Unit that admits detained patients has 0.5 WTE consultant psychiatrist for every 16 beds.	75, 79
5.5c M	**1**	A High Dependency Unit and Complex Care Unit or Community Unit that admits detained patients with 16 beds has 1 WTE medical input including senior and junior staff.	75, 76
5.5d M	**2**	A High Dependency Unit, Complex Care Unit or Community Unit that admits detained patients has 1 WTE junior doctor or equivalent for every 16 beds.	75, 76
5.5e M	**1**	A High Dependency Unit, Complex Care Unit or Community Unit that admits detained patients with 16 beds has 1 WTE Occupational Therapist as part of the MDT.	75, 76

5.5f M	**1**	A High Dependency Unit, Complex Care unit or Community Unit that admits detained patients with 16 beds has 0.5 WTE registered psychologist as part of the MDT.	75, 76
5.5g M	**3**	On a High Dependency Unit, Complex Care unit or Community Unit that admits detained patients with 16 beds has 0.5 WTE registered specialist physiotherapist as part of the MDT.	74
5.5h M	**3**	A High Dependency Unit, Complex Care unit or Community Unit that admits detained patients with 16 beds has 0.4 WTE registered specialist dietician as part of the MDT.	74
5.5i M	**1**	A Community Unit that does not admit detained patients with 16 beds has at least one qualified nurse and one unqualified member of staff on shift during the day and one unqualified member of staff at night.	75, 76
5.5j M	**1**	A Community Unit that does not admit detained patients has input from a consultant rehabilitation psychiatrist and junior doctor medical input including senior and junior staff.	75, 76
5.6	**2**	The ward/unit has access to: Input from an activity coordinator	75, 76

5.7 N	**2**	The ward/unit has access to: Vocational trainers, welfare rights specialists and speech and language therapists	74
5.8	**2 N**	The ward/unit has access to: Dental services, specialist dietitians and podiatrists	74
5.9	**3**	The ward/unit has access to: Peer Support Workers or local equivalent.	77
5.10	**3 N**	The ward/unit has access to: Physical exercise coaches.	74
5.11	**1 M**	There is a consultant psychiatrist with accreditation (or equivalent RCPsych endorsement) in rehabilitation psychiatry, who is part of the clinical leadership team for the service	75, 76
5.12	**1 M**	The ward operates according to their staffing paper, which outlines the number of staff needed according to the number and acuity of the patients.	75, 76

Clinical Outcome Measurement			
5.13	**1**	Clinical outcome measurement, and progress against user defined goals is collected at two time points (Admission, Leave and Discharge) as a minimum, and at clinical reviews where possible.	4, 10
5.14	**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.	4, 10, 38, 57
5.15	**2**	Clinical outcome monitoring includes specialist rehabilitation measures and metrics.	75
The Ward/Unit Learns from Feedback, Complaints and Incidents			
5.16	**1**	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this. Core 23.1	4, 24, 39, 40
5.17 M	**2**	When 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	4
5.18 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	6, 24

5.19 N	**2**	The ward team use quality improvement methods to implement service improvements. Core 24.4	4
5.20 N	**2**	The team actively encourages patients and carers to be involved in QI initiatives. Core 24.5	81

Patient Involvement			
5.21 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	6, 12, 33
5.22 N	**2**	Services are developed in partnership with appropriately experienced patient and carers and have an active role in decision making. Core 12.2	4, 8, 12
5.23 N	**3**	Where possible, patients are provided the opportunity to attend and input on any pre-planned meetings regarding them outside ward rounds and MDT meetings.	76
Service Management			
5.24 M	**1**	The ward/unit has an operational policy that makes a commitment to rehabilitation and recovery-based practice. Guidance: This should include an expected maximum length of stay (which should be used as a guide rather than an absolute)	77

5.25 N	**2**	The service ensures that everyone with complex psychosis and related severe mental health conditions has equal access to rehabilitation services regardless of age, gender, ethnicity and other characteristics protected by the Equality Act 2010, and should actively monitor and report on access at least every 6 months. Services should support people to access legal advice about their immigration status if required.	74
5.26 M	**2**	Out of area placements should be limited to people with particularly complex needs. This could include: • People with psychosis and brain injury, or psychosis and autism spectrum disorder, who need treatment in a highly specialist rehabilitation unit • People who have a clear clinical or legal requirement to receive treatment outside their home area.	74
5.27 M	**1**	When people are placed in out-of-area rehabilitation services, the service provides an explanation in writing to the person (and their family or carers, as appropriate), this includes: • Why the person has been placed out of area • The steps that will be taken so they can return to their local area • How their family or carers will be helped to keep in contact • The advocacy support available to help them.	74

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.
Community meeting	A meeting of patients and staff members which is held on the ward.
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.
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.
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'.
Independent Mental Health Advocate (IMHA)	An IMHA is an independent advocate who is trained to work within the framework of the Mental Health Act 1983 to support people to understand their rights under the Act and participate in decisions about their care and treatment.
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.
NICE	National Institute for Clinical Excellence. Publishes guidance for health services in England and Wales.
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.
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.

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