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## Accreditation Committee

As the Chair of the Rehab Accreditation Committee, my role involves overseeing the accreditation process for mental health rehabilitation services, ensuring they meet the high standards set for clinical care.

I became a member of the Accreditation Committee in 2018, and over the years, I've observed that accreditation represents far more than a quality benchmark. It embodies a commitment to continuous improvement, promoting a culture of excellence within services. Accreditation not only validates the dedication and hard work of the teams involved but also drives ongoing efforts to enhance patient care, collaboration, and innovation across mental health rehabilitation services.

Through this role, I've gained a broader vision of how crucial it is for services to remain adaptable, especially in the face of evolving mental health challenges and societal changes. This involves integrating novel practices, focusing on staff well-being, and promoting values of transparency and service user involvement.

Being part of the Rehab Network fosters a culture of continuous learning, sharing of best practices, and collective growth. As members of the Accreditation Committee, our focus is on ensuring that services within our network offer holistic, compassionate care that empowers both staff and service users alike.



**Maria Antypa, Head of Therapies, Chair of the  
Rehab Accreditation Committee**

## Accreditation Committee

My nursing journey within rehabilitation began in 2018 and since then, I have worked across a diverse range of clinical roles and services. In June 2022, my career took me in a management direction, and I began the role of Clinical Team Manager for a 16 bedded open rehabilitation ward in Leeds. I joined the College in 2023 when my service became a member. I undertook the peer reviewer training with the Network in November 2023 and have participated in both accreditation and developmental reviews of services across England and Scotland, which have been excellent experiences for me professionally. Concurrently, I have also supported my unit to become accredited in March 2024. I have recently joined the Rehabilitation Accreditation Committee and attended my first meeting in September 2024. I have thoroughly enjoyed my experience so far with the College, all that I have learnt by sharing quality improvement measures, innovation and good practice across within the network and bringing this back to my own service; I am really looking to what the next year brings.



**Hollie Roblin, Clinical Team Manager, Member of the  
Rehab Accreditation Committee**

## Advisory Group

We hope you find this year's annual report an enjoyable read. We are delighted to share the encouraging news that our Quality Network is continuing to expand, with increasing numbers of new inpatient and community rehabilitation team services joining us. The majority of NHS Mental Health Trusts in England now have at least one community rehabilitation team, helped by investment that flowed from the NHS Long Term Plan and Community Framework, and more and more of these teams are contacting us to get involved in network activities and work towards accreditation. This expansion is a clear marker of the growing awareness of the importance of mental health rehabilitation services and our popularity demonstrates that the work of the Quality Network is valued in helping us learn from each other. As you will know, provision of inpatient rehabilitation units and community rehabilitation teams is recommended by NICE (Clinical Guideline 181; Rehabilitation for Adults With Complex Psychosis), and along with mental health supported accommodation services, these three components make up our local rehabilitation care pathways for people with complex psychosis. Currently there seems to be renewed interest from policy makers on ensuring that specialist mental health supported housing is commissioned to be able to meet the needs of the local population in terms of having the right staffing, skill mix, and ethos to support people in their recovery successfully. Since community rehabilitation teams play a vital role in providing the clinical input and rehabilitative expertise to these services, we look forward to developing this interface further through our quality improvement activities.

The success of the Rehabilitation Quality Network is down to the invaluable contributions and enthusiasm of its members and I would like to take this opportunity to thank you for all your input and support over the last year. Next year we will be reviewing the quality standards for inpatient rehabilitation once again and we very much look forward to working with you on that.



A handwritten signature in black ink, which appears to read 'H. Killaspy'. The signature is written in a cursive style and is underlined.

**Professor Helen Killaspy**  
**Chair, Advisory Group**

**REHAB – the Quality Network for Mental Health Rehabilitation Services**

## Advisory Group

I am Charley, Mental Health Nurse and Clinical Operations Manager for the Leeds Rehabilitation and Recovery Service, and Assertive Outreach Team. I started my journey in Mental Health Rehabilitation Services as a staff nurse 16 years ago, and have remained in rehabilitation in a variety of clinical and operational roles across our inpatient and community rehabilitation services ever since. I am hugely passionate about Rehabilitation and the positive impact this has for people on their recovery journey, through therapeutic optimism, shared responsibility and collaborative caring partnerships.

I have been involved with the Quality Network for Mental Health Rehabilitation since 2023 and cannot emphasize enough the value this network brings to rehabilitation services, providing so many opportunities to learn, develop and ultimately improve the rehabilitative care delivered to people who access our services nationally.

As well as being a member of the Quality Network, I am a member of the Peer Review team, which enables services to be reviewed to a set of robust evidence based rehabilitation standards. This provides an opportunity to share my clinical and operational experience to support the development of other services, as well as learn from other services to inform developments in my own services. More recently, I have also become a member of the Rehabilitation Services Advisory Committee, which is an opportunity for experts from across the rehabilitation field to advise and support further development of the Quality Network.

I look forward to continuing to support the development of the Quality Network and promoting all of the incredible work the practitioners, service users, carers and others do to improve rehabilitative care for the people who need support from our services.



**Charley Waldron, Clinical Operations Manager, Leeds Rehabilitation and Recovery Service and Assertive Outreach Team, Member of the Rehab Advisory Group**

## Advisory Group

I have been a registered Mental Health Nurse since 1997. Since 2015 I have worked with Bristol Community Rehabilitation Service, initially as a Care Coordinator and since 2018 as a Senior Practitioner within the service. I also undertook a role with NHS England as South West Region Clinical Lead for Rehabilitation between 2022 and 2023.

Bristol Rehabilitation Service has been part of the Rehabilitation Quality Network since 2018 and we are looking forward to our accreditation review in early 2024. I am a peer reviewer and have taken part in reviews for other community rehabilitation services which has been an opportunity to hear about the amazing rehabilitation work that is taking place.

I joined the Advisory group about a year ago. It is enjoyable and highly rewarding to be part of a group who are committed to promote the best evidence-based practice for high quality rehabilitation services. I aim to bring a nursing perspective to the work, as well as how best practice standards and approaches can be applied to the day to day delivery of services.

A great deal of work takes place across the network to share best practices and develop strategies to enhance the standard and quality of care. This annual report shares the dedicated work of the network committed to continue to enhance and promote high quality mental health rehabilitation.

# Introduction

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

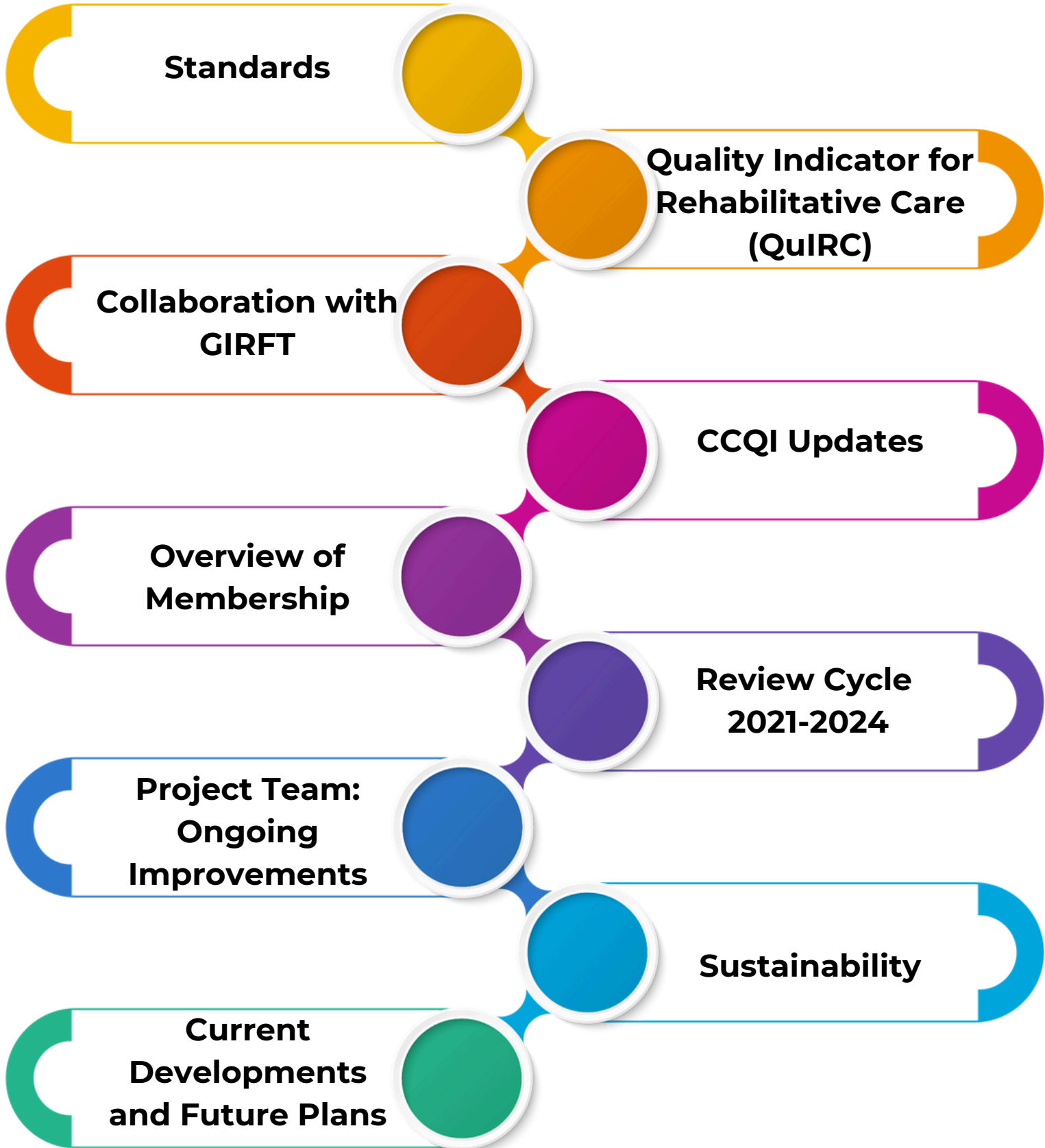
Member services are encouraged to use peer review visits, and other member events, to share knowledge and ideas with others, thereby creating a mutually supportive environment which encourages learning, and leads to positive change. The network also offers accreditation for those members who can demonstrate a high level of compliance with the standards.

The data presented in this report covers 56 inpatient rehabilitation services, which were conducted between **July 2021 - November 2024**. All of these services were reviewed under the 4th Edition Inpatient standards. Additionally, the report covers 7 community rehabilitation teams reviews, conducted between **June 2023 - November 2024**. These were reviewed under the 1st Edition Community standards.

Each service is reviewed by a peer review team, consisting of a member of the Rehab project team, two clinicians from participating services, and a patient or carer representative.

There was a lot of variety between services, for example, the breadth or diversity of their geographical coverage, the make-up of their staffing complement, and the interventions offered. This highlighted the importance of standardisation in order to ensure equality of access for patients, but also made apparent just how much our teams have to offer others in the way of experience and innovation.

# Outline



# 4th Edition Inpatient Rehabilitation Standards

The standards are used to generate a series of data collection tools for use in the self and peer review processes. Participating teams rate themselves against the standards during their self-review. 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 enduring mental illness and their carers.

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 services will only be measured against the standards that relate to their specific service; other standards will be scored as not applicable. 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.

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

## Standards domains

The Rehab 4th Edition Inpatient Standards are grouped into 5 domains:

Physical Environment  
Admission and Discharge  
Care and Treatment  
Staffing  
Service Management

# 1st Edition Community Rehabilitation Standards

The first edition standards were drawn from key documents and expert consensus, as well as from the fourth edition inpatient standards 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 and community mental health services, and with experts by experience and carers who have used services in the past.

## **How were these standards developed?**

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

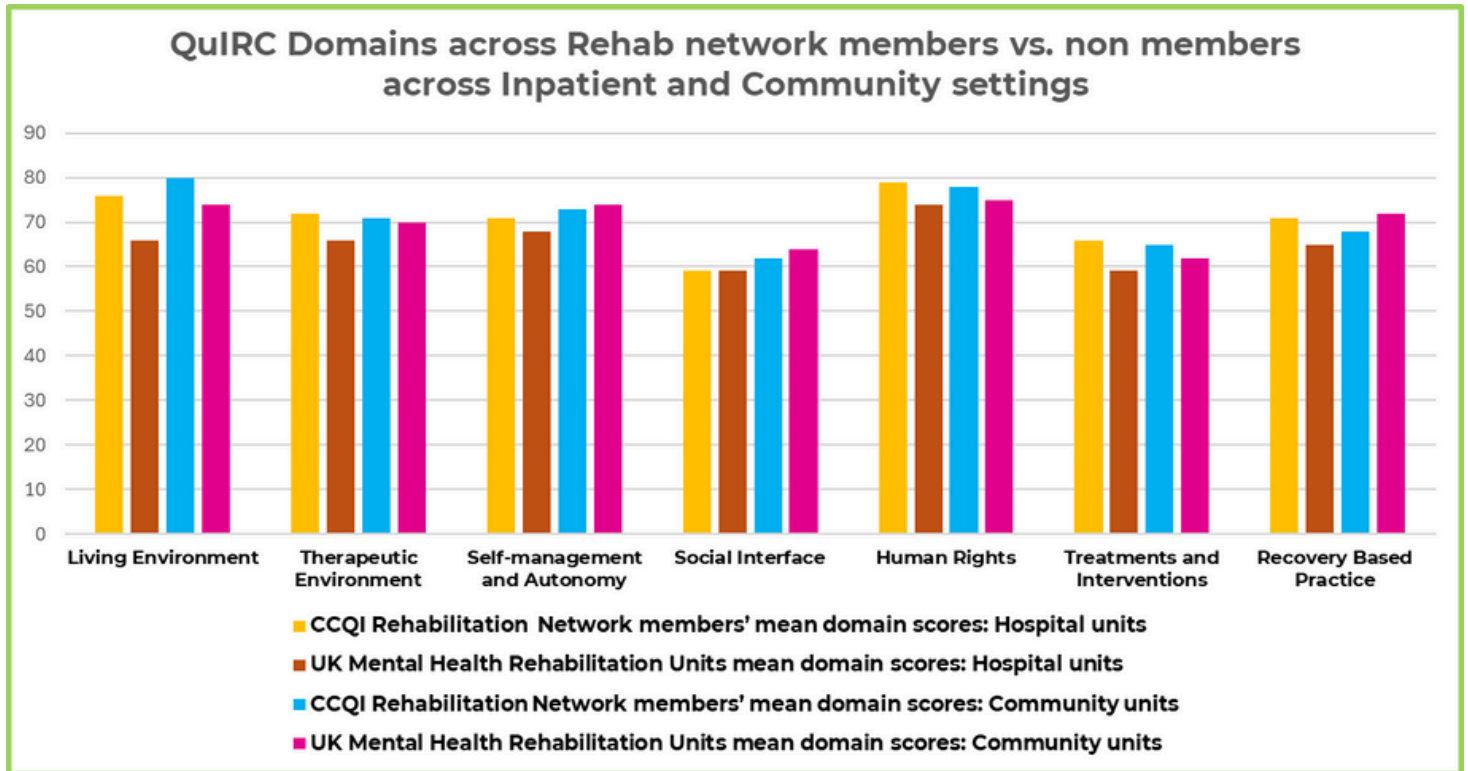
## **The standards were developed in five key stages:**

1. Standard mapping – The Rehabilitation 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 Rehabilitation 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 Rehabilitation 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 first edition standards.
4. Advisory Group Review – The Rehabilitation 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 Rehabilitation project team, were approved for use.

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/news-and-events>**

# Quality Indicator for Rehabilitative Care (QuIRC)



The Quality Indicator for Rehabilitative Care is an internationally recognised toolkit to enable you to measure best practice within your service and benchmark yourself against similar services. It is free to use and must be completed as part of the self-review process prior to the peer review visit/remote review. As well as providing additional information for the review team, it provides you and your team with useful information about how well your service is performing compared to other rehabilitation services.

To complete the QuIRC visit <http://www.quirc.eu> where you will need to register. The QuIRC should be completed by a manager or senior member of the team. Once the QuIRC has been completed you can download your report on your unit, which you can then send to your contact in the Rehab project team.



The Getting It Right First Time (GIRFT) programme is a national NHS England programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change.

The programme undertakes clinically-led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.

GIRFT is part of an aligned set of programmes within NHS England.

### **The model consists of five key strands:**

a broad data gathering and analysis exercise, performed by health data analysts, which generates a detailed picture of current national practice, outcomes and other related factors;

direct clinical engagement via visits or virtual meetings between clinical specialists and individual hospital trusts, which are based on the data – providing an unprecedented opportunity to examine individual trust behaviour and performance in the relevant area of practice, in the context of the national picture. This then enables the trust to understand where it is performing well and what it could do better – drawing on the input of senior clinicians;

a national report, that draws on both the data analysis and the discussions with the hospital trusts to identify opportunities for improvement across the relevant services;

an implementation phase where the GIRFT team supports trusts, commissioners, and integrated care systems to deliver the improvements recommended; and best practice guidance and support for standardised/integrated patient pathways and elective recovery work in 'high volume/ low complexity' specialties.

<https://gettingitrightfirsttime.co.uk/>

The Quality Network for Mental Health Rehabilitation Services works within the College Centre for Quality Improvement (CCQI)

The College Centre for Quality Improvement (CCQI) works with mental health services to assess and improve the quality of care they provide.

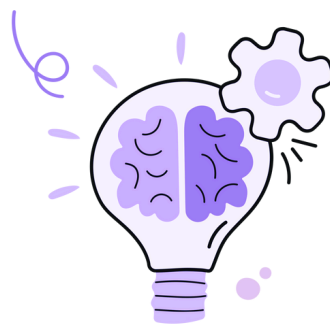
CCQI work with more than 90% of mental health service providers in the UK and focus on four key areas:

**Quality networks**  
**Accreditation**  
**National clinical audits**  
**Research and evaluation**

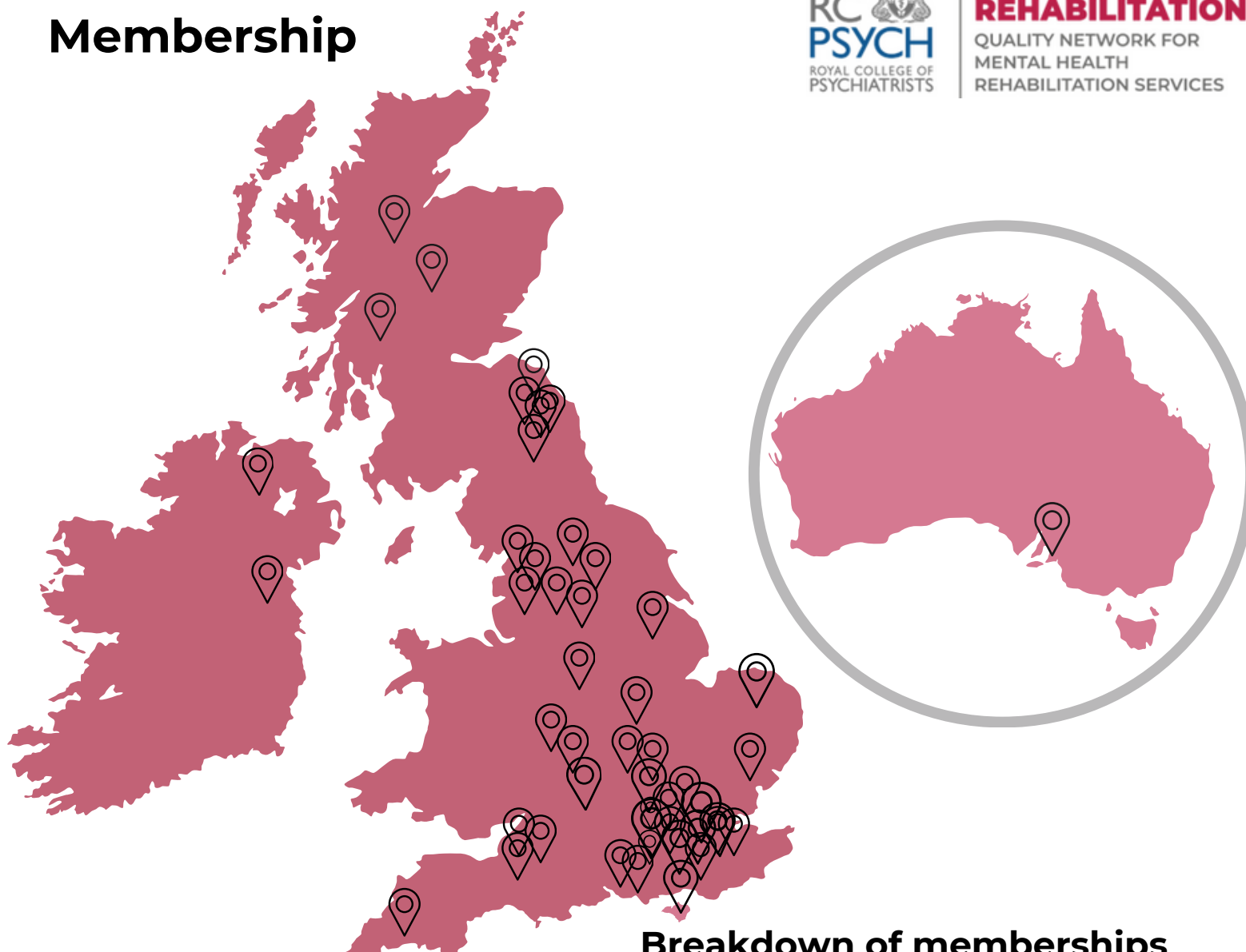
Our Quality Networks use a process of regular peer review and self-review against service standards to promote high quality care.

For further information regarding the department please use the link below;

<https://www.rcpsych.ac.uk/improving-care/ccqi>



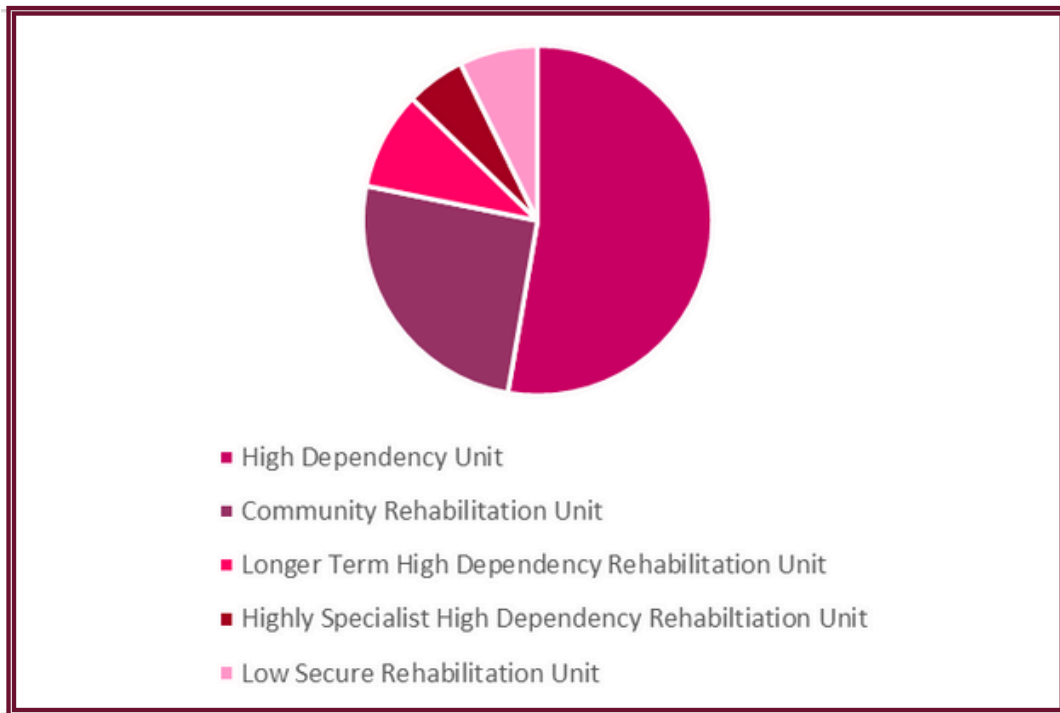
# Membership



## Breakdown of memberships

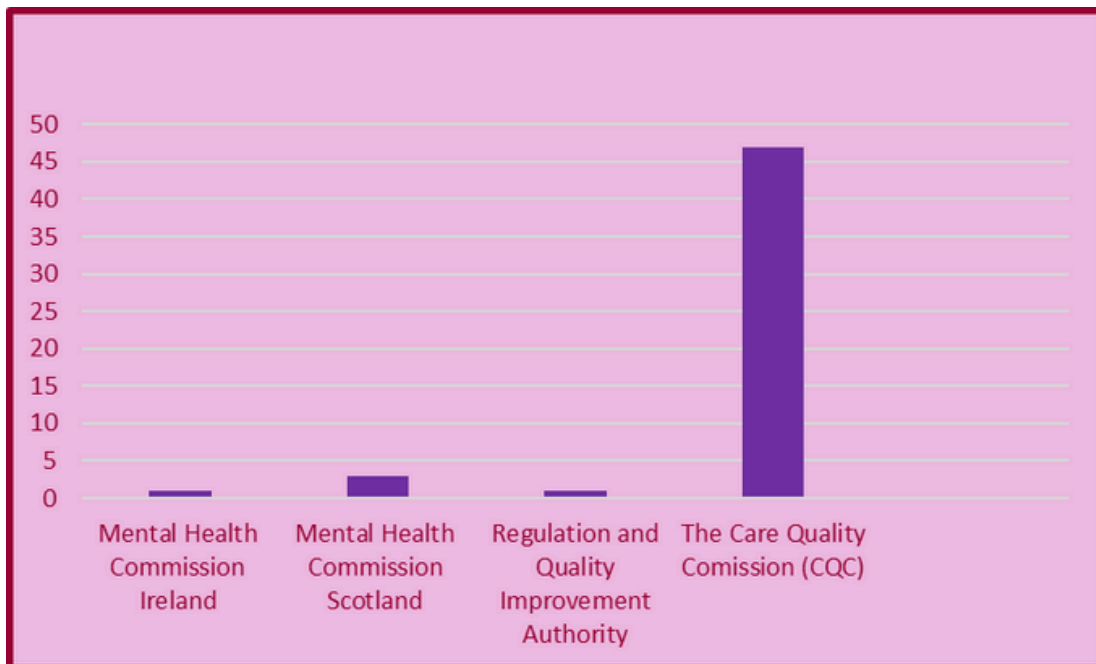
MEMBERSHIP TYPE	MEMBERS
<b>NHS</b>	
Community Accreditation	2
Community Developmental	5
Inpatient Accreditation	38
Inpatient Developmental	1
<b>Independent Sector</b>	
Inpatient Accreditation	12
Inpatient Developmental	7
Inpatient Associate	3
<b>International</b>	
Inpatient Developmental	1
Inpatient Associate	1

# Our members

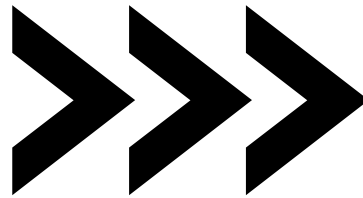


**Typology:** Please note, 'complex care unit' is not be a term we use moving forward, in rehab services and we must categorise units according to the Royal College of Psychiatrists' typology guide (Appendix, P.45)

## Regulatory bodies within our network



## This report includes data from



Services had been reviewed against the:

**4th** edition inpatient rehabilitation standards, published in July 2021

**1st** edition community rehabilitation standards published in July 2022

The report provides an overview of the adherence to the 4th edition and 1st edition standards, **from 56 inpatient services as well as 7 community team services**, across the United Kingdom and Ireland.

The report presents an overview of the 1st edition community rehabilitation standards. The project team are currently in the process of supporting community rehabilitation services, with progressing onto Accreditation reviews.

# Overview of reviews



## 63 Peer Reviews (2021-2024):

- 10** Inpatient Developmental
- 46** Inpatient Accreditation
- 6** Community Developmental
- 1** Community Accreditation



12 Remote Reviews



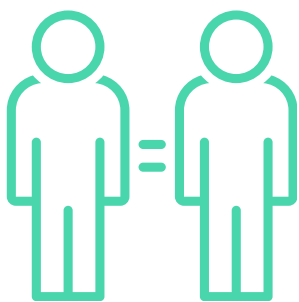
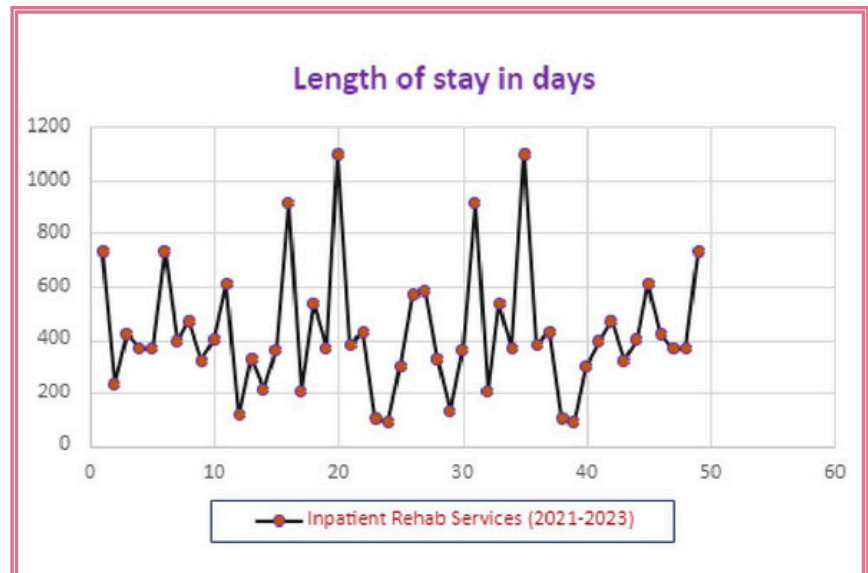
51 Face-to-Face Reviews

# Inpatient Reviews: Contextual data

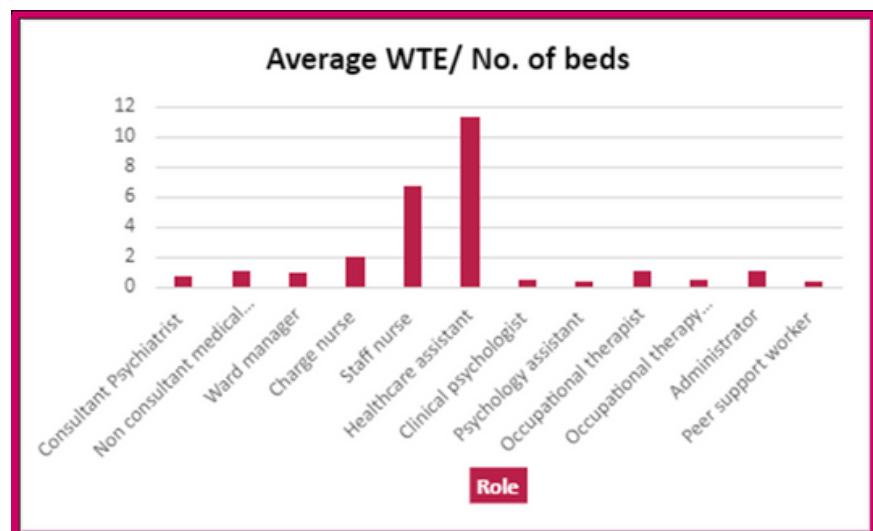
Data taken from the 56 inpatient services' self reviews:



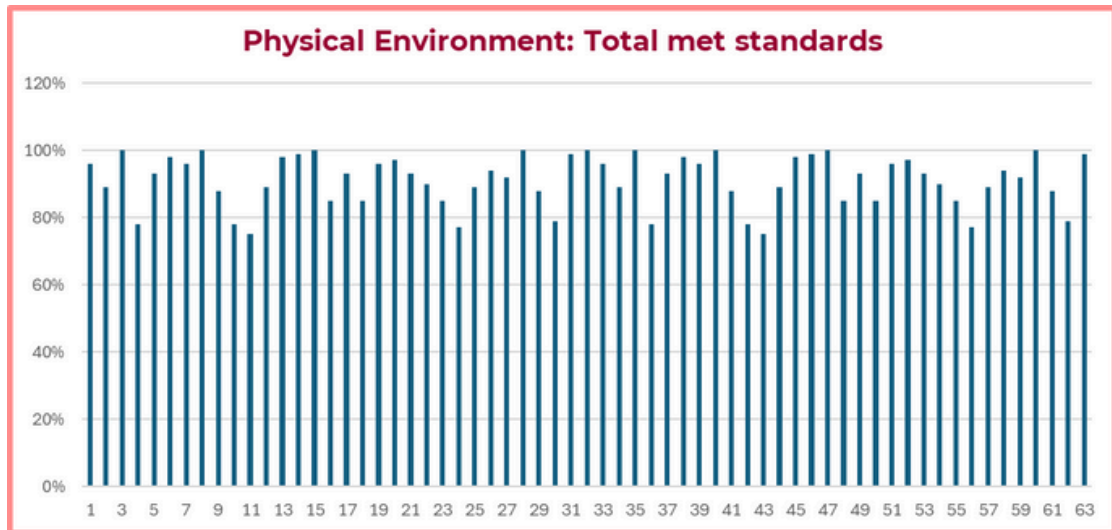
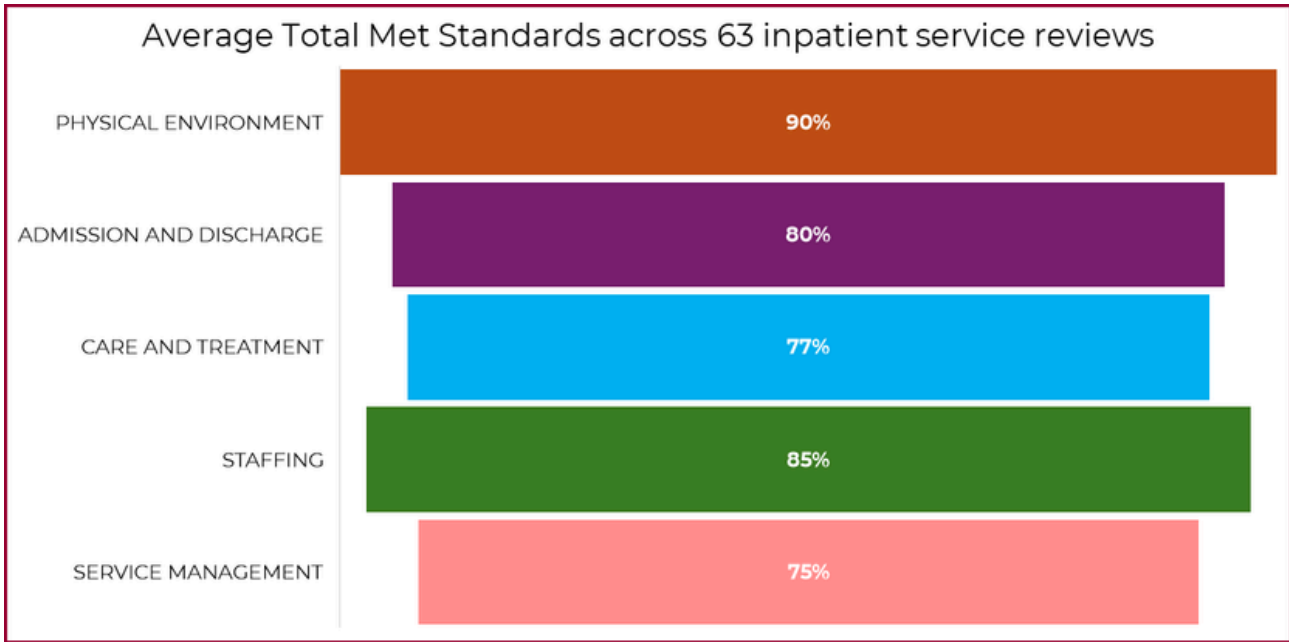
Average number of beds: **17**



Average **WTE** of  
service  
occupations in  
relation to  
numbers of beds



# Section 1: Physical Environment



Across all services the average compliance with section 1 standards was 90%.

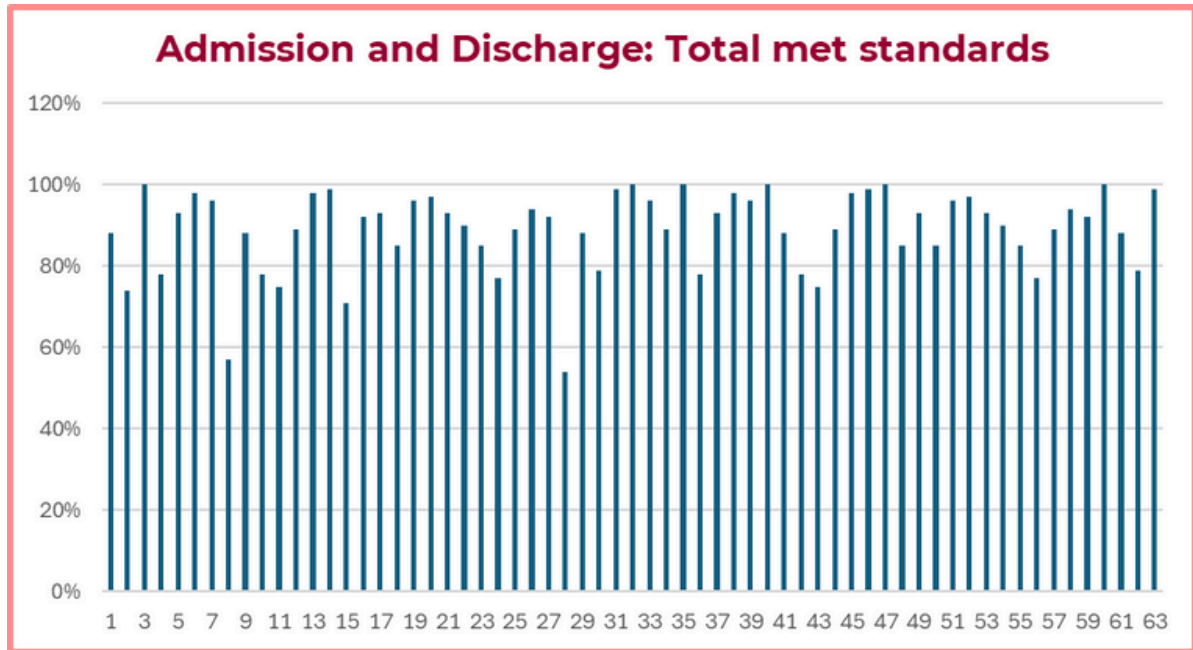


100% of services have a pleasant environment, and has a therapeutic feel.



41% of services did not display examples of recovery stories that are readily accessible on the ward.

# Section 2: Admission and Discharge



Across all services the average compliance with section 2 standards was 80%.

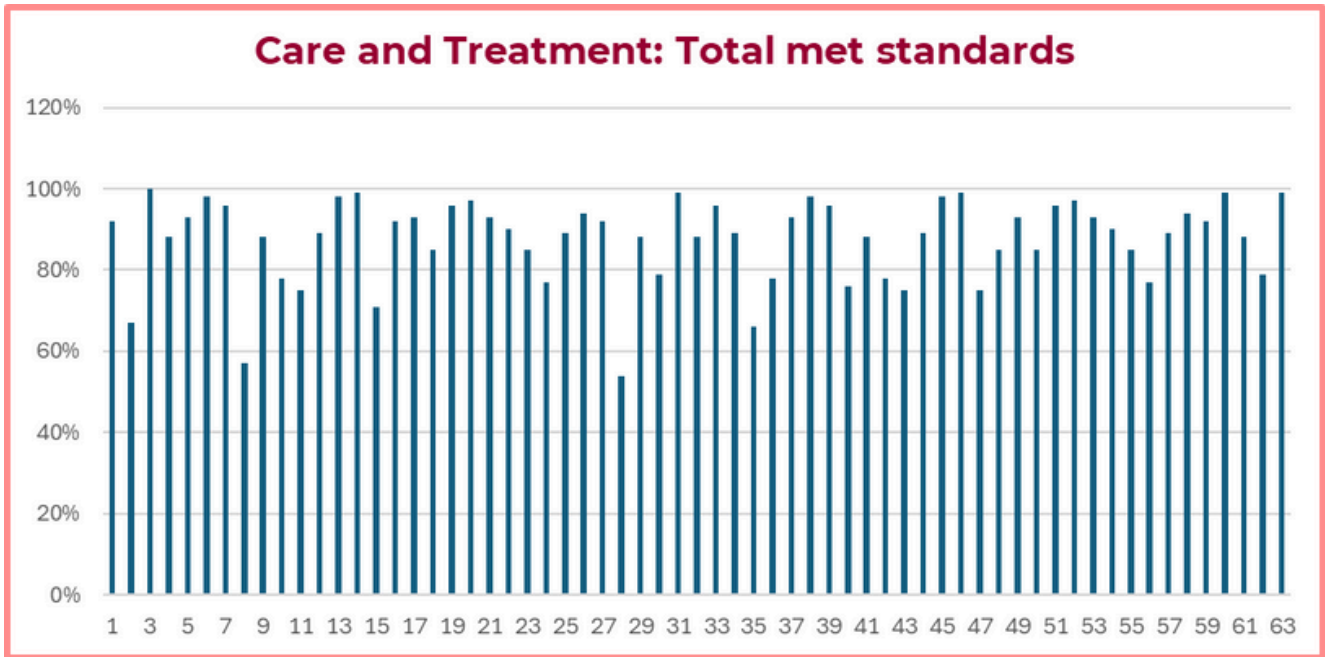


Across 100% of services, patients felt welcomed by staff members.



50% of services were not able to provide training for Community Mental Health Teams, 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.

# Section 3: Care and Treatment



Across all services the average compliance with section 3 standards was 77%.

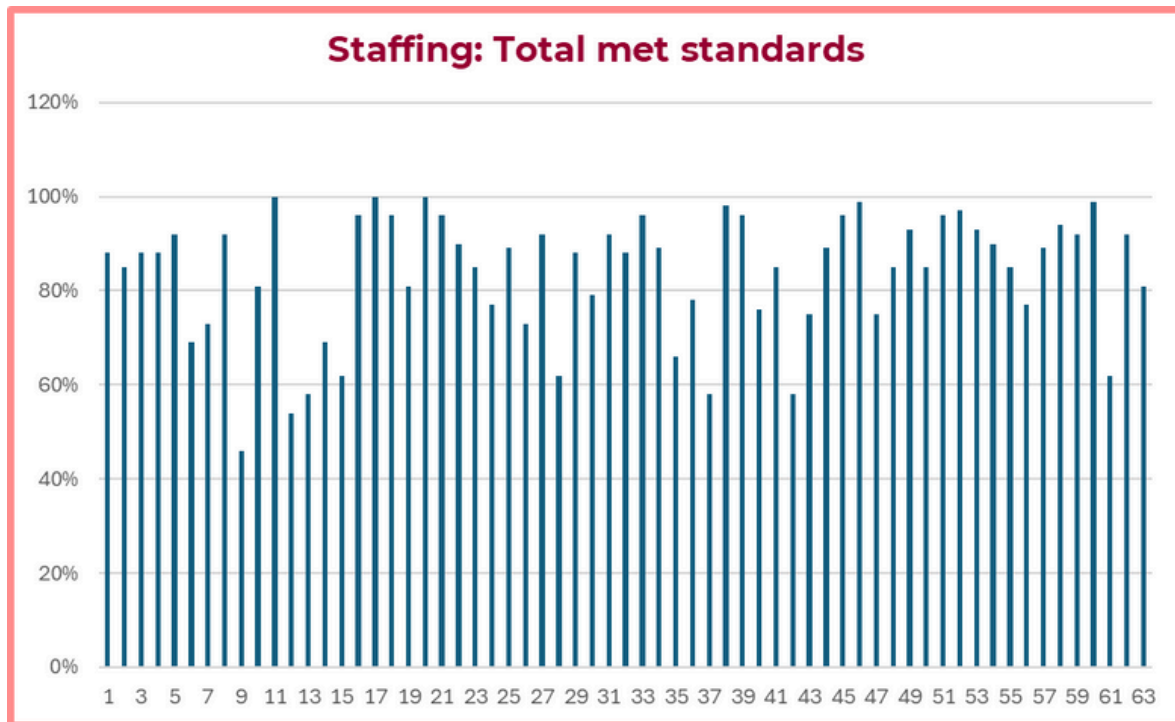


Across 100% of services, patients are supported with continuity of individual therapeutic relationships wherever possible.



38% of services had not supported carers to access a statutory carers' assessment, provided by an appropriate agency.

# Section 4: Staffing



Across all services the average compliance with section 4 standards was 85%.

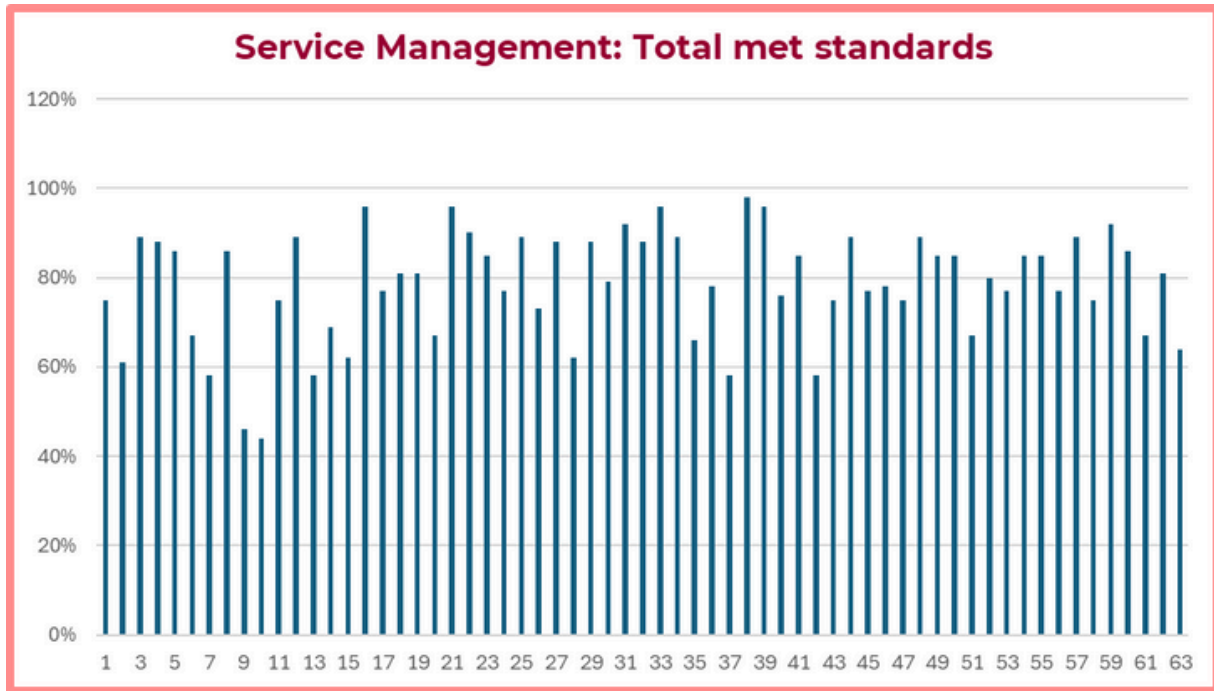


Across 100% of services, staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing.



41% of services did not provide staff training on carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.

# Section 4: Service Management



Across all services the average compliance with section 5 standards was 75%.



Across 100% of services, with up to 16 beds, there was at least one qualified nurse and one unqualified member of staff on shift at all times.



41% of services did not have a consultant psychiatrist with accreditation (or equivalent RCPsych endorsement) in rehabilitation psychiatry, who is part of the clinical leadership team for the service.

# Unmet Standards Thematic Analysis

The thematic analysis process began with the collection of unmet standards, which were reduced down to only the frequently unmet standards (with 'frequently unmet standards' being defined as standards that were unmet by approximately 5 or more service). These were then grouped into "themes"

The themes are:

**Carer support:** This theme relates to services providing regular support to carers and families by a nominated staff member, both verbally and in writing. Additionally, ensuring carers are aware of how to access a statutory carers' assessment as well as information regarding confidentiality and its limits.



**Patient and Carer Involvement:** This theme relates to services encouraging patients and carers to be involved in quality improvement initiative and wider service development, as well as patients having access to peer support.



**Staff training:** This theme relates to staff training provisions particularly focusing on carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality as well as training around the basic principles of rehabilitation and recovery oriented practice.



# Theme 1: Carer Support

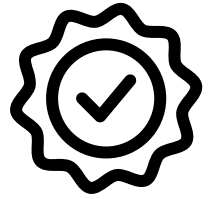
## Unmet standards

**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.**

**Carers are supported to access a statutory carers' assessment, provided by an appropriate agency.**

**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**

## Recommendations



Services are recommended to share the carers contact role with two or more staff members, to ensure consistency and regular communication. Services are also recommended to add carers contact on the admission checklist, to ensure communication is established early on.

Services are recommended to add carers assessment information in the carers welcome pack and ensure this is regular communicated with carers.

Services are recommended to add information regarding confidentiality and its limits within the admission checklist as well as carer and patient welcome pack. Also, services are recommended to incorporate this information within review meetings/ward rounds, to ensure this is regularly reviewed.

# Theme 2: Patient and Carer Involvement

## Unmet standards

**The team actively encourages patients and carers to be involved in QI initiatives.**

**The service asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service.**

**Services are developed in partnership with appropriately experienced patient and carers and have an active role in decision making.**

## Recommendations



Service are recommended to proactively inform patients and carers of current and future quality improvement initiatives and encourage them to partake in the initiatives. Also, services are recommended to discuss this during community meetings as well as carer group meetings, to ensure any new ideas are captured.

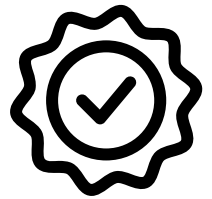
Services have incorporated a “You said, we did” noticeboard that states feedback from patients and future plans to help address suggestions. Services should also look to proactively create opportunities for both patient and carer feedback and ensure this is displayed for patients, visitors and staff.

Services are recommended to proactively create opportunities for both patient and carer in being involved in service wide development through opportunities to attend service management meetings and ensure their feedback is captured and addressed.

# Theme 3: Staff Training

## Unmet standards

## Recommendations



**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:**

**Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.**

Services are recommended to continue to work diligently to improve the awareness of carer experience. It is recommended that services could involve carers in the development of training to help improve the way carers are treated and supported.

**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:**

**The basic principles of rehabilitation and recovery-oriented practice.**

Services are recommended to continue to work diligently to improve staff awareness and understanding of rehabilitation and recovery oriented practice, particularly new members of the team. It is recommended that services add this to the staff induction handbook as well, to ensure all staff are aware of the expectations and processes of a rehab service. Services should be able to clearly evidence, via the training matrix and training resources, that it contains the listed contents.

# Analysis: Conclusion

The three themes suggested from thematic analysis have hopefully shone a light on the areas that inpatient rehab services require improvement.

Two of the three themes are surrounding the way patient and carers are supported and encouraged in providing feedback and being involved in service wide development.

These issues could be due to a host of issues, including the effects of the pandemic, which has seen an increase in remote communication, resulting in a loss of meaningful communication.

Services are recommended to create an inclusive, and compassionate experience for all patients and carers referred to their service.

The last theme is surrounding training. These could have also been a result of the pandemic, as mental health rehabilitation services across the United Kingdom and Ireland have seen a decrease in staffing levels, as well as, dealing with new ways of working i.e. loss of face-to-face training.

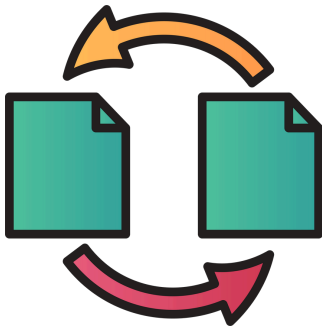


# Community Reviews: Contextual data

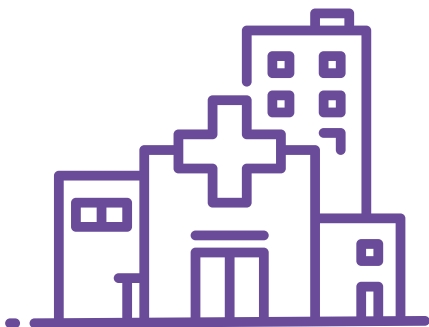
Data taken from the 7 community rehab team's self reviews,  
from June 2022-November 2024:



Average caseload: **89**

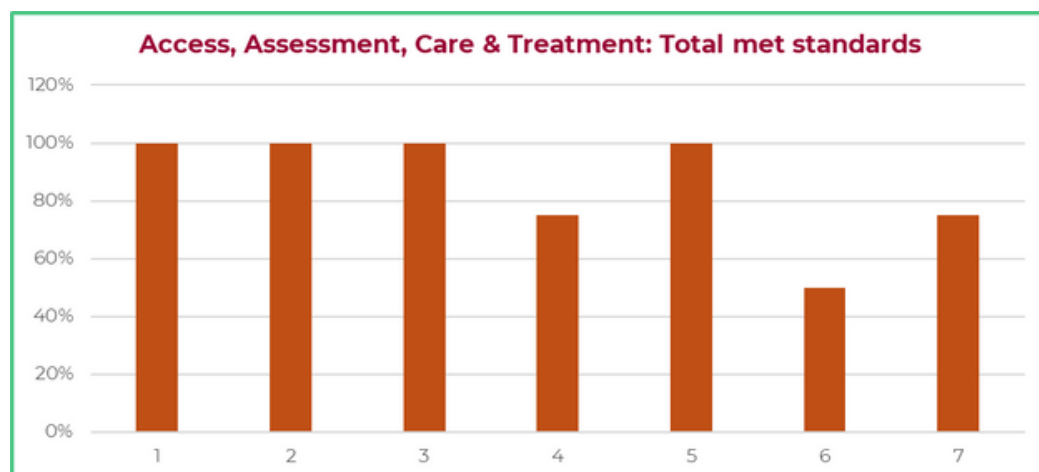
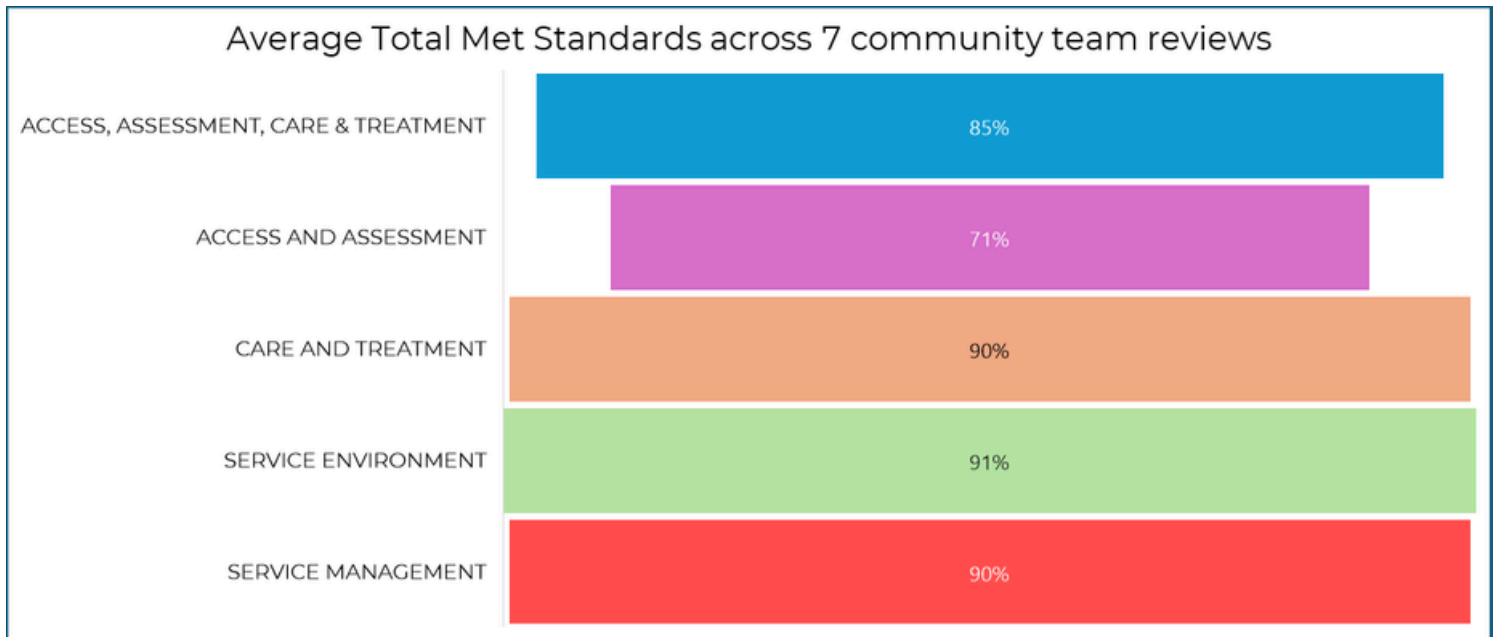


Average number of cases  
discharged/transferred within the  
last 12 months: **30**



Average number of inpatient  
rehab services within the  
locality that the community  
teams liaise with: **1**

# Section 1: Access, Assessment, Care and Treatment



Across all teams the average compliance with section 1 standards was 85%.

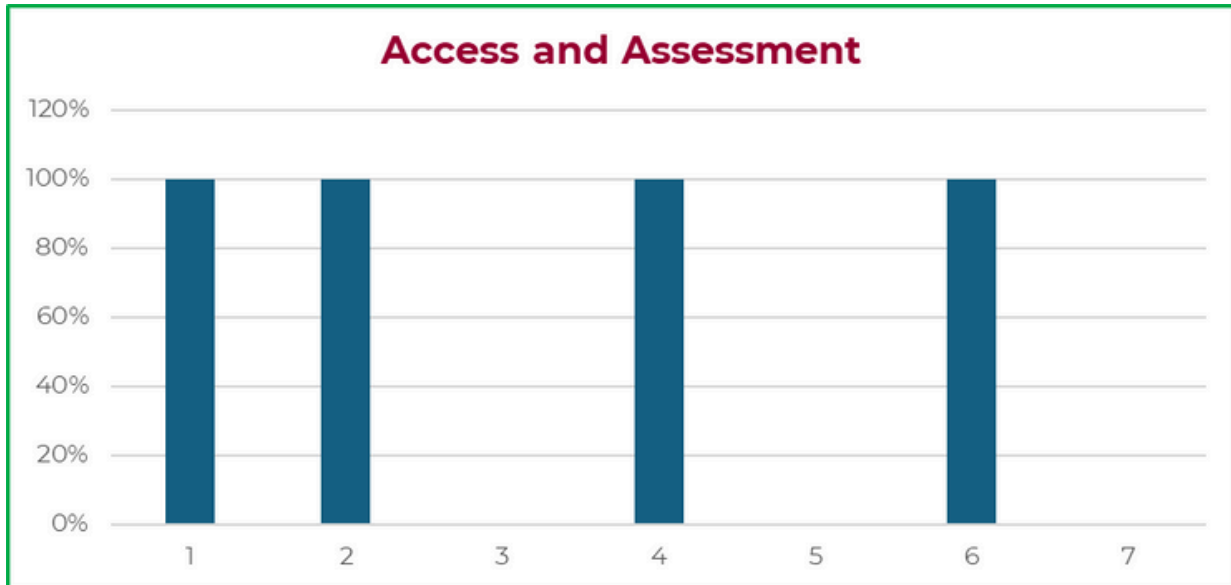


100% of teams provide information about to make a referral, and waiting times for assessment and treatment.



42% of teams did not review data at least annually about the people who use it.

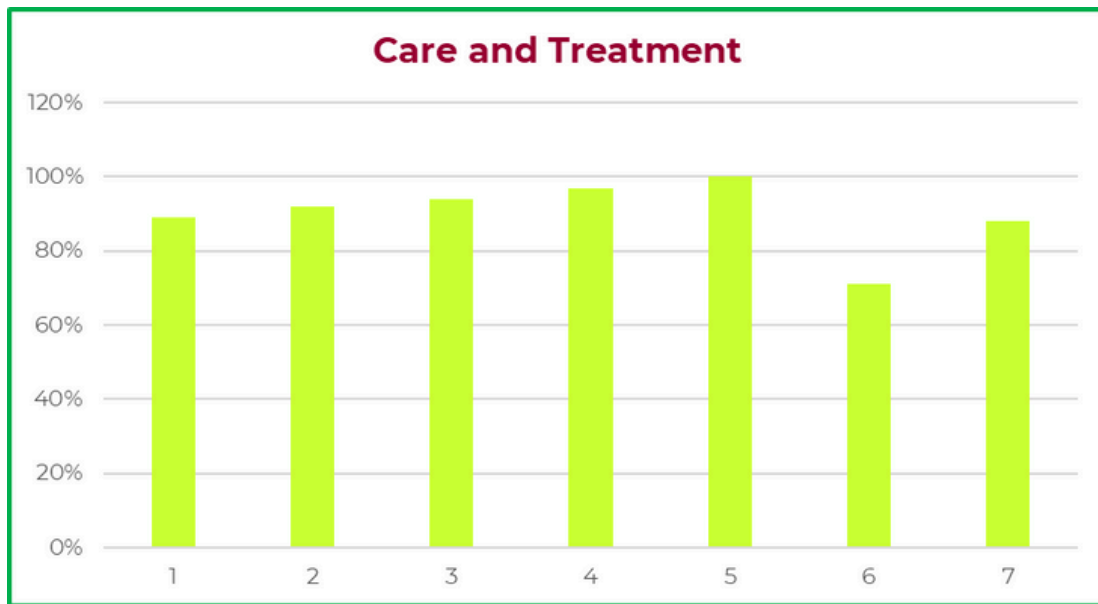
# Section 2: Access and Assessment



29% of teams did not regularly provide patients with accessible written information including:

- Their rights regarding consent to treatment
- Their rights under the Mental Health Act, where applicable
  - How to access advocacy services
  - How to access a second opinion
    - Interpreting services
    - How to view their records
- How to raise concerns, complaints and give compliments

# Section 3: Care and Treatment



Across all teams the average compliance with section 3 standards was 90%.



100% of teams ensured patients felt at ease during their initial meeting.



43% of teams do not actively encourage carers to attend carer support networks or groups. Also, amongst this team, there is no designated staff member to support carers.

# Section 4: Service Environment



Across all teams the average compliance with section 4 standards was 91%.

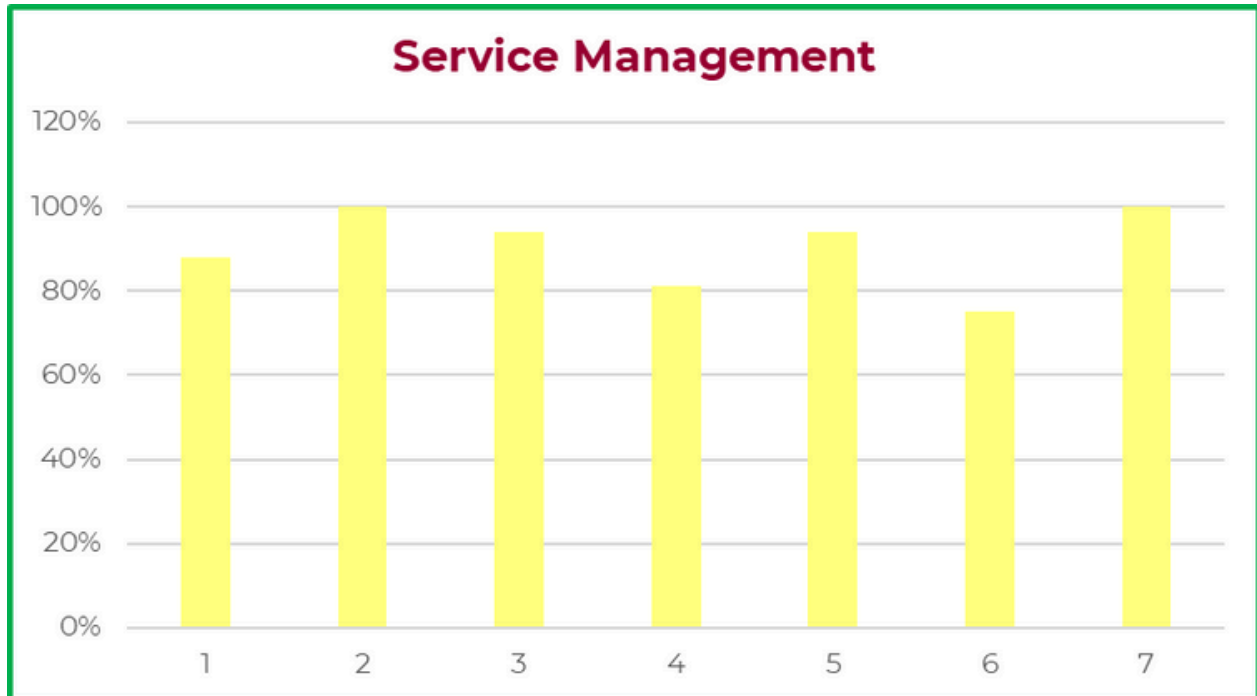


100% of teams ensure the environment is clean, comfortable and welcoming.



43% of teams do not have an alarm system in place (e.g. panic buttons or personal alarms).

# Section 5: Service Management



Across all teams the average compliance with section 5 standards was 90%.



100% of teams review patients progress against patient-defined goals in collaboration with the patient at the start of treatment, during clinical review meetings and at discharge.



40% of teams have not audited the provision of carer education and support programmes in the last 3 years.

# Unmet Standards Thematic Analysis

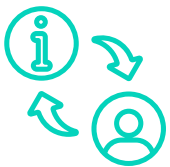
The thematic analysis process began with the collection of unmet standards, which were reduced down to only the frequently unmet standards (with 'frequently unmet standards' being defined as standards that were unmet by approximately 3 or more service). These were then grouped into "themes"

The themes are:

**Carer support:** This theme relates to services providing regular support to carers and families by a nominated staff member, both verbally and in writing. Additionally, ensuring carers are aware of how to access a statutory carers' assessment as well as information regarding confidentiality and its limits.



**Information sharing:** This theme relates to service information sharing protocols in place and how regularly these are carried out.



**Staff resources and service environment:** This theme relates to resources available to staff to effectively support patients in their rehab and recovery journey.



# Theme 1: Carer Support

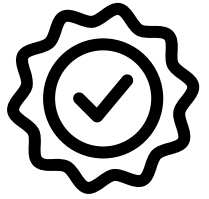
## Unmet standards

**The team provides each carer with accessible carer's information.**

**Carers are offered individual time with staff members to discuss concerns, family history and their own needs.**

**The service actively encourages carers to attend carer support networks or groups. There is a designated staff member to support carers.**

## Recommendations



Teams are recommended to add carers pack within the admission checklist to ensure this is shared early on. Also, teams are recommended to audit the consistency of information shared, to ensure this is regularly completed.

Teams are recommended to add carers contact within admission checklist to ensure this support is in place for carers.

Teams are recommended to share the carers contact role with two or more staff members, to ensure consistency and support is in place. Also, teams are encouraged to add community support group information within the carer pack, as well as, ensure this is regularly discussed, to ensure carers are aware of the resources available to them.

# Theme 2: Information sharing

## Unmet standards

**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 consent to treatment;
- Their rights under the Mental Health Act, where applicable ;
- How to access advocacy services;
- How to access a second opinion;
- Interpreting services;
- How to view their records;
- How to raise concerns, complaints and give compliments

**Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment.**

## Recommendations



Teams are recommended to add patient's welcome pack within the admission checklist to ensure this is shared early on. Also, teams are recommended to audit the consistency of information shared, to ensure this is regularly completed.

Teams are encouraged to audit the consistency of information shared, to ensure this is regularly completed. Teams are also recommended in discussing and signposting patients and carers to access information, during community meetings as well as 1:1 discussions with carers, with patient consent.

# Theme 1: Staff resources and service environment

## Unmet standards

**There is an alarm system in place (e.g. panic buttons or personal alarms) and this is easily accessible for patients, carers and staff members.**

**There are sufficient IT resources (e.g. PCs & Laptops) to provide all practitioners with easy access to key information e.g. information about services, conditions and treatment, patient records, clinical outcome and service performance measurements. Dedicated IT support is also available.**

**There is sufficient working desk space for team members to undertake their administrative work and sufficient space for team working e.g. team meetings, formulations etc.**

## Recommendations



Teams are recommended to explore the feasibility of introducing personal alarms for staff, as some community teams have felt this will help with their safety. Also teams are encouraged to discuss this further during community meetings, and staff meetings to ensure feedback is taken into account.

Teams are encouraged to ensure staff members have access to adequate resources to work as effectively as they can, and to regularly hold discussions with staff to ensure their feedback around their working environment is taking into consideration and acted upon, if possible.

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# Conclusion

The three themes suggested from thematic analysis have hopefully shone a light on the areas that community rehab teams require improvement.

Two of the three themes are surrounding the way patient and carers are supported and the regularity of information sharing.

These issues could be due to a host of issues, including the effects of the pandemic, which has seen an increase in remote communication, resulting in a loss of meaningful communication and decrease in written information being shared on a regular basis.

Services are recommended to create an inclusive, and compassionate experience for all patients and carers referred to their service.

The last theme is surrounding staff resources. These could have also been a result of the pandemic, financial constraints which impacted the resources thus affecting efficiency and staff wellbeing.

The Rehab Project team thank the organisations that have taken part in the reviews and hope that services can recognise their achievements, as there has been evidence of great initiatives and systems in place. The care that the services deliver is patient centred and this is recognised as such.

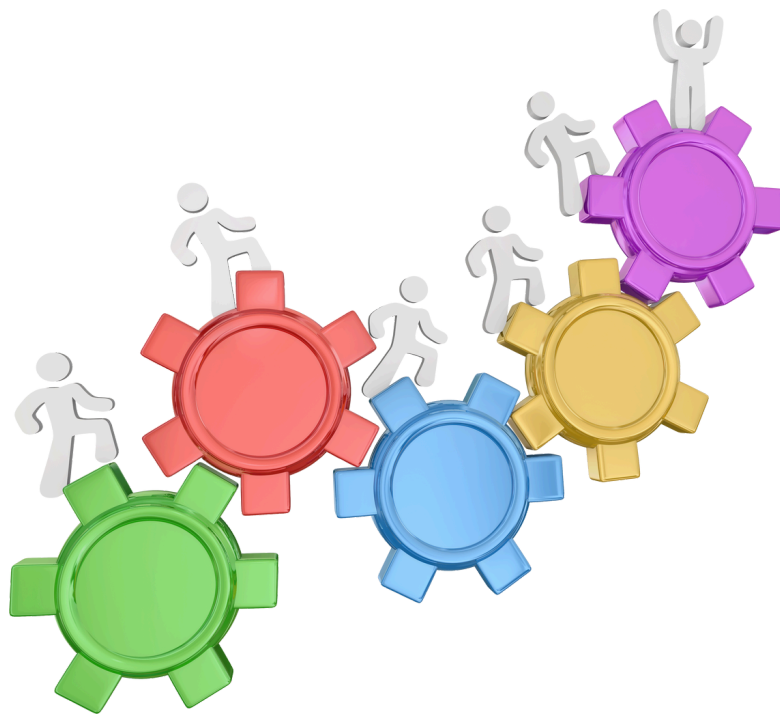
We also hope services can utilise the report to guide future adaptations to protocol and implementation of care they provide.



# Project Team: Ongoing Improvements

As a team, to improve our processes further, we have regularly sought feedback from services.

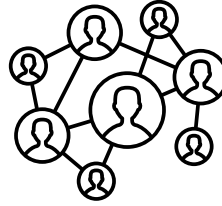
The following pages highlight the suggestions we have received and the actions we have taken in response. This feedback can help us improve and develop our systems further.



# You said, We did: Jan-April 2024

YOU SAID

Networking opportunities

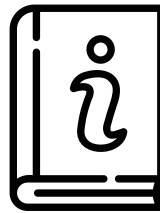


WE DID

The Project Team facilitate remote bi-monthly network meetings, for members to meet and discuss ideas and challenges, within an informal setting.

YOU SAID

CARS related support



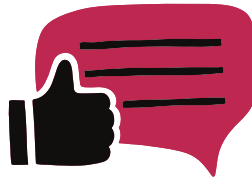
WE DID

The Project Team continue to facilitate CARS based 1:1 sessions with services going through their self-review.



YOU SAID

Standards query and support with how to meet standards



WE DID

Project team will continue to compile the areas services require further support with and share the evidence checklist.



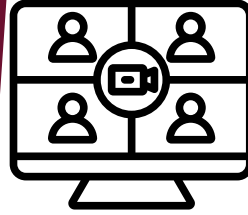
The network will begin standards revision for the inpatient rehabilitation standards. The project team hope to launch the fifth edition inpatient standards in 2025, and welcome feedback from members.

# You said, We did:

## April-July 2024

### YOU SAID

Project team facilitated a remote Special Interest Day focusing on models of addiction provisions across rehab settings, on 8 May 2024. Some members fed back that they would prefer an interactive session, with both presentations and workshops. However, they noted that the Project Team had been supportive.



### WE DID

Project team will review the topics identified by members and collaborate with the the Advisory Group, to organise an interactive Special Interest Day.

### YOU SAID

Community rehab have provided feedback on some standards and evidence requirement.



### WE DID

Project team have amended and shared the community rehab specific evidence checklist and surveys, supported by ongoing feedback by the Advisory Group. The network have begun facilitating Community Accreditation reviews and continue to request feedback from community members, for further improvement.

# You said, We did: July-November 2024

## YOU SAID

Some new network members were unsure of the Accreditation Committee and Advisory Group processes. Also, some members expressed interest in being a member of the Accreditation Committee/ Advisory Group.



## WE DID

Project team have approached members of the Accreditation Committee and Advisory Group, to partake in a video campaign, advertising the network as well as, discussing the work they conduct within the groups. Project team hope to have this available in 2025. Project team also continue to recruit for the Accreditation Committee and Advisory Group.


We, as a project team, aim to improve and want you to know that we are listening and actively working on updating and amending our processes further. Hence, why your feedback is so important to us!

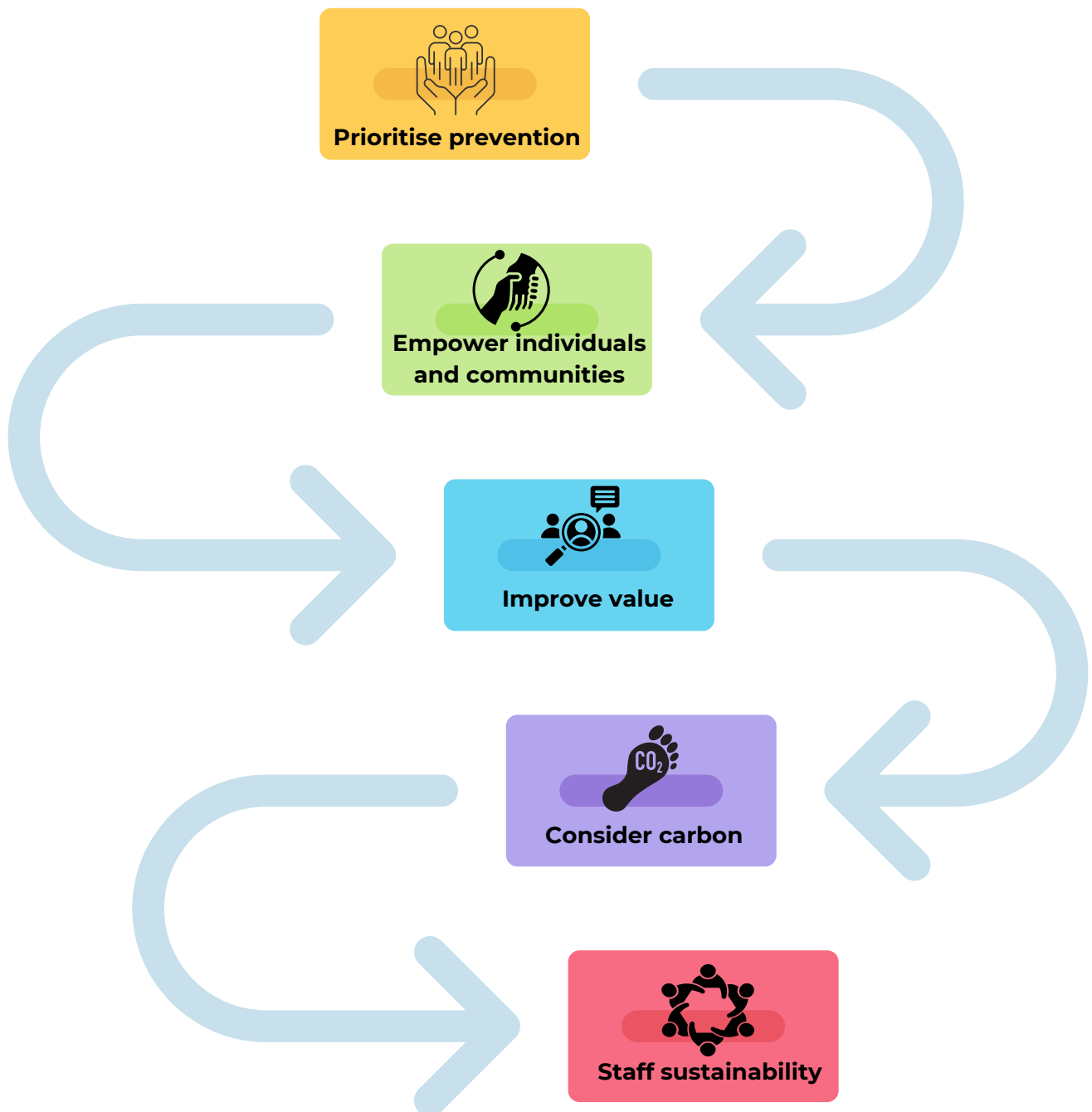
If you would like to provide any suggestions, comments please email us on:

**[rehab@rcpsych.ac.uk](mailto:rehab@rcpsych.ac.uk)**



# Sustainability

The College sees sustainability as a broad remit which focuses on a variety of topics including wellbeing. The core principles of practising sustainable psychiatry are: 



A sustainable workforce should incorporate what a lot of us think when it comes to sustainability; appropriate recycling, using more climate-friendly modes of transport or access to green spaces. But it also envisions a place of work that promotes, supports, and encourages staff wellbeing. For the NHS to effectively run, their work in psychiatry should optimise patient and staff well-being.

*For further information, or to share any ongoing sustainability projects within your service, please contact: [rehab@rcpsych.ac.uk](mailto:rehab@rcpsych.ac.uk)*



## **The Royal College of Psychiatrists commits to minimising its impact on our environment through:**

- Developing and maintaining an environmentally aware culture, where responsibility is assigned and understood
- Being an environmentally responsible neighbour in our community
- Conserving natural resources by reusing and recycling
- Using, in our own operations, processes that do not adversely affect the environment
- Ensuring the responsible use of energy throughout the organisation;
- Participating in efforts to improve environmental protection and understanding
- Taking steps towards continuous environmental performance;
- Conducting audits, evaluations, and self-assessments of the implementation of this policy
- Working with suppliers and contractors who promote sound environmental practices
- Enhancing awareness among our members, suppliers, and users – educating and motivating them to act in an environmentally responsible manner.



# Sustainability > Inpatient Rehabilitation Standards



**The standards below demonstrate the college's drive to ensure the standards promote equitable access, experience and outcomes for patients and carers as well as contributing to improving sustainability of mental health care**

2.4 Type 1 Patients have a comprehensive mental health assessment which is started within four hours of admission. 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.

**Sustainability Principle: Improving Value**



2.5 Type 1 modified 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.

**Sustainability Principle: Prioritise Prevention**



3.19 Type 1 Patients have access to safe outdoor space every day

**Sustainability Principle: Consider Carbon**



4.15 Type 1 All staff members who deliver therapies and activities are appropriately trained and supervised.

**Sustainability Principle: Staff Empowerment**



5.21 Type 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.

**Sustainability Principle: Empowering Individuals**



# Sustainability > Community Rehabilitation Standards



3.3 Type 1 A physical health review takes place as part of the initial assessment, or as soon as possible.

**Sustainability Principle: Prioritise Prevention**



6.2.2 Type 1 Patients have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime.

Guidance: Side-effect monitoring tools can be used to support reviews.

**Sustainability Principle: Consider Carbon**



13.3 Type 2 Carers are offered individual time with staff members to discuss concerns, family history and their own needs.

**Sustainability Principle: Empowering Individuals**



18.2 Type 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. The staff member managing the process is trained to respond effectively

**Sustainability Principle: Staff Empowerment.**



## We support services through:

Sharing examples of good practice with the network.

Organising and facilitating tailored training/learning events

Regular meetings to support services during their review process

Discussion forums

Newsletters

## Resources:

**Website:** Rehabilitation services | Royal College of Psychiatrists  
([rcpsych.ac.uk](http://rcpsych.ac.uk))

**Knowledge Hub:** Welcome - Knowledge Hub ([khub.net](http://khub.net)) |



# Looking Ahead: 2025

**We are looking forward to working with our existing and new developmental, associate and accreditation members.**

**Having worked with services who have been through reconfigurations, we are aware that there are a growing number of specialist rehabilitation services, hence will work towards supporting services through:**

- Organising a webinar focusing on embedding the QuIRC tool within the review proses.
- Ongoing face-to-face and remote reviews, for our inpatient and community rehabilitation members.
- Conducting standards revision and launch fifth edition inpatient rehabilitation standards.
- Supporting services working with the first edition community rehabilitation standards.
- Collaborating with members to create a video campaign advertising the work of the Rehab Network.
- Continuing to support our community rehabilitation members and through the Developmental and Accreditation process.
- Continuing to facilitate bi-monthly network meetings.
- Conducting Special Interest Days.
- Facilitating peer reviewer training days.
- Attending and presenting at wider external events i.e. Faculty of Rehabilitation and Social Psychiatry Conference 2025.
- Continuing to gather feedback from the network, covering all aspects of membership to shape innovation to members' needs.



# Events

## 2024- Events

- Faculty of Rehabilitation and Social Psychiatry Conference
- Rehab Annual Forum: **Engagement with meaningful activities: Everybody's business**



## 2025- Events

- Face-to-face inpatient and community rehab peer reviews: Jan-Feb 2025

**Bristol Community Rehab- face-to-face Accreditation Review – Bristol Mental Health -**  
Date: 28/01/2025

**Cromwell House- face-to-face Accreditation Review- Herefordshire and Worcestershire Health and Care NHS Trust**  
Date: 18/02/2025

**Keith Winter House-face-to-face Accreditation Review-Herefordshire and Worcestershire Health and Care NHS Trust**  
Date: 19/02/2025

- Remote Peer Reviewer Training: **12th February 2025**

- Webinar: **The Development of the QuIRC tool**

- Annual Forum 2025

- Faculty of Rehabilitation and Social Psychiatry Conference 2025



# Conclusion

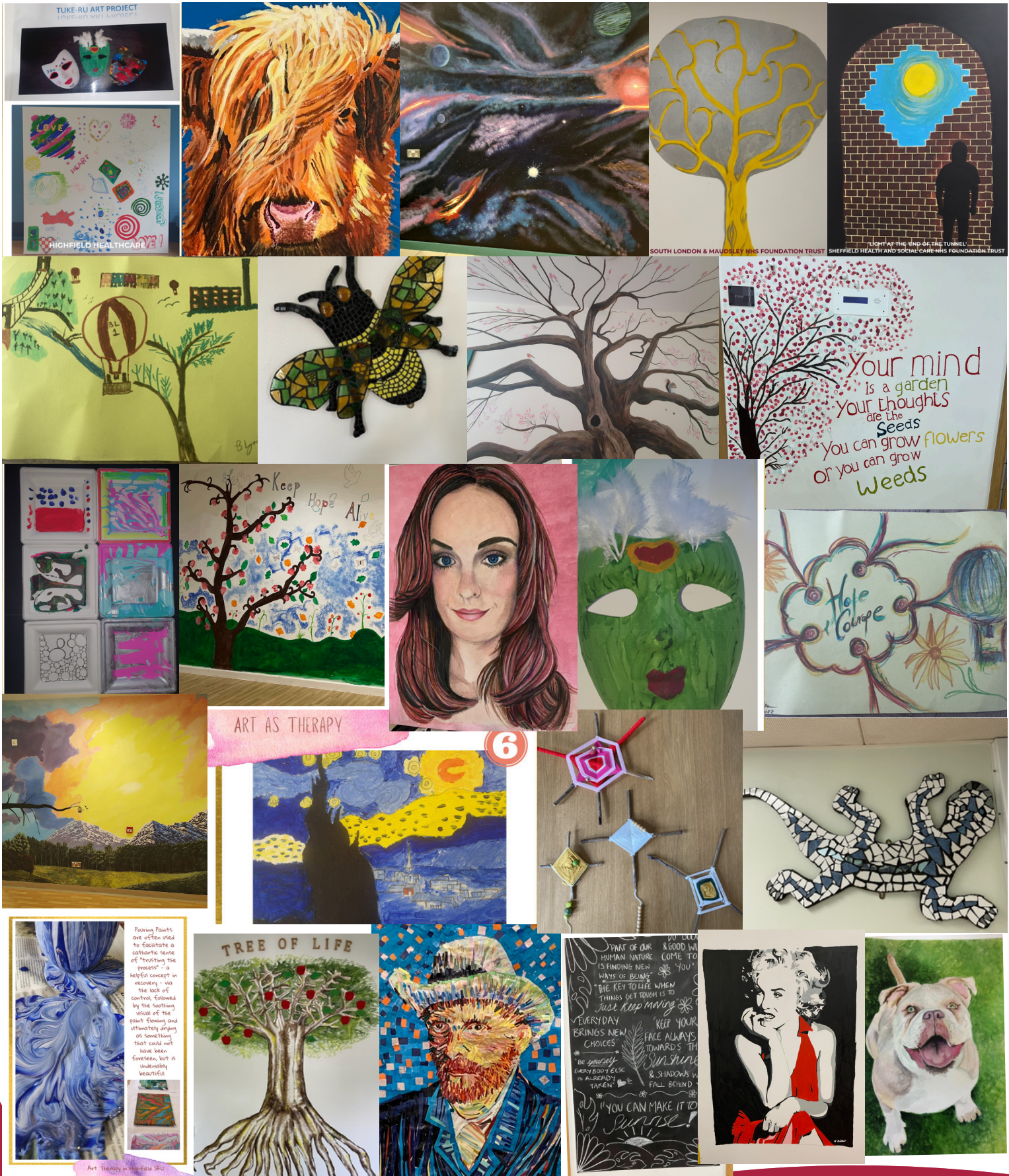
The Quality Network for Mental Health Rehabilitation Services is stronger than ever. The healthy membership base is continually expanding and participation in events and reviews is increasing. New membership types are allowing more services to participate and a new set of standards is enabling the network to measure quality improvements over time.

However, there is still more work to be done. We have seen few services withdraw due to service reconfiguration and there is anecdotal evidence of a trend throughout England, at least, for trusts and commissioners to re-evaluate the way that rehab services are being commissioned and delivered. This will not be a surprise to many working within the field and makes it even more important that there are strong messages about the value of providing good quality, effective rehab services.

The network will continue to expand its profile and support services in this endeavour.



# Patients co-produced art work 2022-2024



# Patients co-produced art work 2024



# Patients co-produced art work 2024

## Halloween "Craffle"



This year the ward hosted a "Craffle", a cakes and raffle event for the whole hospital to attend, selling sweet treats and the chance to win a hamper. The patients helped make a variety of cakes, cookies and cheesecakes and raised £120.



For this year's OT week, the patients joined in creating a display of small canvases each describing "what OT means to them."



# Rehab Occupational Therapy Poster

Central and North West London NHS Foundation Trust

## REHABILITATION OCCUPATIONAL THERAPY

Is there more to it than you think?

Some of the factors we consider when assessing and working with individuals.....

**Before going:**  
**Assessing cognition and planning skills:**

- Is the person able to make a shopping list?
- Can the person prepare themselves independently? (get their money and bus pass)
- Does the person know the route to the shops?

**The journey to the bus stop:**  
**Assessing road safety skills:**

- Is the client orientated to their surroundings?
- Is the client able to safely judge when to cross the road or not?

**On the bus:**  
**Assessing cognition, interaction and behaviour:**

- Can the client recognise the bus number?
- Use their bus pass appropriately?
- How is their interaction and behaviour around others?
- Does the client: press the button for the right stop? Demonstrate awareness of their surroundings? (eg. Looking at the bus display)

**Shopping**

**In the shop:**  
**Assessing planning skills:**

- Does the person get a basket?
- Have they planned what to buy already?

**Assessing cognition, orientation, problem solving, decision making and process skills:**

- Does the person choose items independently or do they rely on staff? Look at the prices and the different types of item for sale? Pick up appropriate sizes/weights? Look in the appropriate area of the shop for what they want? (eg. dairy in the refrigerated areas). Consider expiration dates in relation to when they want to cook?
- Are they able to focus or do they get distracted by other displays/promotions?

**Assessing budgeting and problem solving and adding skills:**

- Has the person added up the cost of the items?
- Does the person have enough money?
- Can the person make an appropriate decision to adapt and solve it if they don't have enough money?

**Assessing interaction and communication skills:**

- Can the person wait in a queue?
- How is their body language and non-verbal skills?
- Can the person speak to strangers, for example to say 'excuse me'?
- Does the person respond when spoken to by others? How do they respond?

**Assessing motor skills:**

- Can the person pack the carrier bag? Can the person carry the bag?
- How does the person manipulate money? **Money/process skills.**
- Does the person hand over enough money? Too little? Too much?
- Does the person hand the money over when asked?
- Does the person wait for their change and a receipt?

**Motor Skills**

- To be able to stand to complete the task
- To be steady and stable
- To have coordination to manage tasks such as handling pans, stirring food. Serving food.

**Communication and Interaction**

- Communicate appropriately with others as necessary
- Build relationships and share the meal with others

**Pattern of Occupation**

- Organise the cooking at appropriate time (e.g dinner in the evening)
- To take responsibility for preparing the meal
- To be able to plan regular cooking sessions for the week.

**Process Skills**

- Knowledge of the task (e.g knowing when food is cooked)
- Able to seek and retain information (e.g follow a recipe or remember a previous recipe)
- Plan, sequence and complete a task (e.g being able to concentrate throughout and knowing how long items need to be cooked for and in what order).
- Organise necessary equipment and resources (e.g ingredients and making sure you have the right amount of pans)
- Problem solve (e.g how to open a packet, what to do if something is ready early or something is taking a long time to cook and the rest of the meal is ready).

Cooking

**Self Care**

**PERCEPTUAL**

- Spatial awareness
- Appreciation of form
- Colour
- Visual sense
- Praxis (ability to perform a previously learned task)

**ENVIRONMENT**

- Physical surroundings and objects (i.e. light, temperature)
- Tools and materials
- Culture norms
- Access

**SENSORY SKILLS**

- Hand-eye co-ordination
- Proprioception (your brain's awareness of the position of your body)
- Visual senses
- Auditory senses
- Olfactory senses
- Taste senses
- Awareness of temperature and pressure
- Body awareness

**COGNITIVE**

- Motivation
- Knowledge of task
- Decision making
- Memory
- Problem solving
- Logical and sequential thought
- Organisational skills
- Safety awareness
- Concentration
- Hygiene awareness
- Awareness of responsibility

**MOTOR SKILLS**

- Mobility
- Co-ordination
- Balance
- Weight transfer
- Posture
- Upper and lower limb muscle strength
- Stretching, reaching, bending
- Fine motor skills - grip, manipulation, Calibration

**What are the components of brushing teeth?**

**SEQUENCING**

- Walk to the bathroom, turn light on and position yourself by the sink (ensure you are facing the sink)
- Select tools (tooth brush, toothpaste)
- Turn on cold water and wet bristles of toothbrush
- Unscrew toothpaste cap and apply the toothpaste to the toothbrush
- Bring toothbrush with paste up to mouth and begin brushing your teeth
- Split the toothpaste into the sink and rinse your mouth out with cold water
- Rinse toothbrush under water and shake water out of the brush.
- Put the cap back on to the toothpaste

**APPLYING FOR A JOB: its not just employment**

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- Comprehension
- Ability / Select
- Research
- Skills
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**MOTOR SKILLS - Assessing**

- Mobility
- Co-ordination
- Balance/Position
- Posture
- Upper and lower limb muscle strength
- Movement of shoulder, arm, elbow, finger
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- Fine motor skills - grip, manipulation (Keyboard/Mouse)
- Calibration

**RELEVANCE & MEANING**

- Learn new skills
- Financial
- Independence
- Purpose

**SOCIAL - Assessing**

- Communication
- Interaction
- Cultural norms and values

**TOOLS / SPACE**

- Computer
- Keyboard
- Mouse
- Pen/Paper
- Everything in arms reach
- Room

**SENSORY SKILLS - Assessing**

- Hand-eye co-ordination
- Proprioception (your - brain's awareness of the position of your body)
- Visual senses
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- Awareness of pressure
- Body awareness

**WHAT WE ASSESS**

- Body Functions/Structures
- Mental - Physical
- Sensory
- Speech
- Planning Skills
- Have an idea of type of work
- Skills/Experience
- Do they have a CV
- Can they write CV
- Do they have a routine
- Can they use the mouse / keyboard
- Use search engine (Google)
- Follow instructions
- Problem Solving
- Plans ahead
- Can they make an application
- Respond to unexpected mistakes
- Communication
- Interaction
- Process
- Retain
- Focus
- Concentrate
- Motivated
- Engages
- Asks questions
- Comes prepared

**Environment**

- To be able to use a kitchen environment.
- To ensure you can use the oven/hob effectively and safely.
- To manage the demands of the activity (e.g. adjust the cooking temperature)

**Motivation**

- To have an idea of what to cook e.g. Choose a meal to make.
- To have an interest in cooking.
- To know your limitations (e.g not try and cook something that is beyond your skills and experience).

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- Research
- Skills
- Basic Literacy and Numeracy

**MOTOR SKILLS - Assessing**

- Mobility
- Co-ordination
- Balance/Position
- Posture
- Upper and lower limb muscle strength
- Movement of shoulder, arm, elbow, finger
- Stretching, reaching, bending
- Fine motor skills - grip, manipulation (Keyboard/Mouse)
- Calibration

**RELEVANCE & MEANING**

- Learn new skills
- Financial
- Independence
- Purpose

**SOCIAL - Assessing**

- Communication
- Interaction
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**TOOLS / SPACE**

- Computer
- Keyboard
- Mouse
- Pen/Paper
- Everything in arms reach
- Room

**SENSORY SKILLS - Assessing**

- Hand-eye co-ordination
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- Visual senses
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- Body awareness

**WHAT WE ASSESS**

- Body Functions/Structures
- Mental - Physical
- Sensory
- Speech
- Planning Skills
- Have an idea of type of work
- Skills/Experience
- Do they have a CV
- Can they write CV
- Do they have a routine
- Can they use the mouse / keyboard
- Use search engine (Google)
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- Problem Solving
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- Comes prepared

Self Care

**PERCEPTUAL**

- Spatial awareness
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- Colour
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- Physical surroundings and objects (i.e. light, temperature)
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**To find out more about the quality network and how to join,  
please visit our website:**

[www.rehab@rcpsych.ac.uk/rehabilitation-services](http://www.rehab@rcpsych.ac.uk/rehabilitation-services)

**Or contact a member of our team:**

Quality Network for Mental Health Rehabilitation Services  
Rehab The Royal College of Psychiatrists  
21 Prescot Street London E1 8BB

[rehab@rcpsych.ac.uk](mailto:rehab@rcpsych.ac.uk)  
0208 618 4113

# Appendix: List of services involved

- Cygnet Healthcare
- South London and Maudsley NHS Foundation Trust
- Central and North West London NHS Foundation Trust
- Oxford Health NHS Foundation Trust
- Leeds and York Partnership NHS Foundation Trust
- Making Space
- Highfield Healthcare
- NHS Highland
- Alternative Futures Group
- Coventry & Warwickshire Partnership Trust
- Sheffield Health & Social Care NHS Foundation Trust
- Oxleas NHS Foundation Trust
- Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust
- Belfast Health and Social Care Trust
- Cornwall Partnership NHS Foundation Trust
- Priory Group
- Somerset Foundation Trust
- Lincolnshire Partnership NHS Foundation Trust
- Second Step
- NHS Tayside
- Navigo Health and Social Care CIC
- Bristol Mental Health
- Hertfordshire Partnership NHS Foundation Trust
- Derbyshire Healthcare NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust
- Southern Health NHS Foundation Trust
- Norfolk and Suffolk NHS Foundation Trust
- NHS Greater Glasgow and Clyde
- Northamptonshire Healthcare NHS Foundation Trust

# Evidence Guidance

Throughout accreditation review processes, it was noted that some standards were regularly scored as unmet, due to incorrect or insufficient evidence submission.

Below are some suggestions and advice for services regarding evidence guidance.

- **Label all evidence** – Please label each document with the relevant standard number.
- **Redact all evidence** – Please ensure you have fully redacted all documents of any identifying information (this includes patients and staffs' full names). Anything that is not fully redacted will be deleted.
- **Your Response** - Providing a short, written response to each standard scored as 'not met' along with evidence is helpful for the committee. This gives you the chance to explain the evidence provided in your own words, or any inaccuracies in the report.
- **Training Standards** – If you need to provide evidence in relation to any standards about training, it is advisable to provide this in a matrix format. Where training is out of date you should provide evidence of training having been booked for the near future. The Project Team have a matrix template – if you have not received this please request this from the team.
- **Patient Notes** – Some of the standards are best evidenced from health records/patient notes e.g. standards from the 'Admission and Discharge' and 'Care and Treatment' sections. If you have 'not met' a standard that would be traditionally evidenced using patient notes the committee request that the service provides 1 example from patient notes (redacting identifying information) and an audit to show that this has been completed in each record. If you are sending a long document (e.g. minutes from a meeting or long care plan, please highlight the relevant sections).
- **Policies** – Policies must be ratified (not in draft format) and up to date. If this isn't possible it is advisable to provide email evidence that this has been flagged to the relevant people or include this in your service response.
- **If in doubt** – use the discussion forum to get advice from other members or ask the project team for advice. We're happy to help!

**Please note that while the project team can provide advice/suggestions, the Accreditation Committee is responsible for scoring standards and decisions regarding whether evidence is sufficient to meet the standard.**

# Mental Health Rehabilitation Services Typology Table

## Faculty of Rehabilitation & Social Psychiatry

### Royal College of Psychiatrists

### March 2019

	<b>High Dependency Rehabilitation Unit</b>	<b>Community Rehabilitation Unit</b>	<b>Longer Term High Dependency Rehabilitation Unit</b>	<b>Highly Specialist High Dependency Rehabilitation Unit</b>	<b>Low Secure Rehabilitation Unit</b>
<b>Client group</b>	Severe symptoms, (multiple) co-morbidities, significant risk histories, ongoing challenging behaviours.  Most referrals (80%) come from acute inpatient units, and 20% from forensic units.  Most patients detained under MHA.	Ongoing complex needs so cannot be discharged directly from high dependency rehab unit to supported accommodation.  Most referrals from high dependency rehab unit or acute inpatient unit.  Can take detained patients if registered as a ward (may have CTO/S41 patients if not registered as ward).	High levels of disability from treatment refractory symptoms and/or complex co-morbid conditions that require longer period of inpatient rehabilitation to stabilise. Significant associated risks to own health/safety and/or others. Most referrals from high dependency rehab unit. Most patients detained under MHA.	Specific co-morbidities that require very specialist approach e.g. psychosis plus traumatic brain injury, degenerative neurological disorder or Autism Spectrum Disorders. Challenging behaviour is often a significant issue. Most referrals from acute inpatient units and other inpatient rehabilitation units. Most patients detained under MHA.	History of offending and/or severe challenging behaviour. Most referrals from medium secure or other components of forensic system. All patients detained under the Mental Health Act (usually Part 3).
<b>Commissioned by</b>	Local Clinical Commissioning Groups (CCG)	CCGs	CCGs	NHSE (individual places can be commissioned by CCGs)	NHS England.
<b>Focus</b>	Thorough assessment, engagement, maximising benefits from medication, reducing challenging behaviours, psychosocial interventions, re-engaging with families and communities. Step down for forensic services and repatriation of people from out-of-area placements.	Facilitating further recovery, managing medication (self-medication), psychosocial interventions (CBT, family work), gaining skills for more independent living including ADLs and community activities (leisure, vocational).	To stabilise symptoms and challenging behaviours adequately such that function improves and move on to a less supported component of the rehabilitation pathway becomes feasible. Interventions as for high dependency and community rehabilitation units but in a highly supported setting.	To stabilise symptoms and challenging behaviours adequately such that function improves and move on to a less supported component of the rehabilitation pathway becomes feasible. Managing challenging behaviours and physical aspects of co-morbidities are most common areas for intervention.	Assessment and management of risk alongside complex mental health problems. Includes therapeutic engagement, maximising benefits from medication, reducing offending/challenging behaviours, encouraging ADL skills.
<b>Recovery goal</b>	Move on to community rehabilitation unit or supported accommodation.	Move on to supported accommodation	Move on to community rehabilitation unit or supported accommodation.	Move on to a specialist, long term supported accommodation facility.	Move on to high dependency rehabilitation unit, community rehabilitation unit or supported accommodation.
<b>Location</b>	Usually hospital based	Community based	Usually hospital based	Hospital based	Hospital based regional secure

## **References on the development of the QuIRC tool:**

Killaspy, H., King, M., Wright, C. et al. (2009). Study protocol for the development of a European measure of best practice for people with long term mental health problems in institutional care (DEMoBinc). *BMC Psychiatry*, 9:36.

Taylor T.L., Killaspy H., Wright, C., et al. (2009). A systematic review of the international published literature relating to quality of institutional care for people with longer term mental health problems. *BMC Psychiatry*, 9:55.

Turton P., Wright C., White S. et al. (2010). Promoting recovery in long-term mental health institutional care: an international Delphi study of stakeholder views. *Psychiatric Services*, 61:293-299,

Killaspy, H., White, S., Wright, C. et al. (2011). The development of the Quality Indicator for Rehabilitative Care (QuIRC): A measure of best practice for facilities for people with longer term mental health problems. *BMC Psychiatry*. 11:35.

Killaspy, H., White, S., Wright, C. et al. Association between service user experiences and staff rated quality of care in European facilities for people with longer term mental health problems. *PLoS One* 2012, 7(6): e38070. doi:10.1371/journal.pone.0038070