



Accreditation for Community Mental Health Services (ACOMHS)

Welcome Information & Guidance

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Accreditation for Community Mental Health Services

Welcome to the ACOMHS Project

We would like to welcome you to the Accreditation for Community Mental Health Services (ACOMHS). We are happy to have you on board and hope you will find the experience interesting and useful.

This document aims to provide you with an outline of the accreditation process, what you can expect from us and what we will expect from you, information on some of the benefits of membership, the role of the main contact and service user and carer involvement.

If you find that there are any areas that you remain unsure of, or you have any questions, please refer to the end of this document on how you can contact us.

The College Centre for Quality Improvement

The College Centre for Quality Improvement (CCQI) is a department of the Royal College of Psychiatrists, which work with mental health services to assess and improve the quality of the care they provide. The centre works with more than 90% of mental health service providers, focussing on four key areas: quality networks, accreditation, national clinical audits, and research and evaluation. The quality and accreditation networks work with both inpatient and community mental health services, as well as specialist services such as forensic and prison facilities, enabling environments and therapeutic communities.

Aims of Accreditation for Community Mental Health Services

- Enable community mental health services to engage in service evaluation and quality improvement
- Promote best practice through shared learning and networking
- Help services plan improvements for the future
- Accredite community mental health services
- Maintain a database of standards for community mental health services

Standards for Adult Community Mental Health Services

Members of the ACOMHS project will be reviewed against the Standards for Adult Community Mental Health Services (Second Edition).

The standards were originally developed in consultation with a range of professionals, carers and service users. The process of creating the standards was guided by staff from the CCQI and endeavour to reflect exemplary practice in mental health care by drawing on new policy and recent insights into best practice. Core standards, developed by the CCQI, appear alongside specialist community standards. A copy of the standards can be found at www.rcpsych.ac.uk/ACOMHS. To meet all of the standards is aspirational, and it is unlikely for a service to achieve this. Standards are 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;
- **Type 2:** standards that an accredited 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 Accreditation Cycle

The diagram below outlines the stages of the accreditation cycle undertaken by ACOMHS. The following pages will provide a brief outline of the process, including a timeline and action points for your service. There are four main phases of the cycle: self-review, peer-review visit, draft report and accreditation committee.



Phase 1: Self-review

Services are to complete a comprehensive self-review document by providing a self-rated score and commentary against each standard, along with submitting accompanying evidence. This part of the process is designed to provide a framework for your service to holistically assess the quality of the service you provide against the ACOMHS standards and to identify its strengths and weaknesses. It also allows you, if necessary, to make the changes required prior to a peer-review to achieve accreditation.

The following tools are to be completed as part of the self-review:

- Questionnaires – these will be provided to distribute to service users, carers and referrers. Staff members are expected to complete a questionnaire electronically
- Case Note Audit – A certain number of case notes are expected to be completed, using real service user records.

The self-review is to be completed on the College Accreditation and Review System (CARS). The network team will contact you to notify you of your workbook opening and your deadline for completion. You will also receive a guidance booklet and login details for CARS.

Phase 2: Peer-review Visit

The information collected during the self-review phase is compiled into a peer-review workbook to form the basis for a peer-review visit. This workbook will be sent to the visiting peer-review team in advance of the visit.

The purpose of the peer-review is to allow the visiting peer-review team to follow a structured timetable to ensure that meetings are conducted with those working in and using the service to validate the self-review information. A service tour is also conducted to form as part of the environmental audit. The peer-review day provides services with a valuable opportunity for discussion, to share good practice and to network.

At the end of the peer-review visit, the visiting team will provide preliminary findings to your team, including key areas of achievement and challenges.

Following the peer-review visit, the data collected by the team is then collated in the form of a draft report, highlighting any unmet standards and summarising areas of good practice and areas in need of improvement.

Phase 3: Draft Report

Following the peer-review visit, the data collected by the team is then collated in the form of a draft report, highlighting any unmet standards and summarising areas of good practice and areas in need of improvement.

Once this is verified by the visiting peer-review team and sent to the you, you will then be provided a 30-day consultation period to provide further evidence and commentary on unmet standards, which will then be reviewed by the Accreditation Committee.

Phase 4: Accreditation Committee

Once a draft report has been returned with further evidence and commentary, it will be taken to the next accreditation meeting, where the accreditation committee will consider the data and decide if to award an accreditation status for the service. The Accreditation Committee meets quarterly to ensure that services are recognised for good practice and to protect the value of an accreditation aware by maintaining standards using the following criteria:

- **Category 1: "Accredited"**

The service would *at the point of peer-review*:

- Meet 100% of type 1 standards;
- Meet at least 80% of type 2 standards

- **Category 2: "Accreditation deferred"**

The service would *at the point of peer-review*:

- Fail to meet one or more type 1 standards but demonstrate the capacity to meet these within a short time;
- Fail to meet 80% of type 2 standards but demonstrate the capacity to meet the majority within a short time

- **Category 3: "Not accredited"**

The service would *at the point of peer-review*:

- Fail to meet one or more type 1 standards and not demonstrate the capacity to meet these within a short time;
- Fail to meet a substantial number of type 2 standards and not demonstrate the capacity to meet these within a short time.

Once accredited, an electronic copy of the final report and an accreditation certificate will be sent to you, and your accreditation status will be listed on the ACOMHS website.

Services are accredited for a maximum of three years, subject to a satisfactory interim self-review. Accreditation begins from the date of the meeting at which they are accredited, until three years after the first meeting at which they were considered.

Appeals process

The grounds for an appeal against a decision about accreditation category are that:

- The decision has been made on the basis of a summary report that contains **factual inaccuracies** about the evidence provided at the time of review, and/or;
- The decision is not consistent with stated criteria that determine categories of accreditation.

A copy of the CCQI appeals policy is available on request.

Interim Review

As part of accreditation, you will be asked to submit an interim review, 18 months following the first accreditation meeting at which they were discussed. This is to ensure that accredited your service is continuing to maintain your accreditation status. This phase does not require a peer-review visit, unless your service demonstrates that there are causes for concern.

The interim review consists of a contextual survey, to which your service is to update with any significant changes that have taken place to staffing, environment and service delivery since the time of peer-review visit. Your service will also be expected to review yourselves against type 1 standards and update the network on your action plan to ensure you are maintaining and developing the service.

The network team will review this information and will inform you to confirm if your accreditation remains valid until the end of the cycle.

If a unit is not accredited

In the event that the review finds evidence that practice is unsafe or threatens the dignity, safety or rights of children and young people or staff, the Royal College of Psychiatrists will advise the provider organisation that it should take appropriate remedial action. If the Royal College of Psychiatrists is not satisfied that appropriate action has been taken and that there is a substantial risk to patient safety, it reserves the right to inform those with responsibility for the management of the service and/ or the relevant regulatory body.

Guidance for the key contact

The key contact has a number of tasks and areas of responsibility throughout the review cycle. This section will outline the main tasks for the beginning of the cycle.

Your Peer-review visit – arranging a date

Once joining the network, you will be contacted to discuss possible dates for you to host your peer-review visit. Peer-review visits take place over one day and are scheduled to finish by 16:00.

Visiting other services – organising staff

- Each service is expected to visit two other services during their cycle.
- Two members of staff will need to be put forward to attend the two visits.
- Staff members put forward will need to be peer-reviewer trained (further reviewer training information can be found on the next page)
- If staff members are no longer able to attend the review, please ensure that an appropriate replacement within your service can attend in your place and inform the ACOMHS Network team of their details.
- Staff put forward can be of any profession working within a community mental health service including: psychiatrists, psychologists, occupational therapists, support workers, mental health nurses, social workers.

Peer-reviewer training

Peer-reviewer training provides staff from member services with the opportunity to participate in peer-review visits to other community mental health services. This can be staff from any discipline and participants will gain practical and theoretical knowledge of all aspects of a peer-review visit.

The training will take place throughout the year and will involve presentations, seminar discussions and role-play scenarios.

It is expected that each service puts forward any individuals attending a review to complete the training to ensure each visiting team is meeting the requirements for a peer-review or quality improvement visit to take place.

The training is **free to member services**.

All training sessions will be advertised via email to the main contacts, via the newsletter and also through the email mailing list. To book a place, please see the latest information on the website or contact the team.

Contacting the ACOMHS team

Contact information

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ACOMHS mailing list

You can stay updated on the network, any upcoming events and reviews by signing up to our mailing list. To join, email 'join' to ACOMHS@rcpsych.ac.uk.

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