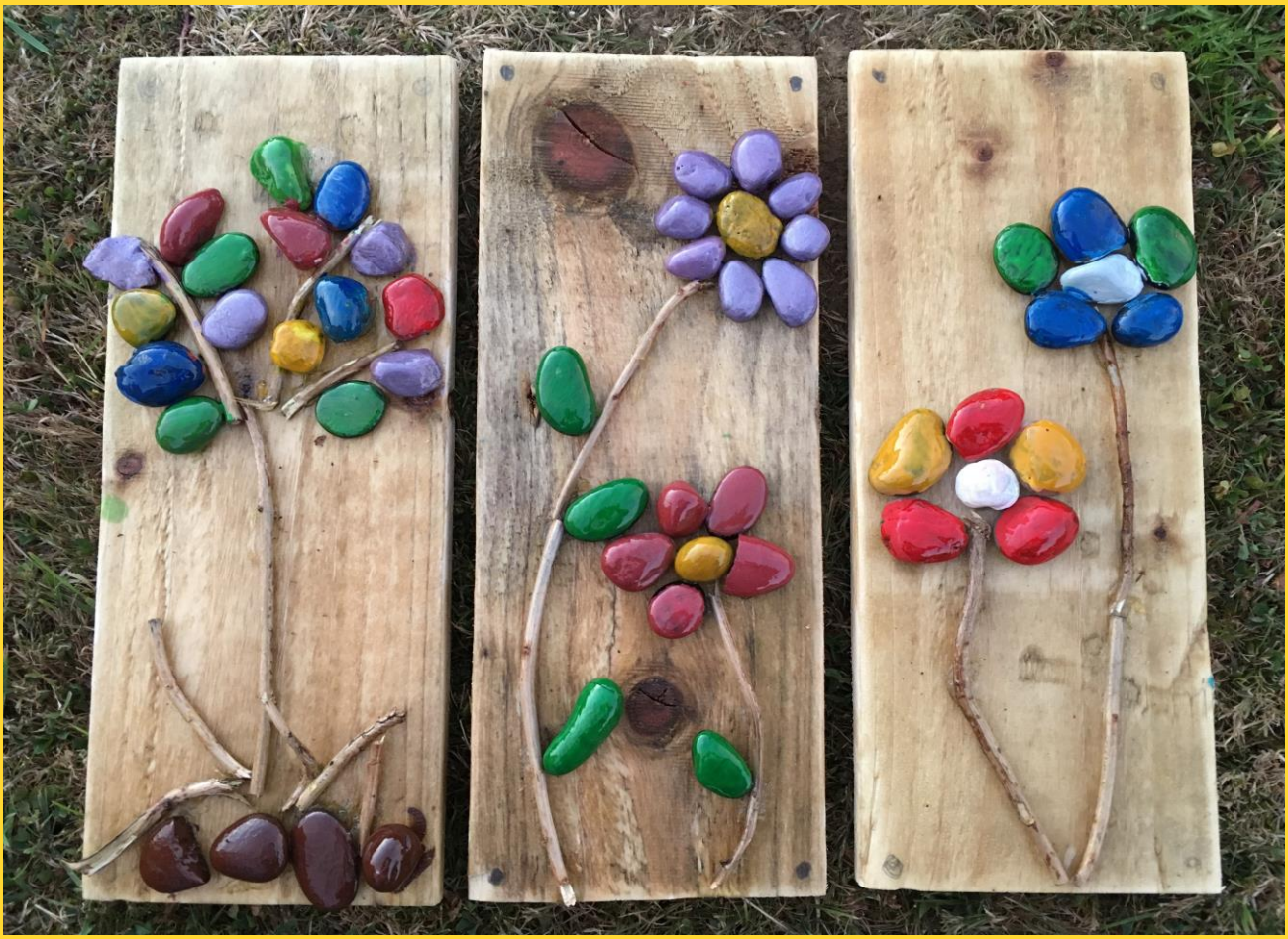
QUALITY NETWORK FOR OLDER ADULTS MENTAL HEALTH SERVICES

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS



Standards for Inpatient Older Adults Mental Health Services: Fourth Edition

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Foreword

Welcome to the fourth edition of standards for Older Adults Inpatient Mental Health Services.

There have been a number of changes since the Royal College of Psychiatrists' Old Age Faculty report FR/OA/I (2011) into older peoples' inpatient care was published. Services have responded differently to ever increasing numbers of older people, the arrival of dementia strategies, and the renewed focus on age specific / ageless services - all of which have affected the quality of inpatient services provided to older people with mental health problems.

In light of this context, we are pleased to introduce the fourth edition of standards for Older Adults Inpatient Mental health Services. The standards are intended to provide staff with a clear and comprehensive benchmark of best practice in inpatient care for older adults with mental health problems. The development of the standards has been a careful process, involving consultation with a range of expert stakeholders including professionals, service users and carers. The standards also incorporate NICE Guidance, the requirements of the Care Quality Commission and Scottish Intercollegiate Guidelines Network.

The publication of the standards heralds the launch a new membership option offered by the Quality Network for Older Adults Mental Health Services (formerly AIMS-OP). The network has started to offer services the option of becoming developmental members, which we hope will be a supportive process for services during times when they face more challenges. It will also give more services the opportunity to join a network of peers with a focus on quality improvement.

We hope you find the fourth edition standards for inpatient older adult wards useful in improving and maintain the quality of your service. We would like to take this opportunity to thank all those who contributed to the development of these standards, and for our member's continued support for the network.

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Introduction

This document contains the fourth edition standards for inpatient mental health services for older adults (hereafter referred to as older adult services). This is the first edition published under the name the Quality Network for Older Adults Mental Health Services (formerly AIMS OP). This change represents a move to broaden the work done by the network to include, amongst other things, a quality improvement peer review process. These standards will be used for both quality improvement and accreditation processes within the network. For more information on these processes please contact the network team on op@rcpsych.ac.uk.

This edition has been developed from key documents and expert consensus, as well as drawing from previous editions and work completed within the College Centre for Quality Improvement (CCQI).

Who are these standards for?

These standards are for service providers and commissioners of mental health services to help them ensure they provide high quality care to older adults experiencing mental illness and their loved ones. It is recognised that there are a wide range of services within the 'older adults' umbrella which have different client groups. The majority of these standards are applicable to all older adult services, however where a specific standard (e.g. For wards that admit patients living with dementia, identification should be dementia friendly) does not relate to a service this will be scored as not applicable.

Categorisation of standards

Each standard has been categorised as follows:

Type 1: failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence based care and treatment

Type 2: standards that a service would be expected to meet

Type 3: standards that are desirable for a service to meet, or standards that are not the direct responsibility of the service

The full set of standards is aspirational and it is unlikely that any service would meet them all. In order to achieve accreditation, a service must meet 100% of type 1 standards, at least 80% type 2 standards and many type 3 standards. The Quality Network facilitates quality improvement and supports teams to achieve accreditation.

References

Please see the list at the end of the standards for full references. These are referred to by their number in the list throughout the document.

Standard Number	Type	Standard	CQC Regulations 2014	Ref
Ward/Unit Environment				
		First Hour of Admission		
1.1.1	1	Staff members are easily identifiable *Guidance: wearing appropriate identification*.		5
1.1.2	3	For wards that admit patients living with dementia, identification should be dementia friendly.		19
		Patient confidentiality		
1.2.1	1	All patient information is kept in accordance with current legislation. *Guidance: 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.*	17.2c	6
		Ward/Unit Environment.		
1.3.1	1	Male and female patients (self-defined by the patient) have separate bedrooms, toilets and washing facilities.	10.2a	2,4

Standard Number	Type	Standard	CQC Regulations 2014	Ref
1.3.2	2	All patients have single bedrooms.	10.2a 15.1c	25
1.3.3	2	Patients are able to personalise their bedroom spaces.	15.1c	17
1.3.4	2	The ward/unit has at least one bathroom/shower room for every three patients.	10.2a 15.1c	17
1.3.5	3	Every patient has an en-suite bathroom.	10.2a 15.1c	2
1.3.6	2	Laundry facilities are available to all patients.	15.1c	10
1.3.7	1	Patients are supported to access materials and facilities that are associated with specific cultural or spiritual practices, e.g. covered copies of faith books, access to a multi-faith room.	10.2c 15.1c	4,18
1.3.8	2	All patients can access a range of current culturally-specific resources for entertainment, which reflect the ward/unit's population. *Guidance: This may include recent magazines, daily newspapers, board games, a TV and DVD player with DVDs, computers and internet access (where risk assessment allows this).*	15.1c	10
1.3.9	3	All patients can access a charge point for electronic devices such as mobile phones.	15.1c	2

Standard Number	Type	Standard	CQC Regulations 2014	Ref
1.3.10	1	The environment complies with current legislation on disabled access. *Guidance: Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence.*	10.2c 15.1c	4,17
1.3.11	1	Patients can wash and use the toilet in private.	10.2a	4
1.3.12	1	Patients can make and receive telephone calls in private.	10.2a	4
1.3.13	1	There are clear lines of sight to enable staff members to view patients. Measures are taken to address blind spots and ensure sightlines are not impeded, e.g. by using mirrors.	12.2d	4
1.3.14	1	Patients are cared for in the least restrictive environment possible, while ensuring appropriate levels of safety and promoting recovery.	12.2d 15.1b	4
1.3.15	1	There is an alarm system in place (e.g. panic buttons) and this is easily accessible.	12.2d 15.1b	6
1.3.16	2	Alarm systems/call buttons/personal alarms are available to patients and visitors, and instructions are given for their use.	12.2d,f	4

Standard Number	Type	Standard	CQC Regulations 2014	Ref
1.3.17	1	All rooms are kept clean. *Guidance: All staff members are encouraged to help with this.*	15.1a	2,17
1.3.18	2	Staff members and patients can control heating, ventilation and light.	15.1c	4
1.3.19	1	Emergency medical resuscitation equipment (crash bag), as required by Trust/organisation guidelines, is available within 3 minutes.	15.1f	4
1.3.20	1	The resuscitation equipment is maintained and checked weekly, and after each use.	15.1e	4
1.3.21	2	The ward/unit has a designated room for physical examination and minor medical procedures.	15.1c	4

Standard Number	Type	Standard	CQC Regulations 2014	Ref
1.3.22	1	In wards/units where seclusion is used, there is a designated room that meets the following requirements: • It allows clear observation; • It is well insulated and ventilated; • It has direct access to toilet/washing facilities; • It is safe and secure – it does not contain anything that could be potentially harmful; • It includes a means of two-way communication with the team; • It has a clock that patients can see.	12.2d 15.1c	4
1.3.23	2	The ward/unit has at least one quiet room other than patient bedrooms.	15.1c	4
1.3.24	2	There is a designated space for patients to receive visits from children, with appropriate facilities such as toys, books. *Guidance: The children should only visit if they are the offspring of or have a close relationship with the patient and it is in the child's best interest to visit.*	15.1c	4
1.3.25	2	There is a designated area or room (de-escalation space) that the team may consider using, with the patient's agreement, specifically for the purpose of reducing arousal and/or agitation.	15.1c	4

Standard Number	Type	Standard	CQC Regulations 2014	Ref
1.3.26	2	There are lounge areas that may become single-sex areas as required.	10.2a	4
1.3.27	2	There are facilities for patients to make their own hot and cold drinks and snacks.	15.1c	17
1.3.28	2	Where smoking is permitted, there is a safe allocated area for this purpose.	15.1c	4
1.3.29	2	Ward/unit-based staff members have access to a dedicated staff room.	15.1c	4
1.3.30	2	There is secure, lockable access to a patient's room, with external staff override.		14
1.3.31	2	The dining area is big enough to enable patients to eat in comfort and to encourage social interaction, and enable staff to engage with, support and observe patients during mealtimes.		14
1.3.32	1	Mealtimes are protected from distracting ward/unit activities, e.g. drug rounds, telephone calls, and doctors' visits.		14

Standard Number	Type	Standard	CQC Regulations 2014	Ref
1.3.33	1	There is a range of the following that is appropriate to the needs of the resident population: • specialist feeding aids and/or supports; • food consistencies and supplements to meet assessed needs, such as soft, pureed and finger foods, thickened fluids, and dietary supplements.		14
1.3.34	1	All patients have access to lockable storage. *Guidance: Where possible this is in their own bedrooms.*		14
1.3.35	2	There is an alternative to bright fluorescent lighting in bedrooms (such as nightlights), providing different levels of lighting that both patients and staff can control.		14
1.3.36	3	Transport is available to help patients to access the local community.		14
The ward is appropriately equipped for the patient population				
1.4.1	1	There is a ready supply and an appropriate range of continence management aids available on the ward/unit.		14
1.4.2	1	There is a system in place to ensure that patients wear their own clothing including shoes/sturdy slippers.		14

Standard Number	Type	Standard	CQC Regulations 2014	Ref
1.4.3	1	There is a system in place to ensure that all patients have individualised toothbrushes, toothpaste, dentures and denture pots and that these are kept safe.		14
1.4.4	1	Staff ensure that hearing aids are working and patients are wearing their glasses if required.		14
1.4.5	3	Wards that admit patients living with dementia have a dementia-friendly environment/layout. *Guidance: corridors and artwork should be chosen with thoughtful use of colour, lighting and regular resting points. Install contrasting coloured toilet seats and grab rails. Maximise views of nature and when possible allow safe access to gardens.*		28, 30, 31
1.4.6	1	Patients have access to the following well maintained equipment depending on clinical need; • Wheel chairs • Ultra-lowering beds • Walking aids • Hearing aids • Equipment to relieve and care of pressure ulcers and sores		14

Standard Number	Type	Standard	CQC Regulations 2014	Ref
Admission, Leave and Discharge				
Control of Bed Occupancy				
2.1.1	2	Patients returning from leave are able to access their bed within 24 hours.		19
First Hour of Admission				
2.2.1	1	Staff members address patients using the name and title they prefer.	10.1	5
2.2.2	1	On admission to the ward/unit staff members introduce themselves and other patients.	10.1	2,4
2.2.3	1	On admission to the ward/unit, or when the patient is well enough, staff members show the patient around.		4

Standard Number	Type	Standard	CQC Regulations 2014	Ref
First Four Hours of Admission				
2.3.1	2	The patient is given an age appropriate 'welcome pack' or introductory information that contains the following: • A clear description of the aims of the ward/unit; • The current programme and modes of treatment; • The ward/unit team membership; • Personal safety on the ward/unit; • The code of conduct on the ward/unit; • Ward/unit facilities and the layout of the ward/unit; • What practical items can and cannot be brought in; • Clear guidance on the smoking policy in smoke-free hospitals and how to access smoking breaks off the hospital grounds; • Resources to meet spiritual, cultural and gender needs. • A description of how the ward team will communicate with the patient and their carers and what opportunities they will have to meet with the team.	9.3g	2,6
2.3.2	2	Staff members explain the main points of the welcome pack to the patient and ask if they need further information on anything explained.		2
2.3.3	1	Staff members explain the purpose of the admission to the patient.	9.3g	2

Standard Number	Type	Standard	CQC Regulations 2014	Ref
2.3.4	1	The patient's carer is contacted by a staff member (with patient consent) to notify them of the admission and to give them the ward/unit contact details.		2
2.3.5	1	All patients are given information on their legal status and their rights under the Mental Health Act (or equivalent). This is documented in their notes.		6
2.3.6	1	Patients are given verbal and written information on: • Their rights regarding consent to care and treatment; • How to access advocacy services; • How to access a second opinion; • How to access interpreting services; • How to raise concerns, complaints and compliments; • How to access their own health records.	9.3g 16.2	2,6
2.3.7	1	Where a patient is being admitted directly from the community, the admitting nurse checks that the referring agency gives clear details on and management plans for: • The security of the patient's home; • Arrangements for dependents (children, people they are caring for); • Arrangements for pets.	12.2b	4

Standard Number	Type	Standard	CQC Regulations 2014	Ref
2.3.8	1	Patients have a comprehensive assessment which is started within 4 hours and completed within 1 week. This involves the multi-disciplinary team and includes patients': • Mental health and medication; • Psychosocial and psychological needs; • Strengths and weaknesses. *Guidance: Where the patient is unable to provide input into the assessment carers and/or friends and family are involved.*	9.3a 12.2a	2,7

Standard Number	Type	Standard	CQC Regulations 2014	Ref
2.3.9	1	Patients have a comprehensive physical health review. This is started within 4 hours of admission and is completed within 1 week, or prior to discharge. It includes: First 4 hours • Details of past medical history; • Current medication, including side effects and compliance (information is sought from the patient history and collateral information within the first 4 hours. Further details can be sought from medical reconciliation after this); • Physical observations including blood pressure, heart rate and respiratory rate. First 24 hours • Physical examination; • Height, weight; • Blood tests (Can use recent blood tests if appropriate); • ECG. First 1 week • Details of past family medical history; • A review of physical health symptoms and a targeted systems review; • Lifestyle factors e.g. sleeping patterns, diet, smoking, exercise, sexual activity, drug and alcohol use. *Guidance: Where the patient is unable to provide input into the assessment carers and/or friends and family are involved.*	12.2a	2,8,9

Standard Number	Type	Standard	CQC Regulations 2014	Ref
2.3.10	1	Patients are offered a staff member of the same gender as them, and/or a chaperone of the same gender, for physical examinations.	10.1	6
2.3.11	1	Patients are informed of the outcome of their physical health assessment and this is recorded in their notes. Guidance: With patient consent, this can be shared with their carer.	9.3g	10
2.3.12	1	Patients have a risk assessment that is shared with relevant agencies (with consideration of confidentiality) and includes a comprehensive assessment of: • Risk to self; • Risk to others; • Risk from others.	12.2a	4,11
2.3.13	1	The team discusses the purpose and outcome of the risk assessment with each patient and a management plan is formulated jointly.	9.3b, 12.2b	12

Standard Number	Type	Standard	CQC Regulations 2014	Ref
Completing the Admission Process				
2.4.1	1	All patients have a documented diagnosis and a clinical formulation has commenced. *Guidance: The formulation includes the presenting problem and predisposing, precipitating, perpetuating and protective factors as appropriate.*		2,13
2.4.2	1	The following tools/protocols are used on the ward/unit and staff are trained in when and how to use; continence assessment tool; · pressure ulcer risk assessment; · a standardised system (images and descriptors) for grading pressure ulcers, in accordance with NICE CG179; · pain assessment tools (for patients who are able to verbally communicate their pain, and for those who are unable to); · nutritional risk assessment; · dental health assessment; · manual handling risk assessment; · body maps.		14

Standard Number	Type	Standard	CQC Regulations 2014	Ref
Leave from ward/ Unit				
2.5.1	1	The team develops a leave plan jointly with the patient that includes: • A risk assessment and risk management plan that includes an explanation of what to do if problems arise on leave; • Conditions of the leave; • Contact details of the ward/unit. *Guidance: If there are concerns about a patient's cognition, the risk assessment includes consideration of whether the patient may be driving/using heavy machinery etc. and there is a plan in place to manage this.*	9.3b,d 12.2a,b	2,10,15
2.5.2	1	Patients are only sent on leave into the care of their carers by mutual agreement with their carers, and timely contact with them beforehand.	12.2b	3
2.5.3	1	When a patient is sent on leave, they are able to return when necessary. Efforts should be made to return them to the same bed/ward but it is explained to them and/or their carers beforehand that this may not be possible. *Guidance: When considering bed management, patients living with dementia should be given priority.*		14

Standard Number	Type	Standard	CQC Regulations 2014	Ref
Discharge Planning and Transfer of Care				
2.6.1	2	Discharge planning is initiated at the first multi-disciplinary team review and a provisional discharge date is set.		2,10
2.6.2	1	Patients and their carer (with patient consent) are invited to a discharge meeting and are involved in decisions about discharge plans.	9.3d	6
2.6.3	1	A letter setting out a clear discharge plan, which the patient takes home with them, is sent to all relevant parties before or on the day of discharge. The plan includes details of: • Care in the community/aftercare arrangements; • Crisis and contingency arrangements including details of who to contact; • Medication; • Details of when, where and who will follow up with the patient.	9.3g	2,4,17
2.6.4	1	The team follows a protocol to manage informal patients who discharge themselves against medical advice. This includes: • Recording the patient's capacity to understand the risks of self-discharge; • Putting a crisis plan in place; • Contacting relevant agencies to notify them of the discharge.	12.2b	2,4

Standard Number	Type	Standard	CQC Regulations 2014	Ref
2.6.5	2	The inpatient team invites a community team representative and all relevant professionals to attend and contribute to ward rounds and discharge planning.	12.2i	7
2.6.6	1	The team makes sure that patients who are discharged from hospital to the care of the community team have arrangements in place to be followed up within one week of discharge, or within 48 hours of discharge if they are at risk. *Guidance: This may be in coordination with the Home Treatment/Crisis Resolution Team.*	12.2b,i	7
2.6.7	1	There is a protocol for admission to general hospital that ensures that when a patient is transferred to a medical bed, advice on mental health care management and treatment is provided and they are actively followed up at least weekly.		14

Standard Number	Type	Standard	CQC Regulations 2014	Ref
2.6.8	1	The ward/unit has an agreed protocol for the transfer or discharge of patients. This includes: • consideration of the need for nurse escort/handover of patient; • confirmation of medical assessment prior to transportation of the patient's medical stability for transfer/discharge; • an up to date care plan including information on treatment outcomes, ongoing care requirements and diagnoses and prognosis; • communication of risk assessment and management approaches; • advanced directives; • body map of wounds or injuries, explaining how they were acquired; • communication of infections; • communication of medication prescription.		14

Standard Number	Type	Standard	CQC Regulations 2014	Ref
Care and Treatment				
Completing the Admissions Process				
3.1.1	1	Patients with subclinical dementia or cognitive impairment are offered the same resources as patients diagnosed with dementia.		28
3.1.2	1	All patients have access to an advocacy service, including IMHAs (Independent Mental Health Advocates) for those detained.		19
Reviews and Care Planning				
3.2.1	1	There is a clinical review meeting for each patient at least every week, or more regularly if necessary, to which they and their carer/advocate are invited with the patient's permission.		19
3.2.2	1	Patients are facilitated and supported to prepare for any formal review of their care.	9.3d	12
3.2.3	1	There is a documented admission meeting within one week of the patient's admission. *Guidance: This could take the form of a ward round meeting or a Care Programme Approach meeting (or equivalent).*		4

Standard Number	Type	Standard	CQC Regulations 2014	Ref
3.2.4	1	Multidisciplinary team (MDT) members introduce themselves to the patient and carer at every MDT review where they are present.	10.1	4
3.2.5	1	Patients and carers are able to contribute and express their views during reviews.	9.3d	4,12
3.2.6	1	Actions from reviews are fed back to the patient (and carer, with the patient's consent) and this is documented.	9.3g	4
3.2.7	1	Risk assessments and management plans are updated at admission, discharge, a minimum of every month and according to clinical need.		19

Standard Number	Type	Standard	CQC Regulations 2014	Ref
3.2.8	1	Every patient has a written care plan, reflecting their individual needs. *Guidance: This clearly outlines:* • *Agreed intervention strategies for physical and mental health and psychological wellbeing;* • *Measurable goals and outcomes that reflect a focus on recovery and improved quality of life;* • *Strategies for self-management;* • *Any advance directives or stated wishes that the patient has made;* • *Crisis and contingency plans;* • *Review dates and discharge framework.* • *A clear rehabilitation strategy*	9.3b,e	1,2,11
3.2.9	1	The practitioner develops the care plan collaboratively with the patient and their carer (with patient consent).	9.3d	10
3.2.10	1	The team reviews and updates care plans according to clinical need and at least every four weeks.		19
3.2.11	1	The patient and their carer (with patient consent) are offered a copy of the care plan and the opportunity to review this.	9.3b, d, g	10

Standard Number	Type	Standard	CQC Regulations 2014	Ref
Care and Treatment				
Therapies and Activities				
3.3.1	1	Patients are offered evidence based pharmacological and psychological interventions and any exceptions are documented in the case notes. *Guidance: The number, type and frequency of interventions offered are informed by the evidence base.*	9.1a	6,16
3.3.2	1	Patients' preferences are taken into account during the selection of medication, therapies and activities, and are acted upon as far as possible.	9.3b	16
3.3.3	1	Patients have access to occupational therapy.	9.1a	6
3.3.4	2	Patients have access to art/creative therapies.	9.1a	6
3.3.5	1	Activities are provided 7 days a week and out of hours. *Guidance: Activities which are provided during working hours, Monday- Friday, are timetabled.*	9.1a,b	4

Standard Number	Type	Standard	CQC Regulations 2014	Ref
3.3.6	2	Every patient has a personalised timetable of meaningful activities to promote social inclusion, which the team encourages them to engage with. *Guidance: Activities relate to patient's rehabilitation recovery plan and are agreed in conjunction with the Occupational Therapy Team.*	9.3b 10.2b	2,4,5
3.3.7	1	Every patient is engaged in active conversation at least twice a day by a staff member. *Guidance: This is an opportunity for patients to discuss any issues or difficulties they are experiencing.*	10.1	2
3.3.8	2	Each patient receives a pre-arranged 1-hour session at least once a week with their key worker (or equivalent) to discuss progress, care plans and concerns.	9.3c,d	2,4
3.3.9	1	Patients and carers are offered written and verbal information about the patient's mental illness. *Guidance: Verbal information could be provided in a 1:1 meeting with a staff member, a ward round or in a psycho-education group.*	9.3g	2,4

Standard Number	Type	Standard	CQC Regulations 2014	Ref
3.3.10	2	There is a weekly minuted ward meeting that is attended by patients and staff members. *Guidance: This is an opportunity for patients to share experiences, to highlight issues on the ward/unit and to review the quality and provision of activities with staff members. The meeting should be facilitated by a professional who has an understanding of group dynamics.*	9.3f	2,4
3.3.11	2	Patients have access to relevant faith-specific support, preferably through someone with an understanding of mental health issues.	9.3b	10
3.3.12	1	Patients are able to leave the ward/unit to access safe outdoor space every day.		2,4
3.3.13	2	The team provides information, signposting and encouragement to patients to access local organisations such as: • Voluntary organisations; • Community centres; • Local religious/cultural groups; • Peer support networks; • Recovery colleges.	10.2b	2,4,15
3.3.14	1	The patient and the team can obtain a second opinion if there is doubt, uncertainty or disagreement about the diagnosis or treatment.	12.2b	10

Standard Number	Type	Standard	CQC Regulations 2014	Ref
3.3.15	2	Patients are able to meet their consultant outside reviews.		14
3.3.16	2	Palliative Care and end of life care counselling should be offered to patients, where appropriate.		28,14
Medication				
3.4.1	1	When medication is prescribed, specific treatment targets are set for the patient, the risks and benefits are reviewed, a timescale for response is set and patient consent is recorded.	12.2b	2
3.4.2	1	Patients and their carers (with patient consent) are helped to understand the functions, expected outcomes, limitations and side effects of their medications and to self-manage as far as possible.	9.3c,e	10
3.4.3	1	Patients have their medications reviewed at least weekly. Medication reviews include an assessment of therapeutic response, safety, side effects and adherence to medication regime. *Guidance: Side effect monitoring tools can be used to support reviews.*	12.2a	2,10

Standard Number	Type	Standard	CQC Regulations 2014	Ref
3.4.4	1	When patients experience side effects from their medication, this is engaged with and there is a clear care plan in place for managing this.	9.3b 12.2b	2
3.4.5	1	The team follows a policy when prescribing PRN (i.e. as required) medication.	12.2b	8
3.4.6	1	All staff members who administer medications have been assessed as competent to do so. Assessment is repeated on a yearly basis using a competency-based tool.	12.2c	4
3.4.7	2	Patients have access to a specialised pharmacist and/or pharmacy technician to discuss medications.	18.1	10
3.4.8	2	Carers have access to a specialised pharmacist and/or pharmacy technician to discuss medications.	18.1	10
3.4.9	1	There is an agreed policy and procedure for the covert administration of medicines of which all staff are aware of.		14
3.4.10	1	During the administration or supply of medicines to patients, privacy, dignity and confidentiality are ensured.		14

Standard Number	Type	Standard	CQC Regulations 2014	Ref
Physical Healthcare				
Physical healthcare, Personal Hygiene and Substance misuse				
3.5.1	1	Patients have follow-up investigations and treatment when concerns about their physical health are identified during their admission. *Guidance: This is undertaken promptly and a named individual is responsible for follow-up. Advice may be sought from primary or secondary physical healthcare services.*	12.2b	10,18
3.5.2	2	Patients living with dementia and suspected dementia are regularly screened for comorbid conditions (i.e. Depression and psychosis).		19
3.5.3	1	The team gives targeted lifestyle advice and provides health promotion activities for patients. This includes: • Smoking cessation advice; • Healthy eating advice; • Physical exercise advice and opportunities to exercise.	12.2b	18
3.5.4	1	The team understands and follows an agreed protocol for the management of an acute physical health emergency. *Guidance: This includes guidance about when to call 999 and when to contact the duty doctor.*	12.2b	2

Standard Number	Type	Standard	CQC Regulations 2014	Ref
3.5.5	1	The ward/unit has a policy for the care of patients with dual diagnosis that includes: • Liaison and shared protocols between mental health and substance misuse services to enable joint working; • Drug/alcohol screening to support decisions about care/treatment options; • Liaison between mental health, statutory and voluntary agencies; • Staff training; • Access to evidence based treatments; • Considering the impact on other patients of adverse behaviours due to alcohol/drug abuse.	12.2b,i	4
3.5.6	2	Patients have access to the following referral services: • dental assessment and dental hygiene services; • visual reviews; • hearing reviews; • podiatry; • wound care services; • phlebotomy services; • specialist infection control services; • a tissue viability nurse; • specialist continence services; • Speech and language therapy.		14

Standard Number	Type	Standard	CQC Regulations 2014	Ref
3.5.7	1	There is a policy on the prevention and management and reporting of pressure sores. *Guidance: This includes all grade 2 or above pressure ulcers being reported in accordance with the agreed adverse clinical incident reporting procedure.*		14
Managing the physical health of patients on mood stabilisers and antipsychotics.				
3.6.1	1	All patients who are prescribed mood stabilisers or antipsychotics are reviewed at the start of treatment (baseline), at 3 months, then annually unless a physical health abnormality arises and at discharge. The clinician monitors the following information about the patient: • A personal/family history (at baseline and annual review); • Lifestyle review (at every review); • Weight (every week for the first 6 weeks); • Waist circumference (at baseline and annual review); • Blood pressure (at every review); • Fasting plasma glucose/ HbA1c (glycated haemoglobin) (at every review); • Lipid profile (at every review). *Guidance: This is made available to the team who take on care of the patient when they are discharged from the ward.*	12.2a	20

Standard Number	Type	Standard	CQC Regulations 2014	Ref
3.6.2	1	For patients who have not successfully reached their physical health targets after 3 months of following lifestyle advice, the team discusses a pharmacological intervention and recommends it to them. This is documented in the patient's notes. *Guidance: This is done in collaboration with the GP and according to NICE guidelines. For example a patient with hyperlipidaemia could be prescribed a statin.*	9.3c 12.2b	20
Risk and Safeguarding				
3.7.1	1	Patients are informed about their level of observation and how and why it was deemed necessary. They are also informed when and how the level will be reviewed and how they and their carers can contribute to the review process.	9.3g	6
3.7.2	1	There is a policy on patient safety and observation that includes: • how patients are informed about maintaining their personal safety including the use of alarms; • who can instigate observation above the general level and who can change the level of observation; • who should review the level of observation and when reviews should take place (at least every shift); • how the patient's perspective will be taken into account.		14

Standard Number	Type	Standard	CQC Regulations 2014	Ref
3.7.3	1	If a patient is identified as at risk of absconding, the team completes a crisis plan, which includes clear instructions for alerting and communicating with carers, people at risk and the relevant authorities.	12.2b	4
3.7.4	1	After any episode of control and restraint, or compulsory treatment including rapid tranquillisation, the team spends time with the patient reflecting on why this was necessary. The patient's views are sought and they are offered the opportunity to document this in their care record along with any disagreement with healthcare professionals.	9.3f	5
3.7.5	1	After any episode of control and restraint, or compulsory treatment including rapid tranquillisation, the team makes sure that other patients on the ward/unit who are distressed by these events are offered support and time to discuss their experiences.		5
Falls Prevention and Intervention				
3.8.1	1	There is an agreed falls prevention and intervention procedural guideline in place for the service. All slips, trips and falls are reported in accordance with the agreed adverse clinical incident reporting procedure.		14

Standard Number	Type	Standard	CQC Regulations 2014	Ref
3.8.2	1	All patients have an up-to-date falls risk assessment. Patients assessed as being vulnerable to falls have a linked multifaceted falls prevention and intervention care plan.		14
Interface with Other Services				
3.9.1	2	There is a shared care protocol between adult and older people's mental health services for the care of 'graduate' patients.		14
Capacity and Consent.				
3.10.1	1	Capacity assessments are performed in accordance with current legislation.		2,4
3.10.2	1	Patients have an assessment of their capacity to consent to admission and to care and treatment during the admission process or within 24 hours of admission.	11.1	2,4
3.10.3	1	When patients lack capacity to consent to interventions, decisions are made in their best interests.	9.2, 11.1, 12.2a, 13.4d	2,8
3.10.4	1	There are systems in place to ensure that the ward/unit takes account of any advance directives that the patient has made. *Guidance: This includes Do Not Resuscitate requests.*	11.1 13.4d	15

Standard Number	Type	Standard	CQC Regulations 2014	Ref
Carer Engagement and Support				
Note: Carer involvement in the patient's care and treatment is subject to the patient giving consent and/or carer involvement being in the best interests of the patient				
3.11.1	1	Carers are involved in discussions about the patient's care, treatment and discharge planning.		17, 23
3.11.2	1	Carers are advised on how to access a statutory carers' assessment, provided by an appropriate agency.		2,7
3.11.3	2	Carers are offered individual time with staff members, within 48 hours of the patient's admission to discuss concerns and their own needs.		2,7
3.11.4	2	The team provides each carer with a carer's information pack. *Guidance: This includes the names and contact details of key staff members on the unit. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.*		2,17

Standard Number	Type	Standard	CQC Regulations 2014	Ref
3.11.5	2	Carers have access to a carer support network or group. This could be provided by the ward/unit or the team could signpost carers to an existing network. *Guidance: This could be a group/network which meets face-to-face or communicates electronically.*		2,3
3.11.6	1	A record is kept of whether the patient's nearest relative or main carer can be contacted during the night in the event of a crisis. If they should not be contacted, details for alternative options should be included.		14
Treating Patients with Compassion, Dignity and Respect.				
3.12.1	1	Patients are treated with compassion, dignity and respect. *Guidance: This includes respect of a patient's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background.*	10.1	15,23
3.12.2	1	Patients feel listened to and understood in consultations with staff members.	10.1	24
3.12.3	2	Staff recognise when patients are in need of help, e.g. feeling hungry or thirsty, or being in discomfort or pain.		14

Standard Number	Type	Standard	CQC Regulations 2014	Ref
Provision of information to Patient and Carers.				
3.13.1	1	Information, which is accessible and easy to understand, is provided to patients and carers. *Guidance: Information can be provided in languages other than English and in formats that are easy to use for people with sight/hearing/cognitive difficulties or learning disabilities. For example; audio and video materials, using symbols and pictures, using plain English, communication passports and signers. Information is culturally relevant.*	9.3g 10.1	6,11
3.13.2	1	The ward/unit has access to interpreters and the patient's relatives are not used in this role unless there are exceptional circumstances. *Guidance: Exceptional circumstances might include crisis situations where it is not possible to get an interpreter at short notice.*	10.1	2,6
3.13.3	2	The ward/unit uses interpreters who are sufficiently knowledgeable to provide a full and accurate translation.	10.1	2,11
3.13.4	1	When talking to patients and carers, health professionals communicate clearly, avoiding the use of jargon so that people understand them.	10.1	10

Standard Number	Type	Standard	CQC Regulations 2014	Ref
Patient confidentiality				
3.14.1	1	Confidentiality and its limits are explained to the patient and carer on admission, both verbally and in writing. *Guidance: For carers this includes confidentiality in relation to third party information.*		2,6
Ward/Unit Environment.				
3.15.1	1	Staff members respect the patient's personal space, e.g. by knocking and waiting before entering their bedroom.	10.2a	4
3.15.2	1	Patients are provided with meals which offer choice, address nutritional/balanced diet and specific dietary requirements and which are also sufficient in quantity. Meals are varied and reflect the individual's cultural and religious needs.	9.3i	12

Standard Number	Type	Standard	CQC Regulations 2014	Ref
Staffing				
Leave from ward/ Unit				
4.1.1	1	Staff members feel safe when escorting patients on leave.	18.1	2, 11
Care and Treatment				
Therapies and Activities				
4.2.1	1	All staff members who deliver therapies and activities are appropriately trained and supervised.	12.2c	2,16
Risk and Safeguarding				
4.3.1	1	The team receives training, consistent with their roles, on risk assessment and risk management. This is refreshed in accordance with local guidelines. This includes, but is not limited to, training on: • Safeguarding vulnerable adults and children; • Assessing and managing suicide risk and self-harm; • Prevention and management of aggression and violence; • Falls prevention.	13.2 13.4b 18.2a	4

Standard Number	Type	Standard	CQC Regulations 2014	Ref
Carer Engagement and Support				
Note: Carer involvement in the patient's care and treatment is subject to the patient giving consent and/or carer involvement being in the best interests of the patient				
4.4.1	2	The ward/unit has a designated staff member dedicated to carer support (carer lead).		10
Leadership and Culture				
4.5.1	1	There are written documents that specify professional, organisational and line management responsibilities.		18
4.5.2	2	Staff members can access leadership and management training appropriate to their role and specialty.		2,4
4.5.3	2	Staff members have an understanding of group dynamics and of what makes a therapeutic environment.		2
4.5.4	2	Ward/unit managers and senior managers promote positive risk-taking to encourage patient recovery and personal development.		2,3

Standard Number	Type	Standard	CQC Regulations 2014	Ref
4.5.5	1	Staff members and patients feel confident to contribute to and safely challenge decisions. *Guidance: This includes decisions about care, treatment and how the ward/unit operates.*	9.3d 20.1	2,24
4.5.6	1	Staff members feel able to raise any concerns they may have about standards of care.	12.2b 13.2 20.1	2,7
Team working				
4.6.1	1	When the team meets for handover, adequate time is allocated to discuss patients' needs, risks and management plans.	12.2i	2,4
4.6.2	2	Staff members in training and newly qualified staff members receive weekly clinical supervision.		19
4.6.3	2	The team has protected time for team-building and discussing service development at least once a year.	17.2a	6
Staffing Level and Skill Mix				

Standard Number	Type	Standard	CQC Regulations 2014	Ref
4.7.1	1	A ward with up to 10 beds has at least one qualified nurses and two unqualified members of nursing staff on shift at all times. A ward with up to 20 beds has at least two qualified nurses and two unqualified members of nursing staff on shift at all times. Staffing levels for wards with over 20 beds needs to be scaled accordingly.		19
4.7.2	1	The ward has a minimum of 0.8 WTE input from an Occupation Therapist.		19
4.7.3	2	The ward has access to staff trained in physical health interventions. *Guidance: This can be provided by trained ward staff or from external staff with a service level agreement (or similar).*		19
4.7.4	1	Inpatient units demonstrate that the sessional input from psychologists and accredited psychological therapists is sufficient: (1) to provide assessment and formulation of patients' psychological needs; (2) to ensure the safe and effective provision of NICE based psychological interventions adapted to patients' needs through a defined pathway.		19

Standard Number	Type	Standard	CQC Regulations 2014	Ref
4.7.5	2	Inpatient units demonstrate that the sessional input from psychologists and accredited psychological therapists is sufficient to support the maintenance and governance of a whole team approach to the provision of stepped psychological interventions.		19
4.7.6	2	The ward has a minimum of 0.5 WTE input from a psychologist.		19
4.7.7	1	The ward has a minimum of 0.1 WTE Consultant Psychiatrist input for every three beds or 0.4 WTE, whichever greater.		19, 22
4.7.8	1	The ward has a minimum of 0.8 WTE junior medical input.		19
4.7.9	2	The ward has dedicated input from a physiotherapist.		19
4.7.10	3	The ward has dedicated input from a social worker.		19
4.7.11	1	The ward/unit has a mechanism for responding to low staffing levels, including: • A method for the team to report concerns about staffing levels; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services.	18.1	2,26

Standard Number	Type	Standard	CQC Regulations 2014	Ref
4.7.12	2	The ward/unit is staffed by permanent staff members, and bank and agency staff members are used only in exceptional circumstances, e.g. in response to additional clinical need.	18.1	17
4.7.13	1	There is an identified duty doctor available at all times to attend the ward/unit, including out of hours. The doctor can: • Attend the ward/unit within 30 minutes in the event of a psychiatric emergency; • Attend the ward/unit within 1 hour during normal working hours; • Attend the ward/unit within 4 hours when out of hours.	18.1	2,6,27
Staff Recruitment and Induction.				
4.8.1	2	Patient or carer representatives are involved in interviewing potential staff members during the recruitment process.		4
4.8.2	1	New staff members, including bank and agency 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.*	18.2a	6,26

Standard Number	Type	Standard	CQC Regulations 2014	Ref
4.8.3	2	All new staff members are allocated an appropriate mentor to oversee their transition onto the ward/unit.	18.2a	2.4
Appraisal, Supervision and Support.				
4.9.1	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.*	18.2a	2,4
4.9.2	2	Staff members in training and newly qualified staff members are offered weekly supervision.	18.2a	2
4.9.3	2	All staff members receive monthly line management supervision.	18.2a	2,4

Standard Number	Type	Standard	CQC Regulations 2014	Ref
		Staff Wellbeing		
4.10.1	1	The ward/unit actively supports staff health and well-being. *Guidance: For example, providing access to support services, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.*	17.2a	16, 26
4.10.2	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. *Guidance: Workers have the right to one uninterrupted 20 minute rest break during their working day, if they work more than 6 hours a day.*		2,4
4.10.3	2	Staff members have access to reflective practice groups.	18.sa	4
		Staff Training and Development.		
4.11.1	1	Clinical staff members have received formal training to perform as a competent practitioner, or, if still in training, are practising under the supervision of a senior qualified clinician.	18.2a,b	6
		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:	18.2a,b	

Standard Number	Type	Standard	CQC Regulations 2014	Ref
4.11.2.1	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent);		17
4.11.2.10	1	All staff working on the ward have received training in dementia awareness.		14
4.11.2.2	1	Physical health assessment; *Guidance: This could include training in understanding physical health problems, physical observations and when to refer the patient for specialist input.*		7
4.11.2.3	1	Recognising and communicating with patients with special needs, e.g. cognitive impairment or learning disabilities;		2,11
4.11.2.4	1	Statutory and mandatory training; *Guidance: Includes equality and diversity, information governance*		4
4.11.2.5	2	Clinical outcome measures;		4
4.11.2.6	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.		7
4.11.2.7	2	support for patients who are registered deaf or blind		14

Standard Number	Type	Standard	CQC Regulations 2014	Ref
4.11.2.8	2	An overview of psychological skills and therapies		14
4.11.2.9	1	Care planning e.g.. CPA or regional equivalent and discharge planning.		14
4.11.3	2	Patients, carers and staff members are involved in devising and delivering training face-to-face.		7
4.11.4	3	Shared in-house multi-disciplinary team training, education and practice development activities occur on the ward/unit at least every 3 months.	18.2a	3

Standard Number	Type	Standard	CQC Regulations 2014	Ref
Service Management				
Access and Referral				
5.1.1	1	Clear information is made available, in paper and/or electronic format, to patients, carers and healthcare practitioners • A simple description of the ward/unit and its purpose; • Admission criteria; • Clinical pathways describing access and discharge; • Main interventions and treatments available; • Contact details for the ward/unit and hospital.	9.3.g	1,2
Control of Bed Occupancy				
5.2.1	1	Senior clinical staff members make decisions about patient admission or transfer. They can refuse to accept patients if they fear that the mix will compromise safety and/or therapeutic activity *Guidance: Senior clinical staff members include the ward/unit manager or nurse in charge.*	12.1	2,3
5.2.2	1	There is a clear process in place for handling situations where agreed bed occupancy levels need to be exceeded.	12.1	2,4

Standard Number	Type	Standard	CQC Regulations 2014	Ref
		Leave from ward/ Unit		
5.3.1	1	The team follows a protocol for managing situations where patients are absent without leave.	12.2b	2
		Care and Treatment		
5.4.1	1	There is an infection control policy including the prevention of clostridium difficile (C. Diff.) and methicillin resistant staphylococcus Aureus (MRSA).		14
		Medication		
5.5.1	1	The safe use of high risk medication is audited, at least annually and at a service level. *Guidance: This includes medications such as lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines.*	17.2a	2

Standard Number	Type	Standard	CQC Regulations 2014	Ref
Risk and Safeguarding				
5.6.1	1	The team effectively manages violence and aggression on the ward/unit. *Guidance:* *1) Staff members do not deliberately restrain patients in a way that affects their airway, breathing or circulation;* *2) Restrictive intervention always represents the least restrictive option to meet the immediate need;* *3) Individualised support plans, incorporating behaviour support plans, are implemented for all patients who are known to be at risk of being exposed to restrictive interventions;* *4) The team does not use seclusion or segregation other than for patients detained under the Mental Health Act (or equivalent);* *5) A psychological assessment of those factors which contribute to outbursts of violence and aggression is completed for any patient known to be at risk of being exposed to restrictive interventions and which includes recommendations about minimising psychological distress to patients and staff;* *6) The team works to reduce the amount of restrictive practice used;* *7) Providers report on the use of restrictive interventions to service commissioners, who monitor and act in the event of concerns.*	12.2b 13.4b 17.2a	21

Standard Number	Type	Standard	CQC Regulations 2014	Ref
5.6.2	1	The team audits the use of restrictive practice, including face-down restraint.	17.2a	2
5.6.3	1	Staff members follow inter-agency protocols for the safeguarding of vulnerable adults and children. This includes escalating concerns if an inadequate response is received to a safeguarding referral.	12.2b 12.3 13.2	4, 11
Falls Prevention and Intervention				
5.7.1	1	Each fracture resulting from a fall is investigated for the following and outcomes are reviewed by the MDT; • time and place of fall; • mechanism of fall; • up-to-date falls risk assessment; • up-to-date falls prevention and intervention plan; • timely medical assessment, including skeletal survey; • timely transfer for emergency medical treatment if fracture is suspected, i.e. by 999 ambulance; • patient mortality outcomes.		14
Discharge planning and transfer of Care				

Standard Number	Type	Standard	CQC Regulations 2014	Ref
5.8.1	2	Where there are delayed transfers/discharges: • The team can easily raise concerns about delays to senior management; • Local information systems produce accurate and reliable data about delays; • Action is taken to address any identified problems.	17.2a,b	2,10
Interface with Other Services				
5.9.1	1	The team supports patients to make an appointment with their community or ward-based GP whilst an inpatient.		19
5.9.2	1	The team supports patients to access organisations which offer: • Housing support; • Support with finances, benefits and debt management. *Guidance: Housing advice and/or support is given to patients prior to discharge.*	12.2i	2
Patient Involvement				
5.10.1	1	Patients and their carers are given the opportunity to feed back about their experiences of using the service, and their feedback is used to improve the service. *Guidance: This might include patient and carer surveys or focus groups.*	9.3f 17.2e,f	7

Standard Number	Type	Standard	CQC Regulations 2014	Ref
5.10.2	2	Patient representatives attend and contribute to local and service level meetings and committees.	17.2e	3
Carer Engagement and Support				
Note: Carer involvement in the patient's care and treatment is subject to the patient giving consent and/or carer involvement being in the best interests of the patient				
5.11.1	1	The team follows a protocol for responding to carers when the patient does not consent to their involvement.		2
Ward/Unit Environment.				
5.12.1	1	Staff members follow a policy on managing patients' use of cameras, mobile phones and other electronic equipment, to support the privacy and dignity of all patients on the ward/unit.	10.2a	6
5.12.2	1	There is a visiting policy is in place which includes procedures to follow for specific groups including: • Children; • Unwanted visitors (i.e. those who pose a threat to patients, or to staff members). *Guidance: This should include flexibility around visiting times.*	12.2d	2,6

Standard Number	Type	Standard	CQC Regulations 2014	Ref
5.12.3	1	Staff members follow a protocol when conducting searches of patients and their personal property.	10.1	12
5.12.4	1	An audit of environmental risk is conducted annually and a risk management strategy is agreed. *Guidance: This includes an audit of ligature points and environment related falls risks.*	12.2d 17.2a	4,17
5.12.5	1	A collective response to alarm calls and fire drills is agreed by the team before incidents occur. This is rehearsed at least 6 monthly.	15.1b	2,6
5.12.6	3	Patients are consulted about changes to the ward/unit environment.	15.1c	17
Staffing Level and Skill Mix				

Standard Number	Type	Standard	CQC Regulations 2014	Ref
5.13.1	1	Staffing levels and skill mix are responsive to a daily review of the following factors: • levels of observation; • sickness and absence; • training; • supervision; • escorts; • consultation, outreach and liaison functions; • the need to promote patients' independence; • therapeutic engagement; • acuity levels; • conformance with local human resources guidance; • staff capabilities; • clinical meetings; • Physical dependency; • Co-morbidity.		14
General Management				
5.14.1	2	The team attends business meetings that are held at least monthly.		15
5.14.2	3	The team reviews its progress against its own plan/strategy, which includes objectives and deadlines in line with the organisation's strategy.	17.2a	2

Standard Number	Type	Standard	CQC Regulations 2014	Ref
5.14.3	2	Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that the team find accessible and easy to use.	17.2a	4
Clinical outcome measurement.				
5.15.1	1	Clinical outcome measurement data is collected at two time points (admission and discharge) as a minimum, and at clinical reviews where possible.		17
5.15.2	2	Clinical goals are set and progress against these goals is monitored at clinical review meetings.	9.3d	16,17
5.15.3	2	Outcome data is used as part of service management and development, staff supervision and caseload feedback. *Guidance: This should be undertaken every 6 months as a minimum.*	17.2a	17
Audit and Supervision Evaluation				
5.16.1	2	A range of local and multi-centre clinical audits are conducted which include the use of evidence based treatments, as a minimum.	17.2a	6

Standard Number	Type	Standard	CQC Regulations 2014	Ref
5.16.2	2	Key information generated from service evaluations and key measure summary reports (e.g. reports on length of stay) are disseminated in a form that is accessible to all.	17.2a	2
The ward/unit learns from mistakes and serious incidents				
5.17.1	1	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	3.2	2,18
5.17.2	1	Staff members share information about any serious untoward incidents involving a patient with the patient themself and their carer, in line with the Duty of Candour agreement.	12.2b 20.2a	7
5.17.3	1	Staff members, patients and carers who are affected by a serious incident are offered a debrief and post incident support.	20.2c	7,28
5.17.4	1	Lessons learned from incidents are shared with the team and disseminated to the wider organisation.	12.2b	12
5.17.5	2	Key clinical/service measures and reports are shared between the team and the organisation's board, e.g. findings from serious incident investigations and examples of innovative practice.	17.2a	12
5.17.6	1	There are clear policies and procedures for managing complaints.		14

Standard Number	Type	Standard	CQC Regulations 2014	Ref
Commissioning and Financial Management				
5.18.1	2	The ward/unit is explicitly commissioned or contracted against agreed ward/unit standards. *Guidance: This is detailed in the Service Level Agreement, operational policy, or similar, and has been agreed by funders.*		26

Glossary

Term	Definition
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.
Bank and agency staff	Non-permanent staff members.
Bed occupancy levels	Proportion of beds within an organisation which are occupied by patients.
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.
Carers 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[1].
Clinical Formulation	A theoretically based explanation of a patient's presentation. It covers the presenting problem and predisposing, precipitating, perpetuating and protective factors.
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.

[1] Carers UK (2015). Assessments and the Care Act.

Co-morbidity	Co-morbidity is the presence of more than one illness. For example, a person who has a diagnosis of dementia and a functional mental health problem such as depression.
Covert administration of medication	Covert medication is when medication is administered in a disguised form e.g. in a drink or mixed with food.
De-escalation	Talking with an angry or agitated service user in such a way that violence is averted and the person regains a sense of calm and self-control[2].
Dementia	Dementia describes a set of symptoms that may include memory loss, mood changes and problems with communicating and reasoning. These symptoms occur when the brain is damaged by certain diseases. Alzheimer's disease is the most common form of dementia, but there are more than 100 other types including vascular dementia and dementia with Lewy bodies[3].
Dementia Friendly	Dementia-friendly can refer to environments, communities, people and objects who take the needs of people living with dementia into account and adapt services for them accordingly.
Dual-diagnosis	Experiencing both mental illness and problematic drug and/or alcohol use.
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.
ECG	This stands for electrocardiogram which is a simple test which records the heart's electrical activity.
European Working Time Directive	Initiative designed to prevent employers requiring their workforce to work excessively long hours, with implications for health and safety.

[2] National Collaborating Centre for Mental Health. *Violence and aggression: short-term management in mental-health, health and community settings. NICE guideline [NG10]*. Update. Leicester and London, UK: British Psychological Society and The Royal College of Psychiatrists, 2015.

[3] Alzheimer's Society (2015). Creating a dementia friendly workplace A practical guide for employers

Graduate patients	Patients who were previously treated in working age services, who have been transferred to Older Adult services.
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[4].
Learning disability	A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life[5].
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	A team made up of different kinds of health professionals who have specialised skills and expertise.
NICE	National Institute for Health and Care Excellence. Organisation which publishes guidance for health services in England and Wales.

[4] POwHER: www.pohwer.net/independent-mental-health-advocacy-imha
[5] Mencap

Occupational Therapy	A way of supporting people who find everyday tasks and activities challenging with the aim of helping them recover or gain independence.
Palliative care	Palliative care is for people living with a terminal illness where a cure is no longer possible. It's also for people who have a complex illness and need their symptoms controlled[6].
Positive risk taking	A way of working which accepts that risks cannot be avoided but can be minimised and prepared for, and encourages people to take greater control of their lives.
Recovery colleges	A service that gives people with mental health problems the opportunity to access education and training programmes designed to help them in their recovery.
Recovery Plan	A document, designed with a person who has mental health difficulties, stating everyday activities they can do to keep well, and triggers and warning signs that they are becoming unwell.
Reflective Practice	The ability for people to be able to reflect on their own actions and the actions of others to engage in continuous learning and development.
Restrictive intervention	Deliberate acts on the part of other person(s) that restrict a patient's movement, liberty and/or freedom to act independently in order to 1) Take control of a dangerous situations where there is a real possibility of harm to the person or others if no action is taken, and 2) End or reduce significantly the danger to the patient or others.
Risk assessment	A systematic way of looking at the potential risks that may be associated with a particular activity or situation.
Safeguarding	Protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect[7].

[6] Marie Curie

[7] Care Quality Commission (CQC) (2015). Safeguarding People

Signpost	To tell a person how to access a related service.
Therapeutic Environment	A place which attends to psychological, emotional and social factors in creating a space that maximises the potential for healing, development and growth.
Ward/Community Meeting	A meeting of patients and staff members which is held on the ward.

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