Benchmark of Best Practice for:

ASSESSMENT AND TREATMENT UNITS

"agreed service user focused outcome –
*Respect, dignity, safety and wellbeing will be maintained at
all times within a therapeutic environment which promotes
an evidence-based person centred approach.***"**

Developed by the Assessment and Treatment for people with learning disabilities
Network

Draft February 2008

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*This benchmark is not intended to be exhaustive and the indicators are not listed in order of preference or priority. It will be
recognised that other indicators will be recognised*

References

- The White Paper 'Valuing People': A New Strategy for Learning Disability for the 21st Century, DOH, March 2001 and Valuing People Now (currently under consultation)
- "Valuing People": A new Strategy for Learning Disability for the 21st Century: Implementation Guidance (HSC 2001/016: LAC(2001)23) August 2001
- National Service Frameworks (including Mental Health, Older People and Children) – Department of Health
- Signposts for Success in Commissioning and Providing Services for People with Learning Disabilities. NHS Executive (1998), DOH
- Mental Health Act, 1983
- Mental Capacity Act, 2005
- Services for People with Learning Disabilities and Challenging Behaviour or Mental Health Needs: Report of a Project Group, 1992 and 2007 HMSO
- Meeting the Mental Health Needs of Adults with a Mild Learning Disability, Royal college of Psychiatrists 2003
- Star Wards: Brightplace (2006)
- Challenging Behaviour – a unified response: Royal College of Psychologists and Psychiatrists (2006)
- Green Light Toolkit Valuing People Support Team (DOH)
- The Use of medication to manage behaviour problems amount adults with a learning disability (University of Birmingham) 2006
- Human Rights Act 1998?
- BILD guidance?
- Social Care Institute for Excellence?
- NIHCE guidance - referring to? Violence and Aggression/Schizophrenia/Suicide
- Forensic Developments??
- Healthcare Commission Guidance – "A life like no other" 2007, HCC
- Good Practice in Learning Disability Nursing (2007) DH
- Shaping the Future: A Vision for Learning Disability Nursing (2006) Consultant Nurse Network
- Commissioning specialist adult learning disability health services - Good practice guidance – DH (2007)
- Multi-agency public protection arrangements (2007)
- Essence of care: benchmarks (2001-2007) DH
- Women in Secure Hospital - www.womenatwish.com

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- Delivering race equality in mental health care: Independent Inquiry into the death of Rocky Bennett (2003)

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<u>Definitions</u>

<u>Individuals who may require assessment and treatment</u>

A minority of adults with a learning disability have severe complex needs that will require specialised service provision. These services will offer inpatient assessment and treatment facilities and should be available to any individual who requires more intensive services than standard local services are able to provide. They will also provide some outreach provision to assist with rehabilitation back to the local community. The purpose of these inpatient facilities is to provide intensive assessment and treatment on a short-term basis. The goal will be for these individuals to return to live in their communities, with support packages that adequately meet their particular needs

Inpatient assessment, treatment and associated outreach for people with severe complex needs that cannot be managed by local assessment and treatment services including:

- People with learning disabilities who have severe challenging needs and present major risks to themselves and/or others
- People with learning disabilities and severe mental health problems who cannot be addressed by general psychiatric services
- People with learning disability and autistic spectrum disorder with severe challenging and/or mental health needs

These services should not be seen as a long-term option; however these specialised services are sometimes required as an interim measure while local services are developed to accommodate an individual's particular needs.

Taken from Specialised Services National Definition Set: 21 Specialised learning disability services - 2007

Restrictive Physical Interventions involve the use of force to control a person's behaviour and can be employed using bodily contact, mechanical devices or changes to the person's environment.

Mechanical Restraint means that a part of, or all a person's body has a device or devices applied that restrict free movement. For example – splints, all-in-one suits (for behavioural management).

Mechanical restraint does not include use of seat belts for transportation (including the seat belt on a wheelchair) or the use of bed rails for the safety and protection of the individual.

However, people who are cared for in this way still need to have a thorough Risk Assessment, Care Plan, close observation monitoring and review of the use.

Definition: Locked Door
Any area that an individual using the service is unable to access due to the door being inaccessible, either by mechanical or electronic means (i.e. keypad, touchpad, key lock or double handle).

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Benchmark of Best Practice for: Assessment and Treatment Units

Agreed service user focused outcome:

respect, dignity, safety and wellbeing will be maintained at all times within a therapeutic environment which promotes an evidence-based person centred approach

Factors	Benchmark of Best Practice
1. **Operational Policies**	There is evidence based operational policy which is reviewed annually with key stakeholders
2. **Individual and carer involvement**	There is evidence of full involvement from individuals using the service and their carers.
3. **Consent and Capacity**	There is evidence that the individuals consent to their care and treatment or best interest principles are applied
4. **Assessment**	There is evidence that there are a range of assessments in place for individuals which identifies their current needs
5. **Treatment**	There is evidence of a range of therapeutic and evidence based Treatment
6. **Risk**	Risk issues are identified and risk plans are completed and reviewed
7. **Leadership and Training**	There is strong leadership and commitment and delivery of training
8. **Restrictive Practices**	Safety dignity and respect will be maintained at all times
9. **Integrated Care Planning**	There is evidence of up to date care records which reflect evidence based care
10. **Meaningful days**	Individuals are involved in making choices in relation in improving their daily experiences
11. **The Care Environment**	Therapeutic and meets individual needs
12. **Audit**	Audits and service reviews are undertaken at least annually and actions taken inform service development

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Factor 1 ~ Operational Policy

There is no Operational Policy

Benchmark of Best Practice
There is evidence based operational policy which is reviewed annually with key stakeholders

Indicators of Best Practice:

- Individuals who use services are involved in the operational policy and its review.
- There is an annual review engaging all key stakeholders.
- All staff are aware of and familiar with the Operational Policy.
- The Operational Policy is reviewed using clinically effective standards and evidence.
- The Operational Policy covers all areas of the Benchmark of Best Practice.
- The operational policy contains clear and explicit referral and eligibility guidelines to ensure that specialised services are only provided to individuals who require the service.
- The operational policy contains clear care pathways from admission through to planning for discharge to prevent bed blocking.
- The operational policy describes the environment and the provision of specialist support within it.
- The operational policy describes the involvement of the full range of professionals and the provision of therapeutic input; including: nursing, occupational therapy, psychiatry, psychology, speech and language therapy, creative therapies etc.
- The operational policy provide detailed descriptions of the specialist assessment and treatment activity offered:
    - Assessment, intensive treatment programmes and outreach.
    - Risk management and development of guidance and individual plans.
    - The care programme approach (CPA) and how this is accessible to individuals using the service
    - Health actions plans and physical health care.
    - Accessible information regarding the service including being detained under the Mental Health Act.
    - Incident monitoring and debriefing.
    - The use of medication with reference to best practice in relation to challenging behaviour.
    - The staff structure and support systems.
    - Training and support for staff.
    - Multi disciplinary input.
    - Community links and other elements of the service.
    - Gender specific services.
    - Explicit protocols in place relating to security and the safe and therapeutic running of the service for individuals who use the service, staff and visitors.
    - Service user day and access to therapies.
    - Service user rights and safeguards, including the use of the mental health act and mental capacity act.

- The operational policy outlines the values and standards drawn from authoritative sources, Valuing people and the Healthcare Commission reports and recommendations 'A Life Like No Other'.

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- The operational policy references key national policies and guidelines and their relevance to the service i.e. NICE Guidelines and NPSA
- The operational policy outlines how compliments and complaints are dealt with and lessons are learned and shared.

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Factor 2 ~ Individual and Carer Involvement

	Benchmark of Best Practice
Individual users and their carers are not involved or consulted with	There is evidence of full involvement from individuals using the service and their carers.

Indicators of Best Practice:

- There is evidence of forums for individuals using the service and their carers to be involved in.
- There is evidence that individuals/carers are given opportunities to feedback on the service they receive.
- There is evidence of weekly meetings in which individuals using the service can express their views on issues relating to daily life in the service.
- There is evidence of opportunities for individuals who use the service and or their carers to become involved in or raise their views at other local groups such as the Partnership Board.
- There is evidence of individuals who use the service involvement in the planning of their care.
- There is evidence of individuals who use the service being involved in staff recruitment.
- There is evidence of individuals who use the service in service development and or proposed changes.
- There is evidence that individuals who use the service are supported to make everyday choices and are actively listened to.
- There is evidence of accessible information about the service, the individual's rights and daily activities are available.
- There is evidence of individuals who use the service involvement in the planning of leisure or recreational activities.
- Individuals who use the service have access to advocacy services.
- There is evidence that the service learns from compliments and complaints.
- Individuals who use the service have an accessible copy of their care plan.
- There is evidence that people who are detained under the mental health act have been given accessible copies of their rights
- There is evidence that the principles of the mental capacity act (2007) are implemented in practice in relation to individual and carer involvement.

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Factor 3 ~ Consent

	Benchmark of Best Practice
There is no evidence of consent or best interest principles in practice	There is evidence that the individuals consent to their care and treatment or best interest principles are applied

Indicators of Best Practice:

- There is evidence that the individual is assumed to have the capacity to consent to their care and treatment
- Where it is indicated that the individual does not have the capacity to consent a capacity assessment is completed.
- There is evidence that individuals receive correct and accessible information in relation to the decisions that they make
- There is a copy of the mental capacity act available
- All individuals are regularly informed in a format that is accessible to them of their rights
- Where the individual disagrees with his/her care or treatment there is evidence that they are supported to make an appeal against this (either to the Mental Health Act Manager or Mental Health Act Commissioners)
- When best interests principles are applied there is clear documentation as to how a final decision has been arrived at
- Best interest meetings involve families, relatives and carers
- The full support of Independent Mental Capacity Advocate (IMCA) has been sought in cases where no relatives are involved
- When individual who has been detained under the mental health act longer than 3 months, consent to treatment is sought, under Section 58 of the MHA and all documentation completed
- All care plans are signed by the individual
- Support is offered and provided in the least restrictive way
- Where restrictive practices are in place for an individual then full explanation is given.
- Individuals have full access to the care environment
- Measures are evidenced that restrictions in the care environment are minimised for all individuals.

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Factor 4 ~ Assessment

		Benchmark of Best Practice
There is no evidence of assessments being undertaken		There is evidence that there are a range of assessments in place for individuals which identifies their current needs

Indicators of Best Practice:

- The range of assessments should include
  - The individuals behaviour
  - Mental Health needs
  - Environmental issues
  - Complex health needs
  - Physical Health
  - Risks
  - Other assessments carried out by multi-disciplinary team

- Observational data collected
- Consent and best interest has been obtained and recorded
- Service users and significant others are involved in the assessment process
- Assessments contain a clear description of the behavioural sequence(s) and measures frequency, intensity and duration of behaviour
- Historical data is included in the assessment process.
- Environment/social/health factors are included (addressed in the assessment)
- The contra-indications of using any medication or physical interventions are assessed
- Summaries are documented of previous methods used/interventions that have been unsuccessful
- Risks issues are identified and risk plans are formulated
- Evidence of the assessment as a working document
- Mental state examination gives a diagnosis/formulation
- Assessment concludes why the behaviour occurred, and is presented in an accessible format (e.g. diagrams)
- Assessments are signed and dated and indicate who was involved
- Assessment considers the individual communication needs
- Assessment covers individual skills and preferences
- Assessment should identify if there is a need for restrictive access
- Assessment includes a focus on the persons diversity
- The approach of the assessment is person centred
- The assessment leads to other referral(s) where indicated
- Evidence of multidisciplinary involvement in assessment
- Speech and language therapist undertake an assessment of individual's communication needs
- Accessible formats for information are available for the individual
- Assessment informs overall care planning process
- There is an assessment of safeguarding issues

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Factor 5 ~ Treatment

	Benchmark of Best Practice
There is no evidence of any active treatment	There is evidence of a range of therapeutic and evidence based treatment

Indicators of Best Practice:

- Consent or best interest obtained and recorded
- Treatment consists of psychological interventions
- Treatment provides opportunities for physical exercise
- Treatment is individualised and person centred
- Individuals and carers are involved in the development of their treatment
- Clear timescales are agreed for reviewing treatment
- Treatment plans provides clear interventions for all to follow
- Treatment plan supports service users in developing new skills
- Families and carers are offered advice and training in relation to working with the individual with ongoing treatment
- Treatment does not contain aversive techniques
- Treatments are evidenced based
- When the need for physical interventions are identified strategies to maintain the individual safety are in place
- All physical interventions are monitored and recorded
- Treatment plans identifies warning signs that may lead to behaviour/mental health deterioration
- Treatment should be focused on a recovery model
- Discussion has taken place with the individual wherever possible regarding options about which practice strategy they would prefer if they become challenging
- The need for physical/mechanical interventions are a last resort and are recorded in the individual treatment plan as a reactive response and are discussed after incidents
- Treatment offered is described in an accessible format to meet needs of individuals
- Risk management guidelines are included as appropriate
- Where medication is as part of the individuals treatment guidelines must be written and be an integral part of the individuals plan
- There is explicit guidance on the use of PRN medication and this is linked to the treatment plan
- All staff are competent in the treatments they offer
- Behavioural management plan clearly identifies when doors may need to be locked and when they can be left unlocked
- Relapse prevention plans form part of the treatment strategies
- Episode of care/admission does not exceed 18 months
- There are clear action plans for dealing with delayed discharges
- There is evidence of partnership working with community teams and their involvement in assertive outreach and discharge planning

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Factor 6 ~ Risk

	Benchmark of Best Practice
Risk issues are not identified	**Risk issues are identified and risk plans are completed and reviewed**

Indicators of Best Practice:

- The individual is involved in risk identification and planning
- Family/carers are involved – with the agreement of the individual or identified in their best interest
- The individual has signed the risk plan
- Information sharing has been agreed with the individual
- There is evidence of adherence to Multi-Agency Public Protection Arrangements (MAPPA)
- There is multi-disciplinary team involvement in risk identification and planning
- There is evidence individuals are supported in taking positive risks
- Risk Assessments consider
    - Emotional
    - Physical
    - Quality of Life issues
    - Ethnic/cultural issues
    - Social
- Risks are clearly documented
    - Physical health i.e. cardiac abnormalities
    - Current medication
    - Musculoskeletal abnormalities linked to learning disability syndrome
- Individual risks - surrounding the individual have been considered, prioritised and recorded
- Policies/procedures on Risk Management are available
- Risk assessed for the individual
- Risk assessed for significant others
- There is evidence to show that using physical /mechanical interventions against risk of not using them are considered and documented
- Risk plans are reviewed in light of changes or at least every three months
- There is evidence that the risk assessment has informed behavioural support plan/CPA
- There is evidence of changes in risk assessment informing behavioural support plan
- Accessible format is available
- Risk Policy Reflects Best Practice in Risk Assessment/Management
- The individual's risk plans identify why there is a need for doors to be locked
- Risk plans are explicit in identifying that under no circumstances should any person be restrained in the prone position for a period longer than three minutes
- There is evidence that the risk strategies in place for individuals are not risk averse.
- There is a debrief protocol available
- Counselling support services are available

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- Safeguarding partnerships are in place and are responsive to individual situations

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Factor 7 ~ Leadership and Training

	Benchmark of Best Practice
The service lacks leadership and staff are not well trained	There is strong leadership and commitment and delivery of training

Indicators of Best Practice:

- There are clear aims and objectives for the service and staff are familiar with these
- All staff receive regular supervision and appraisal
- All staff receive training in the prevention and management of violence and aggression including physical interventions
- Policies and procedures are available to support the work of staff
- Staff receives training relevant to the people who are admitted – Autism, Mental Health, Challenging Behaviour etc.
- All new staff, including Bank and Agency have an induction prior to working
- All staff undertake annual mandatory training
- Team meetings are held regularly
- The manager/s have undertaken leadership training
- Staff have access to and are familiar with relevant national policy
- Staff who supervise student nurses have undertaken mentorship training
- All individuals have a named nurse
- There are clear career pathways for staff
- There is evidence of opportunities for coaching and leadership development
- There is clear clinical leadership for the service
- Mandatory training which is specific to A&T services has been identified
- Training records exist for all staff
- All staff have person development plans that are linked with the knowledge and skills framework
- There is evidence of networking
- The service and staff demonstrate evidence based practice
- Benchmark of best practice are utilised for staff training/supervision
- All staff have training in cultural awareness and sensitivity – this includes training to tackle overt and convert racism and institutional racism
- All medical and registered nurses (and in some cases healthcare assistants) have mandatory first aid training including CPR training. This is regularly updated
- Training incorporates communication strategies, symbolic understanding, and accessible information
- There is training and leadership on safeguarding issues that is evidenced

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Factor 8 ~ Restrictive Practices

	Benchmark of Best Practice
There is no strategy to responding to restrictive practices	Safety dignity and respect will be maintained at all times

Indicators of Best Practice:

- An individualised Functional Assessment or Mental State Assessment is completed and updated

- Individual Behaviour Support Plan available reviewed and updated

- Risk plans are completed and reviewed

- Individuals benefit from records that demonstrate effective communications which support and inform high quality care

- Debriefing will be offered to all individuals involved in incidents of serious challenging behaviour

- Individuals are supported by staff who have undertaken appropriate behavioural training, which includes ongoing updating

- Services have access to relevant national and local policies

- Staffs use of restrictive interventions adhere to the organisations policy, benchmark of best practice and mental capacity act guidance?

- Counselling support services are available

- The organisation has a policy on seclusion and this is adhered to (according to MHA Commissioners guidance)

- Safeguarding issues are reported

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Factor 9 ~ Integrated Care Planning

	Benchmark of Best Practice
There are no integrated care records	There is evidence of up-to-date integrated care records which reflect evidence based care

Indicators of Best Practice:

- Personalised records are available – where required in accessible format
- The Care Programme Approach or care management process is integrated within the persons records
- Integrated care records cover the whole range of the persons diversity needs
- Integrated care records reflect spirituality and religious beliefs
- Integrated care plans include cultural needs
- Care records are available in an accessible format.
- Care records are signed (including electronic signatures where appropriate)
- Care records are dated
- Care records are legible (if not electronic)
- There is only one set of care records for an individual
- The person has full and complete access to his/her integrated care plan
- There is evidence of the persons involvement
- There is evidence of carers/families significant others involvement
- There is evidence of weekly clinical reviews
- There is evidence of a minimum of a MDT/CPA/Care Management review every six months
- There is evidence of individual's involvement around decision making.
- Integrated care planning should have pain recognition and end of life plans.
- Person centred plan form part of integrated records
- There is an identified care co-ordinator
- There is access to computers
- Training is around integrated care plans and electronic records
- Integrated care plans demonstrate sound joint inter agency working
- Integrated records are audited
- Community Care Assessments, Health Action Plans, are included
- There are clear protocols around sharing information which is accessible
- Integrated care records record individuals consent
- Integrated care records demonstrate that best interest principles have been applied
- Integrated care records meet data protection requirements
- Agreement should be sought with the person about their care plan
- When the individual has no person centred plan this should be offered to them following admission
- Assessment and treatment care plans inform the person centred plan in process.
- Organisational policies on relating to care planning are being adhered to
- There is evidence that integrated care records form part of clinical supervision process

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- Record keeping audits are undertaken
- Individual practitioners adhere to their codes of conduct regarding record keeping
- All records are securely stored
- There is a protocol for information sharing

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Factor 10 ~ Meaningful days

	Benchmark of Best Practice
There are no planned or unplanned constructive or meaningful opportunities	Individuals are involved in making choices in relation in improving their daily experiences

Indicators of Best Practice:

- There are a range of recreational activities
- There are opportunities for one to one conversations
- There are physical health activities planned or available – there is opportunity for 30 minutes physical exercise daily
- Domestic staff are encouraged to interact with individuals
- Flexible visiting hours are in place
- Access to gardens
- People can visit with their pets
- Links with families and friends are nurtured
- Private visiting area is available
- Volunteering is actively encouraged and protocol in place
- Papers, magazine, DVD, games are available
- There are daily opportunities with a named nurse or key worker
- There are range of therapeutic groups
- People are supported to maintain their faith/spirituality – faith festivals are celebrated
- Cultural needs are maintained as per individual need
- There is choice over TV and music station
- There is internet access and accessible computer
- People are encouraged to share their hobbies and skills

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Factor 11 ~ The Care Environment

	Benchmark of Best Practice
The care environment is not fit for purpose	**The care environment is therapeutic and meets individual's needs**

Indicators of Best Practice:

- The environment is tidy and well maintained
- The environment is clean and free from unpleasant smells
- Individuals have their own bedroom
- Individuals are involved in the day to day running of the service, where required with support from staff
- There is ample natural daylight
- Individuals have unrestricted access to a garden
- There is moving and handling equipment available
- There are separate male and female areas
- There are appropriate activities available to Individuals within the unit
- There is a covered smoking area for individuals
- Staff receive training and follow procedures regarding infection control
- There is sufficient and safe storage for personal belongings
- Notices and signs are accessible and easy to read
- Environmental audits are completed and acted upon
- Sight lines are unimpeded so that people can see what is happening in different parts of the unit
- There are quiet places for individuals to spend time on their own or receive visitors
- The size and design of the unit is appropriate to the patient group
- There is an appropriate mix of staff available
- Individuals have access to a telephone
- Individuals privacy and dignity (Individuals feel their privacy and dignity is maximised)
- Where doors are looked a local protocol is available and accessible information about the restriction is displayed
- Furniture and fittings are suitable for the environment and individuals needs and reflect normal furniture within peoples homes
- There is evidence of PEAT audits being undertaken and actions completed
- There is clear reporting mechanism for maintenance and replacement services
- There is accessible to a replacement budget
- There is evidence of environmental risk assessments and action plans
- There is access to organisation H&S policies and procedures
- Consultations and treatment are delivered in private areas which are sound proofed
- Where required alarm systems are in place to safeguard all individuals
- There is a private area for visitors
- The care environment is designed and maintained in order to reduce restrictions on individuals using services

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- Individuals have access to an accessible kitchen
- The care environment promotes a gender sensitive approach
- There should be accessible information about the care environment
- Individuals have 24 hour access to food and drink

Factor 12 ~ Audit

	Benchmark of Best Practice
No audits or service reviews are undertaken	Audits/Service reviews are undertaken at least annually they are recorded and actions and recommendations are implemented

Indicators of Best Practice:

- Service user involvement in audit review process
- There are recognised audit tools
- There are recognised service review tools
- Criteria within tools include as a minimum direct observations about care, environmental, service user involvement, quality, person centredness, health action planning, risks, and records.
- There is external stakeholder involvement within audits
- The approach is evidence based
- There are reports available
- Accessible information about audits/service review is available
- There are action plans developed following reviews and outcomes are shared
- There is evidence that action plans are monitored
- There is evidence that audit and service review reports and action plans are linked to the organisations governance arrangements.
- There is evidence of sharing good practice
- There are mechanisms to immediately deal with areas of concern
- Audit review results are discussed within individual teams
- Audits should involve interaction between the reviewers and people who use services and staff present.
- Training is given to reviewers
- Other audits undertaken feed into the service review process
- There is an ongoing process for seeking views from people who use the services families and carers.
- There is evidence that benchmarks, good practice guidance are being utilised within services
- The review and audit tools are evaluated to include ongoing recommendations from national and local investigations and reviews
- Best practice identified through audit/review is celebrated
- Services have gained external accreditation

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Logos:

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Challenging Behaviour foundation

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