QNLD SPECIALIST INPATIENT REHABILITATION MENTAL HEALTH SERVICES

INTERIM PILOT REPORT

Report Author - Isabella Sanders, QNLD Deputy Programme Manager

Background

In 2022 a steering group was established to develop a new set of quality standards for inpatient learning disability services that work beyond an initial 6-month acute assessment and treatment phase and where the key focus is on further treatment and re-integration of people back into the community. Recruitment of teams from across the UK took place, within both the NHS and private sector. Teams were asked to express interest in a 3 year pilot programme, completing an initial developmental cycle with the potential to complete a further accreditation cycle. The services selected to take part in the pilot included a range of service models to thoroughly evaluate the applicability of these standards within different settings. This work is feeding into wider NHS England workstreams looking at defining the role of rehabilitation within learning disability services.

The first edition of the standards were published in 2023 and be found here: Standards

Teams were fully funded by NHSE for Year 1 and received part funding for Year 2 and 3.

This report reviews a snapshot of results from the first cycle of developmental reviews, a larger report evaluating all data from developmental and accreditation cycles will be published at the end of the 3 years.

The Services

The following teams were accepted to take part in the pilot.

Ward Name	Trust or Organisation	Type of Service	Status
Eastway ATU	Cheshire and Wirral Partnership NHS Foundation Trust	Assessment and Treatment	Developmental Cycle Completed in 2024 Completing Accreditation Cycle in 2025
Greenways ATU	Cheshire and Wirral Partnership NHS Foundation Trust	Assessment and Treatment	Developmental Cycle Completed in 2024 Completing Accreditation Cycle in 2025
Clerkenwell Ward	East London NHS Foundation Trust	Low Secure	Developmental Cycle Completed in 2024 Accreditation Cycle not started
Shoreditch Ward	East London NHS Foundation Trust	Medium Secure	Developmental Cycle Completed in 2024 Completing Accreditation Cycle in 2025
Tarentfort Centre	Kent and Medway NHS and Social Care Trust	Low Secure	Developmental Cycle Completed in 2024 Completing second Developmental Cycle in 2025
Brookfield Centre	Kent and Medway NHS and Social Care Trust	Rehabilitation	Developmental Cycle Completed in 2024 Completing second Developmental Cycle in 2025

Langley Ward	Tees, Esk & Wear Valleys NHS Foundation Trust	Forensic Rehabilitation	Developmental Cycle Completed in 2024 Completing Accreditation Cycle in 2025
Oakwood Ward	Tees, Esk & Wear Valleys NHS Foundation Trust	Forensic Rehabilitation	Developmental Cycle Completed in 2024 Completing Accreditation Cycle in 2025
Loirston Ward	NHS Grampion	Assessment and Treatment	Developmental Cycle Completed in 2024 Completing second Developmental Cycle in 2025
Redwood Ward	Cygnet Healthcare	Rehabilitation	Developmental Cycle Completed in 2024 Accreditation Cycle not started
Alexander House	Nottinghamshire Healthcare NHS Foundation Trust	Locked Rehabilitation	Service no longer part of pilot due to closure. Developmental Cycle not completed
Water Meadow View	Lancashire and South Cumbria NHS Foundation Trust	Acute Inpatient, opening 2025	Developmental Cycle Completed in 2025 Accreditation Cycle not started
Whalley Learning Disability Unit	Lancashire and South Cumbria NHS Foundation Trust	Inpatient Service	Developmental Cycle Completed in 2025 Accreditation Cycle not started
Lower Harleston Ward	St Andrews Healthcare	Low Secure	Developmental Cycle Completed in 2025 Accreditation Cycle not started
Sunley Ward	St Andrews Healthcare	Low Secure	Developmental Cycle Completed in 2025 Accreditation Cycle not started

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Oak Ward	St Andrews Healthcare	Medium Secure	Developmental Cycle Completed in 2025 Accreditation Cycle not started
Church Road	St Andrews Healthcare	Low Secure	Service no longer part of pilot due to external circumstances. Developmental Cycle not completed
Sycamore Ward	St Andrews Healthcare	Medium Secure	Developmental Cycle Completed in 2025 Accreditation Cycle not started
Coveberry Oldbury	CareTechLtd	Rehabilitation	Developmental Cycle Completed in 2025 Accreditation Cycle not started
The Kingfisher Inpatient & Outreach Service	Avon & Wiltshire Mental Health Partnership NHS Trust	Rehabilitation, opening 2025	Currently undertaking Developmental cycle in 2025
Unnamed Service	NHS England – Southwest	Open date TBC	Developmental Cycle not started

Developmental Process

10 teams completed a developmental review in 2024. Teams were invited to score themselves 'Met', 'Not Met', 'Partly Met or 'N/A' against all of the newly developed standards during a 3-month period of self-review. Teams were invited to provide supporting evidence and complete case note audits, surveys of staff, patients and carers. This was not mandatory but encouraged.

Teams then received a one-day peer review where 2-3 professionals from other Learning Disability Services visited and discussed how standards are being met, what challenges were being faced, and areas that could be further developed.

A report containing all the self-review and peer review data was then sent. Teams were also provided with a guidance document on how best to use their developmental report and a suggested timeline for action planning.

As this was a developmental cycle with aims to explore the applicability of the standards in a variety of settings, standards were marked by the review team relying largely on the self-review data provided by the teams, peer review discussions and any voluntary feedback from staff, patients, and carers. Any evidence that was provided may not have met the threshold for accreditation if submitted for an accreditation cycle. This was noted throughout reports where applicable.

Report outcomes
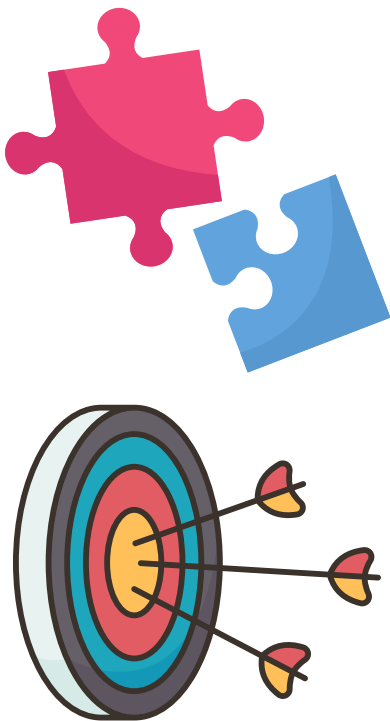
Challenges and Goals

At the point of self-review, all teams were asked to detail the main challenges their ward/unit was currently facing and what their goals for the developmental process were.

- **All 10** teams referenced insufficient staffing, issues with retention, lack of career development or recruitment. A common theme was the challenge of recruiting Learning Disability Nurses. Out of the 10 teams, only 4 had majority registered learning disability nurse staffing.
- **6 out of 10** teams made reference to environmental challenges and their current facilities not being suitable for their patient group. Examples included not having adapted kitchen spaces for patients to use, spaces unsuitable for sensory needs and the need for better utlisation of the outdoor space.

Other themes mentioned by teams were:

- An increase in delayed discharges and the need for robust pathways to support patients.
- Lack of suitable community placements or activities for patients to engage in within the community.

All teams noted they were hoping to learn from other services through the developmental process and understand how similar teams approach the challenges they outlined.

Commonly 'Not Met' or 'Partly Met' Standards

Standard	Why services did not meet this standard	Recommendations from the peer review Team
73 - Type 1 - Patients and staff members feel safe on the unit **40% Partly Met**	Patient and staff feedback for this standard was often mixed and those spoken to mentioned fluctuations in their sense of safety. Across the services this was usually attributed to lower staffing levels from either vacancies or escorted leave. Increased acuity or complexity of the patient population was also mentioned.	Peer review teams encouraged teams to utilise as many opportunities as possible for staff to discuss their feelings on safety, ensuring this is specifically discussed within supervisions and reflective practice sessions. For patients, a peer review team highlighted practice from their own service with the use of red, amber and green stickers patients could attach to their door, corresponding to their sense of safety each day. Staff were able to then engage with patients to find out why they had chosen a specific colour and what could be done to support them.
85 - Type 1 - Patients and carers are regularly asked for their feedback about their experiences of using the service and this is used to improve the unit. **40% Partly Met**	Services discussed difficulties in collecting feedback from carers and family members. While services noted they were more successful in gathering patient feedback, engagement did vary when patients had been admitted for a long time.	Peer review teams highlighted the importance of formalising informal feedback such as cards or conversations, ensuring this informal feedback is recorded. Review teams often also highlighted the need to include compliments in feedback analysis to evaluate why a positive experience was had and how this could be replicated. For carers peer review teams recommended utlising focus groups, phone calls upon discharge from the carers champion and online feedback forms that could be accessed at any time. For patients peer review teams recommended 'you said, we did' posters and group patient meetings.
95 - Type 1 - Carers are supported to access a statutory carers' assessment provided by an appropriate agency **50% Not Met or Partly Met**	Services often did not have specific information for carers about what a carers assessment is and how they could access one. On occasion there was confusion about whether carers at the service were eligible for assessment.	Recommendations included ensuring information on carers assessment and who an assessment is for, is included in carers information packs given at the point of admission. Services who have carers champions could also utilise this role to signpost carers to accessing an assessment.

147 - Type 1 - All clinical staff members receive clinical supervision at lease monthly or as otherwise specified by their professional body **70% Not Met or Partly Met**	Those who did not meet this standard were often not meeting the requirement for supervision to take place monthly. Some services held management and clinical supervision jointly. Some teams did not have a monitoring process to confirm compliance.	Peer review teams expressed the importance of regular supervision sessions and the benefits of being able to discuss issues relating to clinical and management matters separately. Peer review teams encouraged the use of a system to monitor supervision compliance, for those without software for this, the review team recommended this was completed manually via spreadsheet.
128 - Type 2 - Patients have access to a sensory room - **80% Not met or Partly Met**	Services not able to meet this standard were largely restricted by environmental factors and not having a room available. Some services were in the process of re-designing their sensory spaces.	Peer review teams encouraged those currently in the process of re-designing or implementing sensory spaces to consult with patients and carers on how these spaces should look and what items patients would like to see available. Peer review teams also recommended the use of portable sensory baskets that could be used in a variety of spaces to support patients whilst a designated space was arranged. Services were encouraged to think about the sensory aspects of their overall units in addition to the sensory room and conduct audits of the environment to review its suitability for those with sensory needs.
185 - Type 2 - Feedback received from patients and carers is analysed and explored to identify any difference of experiences by protected characteristics **90% Not Met or Partly Met**	Services noted a lack of specific process for analysing protected characteristics and limited availability of information on carers demographics to be able to carry out this type of analysis.	Peer review teams recommended collecting this data at the point of admission for patients and carers as well as ensuring demographic based questions are included on all surveys/feedback forms given to carers. Peer review teams noted it is important to create action plans from any feedback analysis. They also noted that services could utilise their Trusts participation and engagement team to support the establishment of regular data collection and process for analysing this.

Quotes from the Surveys

Staff views on what their services were doing well

- The difference we make to patients lives
- Good team and good culture
- The standard of care and the patient being at the heart of everything
- Good Record Keeping
- The unit is very inclusive, supports progress and provides training
- The care received by patients is tailored to their wishes
- Patients have a good relationship with staff and can approach them when they need to
- Patients have a voice

Staff views on what their services could be doing better

- The Environment is unsuitable
- A quicker recruitment process to ensure a full staff team is available
- Improving communication between the MDT and frontline staff
- More opportunities for patients to do activities in the community and to be outside in nature more
- Recruitment and retention of LD Nurses
- More LD and Autism training for all staff
- Create more time for staff to get together as a team such as in huddles or in team training

Carer views on what their services were doing well

- The entire team work together really well and my family member is in a safe environment
- It's a welcoming place
- Thorough assessment, care planning, implementation and evaluation. Good communication
- The staff work hard and there is real care for patients welfare
- The food is of good quality and healthy

Carer views on what their services could be doing better

- There is no plan for the future
- More group activities and things to occupy the patients
- Better spaces for visitation, the option to visit in the garden where there is more space would be beneficial
- More day-to-day engagement from staff with the patient

Patient views on what their services were doing well

- I like almost everything
- Nice staff and good nurse
- Staff treat me with respect here and I love the food
- I enjoy my time off ward going to the shops
- I like staying here because it makes me feel really safe and secured
- They arrange meetings with my family
- There is a movie night

Patient views on what their services could be doing better

- There is no structure to the day, not enough activities
- I sometimes feel involved in my care, but put trust in people and then they let me down
- Information is sometimes shared without asking me first
- I would like to go out on activities everyday - not enough staff
- I don't know about my care plan
- I want a copy of my care plan

Good Practice Highlighted by the Peer Review Teams

☐ **'About Me' posters on patients' doors -** These were laminated posters with a fun photo of the patient and information boxes on their favourite foods and what activities they liked to do. Posters act as a conversation starter between bank/agency staff and patients, engaging them in a discussion on something they enjoy.

☐ **Paid and Voluntary roles** - Positions in local cafes or onsite tuck shops gave patients the opportunity to develop a variety of skills.

☐ **PBS Workbook -** Developed by psychology, patients and staff complete the workbook collaboratively. The workbook is interactive and designed to enable patients to have ownership over the document and take it with them upon discharge. It is comprised of talking mat style cards with corresponding stickers to stick to various different sections.

☐ **Collaborative approach to restrictions** - To support the reduction of restrictions, patients are involved in regular meeting to review any ward restrictions. Patients are supported to understand why restrictions have been put in place and are supported to feedback.

☐ **Supporting transition -** Patients are able to familiarise themselves with the new ward ahead of their admission. Staff from the ward will also visit patients at the ward they are transferring from. Similar processes are in place for discharge with a joint working approach with the new care team. Families and carers are encouraged to provide input on these processes and are invited to all meetings.

☐ **Staff Wellbeing** - Services offered counselling for staff following incidents, establishing a staff wellbeing group, 'Recognition and Thank You' boards, opportunities for flexible working and additions to the staff room such as fridges with snacks and drinks.

Accreditation

Following the Developmental Reports, the QNLD team met with each of the 10 teams to reflect on the process and discuss the next step of accreditation.

The accreditation cycle is more rigorous with mandatory self-review commentary, provision of evidence and survey targets. On the review day feedback from patients and carers is a requirement however QNLD are flexible with this.

Not met standards following the peer review will be reviewed by the QNLD Accreditation Committee with additional evidence provided before a decision is made on the accreditation award.

Reflections and Next Steps

Throughout the pilot the QNLD team recognised the need to formalise the developmental process and create specific documentation outlining how best to utilise the developmental report. The QNLD team developed a framework for post-report meetings and devised a new guidance document and timeline for teams to utilise. The document can be found here: How to use your Developmental Report . New guidance documents were also created collating all information and materials to support teams through their cycle.

All teams spoken to noted they had found the developmental cycle a positive experience and had benefited from the learning highlighted during the peer review. QNLD asks all teams to complete a post-review survey. Below are some of the responses:

What did you find most useful about the peer review day?
'Sharing knowledge and experiences of the peer review team, helping us to see potential gaps that we had not considered'

'Very relaxed and good reflective space and time to show off the good practice we do daily'

'The process and the review day were very supportive'

What did you learn or takeaway from the peer review team?

'We were overly critical and should shout more about the good work we do'

'Lots of ideas for improving the way in which we involve patients and carers in their care'

Although the developmental process does not require submission of evidence or provision of surveys, many teams used the opportunity to gain feedback on pieces of evidence. The QNLD team provided

additional guidance to teams within the reports, specifically highlighting documents that would not meet the standard if they had been submitted for accreditation and making recommendations for both the services' long term development and for preparation for the next cycle.

Following completion of the 3-year pilot period, a second report analysing all cycle data will be produced. The standards will also be reviewed, feedback from the pilot teams will be sought to feed into this. The project team expect the first specialist inpatient rehabilitation mental health service for adults with a learning disability to be accredited by the end of 2025.

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