REHABILITATION

QUALITY NETWORK FOR MENTAL HEALTH REHABILITATION SERVICES

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Standards for Community Mental Health Rehabilitation Services

First Edition

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A manual of standards written primarily for:

Community Mental Health Rehabilitation Services

Also of interest to:

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

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Foreword

Welcome to this first edition of the Royal College of Psychiatrists' Centre for Quality Improvement's **'Standards for community mental health rehabilitation teams'**. The NICE Guideline *(NICE Clinical Guideline 181; Mental health rehabilitation for people with complex psychosis, 2020)* recommends that all mental health systems should include a local rehabilitation pathway for people with more complex mental health problems, comprising both inpatient rehabilitation units and community rehabilitation teams that provide specialist clinical input to people living in supported accommodation. These new community rehabilitation team standards have therefore been developed to complement those for inpatient rehabilitation services, which are now in their fourth edition, and will ensure that the existing rigorous and supportive quality assessment and improvement processes that we have been using for inpatient rehabilitation services are extended to community rehabilitation services for the first time. This is an important development, since the number of community mental health rehabilitation teams has been growing in recent years; currently, around two-thirds of NHS mental health trusts have one and it is expected that all trusts will have one within the next two years *(Getting It Right First Time Programme for Mental Health Rehabilitation Specialty Report, 2022)*.

The community rehabilitation team standards were developed through a series of consultations with expert stakeholders to ensure they are relevant, useful and congruent with both the existing inpatient rehabilitation standards and with NICE Guidance *(NICE, 2020)*. The standards are used to assist teams to review their existing practice and identify areas where they may need to improve their practice. Evidence from local service policies, case note reviews, questionnaires and interviews with front-line staff, service users and carers by teams of trained peer reviewers is collated to inform whether a service can be formally accredited with the REHAB Quality Network kitemark. Alongside the standards and accreditation processes, members of the REHAB Quality Network can also access our regular quality improvement events where clinical experiences can be shared and approaches and interventions to enhance service quality are disseminated. As well as providing a process for recognising services that are delivering good quality care, the primary aim of the REHAB accreditation process and wider activities of the Quality Network is to optimise the quality of services delivered to people with complex mental health problems.

The REHAB Quality Network depends on the invaluable contributions and enthusiasm of members and I would like to take this opportunity to thank you for all your support to date.
We look forward to seeing you at a Quality Forum soon!

Professor Helen Killaspy
Chair, Advisory Group
REHAB Quality Network
Royal College Centre for Quality Improvement

Katherine Barrett	Maurice Arbuthnott
Patient Representative	Patient Representative
Member of the Advisory Group	Member of the Accreditation Committee
Quality Network for Mental Health Rehabilitation Services	Quality Network for Mental Health Rehabilitation Services

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Introduction

The Quality Network for Mental Health Rehabilitation Services (REHAB) works with wards and units to improve the quality-of-care patients with complex and enduring mental illness 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 first edition standards are drawn from key documents and expert consensus, as well as from the 4th edition inpatient standards 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 and community 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 community 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.

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.

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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 |

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Standards for Community Mental Health Rehabilitation Services

NUMBER	TYPE	STANDARD	Ref.
		Access, Assessment, Care & Treatment	
1.1	**2**	The service reviews data at least annually about the people who use it. Data are compared with local population statistics and action taken to address any inequalities of access that are identified	1,2
1.2	**2**	The service provides information about how to make a referral, and waiting times for assessment and treatment.	2,5,6,7, 8
1.3	**2**	The team assess patients, who are referred to the service, within an agreed timeframe.	2, 10,11

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1.4	1	There are systems in place to monitor waiting times and ensure adherence to local and national waiting times standards. Guidance: There is accurate and accessible information for everyone on waiting times from referral to assessment and from assessment to treatment	11

Access and Assessment

Preparing for the Assessment

2.1	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 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	2,8,13, 14,15, 16,

Care & Treatment

Initial Assessment

3.1	1	Patients are made to feel at ease at their initial meeting. Guidance: Staff members introduce themselves to patients and address patients using the name and title they prefer.	2, 17, 18

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3.2	**1**	Patients have a comprehensive evidence based assessment, which is produced collaboratively and includes their: - Mental health and medication - Psychosocial and psychological needs - Strengths and areas for development - Suicide risk.	2,3,13, 16,19
3.3	**1**	A physical health review takes place as part of the initial assessment, or as soon as possible.	2, 4 20,21,
3.4	**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 and risk from others.	2,3,8, 22,23
3.5	**1**	All patients have a documented diagnosis and a description of person's current situation, including presenting problems, unmet needs, strength & goals. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation is devised.	2,24 .

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3.6	2	The team sends correspondence detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the completion of the assessment and a decision is made. The patient is also informed in this time frame.	25
3.7 M	2	Immediate social stressors and social networks are identified and recorded, including financial, housing, educational and vocational needs	77
3.8	1	The patient is asked if they have a carer, and if so, the carer's name is recorded	77, 9
3.9 M	1	Assessments and care plans are completed collaboratively and identify goals with positive risk in mind. If interventions are time limited, this is made clear to the patient.	78

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Following up patients who do not attend appointments

4.1	1	If a patient does not attend for an assessment/appointment, the assessor contacts the patient and, if necessary, the referrer. Guidance: If the patient is likely to be considered a risk to themselves or others, the team contacts the referrer immediately to discuss a risk action plan.	2,3,26

Reviews and Care Planning

5.1	1	Patients and carers (with consent) know who is coordinating their care and how to contact them if they have any questions.	27
5.2	1	The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews. Guidance: Referrals that are urgent or that the team feel do not require discussion can be allocated before the meeting.	2,26,28
5.3	1	Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients and their carers (with patient consent) when developing the care plan and they are offered a copy. Guidance: The care plan 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.	2,13,29, 30

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5.4 M	**1**	There is a clinical review meeting for each patient at least every 6 months, or more regularly if necessary, which their family (with patient consent) and/or support staff from their supported placement are invited. The team reviews and updates care plans via a care review or CPA meeting every 6 months.	78

Therapies and Activities

6.1.1	**1**	Patients continue evidence-based interventions, which are appropriate for their bio-psychosocial needs, within an agreed timeframe. Any exceptions are documented in the case notes.	2,10,15, 31,32
6.1.2	**1**	There is dedicated sessional time from psychologists (1) to provide assessment and formulation of patients' psychological needs; (2) to ensure the safe and effective provision of evidence based psychological interventions adapted to patients' needs through a defined pathway.	33,34
6.1.3	**2**	There is dedicated sessional time with psychologists (3) to support a whole team approach for psychological management.	33,34
6.1.4	**1**	There is dedicated sessional input from Occupational therapists (1) to provide an occupational assessment for those patients who require it; (2) to ensure the safe and effective provision of evidence based occupational interventions adapted to patients' needs.	2,14

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6.1.5	**1**	The team supports patients who want to undertake structured activities such as work, education and volunteering.	2,17,31, 36
6.1.6	**1**	Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment. Guidance: Verbal information could be provided in a 1:1 meeting with a staff member or in a psycho-education group. Written information could include leaflets or websites.	2,7,8, 17,30, 35
6.1.7	**1**	The team supports patients to undertake activities to support them to build their social and community networks.	2, 17, 31, 36
6.1.8	**1**	All staff members who deliver therapies and activities are appropriately trained and supervised.	25, 31, 34, 35
6.1.9	**1**	Patients' preferences are central to the selection of medication, therapies and activities, and are acted upon as far as possible	11
6.1.10	**2**	All healthcare professionals have received training and supervision in providing psychologically informed care e.g. case formulation, and have a evidence-based low-intensity therapies training available to them.	9, 13

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6.1.11	1	The service provides individualised smoking cessation support for patients	7, 39, 40

Medication

6.2.1	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.	2
6.2.2	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. patient's rights to consent or refuse medication and opportunities to reduce medication is also reviewed. Guidance: Side effect monitoring tools can be used to support reviews.	2, 25
6.2.3	3	Patients, carers and prescribers can contact a specialist pharmacist to discuss medications.	2, 25

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6.2.4 M	1	For patients who are taking antipsychotic medication, the team monitors the effects of medication and liaises with their primary care practitioner to ensure routine physical health monitoring takes place. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements.	7
6.2.5	2	The service has a shared care protocol with primary care which defines responsibility for prescription and administration of medication.	2, 28
6.2.6	1	The team supports patients to gain optimum independence in managing their medication. This should be guided by a self-medication policy which provides clear guidance for staff on the individual steps of the graduated self-medication programme and staff responsibilities in supervising each step.	78

Physical Healthcare

7.1	1	Staff members arrange for patients to access screening, monitoring and treatment for physical health problems through primary/secondary care services. This is documented in the patient's care plan.	41, 4

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7.2	1	Patients are offered personalised healthy lifestyle interventions, such as advice on healthy eating, physical activity, alcohol and substance misuse and access to smoking cessation services. This is documented in the patient's care plan.	7, 39, 40
7.3	1	The team, including bank and agency staff, are able to identify and manage an acute physical health emergency.	2
7.4	1	Patients who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at 6 weeks, at 3 months and then annually (or every six months for young people) unless a physical health abnormality arises.	2, 7, 40, 41, 43

Risk and Safeguarding

8.1	1	The team records which patients are responsible for the care of children and vulnerable adults and takes appropriate safeguarding action when necessary. Actions agreed are verbally followed up within the community rehab team.	17, 44, 45

Discharge Planning and Transfer of Care

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9.1	**1**	A discharge letter is sent to the patient and all relevant parties within 10 days of discharge. The letter includes the plan for: · On-going support 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 as appropriate; ·Interventions offered; ·What the patient has achieved	2, 17, 46
9.2	**1**	The community team makes sure that patients who are discharged from hospital are followed up within 3 days.	2, 47, 48, 76
9.3	**1**	When patients are transferred between community services there is a face to face handover with the patient and representatives of both teams which ensures that the new team have an up to date care plan and risk assessment.	50

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9.4	**1**	Teams provide specific transition support to patients when their care is being transferred to another community team, or back to the care of their GP.	2,46
9.5	**1**	There is active collaboration between Children and Young People's Mental Health Services and Working Age Adult Services for patients who are approaching the age for transfer between services. This starts at least 6 months before the date of transfer.	49
9.6 M	**2**	Onward care planning is discussed at the first review meeting and as appropriate at subsequent meetings.	11
9.7	**3**	At any one time fewer than 10% of patients are delayed transfers due to a lack of appropriately supported accommodation places.	78
9.8 M	**2**	Discharge/transfer planning starts early and is carefully thought through so that the patient feels well supported to make the transition.	78
Interface with other services			
10.1	1	Patients can access help, from mental health services, 24 hours a day, 7 days a week. Guidance: Out of hours, this may involve crisis/home treatment teams, psychiatric liaison teams.	2, 11, 45
10.2	1	The team supports patients to access; housing support; support with finances, benefits and debt management; social services.	2, 27

10.3	1	The service/organisation has a care pathway for the care of women in the perinatal period (pregnancy and 12 months post-partum) that includes: Assessment; Care and treatment (particularly relating to prescribing psychotropic medication); Referral to a specialist perinatal team/unit unless there is a specific reason not to do so.	2, 5
10.4 M	**2**	The service ensures effective links are developed with referrer agencies e.g. CMHT, third sector organisations, forensic services. Guidance: This would be through regular meetings.	78
10.5	**1**	The service provides patients access to peer support within the service or elsewhere.	11
10.6	**2**	The service has access to a local inpatient rehabilitation unit.	78
10.7 M	**2**	The service fosters good working relationships with supported accommodation managers through regular meetings.	78
10.8 M	3	The team actively searches for other service users within the trust who are suitable for community rehab.	78
Capacity and Consent			

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11.1	1	Assessments of patients' capacity (and competency for patients under the age of 16) to consent to care and treatment is performed in accordance with current legislation.	2,8,14,17 ,51
11.2	**2**	There are agreements with other agencies for patients to re-access the service if needed, without following the initial referral pathway. Guidance: There may be exceptions where patients require a generic assessment, and it may be appropriate to follow the initial pathway.	78

Patient Involvement

12.1	**1**	The service regularly asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service. Guidance: Feedback can be gathered at each CPA review and at discharge.	8,52
12.2	**2**	Services are developed in partnership with appropriately experienced patient and carers and have an active role in decision making.	36,52,53
12.3	**1**	Patients are actively involved in shared decision-making about their mental and physical health care, treatment and discharge planning and supported in self-management.	7, 8, 17, 36, 52
12.4	**3**	Where appropriate a shared care approach for service users is utilised.	78

Carer Engagement and Support

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13.1	1	Carers (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning.	55
13.2	1	Carers are supported to access a statutory carers' assessment, provided by an appropriate agency. Guidance: This advice is offered at the time of the patient's initial assessment, or at the first opportunity.	55
13.3	2	Carers are offered individual time with staff members to discuss concerns, family history and their own needs.	2, 16, 55
13.4	1	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 in the team 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.	3, 4, 7, 55
13.5	3	The service actively encourages carers to attend carer support networks or groups. There is a designated staff member to support carers.	3,26,53, 54,55
13.6	1	The service ensures that children and other dependants are supported appropriately. Guidance: This could include offering appropriate written information to children, or supporting the patient to communicate with their children about their mental health	3 , 28

Treating patients with compassion, dignity, and respect

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14.1	1	Staff members treat patients and carers with compassion, dignity and respect.	52, 64
14.2	1	Patients feel listened to and understood by staff members.	27

Providing information to patients and carers

15.1	1	Patients are asked if they and their carers wish to have copies of correspondence about their health and treatment.	18, 45
15.2	2	The service 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.	2, 17, 45
15.3 M	2	Patients are supported to make collaborative crisis plans, care plans and if they wish advanced directives. Where collaboration is not possible this is reviewed regularly, and differences of opinion are recorded.	2, 8, 12, 16, 15

Patient Confidentiality

16.1	1	Confidentiality and its limits are explained to the patient and carer on transfer to the community service, both verbally and in writing. Patient preferences for sharing information with 3rd parties are respected and reviewed regularly and written information is provided for carers.	2, 17, 57

16.2	1	The team knows how to respond to carers when the patient does not consent to their involvement. This is documented clearly, reviewed regularly and shared with all relevant parties.	2, 18
16.3	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.	17, 57

Service Environment

17.1	**2**	The environment is clean, comfortable and welcoming.	2, 57, 61
17.2	**1**	Clinical rooms are private and conversations cannot be over-heard.	26
17.3	**1**	The environment complies with current legislation on disabled access. Guidance: Relevant assistive technology equipment, such handrails, are provided to meet individual needs and to maximise independence and there is access to disabled toilets	4, 17, 55, 58
17.4	**1**	Staff members follow a lone working policy and feel safe when conducting home visits.	2, 45, 59

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17.5	**1**	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.	2, 17
17.6	**1**	The service entrance and key clinical areas are clearly signposted	11
17.7	**1**	The team base has suitable toilet facilities which are fully accessible with respect to gender identity	10, 28
17.8	**1**	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.	11
17.9	**2**	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.	78
Leadership, team-working and culture			
18.1	**3**	Staff members are able to access reflective practice groups at least every 6 weeks where teams can meet together to think about team dynamics and develop their clinical practice.	2,

18.2	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.	3, 57, 62, 63
18.3	1	The team has protected time for team building and discussing service development at least once a year.	2, 11

Staffing Levels

19.1	1	The service has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels (as described in service specification), 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.	2, 65
19.2	1	When a staff member is on leave, the team puts a plan in place to provide adequate cover for the patients who are allocated to that staff member.	2

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19.3	**1**	There is an identified senior clinician available at all times who can attend the team base within an hour. Guidance: Some services may have an agreement with a local GP to provide this medical cover.	2, 17
19.4		The community rehabilitation team consists of the following staff:	
19.4a	**1**	Senior Leadership Team. Guidance: Senior clinician from each speciality.	84, 85
19.4b	**1**	Registered Mental Health Nurse(s)	84, 85
19.4c	**1**	Social Worker(s) (They may be based within the Local Authority)	84, 85
19.4d	**1**	Occupational Therapist(s)	84, 85
19.4e	**1**	Psychologist(s)	84, 85

19.4f	**1**	Support Worker(s) Guidance: An unqualified professional, e.g. healthcare assistant, occupational therapy assistant, psychology assistant etc.	84,85
19.4g	**1**	Consultant Psychiatrist(s), Guidance: with accreditation or endorsement in rehabilitation psychiatry.	84,85
19.4h	**1**	GP Link Worker(s) (This could be a responsibility held by a member of the staff team or someone outside the team e.g. pharmacist)	28
19.4i M	**3**	Independent Prescriber(s).	28
19.4j	**2**	Approved Mental Health Professional(s) (AMHPs)	84,85
19.4k	**1**	Administrative assistance to meet the needs of the service	10
19.5	**2**	Full time staff should care coordinate no more than 30 clients (reduced pro-rata for part time staff). The team manager should manage caseloads regularly.	78

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Staff Recruitment, Induction and Supervision

20.1	**2**	Appropriately experienced patient or carer representatives are involved in the interview process for recruiting staff members.	13
20.2	**1**	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. Guidance: This should include 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.	15, 37, 65, 66
20.3	**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.	2, 17, 38
20.4	**2**	All staff members receive line management supervision at least monthly.	2
20.5 M	**1**	Consultant psychiatrists should have access to regular peer support groups, case-based discussion forums and other CPD activities in line with GMC good medical practice guidance.	78

Staff Wellbeing

21.1	**1**	The service 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.	37,65, 68,68, 69

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21.2 M	**1**	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. Guidance: They have the right to one uninterrupted 20 minute rest break during their working day, if they work more than 6 hours a day. Adequate cover is provided to ensure staff members can take their breaks.	2, 17, 70
21.3	**1**	Staff members, patients and carers who are affected by a serious incident are offered post incident support.	16, 70, 71

Staff Training and Development

22.1	**1**	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:	
22.1a	**1**	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	5, 51
22.1b	**1**	Physical health assessment. Guidance: This includes training in understanding physical health problems, understanding physical observations and when to refer the patient for specialist input.	2, 7, 71
22.1c	**1**	Safeguarding vulnerable adults and children; This includes recognising and responding to the signs of abuse, exploitation or neglect.	2, 22, 23, 72

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22.1d	1	Risk assessment and risk management. Guidance: This includes: Assessing and managing suicide risk and self-harm; Prevention and management of aggression and violence.	2, 23, 24, 72
22.1e	1	Understanding individual communication needs/preferences within equality framework.	2, 45
22.1f	1	Statutory and mandatory training. Guidance: Includes equality and diversity, information governance, basic life support.	2, 17
22.1g	2	Carer awareness, family and friends inclusive practice and social systems, including carers' rights in relation to confidentiality.	16, 54
22.1h	2	Screening for substance misuse issues and referring and liaising with substance misuse services where appropriate.	78

22.1 i	1	Medication storage, administration, legal issues, encouraging concordance and awareness of side effects.	2
22.1 j	1	The basic principles of rehabilitation and recovery.	83
22.2	2	Experts by experience are involved in delivering and developing staff training face-to-face.	13
22.3	1	Medication competency assessments are completed on at least a three yearly basis using a competency-based tool.	78

Service Management

23.1	1	Clinical outcome measurement, including progress against user defined goals, has a minimum requirement for collection at assessment, after 6 months, 12 months and then annually until discharge. Staff can access this data.	2

23.2	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.	2, 38
23.3	2	The service's clinical outcome data are reviewed at least 6 monthly. The data is shared with commissioners, the team, patients and carers, and used to make improvements to the service.	2, 38

The service learns from feedback, complaints, and incidents

24.1	1	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	2, 40, 70, 73
24.2	1	When mistakes are made in care this is discussed with the patient themselves and their carer, in line with the Duty of Candour agreement.	74
24.3	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.	8, 71, 73, 75
24.4	2	The team use quality improvement (QI) methods to implement service improvements.	81

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24.5	**2**	The community team actively encourage patients and carers to be involved in QI initiatives.	81

Audit and Service Evaluation

25.1	**1**	The team uses recommended metrics and measures to monitor the service's performance and outcomes. This should include the number of patients taken by the team and transferred from the team, as well as any delayed transfers.	3, 11, 28
25.2	**2**	The service has audited the provision of carer education and support programmes in the last 3 years.	28

Accommodation

26.1	**1**	The care manager/care co-ordinator must review the appropriateness of patient's accommodation every six months. Where the person is considered ready for move on, this should be discussed and appropriate accommodation identified.	78
26.2 M	**1**	All patients located outside of the local area have placement reviews at least annually.	78

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26.3	1	Patients are available to visit new accommodation placements and have graded leave so that they are able to stay overnight, where appropriate before transfer.	78

General Management

27.1	2	There is a senior rehab clinician on the service's funding panel who reviews whether patients can be managed locally, within the rehab pathway, before agreeing to an out of area placement.	78
27.2	1	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence.	11
27.3	1	The service has a strategy for proactively assessing and meeting social care needs, or referring to statutory agencies who can do this	78

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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