Standards for Community-Based Mental Health Services

Second edition, 2017

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Foreword

I am pleased to introduce the Royal College of Psychiatrists' second edition of core standards for community-based mental health services. These standards, which have been closely aligned to the service user experience, are designed to be used across all mental health services to improve the quality of care provided. The standards cover important areas such as: providing timely evidence-based care and treatment, supporting service users/carers and treating them with dignity, looking after staff, evaluating and improving services.

These standards allow healthcare professionals across mental health settings to have a shared understanding of good quality care. Service users will be clearer about what they can expect from mental health services, regardless of the setting. The standards should lead to less unwanted variation between services and overall better care for service users.

These standards have been developed in the landscape of other important pieces of work including PAS 1616 (Healthcare – Provision of clinical services – Specification) (1) and the CQC standards (2). These standards have formed the basis for developing a shorter set of standards as per the recommendation from the report led by Lord Crisp entitled; *Improving acute inpatient psychiatric care for adults in England (3).*

I would like to thank the many service users, carers, healthcare professionals and CCQI (College Centre for Quality Improvement) staff who have worked to develop this second set of core standards.

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References

1)   BRITISH STANDARDS INSTITUTION. *PAS 1616:2016. Healthcare-Provision of clinical services-Specification.* 2016.

2)   CQC. *Fundamental standards*
     http://www.cqc.org.uk/content/fundamental-standards (Accessed 1.5.17).

3)   CRISP N. *Improving acute inpatient psychiatric care for adults in England.* July 2015.
     http://media.wix.com/ugd/0e662e_a93c62b2ba4449f48695ed36b3cb24ab.pdf (Accessed 22.4.17).

Introduction

Description and scope of the standards

The second edition of the core standards for community-based mental health services has been revised by the Royal College of Psychiatrists' College Centre for Quality Improvement (CCQI). It is based on the first edition which was created by the CCQI and the British Standards Institution (BSI).

The community-based standards cover access to services and what a good assessment looks like as well as care, treatment and discharge planning. They also cover the service environment, staffing and governance.

How the standards were developed

A literature review was undertaken to identify any evidence published since 2015 which could be used to update standards from the first edition, and create new standards. The standards then underwent a consultation process. As a first step, each standard was rated according to critical to quality (defined as proximity to service user experience), clarity and measurability on a scale of 1-5 (1=low, 5=high). The rating was done by a small team of experts which included a service user representative. Those standards which scored low for proximity to service user experience were discussed and a decision was made about whether they could be removed. The resulting set of standards were all defined as being critical to quality (defined as proximity to service user experience). Those standards which scored low for clarity and measurability were also discussed; they were improved where possible, and on occasions removed (for example, if a standard could not be measured this would be removed).

The next step in the consultation process was to seek feedback from a wide range of stakeholders. A steering group made up of clinical, service user and carer experts enabled representation from a wide range of professions and specialties. Feedback was also sought from other sources including CCQI staff and the chair persons of the CCQI advisory groups. The standards were then edited based on this feedback.

The following principles were used to guide the development of these standards:

- Access: Service users have access to the care and treatment that they need, when and where they need it.
- Compassion: All services are committed to the compassionate care of service users, carers and staff.
- Valuing relationships: The value of relationships between people is of primary importance.
- Service user and carer involvement: Service users and carers are involved in all aspects of care.
- Learning environment: The environment fosters a continuous learning culture.
- Leadership, management, effective and efficient care: Services are well led and effectively managed and resourced.
- Safety: Services are safe for service users, carers and staff.

How the core standards will be used

The core standards will be used by the clinical audits, quality networks and accreditation programmes within the CCQI. Each project will take on the relevant core standards which will be used alongside their own specialist standards.

Use of terminology

The core community-based standards use the terms 'service user' and 'carer'. The decision was made to use these terms after consulting reviewers, the reference group and the steering group. When projects come to take on these standards, they will be able to change these terms to best suit their specialty. For example, child and adolescent mental health services may wish to replace the term 'service user' with 'young person'.

Some of the standards have a 'p' next to their number which denotes a 'placeholder' standard. When projects come to take on the placeholder standards, they will be expected to adapt the standards to meet their specialty requirements. For example, early intervention services would be expected to adapt some of the placeholder standards such that they align with the NHS England access and waiting time standards (1).

Criteria

All criteria are rated as Type 1, 2 or 3.

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

Type 2: Expected standards that most services should meet.

Type 3: Desirable standards that high performing services should meet.

References

1) NHS ENGLAND. *Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16.* 2015. https://www.england.nhs.uk/wp-content/uploads/2015/02/mh-access-wait-time-guid.pdf (Accessed 22.4.17).

Number	Type	Standard	Ref
1		**Access, referral and waiting times**	
1.1	1	The service has a local strategy in place to promote and monitor equity of access, prevent discrimination and to address any barriers to access.	1, 2
1.2	3	Everyone is able to access the service using public transport or transport provided by the service.	3, 4
1.3	1	Clear information is made available, in paper and/or electronic format, to service users, carers and healthcare practitioners on: • A simple description of the service and its purpose; • Clear referral criteria; • How to make a referral, including self-referral if the service allows; • Clear clinical pathways describing access and discharge (and how to navigate them); • Main interventions and treatments available; • Contact details for the service, including emergency and out of hours details. *Guidance: The information is co-produced with service users.*	2, 3, 5, 6, 7, 8
1.4	1	A clinical member of staff is available to discuss emergency referrals during working hours.	9
1.5p	2	Where referrals are made through a single point of access, these are passed on to the community team within a timeframe which complies with national standards as set by NHS or professional bodies.	2, 9, 10, 11
1.6p	2	The team assess service users, who are referred to the service, within a timeframe which complies with national standards as set by NHS or professional bodies.	2, 10, 11
1.7	1	Outcomes of referrals are fed back to the referrer, service user and carer (with the service user's consent) in writing. If a referral is not accepted, the team advises the referrer, service user and carer on alternative options.	9
1.8	2	The team provides service users and carers with information about expected waiting times for assessment and treatment.	2, 12, 13, 14
1.9p	2	The team accepts service users, who have been referred to the service, onto their caseload, within a timeframe which complies with national standards as set by NHS or professional bodies.	2, 10, 11
2		**Preparing for the assessment**	
2.1	1	For planned assessments the team sends letters in advance to service users that include: • The name and designation of the professional they will see; • An explanation of the assessment process; • Information on who can accompany them; • How to contact the team if they have any queries, require support (e.g. an interpreter), need to change the appointment or have difficulty in getting there.	2, 3, 14

Number	Type	Standard	Ref
2.2	1	Service users are given verbal and written information on their rights under the Mental Health Act if under a community treatment order (or equivalent) and this is documented in their notes.	8, 15, 16
2.3	1	Service users are given accessible written information which staff members talk through with them as soon as is practically possible: • Their rights regarding consent to care and treatment; • How to access advocacy services; • How to access a second opinion; • How to access interpreting services; • How to raise concerns, complaints and compliments; • How to access their own health records.	3, 8, 14, 15, 16, 17

3		Initial assessment	
3.1	1	Staff members wear their organisational ID at work and this is easily visible.	14
3.2	1	Service users feel welcomed by staff members when attending their appointments. *Guidance: Staff members:* • *Introduce themselves to service users;* • *Address service users using the name and title they prefer.*	2, 3, 18, 19
3.3	1	Service users have a comprehensive evidence based assessment which includes their: • Mental health and medication; • Psychosocial and psychological needs; • Strengths and areas for development.	3, 14, 17, 20
3.4	1	A physical health review takes place as part of the initial assessment, or as soon as is practically possible. The review includes but is not limited to: • Details of past medical history; • Current physical health medication, including side effects and adherence with medication regime; • Lifestyle factors e.g. sleeping patterns, diet, smoking, exercise, sexual activity, drug and alcohol use.	2, 3, 21, 22
3.5	1	Service users have a documented risk assessment and management plan which is co-produced and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers: • Risk to self; • Risk to others; • Risk from others.	3, 8, 23, 24
3.6	1	All service users have a documented diagnosis and a clinical formulation. *Guidance: The formulation includes the presenting problem and predisposing, precipitating, perpetuating and protective factors as appropriate. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation is devised.*	2, 3, 25
3.7	2	The team sends a letter detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment.	26

Number	Type	Standard	Ref
4		**Following up service users who do not attend appointments**	
4.1	1	The team follows up service users who have not attended an appointment/assessment or who do not engage as per local policy. *Guidance: This could include making a phone call, sending a letter, visiting service users at home or another suitable venue, using text alerts, or engaging with their carers. If service users continue to not engage, a decision is made by the assessor/team, based on service user need and risk, as to how long to continue to attempt follow-up.*	2, 3, 8, 27
4.2	1	If a service user does not attend for an assessment, the assessor contacts the referrer. *Guidance: If the service user is likely to be considered a risk to themself or others, the team contacts the referrer immediately to discuss a risk action plan.*	3, 28

5		**Reviews and care planning**	
5.1	1	Service users know who is co-ordinating their care and how to contact them if they have any questions.	29
5.2p	1	Managers and practitioners comply with agreed minimum frequencies of clinical review meetings.	3, 18
5.3p	1	Risk assessments and risk management plans are updated according to clinical need or at a minimum frequency that complies with national standards, e.g. College Centre for Quality Improvement specialist standards or those of other professional bodies.	3, 9
5.4	1	The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews. *Guidance: Referrals that are urgent or that the team feel do not require discussion can be allocated before the meeting.*	3, 26, 30
5.5	1	Every service user has a written care plan, reflecting their individual needs. Staff members actively seek to collaborate with service users and their carers (with service user consent) when developing the care plan. *Guidance: The care plan clearly outlines:* • *Agreed intervention strategies for physical and mental health;* • *Measurable goals and outcomes;* • *Strategies for self-management;* • *Any advance directives or statements that the service user has made;* • *Crisis and contingency plans;* • *Review dates and discharge framework.*	3, 5, 6, 14, 31, 32
5.6	1	The service user (and carer, with the service user's consent) are offered a copy of the care plan and the opportunity to review this.	14, 28

Number	Type	Standard	Ref
6.1		## Care and treatment – therapies and activities	
6.1.1p	1	Service users begin evidence-based interventions, which are appropriate for their bio-psychosocial needs, within a timeframe which complies with national standards as set by NHS or professional bodies. Any exceptions are documented in the case notes.	2, 10, 16, 33, 34
6.1.2a, p	1	Input from psychologists and accredited psychological therapists is sufficient to: • Provide assessment and formulation of service users psychological needs; • Ensure the safe and effective provision of evidence based psychological interventions adapted to service users' needs through a defined pathway;	35, 36, 37
6.1.2b, p	2	• Support a whole team approach to the provision of a stepped care model that provides service users with the appropriate level of psychological intervention for their needs.	35, 36, 37
6.1.3p	1	Input from occupational therapists is sufficient to: • Provide an occupational assessment for those service users who require it; • Ensure the safe and effective provision of evidence based occupational interventions adapted to service users' needs.	2, 16
6.1.4	3	Service users have access to community based services which provide art/creative therapies.	2, 16
6.1.5	1	The team supports service users to undertake structured activities such as work, education and volunteering. *Guidance: For service users who wish to find or return to work, this could include supporting them to access prevocational training or employment programmes. This is managed through the care plan.*	2, 3, 7, 14
6.1.6	1	Service users (and carers, with service user consent) are offered written and verbal information about the service user's mental illness and treatment. *Guidance: Verbal information could be provided in a 1:1 meeting with a staff member or in a psycho-education group. Written information could include leaflets or websites.*	2, 3, 7, 8, 18, 32, 38
6.1.7	2	The team provides information and encouragement to service users to access local organisations for peer support and social engagement. This is documented in the service user's care plan and includes access to: • Voluntary organisations; • Community centres; • Local religious/cultural groups; • Peer support networks; • Recovery colleges.	3, 18, 33, 39
6.1.8	1	All staff members who deliver therapies and activities are appropriately trained and supervised.	27, 34, 40, 41
6.1.9	1	The service user and the team can obtain a second opinion if there is doubt, uncertainty or disagreement about the diagnosis, formulation or treatment.	19, 27

Number	Type	Standard	Ref
6.2		## Care and treatment – medication	
6.2.1	1	When medication is prescribed, specific treatment goals are set with the service user, the risks (including interactions) and benefits are reviewed, a timescale for response is set and service user consent is recorded.	2, 3
6.2.2	1	Service users (and their carers, with service user consent) are helped to understand the purpose, expected outcomes, interactions, limitations and side effects of their medications. This is to enable them to make informed choices and to self-manage as far as possible.	2, 7, 27, 39
6.2.3	1	Medication reviews take place at a frequency according to the evidence base and individual need. *Guidance: This includes an assessment of therapeutic response, safety, side effects (measured using a standardised tool) and adherence to medication regime. Long-term medication is reviewed by the prescribing clinician at least once a year as a minimum.*	2, 3, 27
6.2.4	1	When service users experience side effects from their medication, there is a care plan, which has been developed with the service user, for managing this.	3
6.2.5	1	The service collects data on the safe prescription of high risk medications such as; lithium, high dose antipsychotic drugs, antipsychotics in combination, benzodiazepines. The service uses this data to make improvements and continues to monitor the safe prescription of these medications on an ongoing basis.	3
6.2.6	3	Service users, carers and prescribers are able to contact a specialised pharmacist and/or pharmacy technician to discuss medications.	27
6.2.7	1	For service users who are taking antipsychotic medication, the team maintains responsibility for monitoring their physical health and the effects of antipsychotic medication for at least the first 12 months or until the person's condition has stabilised, whichever is longer. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements.	7

Number	Type	Standard	Ref
7		## Physical healthcare	
7.1	1	Staff members arrange for service users to access screening, monitoring and treatment for physical health problems through primary/secondary care services. This is documented in the service user's care plan.	30, 39
7.2	1	Service users are offered personalised healthy lifestyle interventions, such as advice on healthy eating, physical activity and access to smoking cessation services. This is documented in the service user's care plan.	7, 42, 43, 44
7.3	1	The team understands and follows an agreed protocol for the management of an acute physical health emergency. *Guidance: This includes guidance about when to call 999 and when to contact the duty doctor.*	3

Number	Type	Standard	Ref
7.4	1	Service users who are prescribed mood stabilisers or antipsychotics are offered and encouraged to have the appropriate physical health assessments at the start of treatment (baseline), at 6 weeks, at 3 months and then annually (or 6 monthly for young people) unless a physical health abnormality arises.	2, 7, 45, 46, 47

8		**Risk and safeguarding**	
8.1	1	Staff members follow inter-agency protocols for the safeguarding of vulnerable adults, and children. This includes escalating concerns if an inadequate response is received to a safeguarding referral.	18, 48, 49

9		**Discharge planning and transfer of care**	
9.1	2	When a service user is admitted to a psychiatric hospital, a community team representative attends and contributes to ward rounds and discharge planning.	3, 50, 51
9.2	1	A discharge letter is sent to the service user and all relevant parties within 10 days of discharge. The letter includes the plan for: • On-going care in the community/aftercare arrangements; • Crisis and contingency arrangements including details of who to contact; • Medication, including monitoring arrangements; • Details of when, where and who will follow up with the service user as appropriate.	3, 18, 50
9.3	1	Service users who are discharged from hospital are followed up by a mental health specialist within 48 hours of discharge. The community team should liaise with the inpatient team to arrange this for service users who are under their care, unless the 48 hour follow-up is being done by the inpatient or home treatment team. *Guidance: Follow up can be in person or on the telephone. The exact timing will depend on clinical need and there is a policy in place to manage situations where this does not happen.*	2, 52 53
9.4	1	When service users are transferred between community services there is a handover which ensures that the new team have an up to date care plan and risk assessment.	57
9.5	3	When service users are transferred between community services there is a meeting in which members of the two teams meet with the service user and carer to discuss transfer of care.	17
9.6	3	Teams provide specific transition support to service users when their care is being transferred to another community mental health team, or back to the care of their GP. *Guidance: The team provides:* • *Transition mentors;* • *Transition support packs;* • *Training for services users on how to manage transitions.*	2, 50

Number	Type	Standard	Ref
9.7	1	There is active collaboration between Children and Young People's Mental Health Services and Working Age Adult Services for service users who are approaching the age for transfer between services. This starts at least 6 months before the date of transfer.	55
9.8	1	The team follows a protocol to manage service users who discharge themselves against medical advice. This includes: • Recording the service user's capacity to understand the risks of self-discharge; • Putting a crisis plan in place; • Contacting relevant agencies to notify them of the discharge.	18

10		**Interface with other services**	
10.1	1	Service users can access help, from mental health services, 24 hours a day, 7 days a week. *Guidance: Out of hours, this may involve crisis/home treatment teams, psychiatric liaison teams and telephone helplines.*	3, 11, 49
10.2	1	The community team ensures that crisis resolution is offered via the crisis resolution/home treatment team, as a first-line service. This is to support service users who are in crisis where the severity of the episode, or the level of risk to self or others, exceeds the capacity of the community team to effectively manage it. (This is for services which have access to crisis resolution/home treatment teams).	7, 56
10.3	1	The team follows a joint working protocol/care pathway with primary health care teams. *Guidance: This includes shared prescribing protocols with the GP, the team informing the GP of any significant changes in the service user's mental health or medication, or of their referral to other teams.*	2, 30
10.4	1	The team supports service users to access support with finances, benefits, debt management and housing. *Guidance: The team should have joint working protocols with relevant organisations.*	2, 3, 29
10.5	1	Service users with drug and alcohol problems have access to specialist help e.g. Drug and alcohol services.	2, 18, 57
10.6	1	The service/organisation has a care pathway for the care of women in the perinatal period (pregnancy and 12 months post-partum) that includes: • Assessment; • Care and treatment (particularly relating to prescribing psychotropic medication); • Referral to a specialist perinatal team/unit unless there is a specific reason not to do so.	3, 5
10.7	2	The service has a formal link with an advocacy service for use by service users.	2, 15

Number	Type	Standard	Ref
11		**Capacity and consent**	
11.1	1	Assessments of service users' capacity (and competency for service users under the age of 16) to consent to care and treatment are performed in accordance with current legislation.	2, 3, 8, 15, 18, 58
11.2	1	There are systems in place to ensure that the service takes account of any advance directives or statements that the service user has made. *Guidance: These are accessible and staff members know where to find them.*	2, 3, 15, 58
12		**Service user involvement**	
12.1	2	Service users and their carers are encouraged to feed back confidentially about their experiences of using the service, and their feedback is used to improve the service. *Guidance: Feedback is independently sought (i.e. not by the clinical team). Their feedback is triangulated with other feedback to make it as accurate as possible. Staff members are informed of feedback from service users.*	8, 59
12.2	2	Services are developed in partnership with service user and carer representatives. *Guidance: This might involve service user and carer representatives attending and contributing to local and service level meetings and committees.*	39, 60
12.3	1	Service users are actively involved in shared decision making about their mental and physical health care, treatment and discharge planning and supported in self management.	7, 8, 16, 39, 59
13		**Carer engagement and support**	
13.1	1	Carers (with service user consent) are involved in discussions and decisions about the service user's care, treatment and discharge planning.	4, 7, 61
13.2	1	Carers are advised on how to access a statutory carers' assessment, provided by an appropriate agency. *Guidance: This advice is offered at the time of the service user's initial assessment, or at the first opportunity.*	62
13.3	2	Carers are offered individual time with staff members to discuss concerns, family history and their own needs.	3, 17, 61
13.4	1	The team provides each carer with carer's information. *Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes the names and contact details of key staff members in the team and who to contact in an emergency. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.*	3, 4, 7, 61

Number	Type	Standard	Ref
13.5	1	Carers are able to access support through the team. *Guidance: This could be through the provision of/sign-posting to carer support networks or groups. It could be through the provision of a designated staff member dedicated to carer support.*	3, 27, 60, 61, 62
14		**Treating service users with compassion, dignity & respect**	
14.1	1	Staff members treat service users and carers with compassion, dignity and respect. *Guidance: This includes respect of a person's age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.*	59, 63
14.2	1	Service users do not feel stigmatised by staff members.	1, 2, 4, 64
14.3	1	Service users feel listened to and understood by staff members.	29
14.4	1	Staff members are knowledgeable about, and sensitive to, the mental health needs of service users from minority or hard-to-reach groups. This may include: • Black, Asian and minority ethnic groups; • Asylum seekers or refugees; • Lesbian, gay, bisexual or transgender people; • Travellers.	
15		**Provision of information to service users and carers**	
15.1	1	Service users are asked if they and their carers wish to have copies of letters about their health and treatment.	19, 49
15.2	1	Information for service users and carers is written simply and clearly, and can be provided in languages other than English (ensuring cultural relevance if necessary). It is available in easy-to-use formats for people with sight/hearing/cognitive difficulties or learning disabilities. Audio, video, symbolic and pictorial materials, communication passports and signers are used as necessary.	16, 49, 66, 67
15.3	1	The service uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The service user's relatives are not used in this role unless there are exceptional circumstances. *Guidance: Exceptional circumstances might include crisis situations where it is not possible to get an interpreter at short notice.*	2, 3, 16, 49
15.4	1	When talking to service users and carers, health professionals communicate clearly, avoiding the use of jargon.	3, 27

Number	Type	Standard	Ref
16		## Service user confidentiality	
16.1	1	Confidentiality and its limits are explained to the service user and carer at the initial assessment, both verbally and in writing. *Guidance: This includes sharing information outside of the clinical team and confidentiality in relation to third party information (for carers).*	3, 16, 67
16.2	1	Service users' preferences for sharing information with their carer are established, respected and reviewed throughout their care.	17, 19
16.3	1	The team follows a protocol for responding to carers when the service user does not consent to their involvement.	3, 19
16.4	1	All service user information is kept in accordance with current legislation. *Guidance: This includes transfer of service user identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.*	16, 67

Number	Type	Standard	Ref
17		## Service environment	
17.1	1	Clinical rooms are private and conversations cannot be overheard.	27
17.2	1	The environment complies with current legislation on disabled access (Equality Act 2010 or equivalent). *Guidance: Relevant assistive technology equipment, such handrails, are provided to meet individual needs and to maximise independence.*	4, 18, 63, 68
17.3	1	Staff members follow a lone working policy and feel safe when conducting home visits.	3, 49, 69
17.4	1	An audit of environmental risk is conducted annually and a risk management strategy is agreed.	18, 70
17.5	1	Furniture is arranged so that doors, in rooms where consultations take place, are not obstructed.	18
17.6	1	There is an alarm system in place (e.g. panic buttons) and this is easily accessible for service users, carers and staff members.	16, 18
17.7	1	Staff members follow an agreed response to alarm calls.	3, 16, 18
17.8	1	All rooms are kept clean. *Guidance: All staff members are encouraged to help with this.*	3, 67, 71
17.9	1	Emergency medical resuscitation equipment, as required by Trust/organisation guidelines, is available within three minutes and is maintained and checked weekly, and after each use.	72
17.10	2	Staff members have access to a dedicated staff room.	18

Number	Type	Standard	Ref
18		## Leadership, team-working and culture	
18.1	2	Staff members can access leadership and management training appropriate to their role and specialty.	3, 18, 73
18.2	2	Staff members are able to access reflective practice groups at least every 6 weeks where teams can meet together to think about team dynamics and develop their clinical practice.	2, 3
18.3	3	The team has received training in reflective practice and maintaining a psychologically informed environment.	2, 3
18.4	2	Team managers and senior managers promote positive risk-taking to encourage service user recovery and personal development. They ensure staff members have appropriate supervision and MDT support to enable this.	2, 3, 60
18.5	1	Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns.	3, 67, 74, 75
18.6	3	Staff members work well together, acknowledging and appreciating each other's efforts, contributions and compromises.	3, 76

Number	Type	Standard	Ref
19		## Staffing levels	
19.1	1	The service has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels, including: • A method for the team to report concerns about staffing levels; • Access to additional staff members; • An agreed contingency plan, such as the minor and temporary reduction of non-essential services.	3, 77
19.2	1	When a staff member is on annual leave or off sick, the team puts a plan in place to provide adequate cover for the service users who are allocated to that staff member.	2
19.3	1	There is an identified duty doctor available at all times who can attend the team base within 1 hour. *Guidance: Some services may have an agreement with a local GP to provide this medical cover.*	3, 18, 78

Number	Type	Standard	Ref
20		## Staff recruitment, induction and supervision	
20.1	2	Service user or carer representatives are involved in the interview process for recruiting staff members. *Guidance: This could include co-producing interview questions or sitting on the interview panel.*	2, 18

Number	Type	Standard	Ref
20.2	1	New staff members, including bank staff members, receive an induction based on an agreed list of core competencies. *Guidance: This should include:* • *Arrangements for shadowing colleagues on the team;* • *Jointly working with a more experienced colleague;* • *Being observed and receiving enhanced supervision until core competencies have been assessed as met.*	16, 40, 77, 79
20.3	2	All new staff members are allocated a mentor to support their transition into the service.	2, 18
20.4	1	All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. *Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.*	3, 18, 41
20.5	2	All staff members receive line management supervision at least monthly.	3
20.6	2	Staff members in training and newly qualified staff members receive weekly line management supervision.	2, 3

21		**Staff wellbeing**	
21.1	1	The service actively supports staff health and wellbeing. *Guidance: For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.*	40, 77, 80, 81, 82
21.2	1	Staff members are able to take breaks during their shift that comply with the European Working Time Directive. *Guidance: They have the right to one uninterrupted 20 minute rest break during their working day, if they work more than 6 hours a day. Adequate cover is provided to ensure staff members can take their breaks.*	3, 18, 83
21.3	1	Staff members, service users and carers who are affected by a serious incident are offered post incident support.	17, 78, 84, 85

22		**Staff training and development**	
22.1		Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:	
22.1a	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent);	4, 15, 58

Number	Type	Standard	Ref
22.1b	1	Physical health assessment. *Guidance: This could include training in understanding:* • *Physical health problems;* • *Physical health observations;* • *When to refer the service user for specialist input;*	3, 7, 85
22.1c	1	Risk assessment and risk management. *Guidance: This should include:* • *Safeguarding vulnerable adults and children;* • *Assessing and managing suicide risk and self-harm;* • *Prevention and management of aggression and violence;* • *Prevent training;* • *Recognising and responding to the signs of abuse, exploitation or neglect;*	2, 23, 24, 86
22.1d	1	Recognising and communicating with service users with special needs, e.g. cognitive impairment or learning disabilities;	3, 49
22.1e	1	Statutory and mandatory training. *Guidance: Includes equality and diversity, information governance, basic life support;*	2, 18
22.1f	2	Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.	17, 61
22.2	2	Service users and carers are involved in delivering staff training face-to-face.	14

23		**Clinical outcome measurement**	
23.1	1	Clinical outcome measurement data is collected at assessment, after 6 months, 12 months and then annually until discharge.	2, 4
23.2	2	Staff members review service users' progress against service user-defined goals in collaboration with the service user at the start of treatment, during clinical review meetings and at discharge.	3, 4, 41
23.3	2	The service's clinical outcome data are reviewed at least 6 monthly. The data is shared with commissioners, the team, service users and carers, and used to make improvements to the service.	2, 41

24		**The service learns from incidents**	
24.1	1	Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.	3, 43, 44, 84, 87
24.2	1	Staff members share information about any serious untoward incidents involving a service user with the service user themself and their carer, in line with the Duty of Candour agreement.	88
24.3	1	Lessons learned from untoward incidents are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.	8, 85, 87, 89

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