

# Accreditation for Inpatient Mental Health Services – Learning Disabilities (AIMS-LD)

## Standards for Adult Inpatient Learning Disability Units

Standards have been classified 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 unit would be expected to meet;

Type 3: standards that an excellent unit should meet or standards that are not the direct responsibility of the unit.

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**A manual of standards written for:**

Inpatient services for adults with learning disabilities (excluding long stay/rehabilitation/campus units)

**Also of interest to:**

People with learning disabilities

Carers

Commissioners

Policy makers

Researchers

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A full copy of this document is available on our website at:

[www.rcpsych.ac.uk/aims-ld](http://www.rcpsych.ac.uk/aims-ld)

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## **Foreword**

We are pleased to introduce the first edition of the standards for Accreditation for Inpatient Mental Health Services – Learning Disabilities (AIMS-LD).

This development coincides with the recent national drive to improve the standards of care in NHS health campuses following the publication of the Healthcare Commission audit report.

These standards are applicable to any inpatient unit that supports adults with learning disabilities who present with mental health needs, challenging and/or forensic type behaviours. The exception to this are those units considered to be 'homes for life'. A similar document of standards also already exists for Children with Learning Disability.

These standards have been developed from both a literature review and consultation with stakeholder groups which included the service user and carer representatives, professionals, and various professional bodies.

We hope the standards will provide in-patient units with a clear and comprehensive description of best practice in these services. The standards will be subject to annual review which will include feedback from the units that participate in the accreditation programme.

Please join us in promoting high-quality care environments for people with learning disability in all inpatient care settings.

Sabyasachi Bhaumik  
Chair of Learning Disabilities Faculty  
Royal College of Psychiatrists

# Introduction

## The need for a quality improvement programme

The NHS funds a range of residential provision for people with a learning disability (LD). This includes:

- NHS-managed admission and assessment units;
- NHS-managed long-stay/rehabilitation units (although there are plans to close those that remain);
- NHS-managed forensic/secure units;
- Units managed by the independent sector, the care of whose residents is funded by the NHS.

These vary greatly in terms of size (in relation to the number of residents), staffing levels, level of security, length of stay, case mix of resident group and philosophy of care. They range from therapeutic communities to secure units and from short-stay admission units to "homes for life".

Consistent with this diversity, LD services are managed by a range of organisations. Within the NHS, the commonest configuration is for them to be a small part of an NHS Trust that manages mental health services. Organisations that manage independent sector units vary greatly in size. Commissioning of LD residential care is poorly developed and haphazard. One result of this diversity, and of the marginalisation of LD services, is that LD units tend to be isolated from one another both geographically and in organisational terms.

In England, NHS-managed long-stay LD units have attracted the attention of the media and of the Healthcare Commission because of poor standards of care and of institutionalised practices that created a culture where abuse was more likely to occur. Recent, high profile press coverage has dented public confidence in adult learning disability inpatient units in general. The Learning Disability Faculty discussed at length what the College could do both to improve the quality of care, and to demonstrate that care practices in these units are generally sound. As a result, it asked the College Centre for Quality Improvement (CCQI) to develop a new standards-based quality improvement network for inpatient units for people with learning disabilities and mental health needs. The Royal College of Psychiatrists' CCQI currently manages a range of programmes of work in mental health services, each tailored to meet the needs of the specialty. As well as identifying and acknowledging services that demonstrate high standards of organisation and care, these programmes support and enable services to achieve higher standards; as a result, quality in services is driven up.

## **Key Principles for a quality improvement initiative in LD**

These are the same as those that underpin the other quality networks managed by the CCQI, namely:

- **Local ownership and trust:** the process is owned by front-line staff and incorporates true peer-review.
- **Engagement:** the system engages all relevant groups, including all staff who work on the unit, senior service managers, people with learning disabilities, and carers.
- **Credibility:** the standards and associated criteria on which the programme is based are explicit and the process of applying them is transparent.
- **Responsiveness:** feedback to participating units is prompt and includes advice and support about how to meet standards. Networking is encouraged through newsletters and an e-mail discussion group.
- **A focus on development:** although the process of review is rigorous, and the feedback honest, the purpose of the process is to support and help units to improve in line with the standards.

### **An overview of the programme**

#### ***Membership***

Membership is open to any LD unit that is managed by either the NHS or the independent sector. The common criterion is that the care received by the residents of the unit is funded by the NHS.

#### ***The standards and associated criteria***

This manual of standards has been produced to underwrite the accreditation processes. They have been developed from a literature review and in consultation with stakeholder groups. Care has been taken to include information from a wide range of sources and to take into account the views of staff, people with learning disabilities, and carers. The standards and criteria will be subject to annual review.

The full set of standards is aspirational and it is unlikely that any unit would meet all of them. To support their use in the accreditation process, each criterion has been categorised as follows:

- **Type 1:** failure to meet these criteria would result in a significant threat to safety, rights or dignity and/or would breach the law;
- **Type 2:** criteria that an accredited service would be expected to meet;
- **Type 3:** criteria that an excellent service should meet or criteria that are not the direct responsibility of the service.

The standards and associated criteria are also available on our website: <http://www.rcpsych.ac.uk/aims-ld>.

## The self-review audit tools

A series of audit tools are used to support the measurement of adherence to the standards and associated criteria. These include:

- **A carer questionnaire:** a series of questions about carers' experiences of different aspects of the services provided by the unit e.g. the assessment process, the environment, the provision of information and choice.
- **A staff questionnaire:** a series of questions about unit staff's experiences of different aspects of the service e.g. staff support and training.
- **A referrer questionnaire:** a brief series of questions for referrers about different aspects of the referral.
- **A Unit Manager questionnaire:** a series of questions for unit managers relating to different aspects of the service e.g. staffing, systems, policies and procedures.
- **A patient tracer:** an audit of a sample of case notes against a detailed checklist of standards.
- **A checklist:** a checklist of policies, protocols and procedures that govern service provision.
- **A staff training matrix:** a checklist of training attended by each member of unit staff.
- **An environmental audit.**

## Stages of the accreditation process

- Stage 1:** the unit undertakes a self-review using a range of audit tools (as described above).
- Stage 2:** the unit hosts a peer-review visit by a multi-professional team that includes a person with learning disabilities or carer.
- Stage 3:** the unit receives a written local report, which will include a statement about performance against the standards, highlight issues that need attention, and include advice and comments from the review team. Subsequent feedback will also include the decision about accreditation status.
- Stage 4:** the unit begins action planning and implementation of improvements.

## Email Discussion Group and website

Member units have access to advice and support from the Royal College of Psychiatrists and their peers through the programme's email discussion group. Email 'JOIN' to [aims-ld-chat@cru.rcpsych.ac.uk](mailto:aims-ld-chat@cru.rcpsych.ac.uk) to become a member.

Further information can also be found at [www.rcpsych.ac.uk/aims-ld](http://www.rcpsych.ac.uk/aims-ld).

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## Glossary of Terms and Abbreviations

**BILD.** The British Institute of Learning Disabilities.

**Capacity.** The ability to understand and give legal consent to an action or arrangement.

**Care plans.** A care plan will say in writing what help a person needs and who will be providing this.

**Carers.** Where we have used the term 'carers', we mean 'people who care for or support the person with learning disabilities'. This includes family carers, advocates, befrienders, associates, paid staff (see also **family carer**).

**Clinical governance.** A systematic approach to maintaining and improving the quality of patient care.

**Consent.** Agreement to an action or arrangement.

**CPA.** Care Programme Approach: The process mental health service providers use to coordinate care for mental health patients.

**CRB.** Criminal Records Bureau.

**Family carer.** This term is used to refer specifically to non-professional and unpaid carers.

**Health Action Plans.** A Health Action Plan is a personal plan about what a person with a learning disability can do to be healthier.

**Knowledge and Skills Framework.** The Knowledge and Skills Framework process involves managers working with individual members of staff to plan their training and development.

**MDT.** Multi disciplinary team.

**Mental Health Act Section 117.** Under section 117, health authorities and local social services have a legal duty to provide aftercare for patients who have been on sections 3, 37, 47 or 48, but who have left hospital.

**Named nurse.** This is a nurse who will have a special responsibility for a patient while they are in hospital.

**Person-centred planning.** A process of life planning for individuals based on the principles of inclusion and the social model of disability.

**Person/People.** Where we have used the terms 'person' or 'people', we mean 'people with learning disabilities/difficulties'.

**POVA.** The Protection of Vulnerable Adults scheme.

**PRN.** 'Pro re nata' (as required). This refers to being prescribed medication to take when it's needed, rather than regularly at the same time each day.

No.	Standard	Type
<b>Section 1: Patient Journey</b>		
<b>Pre-admission</b>		
<b>Standard 1: A person who requires inpatient care is referred to the appropriate services, without unnecessary delay.</b>		
1.1	Written referral criteria clearly specify the function of the inpatient service, and the age groups and problems that the unit <u>does</u> and <u>does not</u> cater for.	2
1.2	There is a documented, up-to-date referral procedure for routine referrals, which is agreed with other agencies and services and made available to referrers.	2
1.3	Inpatient staff are involved in pre-admission discussions to determine whether or not the unit is suitable for the individual's needs, taking into account the remit of the unit and the needs of the resident population.	3
1.4	Pre-admission assessments are attended by a member of the inpatient unit team.	3
1.5	<p>For <u>routine admissions</u>, the unit accesses all of the recent community paperwork that is available on the person.</p> <p><i>Guidance:</i> this might include</p> <ul style="list-style-type: none"> <li>• mental health and risk assessments;</li> <li>• details of current medication;</li> <li>• physical health assessments, and a copy of <u>Health Action Plans</u>;</li> <li>• existing care plans/person-centred plans/<u>CPAs</u>;</li> <li>• details of daily living routines and preferences;</li> <li>• the role of family and carers;</li> <li>• communication needs and use of communication methods.</li> </ul>	1
1.6	There is a documented, up-to-date referral procedure for <u>emergency referrals</u> (i.e. people being admitted within 24 hours), which is agreed with other agencies and services and made available to referrers.	2
1.7	<p>For emergency admissions, where the person arrives out-of-hours, there is evidence that community assessment paperwork was actively sought the next working day.</p> <p><i>Guidance:</i> this might include</p> <ul style="list-style-type: none"> <li>• mental health and risk assessments;</li> <li>• details of current medication;</li> <li>• physical health assessments, and a copy of <u>Health Action Plans</u>;</li> <li>• existing care plans/person-centred plans/<u>CPAs</u>;</li> <li>• details of daily living routines and preferences;</li> <li>• the role of family and carers;</li> <li>• communication needs and use of communication methods.</li> </ul>	2

1.8	Before a routine admission, the person (and their carer) is given the name and contact details of a link person for admission queries.	1
<b>Admission and Initial Assessment</b>		
<b>Standard 2: Throughout the admission process, the person is reassured, welcomed and given the information they require.</b>		
2.1	Before admission, or as soon as they arrive, a member of staff checks that the person has any aids or equipment that they need.  <i>Guidance:</i> this might include a walking frame or hearing aid.	1
2.2	The person and their carer are met on arrival, shown to an appropriate area and offered refreshments.	2
2.3	The person and their carer are introduced to the member of staff who will be their point of contact for the first few hours of admission.	2
2.4	On the day of their admission, or as soon as they are well enough, the person is given an accessible information/welcome pack that describes life on the unit.  <i>Guidance:</i> this might include <ul style="list-style-type: none"> <li>• the purpose of the unit;</li> <li>• methods of treatment;</li> <li>• unit facilities, daily life and programme of activities; choice of food;</li> <li>• personal safety on the unit;</li> <li>• visiting arrangements;</li> <li>• what practical items people need to bring in;</li> <li>• the rights of people who are staying there and what is expected of them, including levels of freedom and restriction;</li> <li>• sleeping arrangements (e.g. shared or single bedrooms).</li> </ul>	2
2.5	On the day of their admission, or as soon as they are well enough, the person is shown around the unit at a steady pace.	2
2.6	If the person is detained under the Mental Health Act, on the day of their admission or as soon as they are well enough, they are given written information on their rights, in accordance with section 132 of the Act.  <i>Guidance:</i> this <u>must</u> include any of the following that were relevant to the person <ul style="list-style-type: none"> <li>• rights to advocacy;</li> <li>• rights to a second opinion;</li> <li>• right to move hospital;</li> <li>• right of access to interpreting services;</li> <li>• professional roles and responsibilities;</li> <li>• the complaints procedures.</li> </ul>	1
2.7	If the person is admitted informally, on the day of their admission or as soon as they are well enough, they are given accessible written information on their rights, rights to advocacy and second opinion, right	1

	of access to interpreting services, professional roles and responsibilities and the complaints procedure.	
2.8	On the day of their admission, or as soon as they are well enough, the person is told the name of their <u>named nurse/care team</u> and how to arrange to meet with them.	2
2.9	If the person is having difficulty settling and would benefit from extra contact with their carer, staff make efforts to facilitate this.  <i>Guidance:</i> this might include <ul style="list-style-type: none"> <li>• showing flexibility around visiting times, telephone contact;</li> <li>• allowing carers to stay overnight.</li> </ul>	2
<b>Standard 3: A comprehensive initial assessment takes place</b>		
3.1	A physical examination is conducted within 24 hours of the person's admission and this is recorded.  <i>Guidance:</i> if the examination does not occur (because the person refuses, or because a risk assessment confirms that examination is not possible within this time frame), this is recorded and relevant observations are documented.	1
3.2	A comprehensive physical health review takes place as part of the initial assessment.  <i>Guidance:</i> if the review does not occur (because the person refuses, or because a risk assessment confirms that examination is not possible within this time frame), this is recorded and relevant observations are documented. The review might include: <ul style="list-style-type: none"> <li>• details of past medical history (or request made for information from relevant agencies);</li> <li>• a comprehensive review of symptoms;</li> <li>• current medication, including side effects;</li> <li>• lifestyle factors e.g. sleeping, diet, smoking, exercise, sexual activity, alcohol and drugs.</li> </ul>	1
3.3	If the person has epilepsy, initial information is gathered and recorded on: <ul style="list-style-type: none"> <li>• seizure type, frequency and stability;</li> <li>• managing prolonged or serial seizures;</li> <li>• arrangements for use of rescue medication.</li> </ul>	1
3.4	The person's initial needs are assessed in relation to mobility e.g. aids and adaptations, exercises etc. and these are recorded.	1
3.5	A documented CPA review/admission meeting is held within one week of the person's admission.	2

## Further Assessment and Planning

### Standard 4: A process of continual multi-factorial assessment and care planning takes place.

4.1	<p>The person's ongoing assessment takes into account existing information and covers mental and physical (health) well-being.</p> <p><i>Guidance:</i> this must include any of the following that were relevant to the person</p> <ul style="list-style-type: none"> <li>• past and present mental health problems;</li> <li>• mental capacity;</li> <li>• consent or refusal of consent to treatment;</li> <li>• notable life events (loss, trauma, major changes);</li> <li>• developmental history.</li> </ul>	1
4.2	<p>The person's ongoing assessment takes into account existing information and covers social and personal well-being.</p> <p><i>Guidance:</i> this would include any of the following that were relevant to the person</p> <ul style="list-style-type: none"> <li>• their wishes and expectations regarding their admission;</li> <li>• communication needs;</li> <li>• family/social network/social needs;</li> <li>• the role of carers, supporters and advocates;</li> <li>• individual needs relating to gender, ethnicity, culture or spirituality;</li> <li>• pattern of daily life and activities/ability to carry out activities;</li> <li>• food preferences, including special dietary requirements;</li> <li>• any concerns over living situation/financial worries/employment status.</li> </ul>	1
4.3	<p>The person's ongoing assessment takes into account existing information and covers risk and safety issues.</p> <p><i>Guidance:</i> this must include any of the following that were relevant to the person</p> <ul style="list-style-type: none"> <li>• risk of absconding;</li> <li>• risk of harm to self or others;</li> <li>• risk of vulnerability, exploitation or abuse;</li> <li>• examples of situations under which any challenging behaviour is most likely to occur/historical factors that have contributed to behaviour and any relevant environmental/social/health factors;</li> <li>• forensic history.</li> </ul>	1
4.4	<p>The person's assessment takes into account existing information and covers their sensory processing profile and the environments they typically function within.</p> <p><i>Guidance:</i> this might include</p> <ul style="list-style-type: none"> <li>• sensory based assessment of any challenging or self-injurious behaviours;</li> <li>• sensory based assessment of the events leading to or maintaining the hospital admission;</li> <li>• the use of sensory approaches and environments to help manage challenging and self-injurious behaviours, and promote development of positive regulation and self-management strategies.</li> </ul>	2

<b>Standard 5: The person's care and support needs are assessed and planned using person-centred approaches.</b>		
5.1	The person's care plan builds on strengths and is focused on clear and attainable goals, which are recorded.	2
5.2	The person's care plan reflects the needs identified in their assessment.	1
5.3	There are systems for recording unmet needs.	2
5.4	The person's behavioural support plans is individualised and consists of ways of avoiding the need for the behaviour(s) to occur.  <i>Guidance:</i> these might include prevention and secondary prevention strategies and clear interventions for all to follow.	2
<b>Intervention - Review/Monitoring</b>		
<b>Standard 6: Interventions, outcomes and support are monitored and reviewed in accordance with individual need.</b>		
6.1	Staff monitor and record clinical outcomes and risk at regular intervals, using validated tools.  <i>Guidance:</i> frequency according to guidance of validated tool.	1
6.2	The person has a minimum of weekly documented sessions with their named worker to review their progress.	2
6.3	The person's care is reviewed and recorded by the multi-disciplinary team at the agreed frequency.  <i>Guidance:</i> ascertain the frequency that was agreed by the MDT and establish whether this was adhered to.	2
6.4	Review notes record any progress made against the aims of the care plan.	2
6.5	Review notes demonstrate that the care plan is adapted where necessary, in response to the person's individual needs.	2
6.6	The person is given the opportunity to develop a Health Action Plan, (or review their existing one) and this is recorded.	2
6.7	The person is given the opportunity to have access to a health facilitator and this is recorded.	3
6.8	Details of the Health Action Plan are incorporated in the person's care plan.	2
6.9	There is ongoing recorded monitoring in relation to: <ul style="list-style-type: none"> <li>• help with taking medication;</li> </ul>	2

	<ul style="list-style-type: none"> <li>• health promotion;</li> <li>• dental care arrangements;</li> <li>• advice on sexual health and contraception.</li> </ul>	
6.10	The person has their weight and blood pressure recorded at least monthly.	2
6.11	Physical health review examination and investigations including weight and blood pressure are repeated at least annually and this is recorded.	2
6.12	<p>If the person is on antipsychotic medication, they are offered screening for side effects after one month and three months of treatment, and thereafter every six months and this is recorded.</p> <p><i>Guidance:</i> side effects might include movement disorders.</p>	2
6.13	If the person takes certain groups of medication (clozapine, anticonvulsant agents, lithium etc), they are offered regular blood tests in accordance with therapeutic guidelines and this is recorded.	1
6.14	If the person has epilepsy, descriptions of their seizures and frequency are recorded on standardised charts.	2
6.15	Physical investigations are carried out and recorded in accordance with the request of the assessing clinician.	2
6.16	The symptoms, progress and treatment of the person's long-term physical disorder(s) is/are reviewed and documented not less than monthly by medical staff.	1
6.17	<p>Unit staff facilitate the person's access to health services.</p> <p><i>Guidance:</i> this might include assisting with transport arrangements, or accompanying the person if required.</p>	1
6.18	<p>If the person takes medication, their allocated nurse monitors the tolerability and side-effects on an appropriately frequent basis.</p> <p><i>Guidance:</i> ascertain the appropriate frequency for monitoring and establish whether this is being adhered to.</p>	2
6.19	If the person takes medication, the medical team monitors and records the therapeutic response of medication on a weekly basis.	2
<b>Standard 7: The person is able to access a person-centred range of activities.</b>		
7.1	The person has a programme of weekend and evening leisure and exercise activities which are relevant to their needs. This is recorded in their care plan and regularly monitored and reviewed.	2
7.2	Group activities are protected and not cancelled or interrupted.	2

7.3	The person is able to access community-based activities, and are enabled to continue with community activities they were involved in.  <i>Guidance:</i> activities might include eating out, trips to the cinema, playing sport and going on day trips.  Note: this would be subject to risk assessment, where appropriate.	2
<b>Discharge</b>		
<b>Standard 8: The person is discharged from the unit when they are ready.</b>		
8.1	The person's discharge plan is initiated and documented on or before admission.	2
8.2	The person's place of discharge is known before admission and this is recorded.	3
8.3	The person's initial discharge plan includes expected length of stay and a provisional/anticipated discharge date.	2
8.4	The person (and their carer) is fully involved in decisions about the stage at which they will move on from the service and this is recorded.	2
8.5	The person (and their carer) is given timely notification of transfer or discharge and this is documented in their notes.	2
8.6	Local information systems are capable of producing accurate and reliable data about delayed transfers of care.	2
8.7	Delayed discharges are routinely reviewed and action is taken to address any identified problems.	2
<b>Standard 9: The person experiences continuity of care when moving between services.</b>		
9.1	The person's allocated community-based care co-ordinator visits them on the unit during the two weeks prior to discharge and this is recorded.	2
9.2	Inpatient staff make every effort to ensure a smooth transition.  <i>Guidance:</i> this might include <ul style="list-style-type: none"> <li>• helping to arrange for people, carers or staff to visit the new setting, to check its suitability;</li> <li>• finding out about statutory and voluntary services that might be helpful to the person (and their carer) once they leave the unit.</li> </ul>	2
9.3	A documented discharge meeting/review (e.g. CPA/Mental Health Act Section 117) is held prior to discharge.	1
9.4	Inpatient staff provide other community services (including out of area services) three weeks notice of discharge planning meetings.	2

9.5	<p>In addition to the needs identified through the care planning processes, discharge/aftercare plans record:</p> <ul style="list-style-type: none"> <li>• the person's preferences for their future living arrangements including social, educational and employment factors;</li> <li>• the care and rehabilitation to be provided;</li> <li>• the name of the care co-ordinator (if further care is required);</li> <li>• the action to be taken if relapse or crises occur.</li> </ul>	2
9.6	The person (and their carer) is offered a copy of the written discharge/aftercare plan, and this is recorded.	2
9.7	Within seven days of discharge, a copy of the care plan is sent to all relevant service providers, including the referring agent.	2
9.8	Prior to discharge, the date of the follow-up review is recorded in the notes and communicated to the person (and their carer) and relevant services.	2

## Section 2: Structure

### Policies, Protocols and Strategy

**Standard 10: A range of appropriate protocols are in place to cover clinical, management and interagency working.**

Clinical protocols/procedures/strategies are in place for the following:

10.1	The use of person-centred planning tools and systems.	2
10.2	Reviewing whether the person and their named worker are getting on.	2
10.3	Informal patients discharging themselves against medical advice.	1
10.4	Obtaining consent.  <i>Guidance:</i> this should include a list of activities for which specific written consent is required.	1
10.5	The use of mobile phones, including camera phones.	2
10.6	The use of observation in the context of the prevention and management of challenging/violent behaviour.	1
10.7	The use of seclusion.  <i>Guidance:</i> this must comply with the Mental Health Act.	1
10.8	The administration of PRN medication.	1
10.9	The use of physical restraint.  <i>Guidance:</i> this should include advice on its use where a person has a physical condition which might increase the risk to them of collapse or injury during restraint.	1
10.10	Recording/reporting of any incident requiring rapid tranquillisation, physical intervention or seclusion.	1
10.11	Recording/reporting of physical and non-physical incidents.	1
10.12	Reviewing incidents of challenging/violent behaviour.  <i>Guidance:</i> this might include <ul style="list-style-type: none"> <li>• a clear description of the behavioural sequence(s);</li> <li>• a measure of the frequency, intensity and duration of the behaviour;</li> <li>• a conclusion about why the behaviour occurred.</li> </ul>	2
10.13	Ensuring that post-incident support is available for anyone involved in	2

	an incident or anyone who witnessed it, including people and their carers.	
<u>Management</u> protocols/procedures/strategies are in place for the following:		
10.14	Bed occupancy. <i>Guidance:</i> this should include the process for exceeding this level.	1
10.15	Planning menus (in accordance with the good practice guidelines).	2
10.16	Monitoring staff morale. <i>Guidance:</i> this might include a system of regularly reviewing sickness levels and/or reasons for staff leaving the service.	2
10.17	Communication between the nursing staff, doctors and other relevant members of the MDT. <i>Guidance:</i> this might include handover protocols.	2
10.18	The reporting, investigation and resulting actions of complaints, adverse incidents, and near-misses.	1
10.19	Confidential reporting or 'whistleblowing' on abuse or inappropriate care.	1
10.20	Promoting positive sexuality and relationships.	1
10.21	The use of bank and agency staff.	1
10.22	The use of volunteers.	1
10.23	Staff appraisal and supervision.	2
<u>Interagency</u> protocols are in place for the following:		
10.24	The sharing of information between identified personnel and agencies in accordance the Data Protection Act.	1
10.25	Safeguarding adults.	1
10.26	Emergencies requiring Emergency Services intervention.	1
10.27	Access to support after people have been discharged.	3
10.28	Transfer or shared care between LD and <u>generic mental health services</u> .	2
10.29	Transfer or shared care between LD and <u>social care services</u> .	2

10.30	Liaison with general practitioners to investigate non-urgent physical health issues.	2
10.31	Access to primary and secondary health services.	2
10.32	Access to emergency medical care.	1
<b>Standard 11: The service is developing and implementing key strategic initiatives.</b>		
11.1	<p>The service has a strategy for improving its service in line with relevant key national policy and guidance.</p> <p><i>Guidance:</i> sources include the following</p> <ul style="list-style-type: none"> <li>• <i>Valuing People: a New Strategy for Learning Disability for the 21st Century</i> (England only) Department of Health (2001)</li> <li>• <i>Valuing People Now: be a 3 year strategy and delivery plan building on Valuing People</i> (England only) Department of Health (2009)</li> <li>• <i>Putting people first: a shared vision and commitment to the transformation of adult social care</i> Department of Health (2007)</li> <li>• <i>Independent Living Strategy</i> Office for Disability Issues</li> <li>• <i>Healthcare for All</i> An Independent Inquiry into access to healthcare for people with learning disabilities , Healthcare Commission (2008)</li> <li>• <i>A Life like Any Other? Human Rights of Adults with Learning Disabilities</i> Joint Committee on Human Rights (2008)</li> </ul>	2
11.2	<p>The service has a strategy for reviewing and monitoring the action plans that arose from the Healthcare Commission audit.</p> <p><i>Guidance:</i> England only</p>	2
<b>Environment and Equipment</b>		
<b>Standard 12: The service provides an accessible, safe, and comfortable environment.</b>		
12.1	The external sign-posting to the unit is clear.	2
12.2	The internal sign-posting is clear and appropriate to the needs of the people who reside there.	2
12.3	A smoke free environment is provided.	2
12.4	The unit has access to aids and equipment to allow the person to do as much for themselves as they wish, subject to risk assessment.	2
12.5	Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence in self-care needs.	2
12.6	Confidential case material is kept in locked cabinets, locked offices or securely password-protected on IT systems.	1
12.7	There is a risk assessment that takes place at least annually to ensure	1

	the safety of the clinical environment, including potential ligature points.	
12.8	There is a management plan based around the annual risk assessment to address any shortfalls in the safety of the clinical environment.	1
12.9	The internal design of the unit is arranged to promote a safe environment.  <i>Guidance:</i> this might include the following <ul style="list-style-type: none"> <li>• unimpeded sight lines;</li> <li>• measures taken to address blind spots within the facility e.g. mirrors, staffing levels adjusted;</li> <li>• Entrances and exits enable staff to see who is entering or leaving.</li> </ul>	1
12.10	There is secure, lockable access to the person's bedroom, with external staff override.	2
12.11	The unit is accommodated on no more than one floor.	3
12.12	Whilst ensuring appropriate levels of security, the environment is open and does not unnecessarily restrict people.  <i>Guidance:</i> refer to 'Locked Door' and 'Health, Safety and Security' policies.	2
12.13	In any area where rapid tranquillisation, physical intervention and seclusion are used, a fully-equipped crash bag is available within three minutes.  <i>Guidance:</i> this equipment must include: <ul style="list-style-type: none"> <li>• an automatic external defibrillator;</li> <li>• a bag valve mask;</li> <li>• oxygen;</li> <li>• cannulas;</li> <li>• fluids;</li> <li>• suction;</li> <li>• first-line resuscitation medications.</li> </ul>	1
12.14	The crash bag is maintained and checked weekly or after use.	1
12.15	All staff are aware of the contents of the crash bag and what each item is used for within an emergency procedure.	2
12.16	A replenished First Aid kit is available on each unit.	1
12.17	An effective system is in place to ensure that people who are staying there, visitors and staff are able to summon help in an emergency.  <i>Guidance:</i> ascertain what is being used e.g. alarm systems, call buttons, personal alarms, staff observations, two-way radios, and whether this is consistent with the needs of the resident population.	1
12.18	Alarm systems/call buttons/personal alarms are checked and serviced	1

	regularly.	
12.19	A collective response to alarm calls is agreed before incidents occur and consistently rehearsed and applied.	1
12.20	The unit is clean	2
12.21	The unit is in a good state of repair.  <i>Guidance:</i> There is a record of damage/maintenance issues and evidence of these being rectified in a timely manner.	2
12.22	The unit is welcoming and comfortable.	2
12.22	The unit is arranged in a way that allows optimum use of available space and rooms.	2
12.24	The unit has adequate light.	2
12.25	The unit is a comfortable temperature.	2
12.26	The unit is well ventilated.	2
12.27	Areas which need to be quiet are located as far away as possible from any sources of unavoidable noise.	2
12.28	There is a quiet room with comfortable seating.	2
12.29	The unit offers a range of semi-private and public spaces outside the private bedroom, which allow people a different level of participation with the life of the unit.	2
12.30	There is direct access to a safe outside space.  <i>Guidance:</i> people do not have to be escorted through other units and the design and security of the outside area is consistent with the needs of the resident population.	2
12.31	The outside space is pleasant.  <i>Guidance:</i> this might include there being a garden area with seating available for relaxation, stimulating features such as a herb garden, flowerbeds, greenhouse and scented flowers.	2
12.32	People have access to the following: <ul style="list-style-type: none"> <li>• exercise facilities;</li> <li>• reading facilities;</li> <li>• music facilities;</li> <li>• multi-faith prayer/worship facilities;</li> <li>• catering facilities;</li> <li>• art and craft facilities.</li> </ul>	3

	<i>Guidance:</i> if the facility is not located on the unit, consider whether staffing levels generally mean that they are accessible to people who need to be escorted.	
12.33	<p>Entertainment facilities suit a range of personal and culturally-specific tastes.</p> <p><i>Guidance:</i> this might include</p> <ul style="list-style-type: none"> <li>• daily newspapers and good quality magazines;</li> <li>• board games;</li> <li>• cards;</li> <li>• TV and VCR/DVD with videos/DVDs;</li> <li>• computers and internet access (with supervised, risk-assessed access if necessary).</li> </ul> <p>(Note: Subject to documented risk assessment where appropriate).</p>	2
12.34	People can sleep in privacy and separate from the opposite sex.	1
12.35	<p>People have access to lockable storage.</p> <p><i>Guidance:</i> this may include their own rooms or access to a safe on the unit.</p>	2
12.36	There are private, designated spaces for people to receive visitors.	2
12.37	<p>People can make and receive telephone calls in private.</p> <p><i>Guidance:</i> this would be subject to risk assessment, where appropriate.</p>	2
12.38	In spaces where personal and confidential discussions are held, such as interview rooms and consulting/examination/treatment spaces, conversations cannot be heard outside of the room.	2
12.39	There is at least one room for interviewing and meeting with individual people and carers, which is furnished with comfortable seating.	2
12.40	The unit has access to a specific room for physical examination and minor medical procedures.	2
12.41	<p>In services where seclusion is practiced, there is a designated room fit for the purpose.</p> <p><i>Guidance:</i> the room must comply with the following.</p> <ul style="list-style-type: none"> <li>• allows clear observation;</li> <li>• is well insulated and ventilated;</li> <li>• is clean and in a good state of repair;</li> <li>• has access to toilet/washing facilities;</li> <li>• is able to withstand attack/damage.</li> </ul>	2
12.42	<p>The unit is able to meet the individual sensory needs of the people resident there.</p> <p><i>Guidance:</i> this could be provided by having access to sensory rooms, or</p>	2

	to portable sensory trolleys/equipment.	
12.43	The unit environment complies with current legislation on disabled access.	1
12.44	Staff have access to a separate staff room with tea/coffee making facilities, away from the main area of the unit.	2
12.45	All staff are able to take regular allocated breaks during their shift.	2
12.46	All staff have access to lockable storage.	2
12.47	There is a dining area big enough to allow people who are staying there to eat in comfort and to enjoy social interaction, and staff should be able to move freely to enable observation.	2
12.48	Water and soft drinks are available 24 hours a day.	1
12.49	Hot drinks are available to people who are staying there 24 hours a day.	2
12.50	The unit has adequate access to suitable vehicles that it can use to transport people who are residing there e.g. to activities.  <i>Guidance:</i> ascertain whether level of access meets need.	2
12.51	Any vehicle that is used by the unit to transport people who are residing there is subject to regular MOT checks and services and a record is kept of this.	1
12.52	There is a record that all vehicle drivers are compliant with statutory requirements.  <i>Guidance:</i> for minibuses an internal driving test is appropriate. Car drivers should have a full driving licence and be insured for business.	1
12.53	There is an established, reliable and effective means of communication during escorted leave.  <i>Guidance:</i> e.g. two-way radios or mobile phones. (Note: this would be subject to risk assessment, where appropriate).	1
<b>Staffing: Staffing levels, management, organisation and communication</b>		
<b>Standard 13: There are sufficient numbers of appropriately skilled staff.</b>		
13.1	Staffing levels are reviewed on a daily basis.  <i>Guidance:</i> factors to be considered would include: <ul style="list-style-type: none"> <li>• levels of observation;</li> <li>• sickness and absence;</li> </ul>	1

	<ul style="list-style-type: none"> <li>• therapeutic engagement;</li> <li>• escorts;</li> <li>• the need to promote people's independence;</li> <li>• training, supervision, mentoring and their requirements for continuing professional development;</li> <li>• consultation, outreach and liaison functions.</li> </ul>	
13.2	The unit has an agreed minimum staffing level across all shifts which is met.	
13.3	Extra cover can be arranged, e.g. additional on-call staff in an emergency.	2
13.4	In the event of vacancies, long term sickness or maternity leave, prompt arrangements are made for staff cover.	2
13.5	<p>The unit comprises a core multi-disciplinary team, which is able to meet the needs specified in peoples' individual care plans, and includes representatives from the following professions:</p> <ul style="list-style-type: none"> <li>• Psychiatry;</li> <li>• Occupational Therapy;</li> <li>• Speech and Language Therapy;</li> <li>• Psychology;</li> <li>• Physiotherapy;</li> <li>• Pharmacy;</li> <li>• Social Work.</li> </ul>	2
13.6	The available administrative support meets the needs of the unit.	2
<b>Standard 14: Operational management supports effective care.</b>		
14.1	Each person has a named member of staff who co-ordinates their care and this is recorded.	2
14.2	The unit manager has evidence that all staff have up-to-date CRB and POVA checks.	1
14.3	<p>The organisation supports team-building activities.</p> <p><i>Guidance:</i> this might include an annual team-building session.</p>	3
14.4	The unit manager has control over the unit budget.	2
14.5	Staff have access to a clear, up-to-date line management structure.	2
<b>Standard 15: There are effective systems of communication between staff.</b>		
15.1	There is a nurse in charge who is the point of contact for all unit operational matters relating to that shift, e.g. admissions, discharge and leave.	2
15.2	Each shift handover contains a discussion of risk factors and individual	1

	needs resulting in an action plan for the shift, with individual and group responsibilities.	
15.3	MDT staff are consulted in the development of policies, procedures and guidelines that relate to their practice.	2
15.4	Policies, protocols and guidelines are written and formatted in ways MDT staff find accessible and easy to use.	2
15.5	Policies, protocols and guidelines are disseminated and stored in ways MDT staff find accessible and easy to use.	2
<b>Staffing: MDT and Therapeutic Provision</b>		
<b>Standard 16: Therapeutic interventions are available and are provided by appropriately trained/qualified people.</b>		
The service is <u>able to access</u> a range of therapies and activities that includes the following:		
16.1	Behavioural therapy.	2
16.2	Cognitive therapy.	2
16.3	Communication and social skills.	2
16.4	Complementary therapies (e.g. aromatherapy, reflexology).	2
16.5	Creative Therapies (e.g. art, music, drama, dance).	2
16.6	Dietetic advice.	2
16.7	Family therapy.	2
16.8	Group therapy.	2
16.9	Medication.	2
16.10	Occupational therapy.	2
16.11	Physiotherapy.	2
16.12	Social skills training.	2
16.13	Speech and language therapy.	2
16.14	Sports and exercise.	2
16.15	Activities and opportunities to meet individual's sensory needs.	2

16.16	Therapeutic interventions are provided by staff who are appropriately qualified to do so.	2
<b>Staffing: Knowledge and Training</b>		
<b>Standard 17: The service provides support, training and supervision for staff.</b>		
New staff/induction.		
17.1	<u>New staff</u> are allocated a mentor/preceptor who oversees their induction.	1
17.2	Before being asked to carry out any clinical work, <u>new staff</u> receive mandatory training in fire, manual handling and basic life support.	1
17.3	All staff who are <u>new to the unit</u> are given an induction handbook.	2
17.4	<u>New staff</u> are given information on Trust/organisational policies, in accordance with their level of responsibility, as part of the induction process.	2
Staff receive up-to-date training and development consistent with their role in the following:		
17.5	The principles of person-centred working.	2
17.6	Communicating effectively with people.  <i>Guidance:</i> this might include <ul style="list-style-type: none"> <li>• understanding the person's preferred means of communicating;</li> <li>• the use of different communication methods and visual aids;</li> <li>• the importance of tone of voice;</li> <li>• non-verbal communication;</li> <li>• the use of appropriate language;</li> <li>• active listening techniques;</li> <li>• recognising when people might be suggestible/acquiescing;</li> <li>• recognising when people are communicating distress, and responding to it;</li> <li>• the link between communication and challenging behaviour;</li> <li>• the appropriate use of interpreters.</li> </ul>	1
17.7	Understanding learning disability.	2
17.8	Understanding mental health.	2
17.9	Engaging and working with carers, families and advocates.	2
17.10	Empowerment and encouraging independence.	2
17.11	Working in a respectful and dignified way.	2
17.12	Understanding the barriers often faced by people with learning	2

	disabilities and how to help people overcome them, including access to services, personal rights and relationships.	
17.13	The legal rights of people with learning disabilities, according to: <ul style="list-style-type: none"> <li>• the Mental Health Act 1983 (amended 2007);</li> <li>• the Mental Capacity Act 2005/Adults with Incapacity Act 2000;</li> <li>• the Disability Discrimination Act 2005;</li> <li>• the Human Rights Act 1998;</li> <li>• the UN Convention on the Rights of Persons with Disabilities.</li> </ul>	2
17.14	The limits of information-sharing, according to: <ul style="list-style-type: none"> <li>• data protection;</li> <li>• freedom of information;</li> <li>• confidentiality.</li> </ul>	2
17.15	Assessing capacity and gaining consent from people with learning disabilities.	2
17.16	Medicines management.	2
17.17	Recognising and managing swallowing difficulties.	1
17.18	Understanding the mental health problems sometimes associated with learning disability.	2
17.19	A range of pharmacological interventions.	2
17.20	A basic understanding of medical conditions sometimes associated with learning disability.	2
17.21	Recognising the signs of symptoms associated with: <ul style="list-style-type: none"> <li>• physical abuse;</li> <li>• sexual abuse;</li> <li>• emotional abuse;</li> <li>• financial abuse;</li> <li>• institutional abuse;</li> <li>• self-neglect;</li> <li>• neglect by others.</li> </ul>	2
17.22	Helping people with learning disability recognise potentially or actually abusive behaviour in any of their relationships.	1
17.23	The protection of people with learning disabilities, including POVA arrangements.	1
17.24	Culturally sensitive practice, disability awareness and other diversity and equality issues.	2
17.25	The use of outcome measures.	2
17.26	Providing basic psychological and psychosocial interventions (including, but not limited to, conflict resolution/de-escalation, engagement activity	2

	scheduling, group facilitation).	
17.27	BILD-approved training (or the equivalent) on the prevention and management of challenging/violent behaviour.	1
17.28	All staff involved in administering or prescribing rapid tranquillisation, or monitoring service users to whom parenteral rapid tranquillisation has been administered, receive ongoing competency training to a minimum of Immediate Life Support.	1
Unqualified staff.		
17.29	Unqualified staff are encouraged and enabled to develop additional skills.  <i>Guidance:</i> for example through the Learning Disability Awards Framework/Learning Disability Qualifications/NVQ level 2 and 3 (RJ).	2
General.		
17.30	Teams working together have undertaken the same accredited prevention and management of challenging/violent behaviour training.	2
17.31	The unit has access to advice on tailor-made hold/technique by accredited instructors.	1
17.32	Qualified staff from nursing, occupational therapy, psychiatry and clinical psychology professions are developing the necessary skills to provide a repertoire of <u>basic</u> psychological interventions in line with NICE guidance.	2
17.33	Qualified staff from nursing, occupational therapy, psychiatry and clinical psychology professions receive ongoing training and supervision to provide a repertoire of <u>complex</u> psychological therapies, as defined by NICE guidance.	2
17.34	At least one of the MDT is developing at least one complex psychological therapy, as defined by NICE guidance.	2
17.35	There is clinical leadership training for registered nurses, psychiatrists and other members of the MDT (Band 6 and above).	2
Supervision and appraisal.		
17.36	Staff receive annual appraisal and annual review of their job plan.	1
17.37	MDT staff receive managerial supervision on an agreed basis from a person with appropriate experience and qualifications, according to the guidelines of their respective professional body.	1
17.38	MDT staff receive clinical supervision on an agreed basis from a person with appropriate experience and qualifications, according to the	2

	guidelines of their respective professional body. <i>Guidance:</i> a minimum of every 8 weeks.	
17.39	Supervision is linked to personal development plans.	2
17.40	Staff have access to work-related counselling.	2
17.41	Staff have access to a unit-based reflective practice/staff support group to discuss clinical work.	3
17.42	Staff are able to contact a senior colleague as necessary, 24 hours a day.	2
<b>Budget</b>		
<b>Standard 18: The unit budgets for training, activities and outings.</b>		
18.1	Training budgets enable staff to meet requirements for their continuing professional development and the 'Knowledge and Skills Framework'.	2
18.2	The inpatient unit has an identified budget for activities and outings.	2

## Section 3: Process

### Involvement

**Standard 19: The opinions and preferences of the people resident in the unit are taken into account in the running of the service.**

19.1	The person's individual preferences are taken into account in the initial selection of their named worker e.g. gender.	3
19.2	The person has a choice of who comes to any meetings where their care is being assessed, planned or reviewed, including whether their carer attends.  <i>Guidance:</i> except in cases where the person's care is subject to the Care Programme Approach, Offender Management and Ministry of Justice requirements.	2
19.3	The person (and their carer) is encouraged to be an active partner in developing all aspects of the care plan, including agreeing aims and interventions and their views and wishes are recorded by the assessing practitioner.	2
19.4	The person is able to be actively involved in choosing and planning the activities they take part in (for example, planning a day trip).	2
19.5	The person (and their carer) play a key role in monitoring, evaluating and reporting the effects of interventions.	2
19.6	The person (and their carer) is comfortable with the way that review meetings/ward rounds are conducted.	2
19.7	Action from reviews is fed back to the person (and their carer) and this is documented.	2
19.8	The person is supported and encouraged to manage their own affairs (e.g. their personal finances) as far as is possible.	3
19.9	The person can be involved in the day-to-day running of the unit if they wish to.  <i>Guidance:</i> this might include <ul style="list-style-type: none"> <li>• planning social events;</li> <li>• menu planning, shopping and food preparation;</li> <li>• laying tables, clearing away and washing up;</li> <li>• laundry and housework;</li> <li>• gardening.</li> </ul>	2
19.10	There are formal, documented arrangements that provide the person with as much choice and control over their life as possible, including bedtimes and bathtimes, eating and drinking, and how they spend their time.	2

19.11	The person is able to personalise their bedroom e.g. with prints, photographs etc.	2
19.12	There is access to the day room at night if the person is unable to sleep at night.	2
19.13	Choice is only restricted for significant clinical or safety reasons, which are explained to the person and recorded in their care plan.	2
19.14	The person can ask to see a staff member on their own e.g. without other staff or carer present.  Note: this would be subject to risk assessment, where appropriate.	1
19.15	The person (and their carer) is actively encouraged to give feedback on the service throughout their admission, and on leaving the service.  <i>Guidance:</i> this might include via consultation groups, a 'compliments and suggestions' box, discharge questionnaires, satisfaction surveys, follow-up letters etc.	2
19.16	There is a choice of well prepared food that meets nutritional, personal, cultural and clinical dietary needs, e.g. vegetarian, low sugar, kosher etc.	2
19.17	Staff make efforts to find out individual preferences for types of food and style of preparation, including food allergies.	2
19.18	People with learning disabilities are involved and supported in interviewing potential members of the MDT during the recruitment process.	2
<b>Communication</b>		
<b>Standard 20: Staff communicate respectfully and make sure they are understood</b>		
20.1	Staff make sure that they are understood.  <i>Guidance:</i> for example, by: <ul style="list-style-type: none"> <li>• using communication methods that are consistent with the person's usual and preferred means of communication;</li> <li>• avoiding the use of clinical language/jargon and abbreviations;</li> <li>• avoiding having too much new information in one sentence;</li> <li>• checking that the person has understood the information by asking them to explain it back, in their own words.</li> </ul>	1
20.2	Staff make sure that they communicate <u>respectfully</u> .  <i>Guidance:</i> for example, by: <ul style="list-style-type: none"> <li>• being patient and encouraging;</li> <li>• allowing enough time;</li> <li>• avoiding using language that is patronising, infantilising or negative;</li> <li>• speaking to the person first, and only checking with the carer if</li> </ul>	2

	something is not clear.	
20.3	The unit has access to professional interpreters who have received training or guidance about learning disability and mental health and recognise the importance of full and accurate translation.	3
<b>Information</b>		
<b>Standard 21: Clear and accessible information relevant to the person is available.</b>		
21.1	The person (and their carer) is provided with enough information to make informed choices about care and treatment.  <i>Guidance:</i> this might include information about the evidence base, risks, benefits and side effects of intervention options and of non-intervention.	2
21.2	A copy of the care plan is offered to the person (and their carer) in an accessible format and this is recorded.	2
21.3	The person has access to health promotion advice in an accessible format, including advice on diet and exercise, oral health, smoking cessation, and sexual health.	2
21.4	Information is available about a range of mental health conditions.  <i>Guidance:</i> this might include medications and their side effects, treatment alternatives and their relative effectiveness.	3
21.5	Information is available about local mental health and learning disability services.	2
21.6	Information provided is culturally relevant and sensitive.	1
21.7	Information is clear, up-to-date and available in sufficient quantity.	2
21.8	Information is available about: <ul style="list-style-type: none"> <li>• how to make a verbal complaint;</li> <li>• how to make a written complaint.</li> </ul>	1
21.9	Information is available about: <ul style="list-style-type: none"> <li>• how to suggest service improvements and enhancements;</li> <li>• how to make a written compliment;</li> <li>• how to make a donation.</li> </ul>	2
21.10	There is a board on display showing the photographs, names and roles of staff.	3
21.11	Complaints procedures are well-publicised and user-friendly and help is given on how to follow them.	1
21.12	The person (and their carer) is informed of the procedures that would	1

	be followed if a disclosure of abuse were made, and they are reassured that they would be taken seriously.	
21.13	The person is informed of the level of observation that they are under. <i>Guidance:</i> this should include how it is instigated, the review process, and how the person's perspectives are taken into account.	1
21.14	Staff ensure that telephone messages are passed on to people.	2
<b>Dignity, Ethics, Consent and Confidentiality</b>		
<b>Standard 22: The unit applies good practice in regard to consent, capacity, confidentiality and respect.</b>		
22.1	Staff make efforts to establish the person's capacity on an ongoing basis, including seeking advice from the person's carer and this is recorded.	2
Consent – where the person is assessed as having capacity.		
22.2	The person is informed by staff of their right to agree to, or refuse any intervention, and the limits of this, and this is recorded.	1
22.3	Consent is obtained and recorded.	1
22.4	Careful procedures are used to establish that the person has given informed consent.  <i>Guidance:</i> this might include staff checking the person's broad understanding of what they are consenting to by asking them to communicate this back to them.	2
Consent – where the person is assessed as <u>not having</u> capacity.		
22.5	There is evidence that interventions are only conducted without the person's consent if: <ul style="list-style-type: none"> <li>• it has been established that the person lacks the current capacity to consent to the treatment;</li> <li>• all other options have been exhausted;</li> <li>• the treatment is deemed to be in their best interests.</li> </ul>	2
22.6	Where necessary, documented 'best interest' meetings are held for carers, professionals, advocates and relevant others to discuss the situation and support healthcare professionals to reach a decision about how to proceed.	1
22.7	When the person is assessed as lacking capacity and is treated against their will, this is conducted within the appropriate legal framework, and this is recorded.	1
22.8	If the person lacks capacity and is treated against their will, staff still	2

	provide the person (and their carer) with as much information about the intervention as possible and this is recorded.	
<b>Confidentiality.</b>		
22.9	The person is made aware of their rights to access records held by the service.	2
<b>Respect.</b>		
22.10	During the administration or supply of medicines, the person's privacy, dignity and confidentiality are respected.	2
22.11	Staff are friendly and approachable.	2
22.12	Staff and people who are staying there treat one another with mutual respect.	2
22.13	The person's privacy and dignity is ensured when receiving intimate care.	1
22.14	The person is able to wash and use the toilet safely, in privacy and separately from the opposite sex.	1
22.15	Assistance with eating food is given individually and discreetly and with care and sensitivity e.g. staff sit with the person they are assisting.	2
22.16	Where necessary, staff provide sensitive advice on clothing, hygiene and personal presentation.	2
22.17	Gender-sensitive groups can be provided.	2
22.18	When any physical examinations are carried out on a person <ul style="list-style-type: none"> <li>• there is a staff member of the same sex present;</li> <li>• there are a minimum of two staff members present;</li> <li>• the person is comfortable with the staff members who are examining, or their chosen chaperones.</li> </ul>	2
22.19	Staff respect the person's personal space, e.g. by knocking and waiting before entering their bedroom.	2
22.20	The person is supported to practice/follow their own cultural or religious beliefs.  <i>Guidance:</i> this might include having access to associated items, such as a copy of the Qu'ran, Bible or similar, support to attend services, respecting festivals.	2

<b>External Relationships</b>		
<b>Standard 23: Staff liaise with carers and other agencies.</b>		
Carers/Families.		
23.1	Inpatient staff advise the principal family carer on how to have access to an assessment of their own needs.	3
23.2	Staff support the psychological and emotional needs of family carers by signposting them to local carers' support groups or counselling services, as required.	3
23.3	Staff explain how carers can contact the unit for extra information, advice or support as needed, including outside of planned meetings.	2
23.4	With the consent of the person, staff and carers meet to update each other on any significant information about the person's care, before and after any leave of absence.	2
23.5	Prior to any leave of absence, staff offer the person and their carer advice on coping techniques and behaviour management techniques, if required.	2
23.6	During any leave of absence, carers can contact unit staff for support.	2
23.7	Unit staff provide carers with advice on using different methods of communication, if required.	2
23.8	Carers are involved in the recruitment process.	2
23.9	Visits from friends, family and others are encouraged and facilitated.	2
Other agencies		
23.10	The assessment identifies the other agencies involved in the person's care throughout the person's stay and following discharge.	1
23.11	Unit staff communicate effectively with referrers throughout the person's stay and following discharge.	1
23.12	There is access to relevant faith-specific support, preferably through someone with an understanding of mental health issues.	3
23.13	The unit has a formal link with a range of advocacy services that includes the Independent Mental Capacity Advocate (IMCA) service.	2
23.14	The person (and their carer) have access to independent advocacy services and staff explain the benefits of using these services.	2

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