



Accreditation Report

Bristol Community Rehabilitation Team

Avon and Wiltshire Mental
Health Partnership NHS Trust

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Foreword

To be completed by the host service.

This may include:

- *Contextual information which you think may help to inform those reading the report*
- *A response to the report or review*
- *Any comment on the process*
- *Any achievements or key challenges that you would like to mention*

Introduction

This service has signed up to Rehab: a Quality Network for Mental Health Rehabilitation Services' Accreditation Process.

Accreditation Process

There are three main phases to the accreditation process; the self-review, a one day accreditation visit and a decision by the Accreditation Committee on the accreditation status of the service. This process is more thorough than the quality improvement peer review process, which is also run by the network, in that it requires more evidence to validate the service's self-review data, uses more information sources and methods of data collection. Some services may also benefit from the peer review process, as there is more there is more space within it to focus on and discuss the specific areas of need for the service.

The Accreditation Process enables service to demonstrate the quality of the service that they provide to service users, carers, staff, managers and commissioners.

Services are also able to benefit from being a member of a Quality Network. These benefits include the opportunity to attend the Rehab Annual Forum and Special Interest Days, the opportunity to train members of staff as a peer reviewers and review other services, access to the Rehab Email Discussion Group and regular newsletters. All the benefits are guided by member services and are tailored to meet the needs of inpatient rehabilitation services.

Service Standards

Throughout this process the service is measured by their performance against the Rehab Standards. The standards are all categorized into three types.

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

Type 2: standards that an accredited ward would be expected to meet.

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

Self-Review

The service completed their self-review between 24/09/2024 and 31/12/2024.

During this time they scored all the standards in relation to their current performance and provided comments. In addition to this data was collected from various sources.

Source	Number of surveys returned
Community Rehab Carer Survey 1st Edition	9
Community Rehab Health Record Audit 1st Edition	22
Community Rehab Patient Survey 1st Edition	17
Community Rehab Staff Survey 1st Edition	29

Accreditation Visit 28/01/2025

The service took part in a comprehensive review looking at all sections of the service standards. A visiting team spent one day at the service talking to staff, service users and carers about the service. The purpose of this review was for the review team to validate the findings of the self-review.

The Review Team

Name	Role	Service/Organisation
Unnati Pathak (Lead)	Project Officer	Royal College of Psychiatrists
Katherine Barrett	Patient Representative	Royal College of Psychiatrists
Karen Mills	Service Manager	Hertfordshire Partnership University NHS Foundation Trust
Sam Dawson	Occupational Therapist	Sheffield Health and Social Care NHS Foundation Trust
Charlotte Waldron	Clinical Operations Manager	Leeds and York Partnership NHS Foundation Trust
Martin Savage	Occupational Therapist	Leeds and York Partnership NHS Foundation Trust

Information was collected through various interviews containing a combination of open and closed questions. The service's project lead for accreditation and senior members of the team were also asked to provide documentary evidence. The review team were also given a tour of the unit.

Interviewees	Number
Staff	20
Carers	5
Patients	4

About this report

This report compiles the results of the self-review and accreditation visit phases into a summary of performance against the service standards, and of the team's strengths and areas for improvement. Once this report is agreed by the host team, the Accreditation Committee considers the report and makes a recommendation about the accreditation status.

Accreditation Committee

The Rehab Accreditation Committee takes into account the criteria below and is the ultimate decision making body with the power to accredit services. The aim of the accreditation decision is to ensure that services are recognised for their good practice, as well as protecting the value of an accreditation award by maintaining high standards. Therefore the criteria for making decisions are as follows:

Category 1: "accredited". The team would:

- meet all type 1 standards
- meet 80% of type 2 standards
- meet many type 3 standards

Category 2: "accreditation deferred". The team would:

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

Category 3: "not accredited". The team would:

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

Services are notified of decisions in writing within 14 days of the committee. Accreditation statuses are published on the Rehab website.

Services are accredited for a maximum of three years and will be informed of the period of their accreditation when they are informed of their status. If, during this period, the employing organisation is aware of changes to practice that may

affect quality, relevant regulators reports or other indications of potential serious problems in the service, it must report this to the network team. Maintenance of the status 'accredited' will also be conditional on the provision, by the team, of interim data demonstrating ongoing compliance with the standards. All accreditation statuses are subject to the Rehab's terms and conditions.

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

Who should see the report?

Reports are sent to the accreditation project lead for the service and should be disseminated to all team members. We recommend that teams share their report with their commissioners. Teams may also wish to share their report with their Trust's Chief Executive, service users and partner agencies.

Statement of limitations

The main value of being a member of Rehab is the taking part. This report summarises the views of the service staff, service users and the peer review team about the service's performance against the inpatient service standards. The findings presented here should be viewed in the context of the range and number of staff interviewed and the number of service users and carers interviewed. This report is not a definitive statement of performance in any of the areas covered by the service standards. Such judgements could only be made by a much more detailed process than that used by the Rehab network.

If you have any queries about any aspect of this report please contact:

Rehabilitation, CCQI
Royal College of Psychiatrists
21 Prescot Street
London
E1 8BB

Tel: 020 3701 2675

Email: rehab@rcpsych.ac.uk

End of Day Summary

Type of Standard	Number of Standards	Number Met	Number Not Met	Number N/A	Percentage Met
Type 1	101	100	1	0	99.0
Type 2	33	31	2	0	93.9
Type 3	7	6	0	1	99

10th March 2025 Accreditation Committee Meeting Update:

The host team provided evidence for standard 6.1.1. The committee reviewed the anonymized extracts from 5 different service users records and examples of 5 different interventions, and confirmed this met the standard requirement.

Hence, the service is now accredited 10th March 2025-9th March 2028.

Overall Areas of Achievement

- The rehab pathway meetings and collaborative work is evident.
- The dedicated physical wellbeing worker is great input
- The links with the voluntary sector is a great resource to have and demonstrates the proactive nature of the team's work. Also, the teams across three organisations work really well together, are cohesive and supportive of one another.
- Discharging 30% patients to Primary Care Services with supportive General Practitioners around Clozapine administration is a great resource to have for a community rehab team.
- The team are proactive in engaging service users in the community and have great sources i.e. pool cars.
- The service environment is a great upgrade for the team, patients and visitors.
- The team are evidently incredibly supportive with the staff team noting that management are flexible and open to suggestions and input from all members of the Multi-Disciplinary Team (MDT). The staff team feel supported where they can develop individual interests, feel valued and there is no hierarchy in place. The organisation encourages creativity and ensures individuals are supported to develop further. The team ensure to recognise the hard work and achievements within the team, are constantly evolving and has progressed onto so much more.

- Patients fed back that the team are flexible, approachable, welcoming and communicate really well. Patients reflected that the staff team have gone above and beyond i.e. supporting a charity in organising and delivering Christmas meals during Christmas. There has also been consistent and human approach. Also, one patient stated that they were able to get back into the system and the team were quick to respond, supportive and flexible.
- The three tiered approach is a great working strategy.
- Carers fed back that the team genuinely care, and do keep in touch, and feel it is a holistic approach to supporting them and patients alike.

Overall Areas of Improvement

- Patients fed back that the group programme is great however suggested that it would be good to have further creative groups i.e. art and more accessible groups. They also stated there has been some waiting times for therapeutic input.
- There has been some communication gap with patients highlighting that the team communicating with crisis teams without their knowledge.
- It was suggested that it would be good to personalise care plans further, to ensure there is an individualised approach with scope to undertake new therapies in place.
- Carers suggested for more patient focused and carer focused groups. Also, it was noted that carers had some anxieties around their family member/loved one being transferred from the team.

Feedback from the Review

Review Team

It was an absolute pleasure to have reviewed your service, you have some great initiatives and systems in place. The care that you deliver is patient centred and recognised by your service users and carers as such.

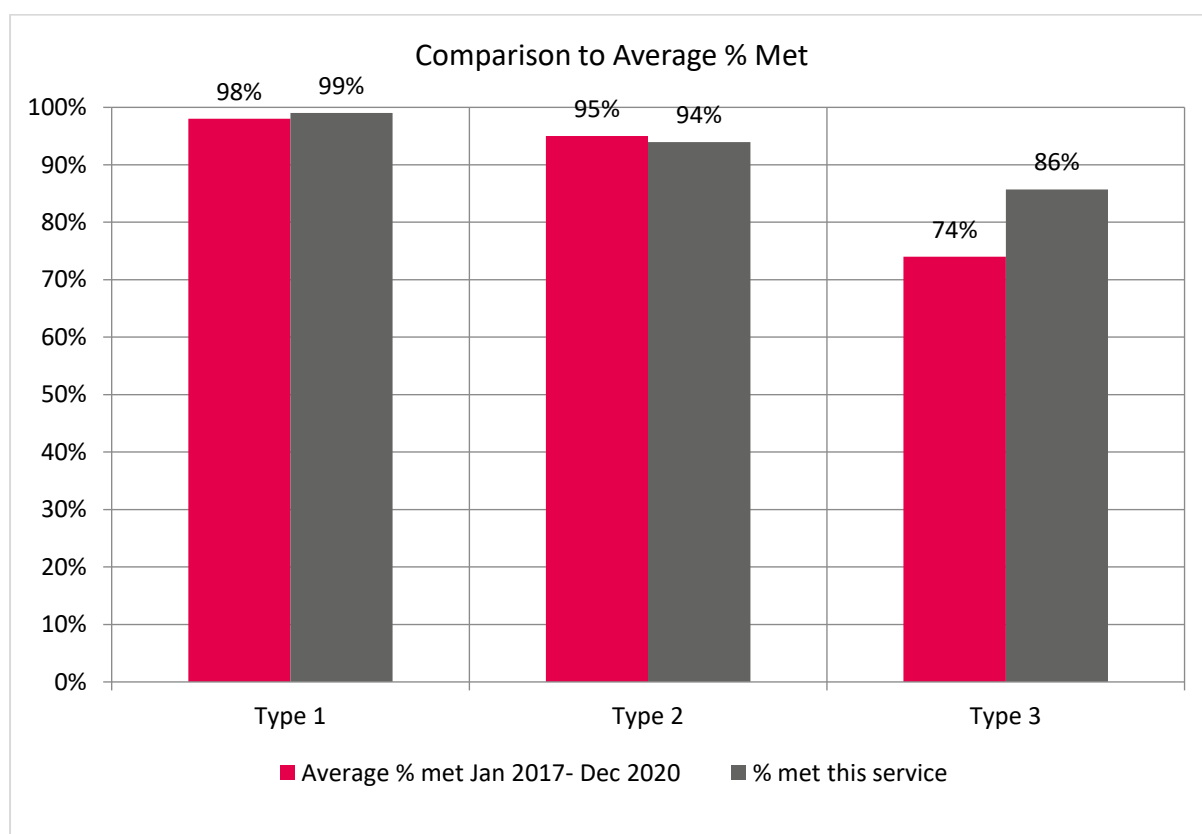
Warm regards,
Unnati, on behalf of the Rehab Peer Review Team

Host Team

Benchmarking

Below you can see this service's performance against the standards compare to the average performance of all services between Jan 2017 to December 2020, this data was collected using the 3rd edition of the inpatient rehab standards and this service was measured against the 4th edition of the inpatient rehab standard. Any differences in performance should be viewed in light of the fact that this service has been measured against different standards to the stated average.

Data on how services have performed, on average, against the 4th edition standards will be available within the future 4th edition National Report.



Type of Standard	Average % met Jan 2017- Dec 2020	% met Bristol Community Rehabilitation Team
Type 1	91%	99.0
Type 2	85%	93.9
Type 3	80%	100

Section 1: Access, Assessment, Care and Treatment

Type of Standard	Number of Standards	Number Met	Number Not Met	Number N/A	Percentage Met
Type 1	1	1	0	0	100
Type 2	3	3	0	0	100
Type 3	0	0	0	0	0

No	Type	Standard	SR Score	SR Comment	PR Score	PR Comment
Section 1: Access, Assessment, Care and Treatment						
11. Access, referral and waiting times						
1.1	2	The service reviews data at least annually about the people who use it. Data are compared with local population statistics and action taken to address any inequalities of access that are identified	Met	<p>We review data including service user demographic information and in our quarterly and annual board reports.</p> <p>We are also informed by the work of our Equalities group.</p> <p>Since our developmental review, we have worked to improve our overall consistent gathering of</p>	Met	Relevant documentation was observed and found to meet the requirements of the standard. Feedback from staff was found to support this.

				demographic data, despite the IT challenges of this		
1.2	2	The service provides information about how to make a referral, and waiting times for assessment and treatment	Met	<p>This is contained in our referrals policy which can be accessed by referrers either via the Second Step website or the Avon and Wiltshire Partnership NHS Trust Intranet pages (this is currently being updated to include rehabilitation pages)</p> <ul style="list-style-type: none"> We work closely with EI, Inpatient, Community Forensic Team and Recovery Team colleagues to proactively identify service users who may benefit from a rehabilitation service. This includes a monthly pathways meeting to identify people who might benefit from a rehabilitation approach. <p>The Second Step Website contains referral information.</p>	Met	Relevant documentation was observed and found to meet the requirements of the standard. Feedback from staff was found to support this.
Community Rehab Health Record Audit 1st Edition						
Q3 The team provides information about how to make a referral, and waiting times for assessment and treatment.			Not Applicable - 73% (16) Yes - 27% (6)			
1.3	2	The team assess patients, who are referred to the service, within an agreed timeframe.	Met	Referrals are screened and (if appropriate) allocated within one week.	Met	Feedback from staff was found to support this.

				Assessments are then booked based on individual service user need, usually within 28 days (we are also informed and lead by the service user and referrer).		
Community Rehab Patient Survey 1st Edition						
Q6 Were you kept updated with the outcome of the assessment, within a week of completion of the assessment?			Yes - 59% (10) Don't Know - 35% (6) Not Applicable - 6% (1)			
Community Rehab Staff Survey 1st Edition						
Q1 Do you have 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			Yes - 97% (28) Not Applicable - 3% (1)			
1.4	1	There are systems in place to monitor waiting times and ensure adherence to local and national waiting times standards. Guidance: <i>There is accurate and accessible information for everyone on waiting times from referral to assessment and from assessment to treatment</i>	Met	As a management team, we review our referral and assessment activity weekly and also discuss in the weekly MDT meeting to ensure that assessments are carried out in a timely manner. Expected timescales are communicated to service users and referrals	Met	Management team have a system in place to review referrals during weekly MDT meetings.

Section 2: Access and Assessment

Type of Standard	Number of Standards	Number Met	Number Not Met	Number N/A	Percentage Met
Type 1	1	1	0	0	100
Type 2	0	0	0	0	0
Type 3	0	0	0	0	0

No	Type	Standard	SR Score	SR Comment	PR Score	PR Comment
Section 2: Access and Assessment						
2Preparing for the Assessment						
2.1	1	<p>Patients are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes:</p> <ul style="list-style-type: none"> • Their rights regarding consent to treatment; • Their rights under the Mental Health Act, where applicable ; • How to access advocacy services; 	Met	<p>Information relating to the Mental Health Act is provided by the Mental Health Act admin team and then discussed with the person by their Care Coordinator. This is recorded on the service users Rio record when completed and overseen by the MHA Admin team to ensure this takes place.</p> <p>Contents of our assessment pack and service user and carers letter</p>	Met	<p>Relevant documentation was observed and found to meet the requirements of the standard. Evidence of assessment pack and service user and carers letter seen and confirmed.</p>

	<ul style="list-style-type: none"> • How to access a second opinion; • Interpreting services; • How to view their records; • How to raise concerns, complaints and give compliments 	can be viewed at the peer review.	
Community Rehab Patient Survey 1st Edition Q1 Did the team provide you with information of the community service?		Yes - 94% (16) Don't Know - 6% (1)	

Section 3. Care and Treatment

Type of Standard	Number of Standards	Number Met	Number Not Met	Number N/A	Percentage Met
Type 1	52	51	1	0	98
Type 2	15	14	1	0	93
Type 3	5	4	0	1	100

Areas of Achievement

3.1 Type 1 Patients felt supported during their initial meeting and noted that the team ensured they were made to feel at ease.

10.4 Type 2 The service have effective links through referrals to the recovery, crisis teams and inpatient service.

10.5 Type 1 The team have Peer Support Workers as part of the Multi-Disciplinary Team.

10.7 Type 2 The service ensure to foster good working relationships with supported accommodation managers through regular CPA

meetings, visits to placements.

14.1 Type 1/14.2 Type 1 Patients and carers unanimously confirmed that they feel supported and have always been treated with compassion, dignity and respect.

Areas of Improvement

6.1.1 Type 1 Review team request for evidence of interventions offered for five service users i.e. psychosocial interventions, medication management or nature based therapy, as review team could not locate this information. This can be evidenced via redacted case/care plan notes.

12.1 Type 2 Feedback folder seen and confirmed. Some carers suggested developing focus groups specifically for the service to ensure there is a space to discuss and share not only suggestions, but also some great areas of practice.

13.2 Type 1 The majority of carers were aware of how to access a statutory carers' assessment however to ensure all carers are aware of this support, review team recommend to highlight this during any contact/1:1 sessions with carers.

Additional Standard Information

9.7 Type 3 Service felt that this standard is not applicable to their team as any transfers are not impacted by the lack of appropriately supported accommodation places. The team felt that this standard seems more relevant to inpatient rehabilitation wards, hence this can be further explored with the Rehab Advisory Group.

No	Type	Standard	SR Score	SR Comment	PR Score	PR Comment
Section 3. Care and Treatment						
3Initial Assessment						
3.1	1	Patients are made to feel at ease at their initial meeting. Guidance: <i>Staff members introduce themselves to patients and address</i>	Met	Staff members aim to ensure that service users are made to feel at ease during their initial meeting.	Met	Feedback from patients and staff was found to support this.

		patients using the name and title they prefer.		<p>Introductions are made, the staff member introduce themselves and also wear an ID badge which contains this information.</p> <p>Service users are asked and referred to by their preferred name and pronoun.</p> <p>Staff check in with service users how they are at points during the initial meeting and at the end.</p>		
Community Rehab Patient Survey 1st Edition						
Q2 Do staff call you by the name and title that you would like them to?			Yes - 100% (17)			
Community Rehab Patient Survey 1st Edition						
Q4 Were you made to feel at ease at your initial meeting?			Yes - 94% (16) Not Applicable - 6% (1)			
3.2	1	<p>Patients have a comprehensive evidence based assessment, which is produced collaboratively and includes their:</p> <ul style="list-style-type: none"> - Mental health and medication - Psychosocial and psychological needs - Strengths and areas for development 	Met	<p>Our assessment process includes the following:</p> <ul style="list-style-type: none"> - Liaison with referrer - Review of current Rio record - We have developed (in collaboration with our service user forum and EDI group) a rehabilitation assessment template which has been reviewed approx. annually. This includes the areas 	Met	Evidence of completed collaborative assessment was seen and confirmed.

		- Suicide risk		listed above and can be viewed at the review.		
Community Rehab Health Record Audit 1st Edition Q1 There is evidence that patients have a comprehensive evidence based assessment, which is produced collaboratively and includes their: - Mental health and medication - Psychosocial and psychological needs - Strengths and areas for development - Suicide risk.				Yes - 100% (22)		
3.3	1	A physical health review takes place as part of the initial assessment, or as soon as possible.	Met	BCRS has a Physical Health and Wellbeing worker. When joining the team, service users are offered a meeting with our dedicated physical health and wellbeing worker. Screening and a variety of interventions can then be offered in relation to the Lester tool, however also include wider physical health needs (e.g. dental and sexual health if appropriate). A spreadsheet is used to track info and when screenings will next need a review and appropriate support offered to access, if declined this is revisited.	Met	Evidence of physical health assessment was seen and confirmed. The team also have a Physical Health and Wellbeing Worker, who leads on screening and follows up and supports any outstanding physical health investigations.

				<p>We have developed links with the AWP Physical health team who are able to home visit if needed.</p> <p>We now have a nurse in the team who has been trained in phlebotomy, this has reduced the necessity for some people to need to attend their GP surgery.</p>		
<p>Community Rehab Health Record Audit 1st Edition</p> <p>Q2 A physical health review takes place as part of the initial assessment, or as soon as possible.</p>				<p>Yes - 100% (22)</p>		
3.4	1	<p>Patients have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers risk to self, risk to others and risk from others.</p>	Met	<p>Risk summaries and safety plans are completed collaboratively with service users (and relevant others) on transfer to the service and updated as necessary.</p> <p>These are held on the Rio system and can be accessed by e.g. the crisis and inpatient team. Care Coordinators also ensure these are shared with other relevant parties (e.g. housing providers)</p> <p>Risk summaries and safety plans are included as part of our caseload</p>	Met	<p>Comprehensive risk and safety plan seen and confirmed.</p>

				quality surveys. An example can be viewed on the review day.		
Community Rehab Health Record Audit 1st Edition						
Q6 Patients have a co-produced risk assessment and management plan which is updated regularly and considers: risk to self, risk to others, risk from others.				Yes - 100% (22)		
Community Rehab Patient Survey 1st Edition						
Q5 Are you involved in your risk assessment and management plan?				Yes - 100% (17)		
3.5	1	All patients have a documented diagnosis and a description of person's current situation, including presenting problems, unmet needs, strength & goals. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation is devised.	Met	<p>This is included in the assessment document, however we realised on review that a service users diagnosis was not routinely recorded in the Clinical Coding section of the Rio record.</p> <p>We have therefore recently completed a Quality Improvement project to ensure that all service users have a current diagnosis recorded under clinical coding that reflects their rehabilitation service input.</p> <p>For all new service users coming in to the team, this will also be included in the initial psychiatric review.</p>	Met	Relevant documentation was observed and found to meet the requirements of the standard. Patients have a documented diagnosis and this is recorded within the RIO Clinical Coding section. This is reviewed within 3 months of transfer to the team.

				We aim to review diagnosis and formulation within 3 months of people being transferred to our team.		
3.6	2	The team sends correspondence detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the completion of the assessment and a decision is made. The patient is also informed in this time frame.	Met	<p>The assessor is in contact with the referrer via phone and email during the process of assessment to ensure they are kept up to date with progress.</p> <p>We have a template letter which the assessor can complete and send to the service user and other relevant people, including the GP with the assessment outcome.</p> <p>Service users, referrers and relevant others are kept up to date if there are any changes to this timeframe.</p>	Met	Relevant documentation was observed and found to meet the requirements of the standard. Feedback from staff was found to support this.
Community Rehab Health Record Audit 1st Edition Q4 There is evidence that the team sends correspondence detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the completion of the assessment and a decision is made. The patient is also informed in this time frame.				Yes - 77% (17) Not Applicable - 14% (3) Don't Know - 9% (2)		
3.7	2	Immediate social stressors and social networks are identified and recorded, including financial, housing,	Met	This is included in our initial assessment template and onward care plans are developed once the	Met	Immediate social stressors and social networks are identified and added to the initial assessment

		educational and vocational needs		service user is taken on to the service.		and care plan.
3.8	1	The patient is asked if they have a carer, and if so, the carer's name is recorded	Met	<p>This is closely monitored and completed at assessment and reviewed throughout the time with the service.</p> <p>We have a spreadsheet that tracks this and dedicated admin time to review.</p>	Met	The team ensure to request patients if they have a carer and this is recorded in a spreadsheet, and reviewed by the admin team.
3.9	1	Assessments and care plans are completed collaboratively and identify goals with positive risk in mind. If interventions are time limited, this is made clear to the patient.	Met	<p>Team members work collaboratively with service users and their networks to produce strengths focused assessments and goal focused care plans.</p> <p>We have developed a number of core care plans (e.g. medication, vocation) which are then discussed and individualised for service users. Timescales are considered and the care plans are reviewed as a minimum of every 6 months, or sooner if the service users situation changes.</p> <p>We use Dialog+ which supports the development of collaborative rehabilitation goals.</p> <p>The team have a positive risk taking</p>	Met	The service complete assessments and care plans collaboratively with patients. Also, the service complete DIALOG + and this is recorded.

				<p>approach, striving to support the service user to become as autonomous and independent as possible.</p> <p>Examples can be viewed on the review day.</p>		
<p>Community Rehab Patient Survey 1st Edition</p> <p>Q6 Were you kept updated with the outcome of the assessment, within a week of completion of the assessment?</p>				<p>Yes - 59% (10)</p> <p>Don't Know - 35% (6)</p> <p>Not Applicable - 6% (1)</p>		
<p>4Following up patients who do not attend appointments</p>						
4.1	1	<p>If a patient does not attend for an assessment/appointment, the assessor contacts the patient and, if necessary, the referrer.</p> <p>Guidance: <i>If the patient is likely to be considered a risk to themselves or others, the team contacts the referrer immediately to discuss a risk action plan.</i></p>	<p>Met</p>	<p>Whilst under assessment, the service user remains under the care of the referring team (usually the recovery team).</p> <p>The assessor updates the referrer of any changes to the assessment appointment, including any DNA's.</p> <p>The timing of this will take into account any risk concerns and immediate communication with the referrer (or nominated team member) will take place if there are any significant risk / safety concerns.</p> <p>Staff are aware of and work within the AWP No Contact policy.</p>	<p>Met</p>	<p>Relevant documentation was observed and found to meet the requirements of the standard.</p> <p>Feedback from staff was found to support this.</p>

				As part of this self-review we have recently discussed this policy in the MDT meeting and has been recirculated via email to the team.		
Community Rehab Health Record Audit 1st Edition Q5 If a patient does not attend for an assessment/appointment, the assessor contacts the referrer. Guidance: If the patient is likely to be considered a risk to themselves or others, the team contacts the referrer immediately to discuss a risk action plan.				Not Applicable - 50% (11) Yes - 50% (11)		
5Reviews and care planning						
5.1	1	Patients and carers (with consent) know who is coordinating their care and how to contact them if they have any questions.	Met	We have an introductory letter template (which can be viewed on the peer review day) which are given / sent to service users and their identified carers. This includes individual (Care Coordinator), team (duty) contact details as well as out of hours contact details.	Met	Introductory letter template seen and confirmed. Patients and carers confirmed they know who is coordinating their care and how to contact them if they have any questions.
Community Rehab Carer Survey 1st Edition Q1 Did staff notify you when your loved one was transferred to the community team?				Yes - 100% (9)		
Community Rehab Carer Survey 1st Edition Q2 Did staff provide you contact details for the team?				Yes - 100% (9)		

Community Rehab Patient Survey 1st Edition						
Q7 Are you aware of who is co-ordinating your care and how to contact them if you have any questions?			Yes - 100% (17)			
5.2	1	<p>The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews.</p> <p>Guidance: <i>Referrals that are urgent or that the team feel do not require discussion can be allocated before the meeting.</i></p>	Met	<p>meeting weekly where assessments are discussed and updates provided. The management team also oversee referrals and allocations throughout the week and discuss / allocate as needed.</p>	Met	<p>Relevant documentation was observed and found to meet the requirements of the standard.</p>
Community Rehab Health Record Audit 1st Edition						
Q7 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.			Yes - 100% (22)			
5.3	1	<p>Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients and their carers (with patient consent) when developing the care plan and they are offered a copy.</p> <p>Guidance: <i>The care plan clearly outlines:</i></p> <ul style="list-style-type: none"> • <i>Agreed intervention strategies for physical and mental health;</i> • <i>Measurable goals and outcomes;</i> 	Met	<p>Collaborative care plans are developed with service users. We have a number of core care plans which are individualised (templates can be viewed at the peer review) with the service user and their key people. Copies of care plans are provided to the service and other relevant people. Each service user has a crisis and</p>	Met	<p>Feedback from patients and staff was found to support this. Collaborative care plan templates seen and confirmed.</p>

	<ul style="list-style-type: none"> • <i>Strategies for self-management;</i> • <i>Any advance directives or statements that the patient has made;</i> • <i>Crisis and contingency plans;</i> • <i>Review dates and discharge framework.</i> 	contingency plan. Review dates are set as a minimum of 6 monthly or earlier if the service users circumstances change. The management team complete caseload quality surveys – this includes a review of a service users care		
Community Rehab Carer Survey 1st Edition Q15 Does the team actively involve you in developing your family member's or friend's care plan?		Yes - 89% (8) Not Applicable - 11% (1)		
Community Rehab Carer Survey 1st Edition Q16 Have you been offered a copy of your friend/family member's care plan?		Yes - 56% (5) No - 22% (2) Not Applicable - 22% (2)		
Community Rehab Health Record Audit 1st Edition Q10 Evidence of the patient having a care plan(s) which 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 patient has made, Crisis and contingency plans, Review dates and discharge framework.		Yes - 100% (22)		
Community Rehab Health Record Audit 1st Edition Q11 There is evidence this care plan has been created collaboratively with the patient and where relevant, the patient's carer(s).		Yes - 100% (22)		

Community Rehab Patient Survey 1st Edition						
Q8 Do you develop your care plan with staff? Are you offered a copy of your care plan? Are you involved in collaborative care planning tool such as DIALOG+?				Yes - 88% (15) Don't Know - 12% (2)		
Community Rehab Patient Survey 1st Edition						
Q20 Have staff asked if you and your carers wish to have copies of your health and treatment plan?				Yes - 76% (13) Don't Know - 12% (2) No - 6% (1) Not Applicable - 6% (1)		
5.4	1	There is a clinical review meeting for each patient at least every 6 months, or more regularly if necessary which their family (with patient consent) and/or support staff from their supported placement are invited. The team reviews and updates care plans via a care review or CPA meeting every 6 months.	Met		Met	The service have a clinical review meeting on 6 monthly basis.
Community Rehab Carer Survey 1st Edition						
Q6 Are you able to attend meetings and reviews remotely when you are unable to attend them in person?				Yes - 78% (7) Not Applicable - 22% (2)		
Community Rehab Health Record Audit 1st Edition						
Q12 There is a clinical review meeting for each patient at least every 6 months, or more regularly if necessary, which their family (with patient consent) and/or support staff from their supported placement are invited.				Yes - 86% (19) No - 14% (3)		

<p>Community Rehab Health Record Audit 1st Edition Q13 The team reviews and updates care plans via a care review or CPA meeting every 6 months.</p>	<p>Yes - 91% (20) No - 9% (2)</p>
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6.1 Therapies and Activities

<p>6.1.1</p>	<p>1</p>	<p>Patients continue evidence-based interventions, which are appropriate for their bio-psychosocial needs, within an agreed timeframe. Any exceptions are documented in the case notes.</p>	<p>Met</p>	<p>Service users can be offered a wide range of interventions, utilising the range of input available across the MDT, based on their assessed strengths and needs. These can include:</p> <ul style="list-style-type: none"> -Psychosocial interventions -CBTp -Medication management (including deprescribing) -Work with family and carers -Physical health access to screening and interventions (including healthy living) <p>Input to improve functioning and independence with daily living skills</p> <ul style="list-style-type: none"> -Nature based therapy -support to access meaningful occupation and activities (including social networks) <p>This is recorded on service users care plans and reviewed at each CPA review.</p>	<p>Not Met</p>	<p>Review team request for evidence of interventions offered for five service users i.e. psychosocial interventions, medication management or nature based therapy, as review team could not locate this information. This can be evidenced via redacted case/care plan notes.</p> <p>10th March 2025 Accreditation Committee Meeting Update:</p> <p>The host team provided evidence for standard 6.1.1. The committee reviewed the anonymized extracts from 5 different service users records and examples of 5 different interventions, and confirmed this met the standard requirement.</p>
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				Any exceptions / access issues are recorded in the service users Rio record, this will include any unmet needs		
Community Rehab Health Record Audit 1st Edition						
Q15 There is evidence that the patient continue evidence based interventions which are appropriate for their bio-psychosocial needs, within an agreed timeframe. Any exceptions are documented in case notes.				Yes - 100% (22)		
Community Rehab Health Record Audit 1st Edition						
Q16 Have any exceptions to the above been recorded?				Not Applicable - 86% (19) Yes - 14% (3)		
6.1.2	1	There is dedicated sessional time from psychologists (1) to provide assessment and formulation of patients' psychological needs; (2) to ensure the safe and effective provision of evidence based psychological interventions adapted to patients' needs through a defined pathway.	Met	<p>We have the following psychology provision within the service:</p> <p>Our service clinical lead is a psychologist who provides individual service user work alongside service leadership and development.</p> <p>- Clinical psychologist who offers individual work.</p> <p>The team has regular formulation slots, facilitated by a psychologist. The team also have access to reflective practice sessions, facilitated by a psychologist.</p>	Met	Relevant documentation was observed and found to meet the requirements of the standard.

				<p>Alongside direct work with service users, psychologists provide supervision to care coordinators who are providing psychological interventions to service users with complex needs.</p> <p>We also have Trainees undertaking supervised work within the team, this includes Psychology trainees and CBTp trainees.</p>		
6.1.3	2	There is dedicated sessional time from psychologists (3) to support a whole team approach for psychological management.	Met	<p>Please see above.</p> <p>Clinical Lead chairs weekly MDT so is actively involved in this process</p> <p>Clinical Leadership from psychologist supports embedding a trauma informed approach within the service.</p> <p>Team formulation slots (formulation aimed to be completed with service users within 3 months of joining the service)</p> <p>Team reflective practice slots are</p>	Met	The team have dedicated sessional input and support from the service's Psychologist.

				<p>routinely held, with capacity to facilitate additional ones based on team need.</p>		
6.1.4	1	<p>There is dedicated sessional input from Occupational therapists (1) to provide an occupational assessment for those patients who require it; (2) to ensure the safe and effective provision of evidence based occupational interventions adapted to patients' needs.</p>	Met	<p>Our MDT includes 2.2 wte Occupational Therapists. As well as Care Coordination, they offer Specific OT assessment and interventions for service users with identified need.</p> <p>We have adapted the OSA DLS assessment for our residential rehabilitation and will be trialling this within our community team where indicated.</p> <p>Interventions can be on a 1-1 or group basis.</p> <p>The service has developed a number of groups – cookery, allotment group and nature based forest group.</p> <p>These were developed as we identified gaps in community provision and some are cofacilitated with community based organisations (e.g. Forest of Avon</p>	Met	<p>The team have dedicated sessional input from the service's Occupational Therapists.</p>

				Trust). We have received excellent feedback from service users for these groups. This can be viewed on our peer review day		
6.1.5	1	<p>The team supports patients who want to undertake structured activities such as work, education and volunteering.</p> <p>Guidance: <i>For patients who wish to find or return to work, this could include supporting them to access pre-vocational training or employment programmes.</i></p>	Met	<p>Our initial assessment includes looking at strengths and needs around structured activities.</p> <p>Care coordinators complete a core / individualised care plan which looks at meaningful occupation.</p> <p>We have close links with the IPS service who can co work with us to support service users to access and be successful in education, volunteering and work.</p> <p>We also have close links with Second Steps peer mentor service, we have a number of service users who work with volunteers with a view to accessing meaningful occupation.</p>	Met	<p>Feedback from patients and staff was found to support this.</p> <p>The team work with and support patients to focus on any areas of development and interest such as work, education or volunteering.</p>
Community Rehab Patient Survey 1st Edition				Yes - 76% (13)		
Q9 Are you supported to undertake structured activities such as				Not Applicable - 18% (3)		

work, education and volunteering?				No - 6% (1)		
6.1.6	1	<p>Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment.</p> <p>Guidance: <i>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.</i></p>	Met	<p>Care Coordinators have initial and then as required discussions with service users and their carers about their health and treatment.</p> <p>This is evidenced in the service user Rio record.</p> <p>Additional meetings can be arranged as required (e.g. with a Psychiatrist, nurse prescriber).</p> <p>Staff utilise written information for service users and carers from trusted sources e.g. AWP Intranet, MIND, Rethink websites which can be provided on request.</p> <p>Where there is an identified need, service users and carers can be supported to access psycho education groups and carers groups.</p>	Met	<p>Relevant documentation was observed and found to meet the requirements of the standard. Feedback from patients/carers/staff was found to support this.</p> <p>Care coordinators provide written and verbal information about the patient's mental illness and treatment.</p>
Community Rehab Carer Survey 1st Edition						
Q7 Have staff offered you written and verbal information about your loved one's mental illness and treatment?				Yes - 100% (9)		

Community Rehab Patient Survey 1st Edition						
Q10 Are you offered written and verbal information about your mental illness and treatment?				Yes - 94% (16) Don't Know - 6% (1)		
6.1.7	1	The team supports patients to undertake activities to support them to build their social and community networks.	Met	Supporting service users to develop their social and community connections is seen as a key role of our service. This can take place in a variety of ways, e.g. supporting service users to access community groups. Staff members have a good knowledge of community opportunities across Bristol We have developed a number of groups which are facilitated jointly with some community / charity organisations.	Met	The team support patients to access any community based activities, as well as, paid and voluntary opportunities, to ensure that they are able to build on their social and community networks.
Community Rehab Carer Survey 1st Edition						
Q12 Do you feel that your family member or friend is able to maintain and develop friendships and social networks outside of the community team support?				Yes - 78% (7) No - 22% (2)		
Community Rehab Carer Survey 1st Edition						
Q13 Has support been offered to your family member or friend?				Yes - 100% (9)		
6.1.8	1	All staff members who deliver	Met	All staff receive regular supervision	Met	Feedback from staff was found to

		therapies and activities are appropriately trained and supervised.		in accordance with their employing organisation requirements and their profession registration requirements. Staff carrying out specific therapies are appropriately trained and supervised, for example CBTp provision is delivered by a CPN who receives clinical supervision from the team clinical lead / psychologist. Those offering family therapy have a timetable of monthly supervision.		support this.
Community Rehab Staff Survey 1st Edition						
Q2 Staff members who deliver therapies and activities, are you appropriately trained and supervised?				Yes - 90% (26) Not Applicable - 10% (3)		
6.1.9	1	Patients preferences are central to the selection of medication, therapies and activities, and are acted upon as far as possible	Met	Team members ensure that service users preferences are central to this. There is a section on service users care plans that includes the service users view. Where there are differences of views, this is also recorded, along with a rationale for any decision making.	Met	Feedback from patients and staff was found to support this. The team discuss all areas of patient's care and treatment with them, and ensure their preferences are central to the selections.
6.1.10	2	All healthcare professionals have received training and supervision in	Met	Regular formulation sessions are provided within the service. This	Met	The team have access to regular formulation sessions, and

		providing psychologically informed care e.g. case formulation, and have a evidence-based low-intensity therapies training available to them.		supports the wider use of psychological formulation within the team. Training has been provided both within the service and through employing organisations in a range of approaches including Motivational Interviewing, Trauma Informed Care, Psychological skills with Psychosis and Bipolar, Behavioural Activation.		training around this area is provided.
6.1.11	1	The service provides individualised smoking cessation support for patients	Met	Staff are trained to offer brief smoking cessation support. The smoking cessation support varies across Bristol, our physical health and wellbeing worker supports service users to access appropriate smoking cessation support when this is required (this can include on-line provision also).	Met	Feedback from staff was found to support this. The service's Physical Health and Wellbeing Worker supports patients to access smoking cessation support.
6.2 Medication						
6.2.1	1	When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are reviewed, a timescale for response is	Met	Both our psychiatrist and NMP follow these principles and this can be evidenced in the service users Rio record.	Met	Relevant documentation was observed and found to meet the requirements of the standard.

		set and patient consent is recorded.				
Community Rehab Health Record Audit 1st Edition Q19 When medication is prescribed, is there evidence of: - specific treatment goals set with the patient, - the risks (including interactions) and benefits are reviewed, - a timescale for response is set and patient consent is recorded.			Yes - 100% (22)			
6.2.2	1	Patients have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. patient's rights to consent or refuse medication and opportunities to reduce medication is also reviewed. <i>Guidance: Side effect monitoring tools can be used to support reviews.</i>	Met	All service users have an initial review with a team psychiatrist. This includes who / how their medication is prescribed, its efficacy, any side effects or safety issues. Consent is discussed (and recorded in line with any Mental Health Act legislation). Goals / interventions are then agreed. Medication reviews are considered as part of discharge planning. De prescribing work is undertaken when appropriate. Our NMP has capacity to respond urgently when needed. Our nursing team are able to undertake any side effect assessment (e.g. use of GASS) to support reviews as well as any issues with adherence. Our physical health and wellbeing	Met	Relevant documentation was observed and found to meet the requirements of the standard. Feedback from patients and staff was found to support this.

				worker supports with any required monitoring for different required medications (as a minimum, all service users are supported to have an annual cardio metabolic screening review).		
Community Rehab Health Record Audit 1st Edition Q20 There is evidence of patients having their medication reviewed regularly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. patient's rights to consent or refuse medication and opportunities to reduce medication is also reviewed. Guidance: Side effect monitoring tools can be used to support reviews.				Yes - 100% (22)		
6.2.3	3	Patients, carers and prescribers can contact a specialist pharmacist to discuss medications.	Partly Met	Our prescribers are able to contact a specialist pharmacist who can provide information and input as needed. Whilst patients and carers do not have direct contact , this can be facilitated by the team as needed.	Met	The team have close links with the AWP/Community Specialist Pharmacist. Patients, carers, staff and prescribers have access to pharmacy. The pharmacy technician also attends Fridays, checks on the medication storage, and the nursing team do liaise with the Pharmacist with any medication related queries. Review team noted that as patients and carers do have

						access to Pharmacy, this standard is met however do recommend having a Pharmacist as part of the Multi-Disciplinary Team would be helpful for staff, patients and carers for support around medication related queries.
Community Rehab Carer Survey 1st Edition			Yes - 67% (6)			
Q9 Are you able to discuss medication with a pharmacist?			Not Applicable - 33% (3)			
Community Rehab Patient Survey 1st Edition			Yes - 65% (11)			
Q11 Are you able to discuss your medications with a pharmacist?			Don't Know - 18% (3)			
			Not Applicable - 12% (2)			
			No - 6% (1)			
6.2.4	1	For patients who are taking antipsychotic medication, the team monitors the effects of medication and liaises with their primary care practitioner to ensure routine physical health monitoring takes place. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements'.	Met	We have a dedicated Physical Health and Wellbeing worker who ensures: all service users coming on to the team caseload have an initial review of their physical health screening needs (this focuses on the Lester Tool CMS areas, but also includes any age / gender related needs). Each psychiatrist review includes information relating to any required monitoring.	Met	The Physical Health and Wellbeing Worker supports with initial review of patient's physical health and for patients who are taking antipsychotic medication, including monitoring the effects of medication and ensuring to liaise with primary care service when needed.
6.2.5	2	The service has a shared care	Met	AWP Have a Procedure for	Met	The Avon and Wiltshire

		protocol with primary care which defines responsibility for prescription and administration of medication.		Prescribing for Community Patients (Med 44) this covers responsibilities and shared care protocol which team prescribers work within. This can be seen by the peer review team if required.		Partnership trust have a shared care protocol for prescription and administration of medication. Protocol seen and confirmed.
6.2.6	1	The team supports patients to gain optimum independence in managing their medication. This should be guided by a self-medication policy which provides clear guidance for staff on the individual steps of the graduated self medication programme and staff responsibilities in supervising each step.	Met	Staff work with service users to ensure they are able to manage their medication as independently as possible. This can include rationalising medication and / or the use of prompts / compliance aids such as blister packs. There is guidance available for our accommodation base for the steps for working towards self-medication.	Met	Feedback from staff was found to support this.
7Physical Healthcare						
7.1	1	Staff members arrange for patients to access screening, monitoring and treatment for physical health problems through primary/secondary care services. This is documented in the patient's care plan.	Met	We have a physical health and wellbeing role within the service(as well as significant nursing provision) in the team. All service users have a physical health care plan which outlines any	Met	The service's Physical Health and Wellbeing Worker who supports with arranging for patients to access screening, monitoring and treatment for physical health problems, and these are documented.

			<p>physical health screening, monitoring and treatment needs and what interventions are required to ensure this take place.</p> <p>There is a spreadsheet that contains all of this information in order to provide oversight that this takes place and can be shared during the peer review.</p>		
7.2	1	<p>Patients are offered personalised healthy lifestyle interventions, such as advice on healthy eating, physical activity, alcohol and substance misuse and access to smoking cessation services. This is documented in the patient's care plan.</p>	<p>Met</p> <p>Following on from assessment, service users can be offered a variety of healthy lifestyle interventions and these are evidenced with a core physical health care plan. Some interventions may be provided within the service</p> <p>(e.g. support to attend a gym), others may involve referral and support to attend other providers e.g. for specialist drug and alcohol intervention, diabetic nurse specialist etc.</p> <p>It was noted that there was a need / gap in community provision so our physical health and wellbeing worker recently carried out some</p>	Met	<p>Feedback from patients and staff was found to support this.</p>

				“have a go” physical health / exercise sessions for those who may currently find accessing gyms/ sports centres difficult.		
Community Rehab Health Record Audit 1st Edition						
Q18 There is evidence that patients are offered personalised support with lifestyle interventions e.g. healthy eating, physical activity, smoking cessation within their care plan(s).				Yes - 100% (22)		
Community Rehab Patient Survey 1st Edition						
Q12 Are you offered personalised healthy lifestyle interventions, such as advice on healthy eating, physical activity and access to smoking cessation services? Is this documented in your care plan?				Yes - 88% (15) Don't Know - 6% (1) No - 6% (1)		
7.3	1	The team, including bank and agency staff, are able to identify and manage an acute physical health emergency.	Met	This is included in mandatory training that all staff are required to complete Please see additional training evidence.	Met	Relevant documentation was observed and found to meet the requirements of the standard. Training evidence seen and confirmed.
Community Rehab Staff Survey 1st Edition						
Q3 Have you received training and Are you able to identify and manage an acute physical health emergency?				Yes - 83% (24) Not Applicable - 10% (3) Don't Know - 7% (2)		
7.4	1	Patients who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment	Met	This is overseen and completed by our team prescribers and physical health and wellbeing worker. There is close liaison with primary	Met	The team's Physical Health and Wellbeing Worker as well as the Prescriber review and support this area, with support from Primary Care Services.

		(baseline), at 6 weeks, at 3 months and then annually (or every six months for young people) unless a physical health abnormality arises.		care colleagues and we have access to Connecting Care in order to view test results / GP info.		
Community Rehab Health Record Audit 1st Edition Q21 Patients who are prescribed mood stabilisers, antipsychotics or high-dose medication, have the appropriate physical health assessments and blood tests at the start of treatment (baseline), at 6 weeks, at 3 months and then annually (or every six months for young people) unless a physical health abnormality arises.			Yes - 100% (22)			
8Risk and safeguarding						
8.1	1	The team records which patients are responsible for the care of children and vulnerable adults and takes appropriate safeguarding action when necessary. Actions agreed are verbally followed up within the community rehab team.	Met	<p>There is a section on Rio for recording patients who are responsible for care of children / vulnerable adults.</p> <p>Staff access mandatory safeguarding training.</p> <p>The team have an open culture to discussing any safeguarding concerns and this can be done either initially with the management team or in the MDT meeting.</p> <p>All safeguarding referrals require an incident form to be completed which is then reviewed and followed up by the management team.</p>	Met	The team records information of patients who are responsible for the care of children and vulnerable adults, on their electronic RIO system.

			<p>Service users with open concerns are discussed in weekly MDT</p> <p>The team has a “step up” process for safeguarding concerns and if needed a registered member of staff will joint work.</p> <p>We are able to access advice and guidance from Trust wide (AWP) safeguarding Named Professionals (specialist role). They have also visited the team to provide additional training which has been very helpful.</p>			
9Discharge Planning and Transfer of Care						
9.1	1	<p>A discharge letter is sent to the patient and all relevant parties within 10 days of discharge. The letter includes the plan for:</p> <ul style="list-style-type: none"> • On-going support in the community/aftercare arrangements; • Crisis and contingency arrangements including details of who to contact; • Medication, including 	Met	<p>We have devised a discharge good practice guidance for the service which includes a template letter for all discharges from the service. This can be viewed on the peer review day.</p> <p>The team Senior Practitioner completes a regular quality survey on one discharge per month to ensure good practice is maintained in relation to discharges and any development team / individual work is identified.</p>	Met	<p>Relevant documentation was observed and found to meet the requirements of the standard. Discharge letter, checklist and protocol seen and confirmed.</p>

		<ul style="list-style-type: none"> monitoring arrangements; • Details of when, where and who will follow up with the patient as appropriate; • Interventions offered; • What the patient has achieved 		We have a d/c tab on our referrals spreadsheet which enables the admin and management team to track discharge activity.		
Community Rehab Health Record Audit 1st Edition Q8 A discharge letter is sent to the patient and all relevant parties within 10 days of discharge. The letter includes the plan for: <ul style="list-style-type: none"> • On-going support 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 patient as appropriate; •Interventions offered; •What the patient has achieved. 				Not Applicable - 86% (19) Yes - 14% (3)		
9.2	1	The community team makes sure that patients who are discharged from hospital are followed up within 3 days.	Met	Care coordinators remain in close contact with service users and the in patient team during hospital admissions and discharge planning and are closely involved in any follow up plans. Service users discharged from hospital are often under the crisis	Met	Feedback from staff was found to support this. The community team and crisis team ensure a 3 day follow up is conducted.

				team who will undertake the 3 day follow up.		
9.3	1	When patients are transferred between community services there is a face to face handover with the patient and representatives of both teams which ensures that the new team have an up to date care plan and risk assessment.	Met	For service users either coming onto the team caseload or being transferred to the recovery team a face to face CPA meeting takes place and the care coordinator will ensure that the care plan and risk assessment is up to date and ensure all key information is handed over	Met	Feedback from patients and staff was found to support this.
Community Rehab Patient Survey 1st Edition						
Q13 Have you been provided with support when your care has been transferred to another community team, or back to the care of your GP?				Not Applicable - 59% (10) Yes - 41% (7)		
9.4	1	Teams provide specific transition support to patients when their care is being transferred to another community team, or back to the care of their GP.	Met	Transitions to GP / onward teams are planned in advance, with consideration for what transition support may be required. E.g's of this could be a period of reduced contacts from the rehab team, a period of joint working with the new service. For service users who are being handed back to their GP, a minimum of a discussion with the GP takes place. We will also consider whether a	Met	Feedback from patients and staff was found to support this.

				rapid access plan is indicated and the way that a service user / carer and / or GP can access services again should this be needed.		
9.5	1	There is active collaboration between Children and Young People's Mental Health Services and Working Age Adult Services for patients who are approaching the age for transfer between services. This starts at least 6 months before the date of transfer.	N/A	<p>This standard is not applicable to our service as we do not receive referrals from the CAMHS teams.</p> <p>Our service eligibility criteria is that there needs to be evidence that a more intensive approach than recovery (CMHT) teams can offer, therefore in the first instance, referrals go to recovery teams.</p> <p>For service users who are under the Early Intervention for Psychosis service (who offer 3 years input) we have monthly Bristol Rehabilitation Services Pathways meetings which enable early identification of service users appropriate for rehab service referral. This enables us to plan appropriate timing of assessment and any period of joint working that may be helpful.</p>	Met	The team informed that it is rare to receive referral from Child and Adolescent Mental Health Services (CAMHS). This tends not to be a traditional referral route. the team are working with a tiered approach to work. The team provided contextual commentary around collaboration with Early Intervention team and CAMHS. Hence review team confirmed that this standard is scored as met.
9.6	2	Onward care planning is discussed at the first review meeting and as	Met	Service users are made aware that we are a time limited service.	Met	Onward care planning is discussed and documented on

		appropriate at subsequent meetings.		During each review, onward care planning is discussed as appropriate. This can be evidenced via service user Rio records.		RIO.
9.7	3	At any one time fewer than 10% of patients are delayed transfers due to a lack of appropriately supported accommodation places.	N/A	This standard is not applicable to us as any transfers from the community team are not dependent / impacted on by appropriate supported accommodation places The only situation whereby we have any delay in transfer of care would be if a person has completed a period of rehabilitation intervention with the team and their onward pathway is a recovery team. At times, due to capacity within the recovery team there are some transfer delays, however we keep in regular contact with the service user in the meantime (to ensure their care and support needs are met) and link closely with the recovery team for updates.	N/A	Service felt that this standard is not applicable to their team as any transfers are not impacted by the lack of appropriately supported accommodation places. The team felt that this standard seems more relevant to inpatient rehabilitation wards, hence this can be further explored with the Rehab Advisory Group.
9.8	2	Discharge/transfer planning starts early and is carefully thought	Met	Discharge / transfer planning is agreed in advance and open	Met	Patients are involved in their discharge/transfer planning,

		through so that the patient feels well supported to make the transition.		discussions with the service user (and their family and carers) take place in order to identify and manage any concerns about this. There is a focus on strengths and achievements so far and any onward needs and goals and how these will be met. Staff may look to gradually reduce contact / spread out visits and / or undertake a period of joint working. We have a slot in our MDT meeting whereby team members can discuss discharge planning and any issues with this.		including their carers, with consent. Goals and individual needs are discussed and patients are provided with support to make the transition.
10 Interface with other services						
10.1	1	Patients can access help, from mental health services, 24 hours a day, 7 days a week. <i>Guidance: Out of hours, this may involve crisis/home treatment teams, psychiatric liaison teams.</i>	Met	Our service runs core hours of Monday to Friday 9-5 with flexibility around these hours. There is out of hours 24/7 provision from the crisis team (once referral and assessment take place). Service users and their family and carers can access support from NHS 111, Option 2. These details are included on a service user's crisis and contingency plan as well as the service user and	Met	Relevant documentation was observed and found to meet the requirements of the standard. Feedback from patients and staff was found to support this.

				carers' introduction letter.		
				An example of our service user and carers introductory letters can be seen in our evidence folder An e.g. of a crisis and contingency plan can be seen in our evidence folder.		
Community Rehab Patient Survey 1st Edition						
Q14 Are you able to access help from mental health services 24 hours a day, seven days a week. Guidance: Out of hours, this may involve crisis lines/crisis resolution and home treatment teams, psychiatric liaison teams.				Yes - 82% (14) Don't Know - 6% (1) Not Applicable - 6% (1) No - 6% (1)		
10.2	1	The team supports patients to access; housing support; support with finances, benefits and debt management; social services.	Met	When a need is identified in this area, the team are aware of the variety of possible support options that can be planned for a service user, this could include interventions provided by team members e.g. -support with budgeting - Liaison, referral and support to access specialist organisations e.g. CAB or referral for a Social Care Assessment. We are working towards having a SW as part of the core MDT and discussions are taking place with	Met	Feedback from staff was found to support this. The team are able to support patients to access housing support, support within finances, benefits, debt management, social services, through liaising with completing Social Care Referral.

				the Local Authority about this.		
10.3	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.	Met	We have access to a specialist perinatal team. Service users have been referred when needed and have benefitted from care and treatment.	Met	Relevant documentation was observed and found to meet the requirements of the standard. Perinatal care pathway information seen and confirmed.
10.4	2	The service ensures effective links are developed with referrer agencies e.g. CMHT, third sector organisations, forensic services. <i>Guidance: This would be through regular meetings.</i>	Met	We have good links with our sources of referrals. Our main sources of referral are recovery, crisis and inpatient services. This includes a monthly rehabilitation pathways meeting where referrals within the different parts of the rehab pathway, along with EIP and community forensic services are discussed.	Met	The service have effective links through referrals to the recovery, crisis teams and inpatient service.
10.5	1	The service provides patients access to peer support within the service or elsewhere.	Met	We have peer workers as part of our core staffing group. Their role can include offering specific peer support to service users.	Met	The team have Peer Support Workers as part of the Multi-Disciplinary Team.

				We also utilise Second Step's peer mentor programme and service users can work with a volunteer on a variety of community based goals.		
10.6	2	The service has access to a local inpatient rehabilitation unit.	Met	<p>Alder Unit is a 10 bedded in patient rehabilitation unit on a local hospital site.</p> <p>We also have a community residential rehabilitation unit within our service for 10 people.</p> <p>Our Consultant Psychiatrists works across all sites which supports close working and links.</p> <p>The Community Rehab team Senior Practitioner attends the Alder weekly referrals meeting in order to identify when a joint inpatient / community rehab assessment may be appropriate.</p>	Met	The unit have access to a local inpatient rehabilitation unit at a hospital site.
10.7	2	The service fosters good working relationships with supported accommodation managers through regular meetings.	Met	<p>We aim to ensure that we work closely with supported accommodation managers.</p> <p>Examples of this can be via CPA meetings, visits to accommodation when it is being sourced for a service user,</p>	Met	The service ensure to foster good working relationships with supported accommodation managers through regular CPA meetings and visits to placements.

				<p>involvement in crisis and contingency planning.</p> <p>We have received positive feedback from accommodation managers about close liaison.</p> <p>The team NMP and Senior Practitioner have devised a Clozapine information session which has been provided to a number of housing providers with positive feedback.</p>		
10.8	3	The team actively searches for other service users within the trust who are suitable for community rehab.	Met	<p>The service developed a case finding tool with the support of the Trust business intelligence team. This can be run against recovery team caseloads to identify service users who may benefit from a rehabilitation service.</p>	Met	<p>Relevant documentation was observed and found to meet the requirements of the standard. Case finding tool seen and confirmed.</p>
11Capacity and Consent						
11.1	1	Assessments of patients' capacity (and competency for patients under the age of 16) to consent to care and treatment is performed in accordance with current legislation.	Met	<p>Staff complete mandatory training on the MCA so that there is a sound understanding of current legislation and adherence to this.</p> <p>Where there are concerns relating to a service users capacity, this will</p>	Met	<p>Training evidence seen and confirmed.</p>

				<p>be assessed by the appropriate person and the outcome recorded on the service users Rio record.</p> <p>Where a service user is assessed as lacking capacity, appropriate steps are taken.</p> <p>Where appropriate, this is in line with the Mental Health Act.</p>		
Community Rehab Health Record Audit 1st Edition Q17 Evidence that patient's capacity to consent to their care and treatment has been assessed/recorded.				Yes - 100% (22)		
11.2	2	<p>There are agreements with other agencies for patients to re-access the service if needed, without following the initial referral pathway.</p> <p>Guidance: <i>There may be exceptions where patients require a generic assessment and it may be appropriate to follow the initial pathway.</i></p>	Met	<p>Consideration is given for all service users leaving the service as to when re referral may / may not be indicated and this is included in the discharge letter.</p> <p>For some service users, we collaboratively devise a rapid access plan which is provided to the service user, family and carers and other appropriate services (e.g. housing provider / GP).</p> <p>This outlines how and when to access the rehabilitation service and the nature of response required</p>	Met	<p>The service work with relevant agencies to ensure there is a plan in place for patients to re-access the service if needed, and is included in their discharge letter.</p>
Community Rehab Health Record Audit 1st Edition Q17 Evidence that patient's capacity to consent to their care and				Yes - 100% (22)		

treatment has been assessed/recorded.

12 Patient Involvement

12.1	1	<p>The service regularly asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service.</p> <p><i>Guidance: Feedback can be gathered at each CPA review and at discharge.</i></p>	Met	<p>Feedback gathered includes:</p> <ul style="list-style-type: none"> • Friends and Family feedback. • Praise and Complaints process. - Group feedback <p>The management team review this information, which is then used to improve and develop the service. We have a service user forum which will discuss a variety of topics which then actively inform the running and development of the service. e.g. Our assessment template and service info leaflet was devised with the input from the forum</p> <p>We have recently completed a peer reflection piece of work: one of our peer workers provides a series of 1-1 sessions with service users to reflect on their time with the service. This is done creatively, based on the service users preference (e.g;s so far have been via verbal discussion or visual drawing).</p>	Met	<p>Feedback folder seen and confirmed. Some carers suggested developing focus groups specifically for the service to ensure there is a space to discuss and share not only suggestions, but also some great areas of practice.</p>
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Community Rehab Carer Survey 1st Edition

Q17 Excluding this survey, have you been asked for feedback

Yes - 89% (8)

No - 11% (1)

about your experience of the service?						
Community Rehab Patient Survey 1st Edition						
Q16 Apart from this questionnaire, have you been given the opportunity to feed back about your experiences of the service?				Yes - 88% (15) Don't Know - 12% (2)		
12.2	2	Services are developed in partnership with appropriately experienced patient and carers and have an active role in decision making.	Partly Met	<p>We have a monthly service user forum which is an opportunity for service users to actively shape and support the development of the service.</p> <p>E.g's where this has supported the development of our service include the development of our assessment template and service information leaflet.</p> <p>We have completed some peer reflection work with service users which has helped to ensure that those service users who do not engage in the traditional forms of feedback are supported in more creative ways to do this.</p> <p>The BNSSG Steering group for Community Mental Health Framework work includes service user / carer representatives.</p> <p>Where available, we have experts by experience and /or carers on</p>	Not Met	<p>The team developed a pilot project with support from a Recovery Navigator, who worked with patients to gather feedback through a creative medium i.e. during activities. This ensured an informal and creative space to gather suggestions/feedback.</p> <p>However, carers reflected that they have not had opportunities to have an active role in decision making hence review team recommend to explore whether there is a possibility to have carer representatives within the core team.</p>

				interview panels for vacancies Our carers lead links in with carers to explore opportunities for them also to be involved in service development.		
12.3	1	Patients are actively involved in shared decision-making about their mental and physical health care, treatment and discharge planning and supported in self-management.	Met	Staff work alongside and collaboratively with service users and this is reflected in their electronic Rio record An example of this is coproduced care planning which will be further developed with the move away from CPA and the implementation of Your Team, Your conversation, Your plan.	Met	Personal wellbeing plan and care plan example seen and confirmed.
Community Rehab Patient Survey 1st Edition Q17 Have you actively been involved in shared decision-making about your mental and physical health care, treatment, and discharge planning, and supported in self-management?				Yes - 94% (16) Don't Know - 6% (1)		
12.4	3	Where appropriate a shared care approach for service users is utilised.	Met		Met	There are shared care approach examples such as with the GP practices, drug and alcohol services.
13 Carer Engagement and Support						

13.1	1	Carers (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning.	<p>Met</p> <p>We have a carers lead within the team who supports effective work with families and carers. On assessment we identify carers.</p> <p>There is an initial discussion with service users about information sharing with carers and a Consent to Share agreement is completed.</p> <p>Where appropriate, carers are involved (as a minimum) at CPA reviews and then more informally as needed.</p> <p>Carers will receive an introductory letter from the service and this includes how and who to make contact with. This can be viewed on the peer review day.</p> <p>We also have a carers pack (which will be shared with the review team)</p>	Met	Feedback from carers and staff was found to support this.
Community Rehab Carer Survey 1st Edition Q5 Do you feel involved in discussions and decisions about your family member or friend's care, treatment and discharge planning? This includes attendance at review meetings with			Yes - 100% (9)		

		consent.			
13.2	1	Carers are supported to access a statutory carers' assessment, provided by an appropriate agency. Guidance: <i>This advice is offered at the time of the patient's initial assessment, or at the first opportunity.</i>	Met	<p>Team members support carers to obtain a carers assessment (this is currently provided via Rethink).</p> <p>We have a carers spreadsheet which logs that this has been offered / taken place. Where this has been declined there are plans in place for this to be revisited at a later date.</p>	<p>Met</p> <p>Relevant documentation was observed and found to meet the requirements of the standard. Feedback from carers and staff was found to support this. The majority of carers were aware of how to access a statutory carers' assessment however to ensure all carers are aware of this support, review team recommend to highlight this during any contact/1:1 sessions with carers.</p>
Community Rehab Carer Survey 1st Edition					
Q8 Have you been told how to access a carers assessment?				Yes - 100% (9)	
13.3	2	Carers are offered individual time with staff members to discuss concerns, family history and their own needs.	Met	<p>Dependent upon the carers need, this can be carried out either with the team members working with the service user or separately with the team Carers lead.</p>	<p>Met</p> <p>Feedback from carers and staff was found to support this.</p>
Community Rehab Carer Survey 1st Edition					
Q3 Have you been offered individual time with staff members to discuss your own concerns and your own needs?				<p>Yes - 89% (8)</p> <p>No - 11% (1)</p>	
13.4	1	The team provides each carer with accessible carer's information. Guidance: <i>Information is provided verbally and in writing (e.g. carer's pack).</i>	Met	<p>This information is contained in our carers pack which can be seen on our review day.</p>	<p>Met</p> <p>Relevant documentation was observed and found to meet the requirements of the standard. Feedback from carers and staff</p>

		<i>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.</i>			was found to support this.	
Community Rehab Carer Survey 1st Edition Q4 Have you been offered a carers information pack which includes details of key staff and other sources of advice and support?			Yes - 89% (8)			
13.5	3	The service actively encourages carers to attend carer support networks or groups. There is a designated staff member to support carers.	Met	<p>The service has a carers lead and two co leads whose role includes:</p> <ul style="list-style-type: none"> • -Being a resource to the team to advise and provide information • -Signposting / supporting to access various organisations • -The lead (and other team members) are family work trained and can provide 1-1 support to carers • -Co delivering Caring and Coping workshops for carers • -Links with other carer forums and carers links within the trust, keeping up to date with developments and events which are communicated to the team. 	Met	Feedback from carers and staff was found to support this.

				<ul style="list-style-type: none"> The team carers lead and psychologist offer a carers and family “thinking time” slot. We have a folder on the shared team drive containing carers resources 		
Community Rehab Carer Survey 1st Edition						
Q11 Have you been offered to access group meetings that have a psychoeducational focus? These are groups to help increase your knowledge, insight and understanding of mental health and treatments.			Yes - 56% (5) Not Applicable - 33% (3) Don't Know - 11% (1)			
Community Rehab Staff Survey 1st Edition						
Q4 Do you have a designated carers lead?			Yes - 100% (29)			
Community Rehab Staff Survey 1st Edition						
Q5 Do you actively encourage carers to attend carer support networks or groups?			Yes - 90% (26) Not Applicable - 7% (2) No - 3% (1)			
13.6	1	<p>The service ensures that children and other dependants are supported appropriately.</p> <p>Guidance: <i>This could include offering appropriate written information to children, or supporting the patient to communicate with their children about their mental health</i></p>	Met	<p>We invited colleagues from “Young Carers” to our team meeting and we have a number of resources / books that we can use to support and communicate with children.</p> <p>We also have worked closely with social care colleagues in this area.</p> <p>We have some age appropriate resources that we can share with children /dependents. If more are</p>	Met	<p>The team liaise with the 'Young Carers' service and social care team to ensure children and other dependants are supported appropriately.</p>

				required / identified we can access these via the team budget.		
14 Treating patients with compassion, dignity and respect						
14.1	1	Staff members treat patients and carers with compassion, dignity and respect.	Met		Met	Patients and carers unanimously confirmed that they feel supported and have always been treated with compassion, dignity and respect.
Community Rehab Carer Survey 1st Edition						
Q14 Do you think that staff treat patients with compassion, dignity and respect?				Yes - 100% (9)		
Community Rehab Patient Survey 1st Edition						
Q18 Do you feel that staff treat you with compassion, dignity and respect?				Yes - 100% (17)		
14.2	1	Patients feel listened to and understood by staff members.	Met		Met	Feedback from patients was found to support this.
Community Rehab Patient Survey 1st Edition						
Q19 Do you feel listened to and understood by staff?				Yes - 100% (17)		
15 Providing Information to Patients and Carers						
15.1	1	Patients are asked if they and their carers wish to have copies of correspondence about their health and treatment.	Met	Unless otherwise requested, all reviews that take place with the psychiatrist are summarised in a letter for the service user and GP. Care Coordinators discuss with service users and carers re: copies of care plans etc.	Met	Feedback from patients and staff was found to support this. Patients are requested for consent prior to sharing any copies of correspondence about their health and treatment, to carers.

				On joining the service, service users are asked their consent to share information, this is recorded in the patient electronic record . An e.g. of this can be seen in the evidence folder.		
15.2	2	The service uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances.	Met	The service have access to interpreters via the Local Authority (Bristol City Council) and Language Services UK Ltd. Family members are not used as interpreters.	Met	Relevant documentation was observed and found to meet the requirements of the standard.
15.3	2	Patients are supported to make collaborative crisis plans, care plans and if they wish advanced directives. Where collaboration is not possible this is reviewed regularly and differences of opinion are recorded.	Met	Care plans and crisis plans are produced in collaboration with the service user, there is a section on the service users care plan to record service users views, including any differences of opinion.	Met	Feedback from patients and staff was found to support this. Example of collaborative care plan seen and confirmed.
Community Rehab Carer Survey 1st Edition						
Q15 Does the team actively involve you in developing your family member's or friend's care plan?				Yes - 89% (8) Not Applicable - 11% (1)		
Community Rehab Carer Survey 1st Edition						
Q16 Have you been offered a copy of your friend/family member's care plan?				Yes - 56% (5) No - 22% (2) Not Applicable - 22% (2)		
16Patient Confidentiality						

16.1	1	Confidentiality and its limits are explained to the patient and carer on transfer to the community service, both verbally and in writing. Patient preferences for sharing information with 3rd parties are respected and reviewed regularly and written information is provided for carers.	Met	<p>Team members follow the confidentiality and information sharing and consent process. This is discussed with each service user, recorded on their electronic record and reviewed regularly.</p> <p>There are monitoring arrangements in place to ensure this takes place for each service user and is kept up to date.</p>	Met	Information sharing form seen and confirmed.
Community Rehab Carer Survey 1st Edition						
Q10 Have staff explained confidentiality to you, including situations where it might not apply and third party information?				Yes - 100% (9)		
Community Rehab Patient Survey 1st Edition						
Q21 Have staff explained confidentiality to you, including situations where it might not apply?				Yes - 88% (15) Don't Know - 12% (2)		
16.2	1	The team knows how to respond to carers when the patient does not consent to their involvement. This is documented clearly, reviewed regularly and shared with all relevant parties.	Met	<p>Staff are required to complete information governance training as part of their mandatory training. They are aware to check a service users consent to share form prior to discussing any information with a carer.</p>	Met	Training evidence seen and confirmed.
Community Rehab Staff Survey 1st Edition						
Q6 Are you aware of how to respond to carers when the patient does not consent to their involvement?				Yes - 97% (28) Not Applicable - 3% (1)		

16.3	1	<p>All patient information is kept in accordance with current legislation. <i>Guidance: This includes transfer of patient 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.</i></p>	Met	<p>Team members complete mandatory Information Governance training. The team operate a clear desk policy.</p> <p>The team clinical lead and service manager complete an annual GDPR assessment and review.</p>	Met	<p>Feedback from staff was found to support this. This was observed as part of the tour of the service.</p>
<p>Community Rehab Staff Survey 1st Edition Q7 Are you aware of the current legislation on storing and transferring confidential information? Guidance: This includes transfer of patient 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.</p>			<p>Yes - 100% (29)</p>			

Section 4: Service Environment

Type of Standard	Number of Standards	Number Met	Number Not Met	Number N/A	Percentage Met
Type 1	37	37	0	0	100
Type 2	9	8	1	0	88
Type 3	2	2	0	0	100

Areas of Achievement

17.1 Type 2 The service is comfortable, clean and welcoming.

18.2 Type 1 The team feel able to contribute and challenge decisions. All the team members feel valued and supported.

21.1 Type 1 Staff noted that there are challenges i.e. structural and institutional and the multi-disciplinary team is quite large hence can be difficult to know particular specialisms and/or disciplines. Also, challenges around community resources i.e. housing crisis and how this can impact a discharge process, which can at times feel difficult in holding hope. However, the team support one another i.e. support with engagement. The team are also responsive and have a flexible approach. The team recognise there is no blame culture within the team and there have been support put in place i.e. yoga was facilitated for staff during COVID. Also, the team were encouraged to focus on their wellbeing for 1-2 hours. The support and flexibility is embedded in the team's key ethos.

Areas of Improvement

19.4j Type 2 The service do not have a dedicated Approved Mental Health Professional (AMHPs) as part of the team however do have access via the local authority.

No	Type	Standard	SR Score	SR Comment	PR Score	PR Comment
Section 4: Service Environment						
17 Service Environment						
17.1	2	The environment is clean, comfortable and welcoming.	Met	<p>The team base is located in the centre of Bristol. It is a recently newly refurbished building which we moved in to in April 2024</p> <p>The base is accessed via a main reception area where there are staff 9-5.</p> <p>The waiting area is clean, comfortable and welcoming and has access to refreshments. There was recently a collaborative art project where a peer worker and service users have completed some art work for the reception / communal areas.</p>	Met	This was observed as part of the tour of the service.
17.2	1	Clinical rooms are private and conversations cannot be over-heard.	Met	Following the move to a newly refurbished team base, there are a greater number of rooms available. As a result of feedback, there are works being undertaken (due to complete in December 2024) to	Met	This was observed as part of the tour of the service. Clinic rooms are private and the host team confirmed that the soundproofing work had been completed prior to the review

				improve the soundproofing of the rooms (a specialist soundproofing firm have been contracted to undertake this work).		day. however the host team noted that there are further improvements to be completed around soundproofing of the rooms.
17.3	1	<p>The environment complies with current legislation on disabled access.</p> <p>Guidance: <i>Relevant assistive technology equipment, such handrails, are provided to meet individual needs and to maximise independence and there is access to disabled toilets</i></p>	Met	<p>The team have moved to a new site that offers greatly improved accessibility. The new building has been refurbished in order to meet – and in some cases exceed – the standards as set out in the Building Regulations 2010</p> <p>The project team commissioned an accessibility audit from WECIL, an award winning, user led organisation that supports Disabled people – see https://wecil.org.uk/ for further information. Following their audit, WECIL made numerous recommendations that were subsequently included in the refurbishment scope. These included widening existing doorways and corridors, replacing the existing lift and installing an additional accessible toilet.</p>	Met	This was observed as part of the tour of the service.
17.4	1	Staff members follow a lone working policy and feel safe when conducting	Met	Staff follow procedure and use the “People Safe” system for lone working.	Met	Relevant documentation was observed and found to meet the requirements of the standard.

		home visits.				Feedback from staff was found to support this.
Community Rehab Staff Survey 1st Edition						
Q8 Are you aware of the lone working policy and feel safe when conducting home visits?			Yes - 97% (28) Not Applicable - 3% (1)			
17.5	1	There is an alarm system in place (e.g. panic buttons or personal alarms) and this is easily accessible for patients, carers and staff members.	Met	There is a paired alarm system available. This is currently being reviewed to ensure its effectiveness.	Met	This was observed as part of the tour of the service.
17.6	1	The service entrance and key clinical areas are clearly signposted	Met		Met	This was observed as part of the tour of the service.
17.7	1	The team base has suitable toilet facilities which are fully accessible with respect to gender identity	Met	There are a variety of accessible toilet facilities both on the ground and first floor.	Met	This was observed as part of the tour of the service.
17.8	1	There are sufficient IT resources (e.g. PCs & Laptops) to provide all practitioners with easy access to key information e.g. information about services, conditions and treatment, patient records, clinical outcome and service performance measurements. Dedicated IT support is also available.	Met	All staff have access to their own laptop. Significant work has been undertaken to aim to address connectivity and printer access. There is dedicated IT support from both Second Step and AWP (as they oversee different areas of IT and Access). All of our team meetings are hybrid to enable staff attendance if this needs to be remotely.	Met	This was observed as part of the tour of the service.

				The majority of our clinical work is delivered in person, however if needed we can utilise remote reviews via laptops.		
Community Rehab Carer Survey 1st Edition						
Q6 Are you able to attend meetings and reviews remotely when you are unable to attend them in person?				Yes - 78% (7) Not Applicable - 22% (2)		
17.9	2	There is sufficient working desk space for team members to undertake their administrative work and sufficient space for team working e.g. team meetings, formulations etc.	Met	There is desk space available in the main office as well as bookable offices. Staff also may choose to home work when appropriate. There are larger rooms which are available for team meetings, formulations etc (these are greatly improved since the office move).	Met	This was observed as part of the tour of the service.
18 Leadership, team-working and culture						
18.1	3	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.	Met	The team can access reflective practice which is facilitated by the team psychologist. There are regular slots and additional ones are arranged on an ad hoc basis. Work is on-going to support greater attendance to these.	Met	Staff team confirmed they are able to access reflective practice sessions facilitated by the team's Psychologist.
Community Rehab Staff Survey 1st Edition						
Q9 Are you able to access reflective practice groups at least				Yes - 97% (28) No - 3% (1)		

every six weeks the team can meet together to think about team dynamics and develop your clinical practice?						
18.2	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 or whistleblowing. The staff member managing the process is trained to respond effectively.	Met	<p>We aim to have an open, psychologically safe culture within the team.</p> <p>There are different methods of raising concerns, in the first instance staff are encouraged to discuss with their line manager, however there are formal ways to raise concerns, including a whistleblowing policy.</p> <p>AWP have a Freedom to Speak up lead as well as guardians across the trust who can be contacted.</p>	Met	The team feel able to contribute and challenge decisions. All the team members feel valued and supported.
Community Rehab Staff Survey 1st Edition						
Q10 Do you feel able to challenge decisions and to raise any concerns you may have about standards of care. Are you aware of the processes to follow when raising concerns or whistleblowing?				<p>Yes - 93% (27)</p> <p>Not Applicable - 7% (2)</p>		
18.3	1	The team has protected time for team-building and discussing service development at least once a year.	Met	<p>We hold annual team days which includes protected time for service development and team building</p> <p>Timing and location is considered and day to day work (e.g. Wellbridge House shifts and duty) are covered to enable all staff to attend.</p> <p>2025 will be the 10 year anniversary of the service and there will be plans</p>	Met	The team informed the review team that there is an annual team building practice and this helps with discussing service development. Also, there are other opportunities for the team to be participate in i.e. laughter yoga, shared lunch, Christmas groups at the allotment (winter

				with service users, carers and staff to mark this and will include service development		warmer). The walking group also provides reflective space. The team value nature based groups and activities that are focused on these with wellbeing and the team hope to have this more in place.
19 Staffing Levels						
19.1	1	<p>The service has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels (as described in service specification), including:</p> <ul style="list-style-type: none"> • 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. 	Met	<p>We carefully review staffing levels and recruit in a timely manner any vacant posts. We are able to support our accommodation service with staffing from the community team who have covered someday shifts when needed.</p> <p>Most service users know more than one person in the team which ensures cover for leave.</p>	Met	<p>Relevant documentation was observed and found to meet the requirements of the standard. Business continuity plan includes a protocol in place for emergency situations, and have bank staff available for short term contracts. The team are proactive in organising around planned leave. It is evidently a well-resourced multi-disciplinary team hence they have not hit an unsafe staffing level. The team also have higher retention hence have not used this in place. Review team suggest adding the staffing escalation protocol in the induction pack, to ensure all members of the team are aware of the process.</p>

Community Rehab Staff Survey 1st Edition						
Q11 Are you aware of the process in place, 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.				Yes - 76% (22) Don't Know - 10% (3) No - 7% (2) Not Applicable - 7% (2)		
19.2	1	When a staff member is on leave, the team puts a plan in place to provide adequate cover for the patients who are allocated to that staff member.	Met	Plans are put in place for cover for service users for both short term unplanned and longer periods of leave to ensure safety and continuity of care.	Met	The team are proactive in organising around planned leave. It is evidently a well-resourced multi-disciplinary team hence they have not hit an unsafe staffing level.
Community Rehab Staff Survey 1st Edition						
Q12 When a staff member is on leave, is there a plan in place to provide adequate cover for the patients who are allocated to that staff member?				Yes - 100% (29)		
19.3	1	There is an identified senior clinician available at all times who can attend the team base within an hour. <i>Guidance: Some services may have an agreement with a local GP to provide this medical cover.</i>	Met	There is at least one member of the leadership / management team available at all times, annual leave is planned to ensure this is consistent. We ensure that there is a minimum number of senior clinician and prescribing cover also.	Met	The team ensure that at least one member from the senior management team are available at all times.
Community Rehab Staff Survey 1st Edition						
Q13 Is there an identified senior clinician available at all times				Yes - 100% (29)		

who can attend the team base within an hour? Video consultation may be used in exceptional circumstances. Guidance: Some services may have an agreement with a local GP to provide this medical cover.						
19.4	1	The community rehabilitation team consists of the following staff:				
19.4a	1	Senior Leadership Team. Guidance: Senior clinician from each speciality.	Met	The leadership team consists of a Clinical Psychologist, Nurses, OT, Psychiatrist and Senior Member of Second Step and Missing Link.	Met	The team meet the standard requirement.
19.4b	1	Registered Mental Health Nurse(s)	Met	Part of Core MDT, Senior Practitioner and Non-Medical Prescriber.	Met	The team meet the standard requirement.
19.4c	1	Social Worker(s) (They may be based within the Local Authority)	Met	We have a SW as part of the Out Of Trust Team who can offer specialist advice and support to the wider team. For more involved work, this can be accessed via a request for a Care Act Assessment via the Local Authority. Work is underway with the local authority for us to have a SW as part of the core team.	Met	The team meet the standard requirement.
19.4d	1	Occupational Therapist(s)	Met	Part of core MDT. The senior practitioner of the Out of trust team is an OT.	Met	The team meet the standard requirement.
19.4e	1	Psychologist(s)	Met	Clinical Lead and an additional counselling psychologist are part of	Met	The team meet the standard requirement.

				the core MDT.		
19.4f	1	Support Worker(s) Guidance: <i>An unqualified professional, e.g. healthcare assistant, occupational therapy assistant, psychology assistant etc.</i>	Met	We have Senior Recovery Navigators (who care coordinate) Recovery Navigators (who undertake support role) Peer Recovery Navigators Volunteers / peer mentors	Met	The team meet the standard requirement.
19.4g	1	Consultant Psychiatrist(s),	Met	We have Consultant Psychiatrists who work across the community and inpatient rehab teams (including the out of trust team) We have a number of Psychiatrist trainees. We have also hosted a MPAC trainee	Met	The team meet the standard requirement.
19.4h	1	GP Link Worker(s) (This could be a responsibility held by a member of the staff team or someone outside the team e.g. pharmacist)	Met	Bristol is a large geographical location, with a high number of Gp surgeries. The team Clinical Lead and two senior practitioners cover the North, Central and South GP surgeries	Met	The team meet the standard requirement.
19.4i	3	Independent Prescriber(s).	Met	We have an NMP as part of the core team who is also a registered mental health nurse.	Met	The team meet the standard requirement.
19.4j	2	Approved Mental Health Professional(s) (AMHPs)	Partly Met	These are located as part of the local authority and can be accessed / input sourced as needed.	Not Met	The service do not have a dedicated Approved Mental Health Professional (AMHPs) as part of the team however do

						have access via the local authority.
19.4k	1	Administrative assistance to meet the needs of the service	Met	Our senior Administrator has a focus on the medical admin and performance / quality management tasks. We have team administrator time for the community team and some separate administration for the Out of Trust Team.	Met	The team meet the standard requirement.
19.5	2	Full time staff should care coordinate no more than 30 clients (reduced pro-rata for part time staff). The team manager should manage case loads regularly.	Met	Caseloads are closely monitored via Supervision and a Caseload tool. Full time staff will CC no more than approx. 15 service users (or wte)	Met	The team meet the standard requirement.
20 Staff Recruitment, Induction and Supervision						
20.1	2	Appropriately experienced patient or carer representatives are involved in the interview process for recruiting staff members.	Met	For all interview processes requests are made for patient or carer representatives to be involved, however this is dependent upon availability.	Met	Feedback from staff was found to support this.
20.2	1	New staff members, including bank staff, receive an induction based on an agreed list of core competencies. <i>Guidance: This should include arrangements for shadowing colleagues on the team; jointly working with a more</i>	Met	We have a comprehensive induction pack. This can be shared as part of the peer review day. Part of the induction includes what initial supervision requirements are required and any learning and	Met	Staff team noted that the induction is comprehensive and the team have been supportive and have provided opportunities with shadowing. However, there had been some delay in being

		<i>experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met.</i>		development needs. Staff members volunteer to offer mentoring when a new member of staff start to offer shadowing opportunities		provided log in details and suggested that there could be better and standardised Avon & Wiltshire Partnership, Second Step and Missing Link induction process.
Community Rehab Staff Survey 1st Edition Q14 For new staff members, including bank staff, do you 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, and being observed and receiving enhanced supervision until core competencies have been assessed as met.						
		All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. Guidance: <i>Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.</i>	Met	This is monitored via the "IQ" system and followed up as needed. All staff receive regular supervision in accordance with their employing organisation requirements and their profession registration requirements.	Met	Supervision records seen and confirmed.
Community Rehab Staff Survey 1st Edition Q15 For clinical staff members, do you receive clinical supervision at least monthly, or as otherwise specified by their						

Yes - 83% (24)
Not Applicable - 14% (4)
Don't Know - 3% (1)

Yes - 79% (23)
Not Applicable - 21% (6)

professional body? Guidance: Supervision should be profession-specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.						
20.4	2	All staff members receive line management supervision at least monthly.	Met	Compliance for this is monitored via AWP Intranet SV system and Second Step Cascade system.	Met	Supervision records seen and confirmed.
Community Rehab Staff Survey 1st Edition Q16 Do you receive individual line management supervision at least monthly?				Yes - 100% (29)		
20.5	1	Consultant psychiatrists should have access to regular peer support groups, case based discussion forums and other CPD activities in line with GMC good medical practice guidance.	Met	The Consultant Psychiatrists regularly access CPD in line with GMC good medical practice guidance and have access to SPA time and balint groups.	Met	The service's Consultant Psychiatrist has access to regular SPA groups and Balint groups.
21 Staff Well-being						
21.1	1	The service actively supports staff health and well-being. Guidance: <i>For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale,</i>	Met	Monthly supervision includes a wellbeing check in. Additional support is provided on an as needed basis. AWP, Second Step and Missing Link have an Employee Assistance Programme which staff are supported to access when needed.	Met	Staff noted that there are challenges i.e. structural and institutional and the multi-disciplinary team is quite large hence can be difficult to know particular specialisms and/or disciplines. Also, challenges around community resources i.e.

		<i>monitoring turnover, reviewing feedback from exit reports and taking action where needed.</i>		<p>The management team aim to ensure that any follow up to incidents has staff support as a key component.</p> <p>We hold an annual team day which includes time for service development and dedicated team time to support (previous activities have been varied and included walks and other activities)</p>		<p>housing crisis and how this can impact a discharge process, which can at times feel difficult in holding hope. However, the team support one another i.e. support with engagement. The team are also responsive and have a flexible approach. The team recognise there is no blame culture within the team and there have been support put in place i.e. yoga was facilitated for staff during COVID. Also, the team were encouraged to focus on their wellbeing for 1-2 hours. The support and flexibility is embedded in the team's key ethos.</p>
<p>Community Rehab Staff Survey 1st Edition</p> <p>Q17 Does the service actively supports staff health and well-being?</p> <p>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.</p>			<p>Yes - 83% (24) Don't Know - 10% (3) No - 7% (2)</p>			
21.2	1	Staff members are able to take breaks during their shift that comply	Met	Team members manage their own diaries. Capacity and workload is	Met	Feedback from staff was found to support this.

		with the European Working Time Directive. Guidance: <i>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.</i>		closely monitored via regular supervision to ensure staff are able to offer intensive rehabilitation interventions alongside ensuring the required breaks take place.		
Community Rehab Staff Survey 1st Edition Q18 Are you 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.				Yes - 100% (29)		
21.3	1	Staff members, patients and carers who are affected by a serious incident are offered post incident support.	Met	There are a variety of ways post incident support may be offered, either informally or via a debrief. All incidents are reported via the "Ulysses" system and team managers are required to log what support has been offered / provided as an assurance to this.	Met	Feedback from staff was found to support this.
Community Rehab Patient Survey 1st Edition Q22 If you have been affected by a serious incident, have you been offered support?				Not Applicable - 59% (10) Yes - 35% (6) Don't Know - 6% (1)		

<p>Community Rehab Staff Survey 1st Edition</p> <p>Q19 If you have been affected by a serious incident, were you offered post-incident support?</p> <p>Guidance: This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection and learning review.</p>	<p>Not Applicable - 55% (16)</p> <p>Yes - 41% (12)</p> <p>No - 3% (1)</p>
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22 Staff Training and Development

22.1	1	<p>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:</p>	Met	<p>Each employing organisation has a training matrix of statutory and mandatory training.</p> <p>Training completion is monitored during line management supervision.</p> <p>Annual appraisals take place with all staff which highlight any training and development needs and how these will be accessed.</p> <p>We have learnt from incidents and accessed additional team training where this has been required e.g. we arranged for the AWP Safeguarding team to provide some additional training in relation to self-neglect.</p> <p>We have a follow up session being provided re: safeguarding children</p>	Met	<p>Training evidence seen and confirmed.</p>
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22.1a	1	The use of legal frameworks, such as the Mental Health Act (or equivalent) and the Mental Capacity Act (or equivalent).	Met	MHA and MCA is included in the mandatory training for all staff.	Met	Training evidence seen and confirmed.
22.1b	1	Physical health assessment. <i>Guidance: This includes training in understanding physical health problems, understanding physical observations and when to refer the patient for specialist input.</i>	Met	This is included in the mandatory Basic Life Support training that all staff are required to access. We have provided additional team training in this area as we identified a gap in provision. We utilise the specialism of our nursing team members when more specific assessments may be required.	Met	Training evidence seen and confirmed.
22.1c	1	Safeguarding vulnerable adults and children; This includes recognising and responding to the signs of abuse, exploitation or neglect.	Met	There is mandatory training for all team members for safeguarding. We have linked in with AWP named professionals to access additional service specific training.	Met	Training evidence seen and confirmed.
22.1d	1	Risk assessment and risk management. <i>Guidance: This includes: Assessing and managing suicide risk and self-harm; Prevention and management of aggression and violence.</i>	Met	This is included in mandatory training.	Met	Training evidence seen and confirmed.

22.1e	1	Understanding individual communication needs/preferences within equality framework.	Met	<p>Training in EDI is included in mandatory training matrix for all staff.</p> <p>An e.g. of this is we have access to and use an interpreting services to ensure effective and equal access communication with service users. We assess whether reasonable adjustments are required.</p>	Met	Training evidence seen and confirmed.
22.1f	1	Statutory and mandatory training. Guidance: <i>Includes equality and diversity, information governance, basic life support.</i>	Met	This can be evidenced by our training log which can be viewed at the peer review day.	Met	Training evidence seen and confirmed.
22.1g	2	Carer awareness, family and friends inclusive practice and social systems, including carers' rights in relation to confidentiality.	Met	<p>There is a gap in provision in what the employing organisations offer in this area (and this is under review). In order to address this, our team carers lead and psychologist have provided some in house sessions. Further are planned in 2025. The recent "Your Team, Your conversation, Your plan" training does include this and all staff have either attended or are shortly due to attend.</p>	Met	Training evidence seen and confirmed.
22.1h	2	Screening for substance misuse issues and referring and liaising with	Met	There is a gap in provision for this (it is not exclusively offered by our	Met	Training evidence seen and confirmed.

		substance misuse services where appropriate.		employing organisations. We have provided some in house training / information and aim to have further co-produced training sessions from specialist agency in 2025.		
22.1 i	1	Medication storage, administration, legal issues, encouraging concordance and awareness of side effects.	Met	We offer a team bespoke mandatory team training session which has been developed in line with relevant policy, procedure and best practice.	Met	Training evidence seen and confirmed.
22.1 j	1	The basic principles of rehabilitation and recovery.	Met	This is covered in a range of trainings, however we have also recently delivered an in house training revisiting principles and local and national rehabilitation developments.	Met	Training evidence seen and confirmed.
22.2	2	Experts by experience are involved in delivering and developing staff training face-to-face.	Met	There are a number of trainings that are developed and delivered by experts by experience. e.g. Oliver McGowan Autism awareness training and Your Team, Your conversation, Your plan. In August 2024 we hosted a rehabilitation learning event which was attended by colleagues from various teams / areas in the UK. Service users were involved in	Met	Feedback from staff was found to support this.

				delivering this.		
22.3	1	Medication competency assessments are completed on at least a three yearly basis using a competency based tool.	Met	Medication competency is included in training for nursing and medical staff. For non-nursing and medical staff we have a bespoke training session which is then followed up by a discussion and competency sign off	Met	Training evidence seen and confirmed.

Section 5: Service Management

Type of Standard	Number of Standards	Number Met	Number Not Met	Number N/A	Percentage Met
Type 1	10	10	0	0	100
Type 2	6	6	0	0	100
Type 3	0	0	0	0	0

No	Type	Standard	SR Score	SR Comment	PR Score	PR Comment
Section 5: Service Management						
23Clinical outcome measurement						
23.1	1	Clinical outcome measurement, including progress against user defined goals, has a minimum requirement for collection at assessment, after 6 months, 12 months and then annually until discharge. Staff can access this data.	Met	The service uses the Dialog measure as its main clinical outcome measure. We also share our team performance in relation to agreed KPI's in our monthly business meetings.	Met	Performance report October 2024/2025 seen and confirmed.
Community Rehab Health Record Audit 1st Edition Q9 Clinical outcome measurement, including progress against user defined goals, has a minimum requirement for collection at assessment, after 6 months, 12 months and then annually until discharge. Staff can access this data.				Yes - 95% (21) No - 5% (1)		

23.2	2	Staff members review patients' progress against patient-defined goals in collaboration with the patient at the start of treatment, during clinical review meetings and at discharge.	Met	This is evidenced by are plans, CPA reviews (soon to be supportive conversations and wellbeing plans) and use of Dialog.	Met	Relevant documentation was observed and found to meet the requirements of the standard.
Community Rehab Health Record Audit 1st Edition Q14 Staff members review patients' progress against patient-defined goals in collaboration with the patient at the start of treatment, during clinical review meetings and at discharge.				Yes - 100% (22)		
Community Rehab Patient Survey 1st Edition Q23 Have you been given the opportunity to review your goals at the start of treatment, during clinical review meetings and at discharge?				Yes - 88% (15) Not Applicable - 6% (1)		
23.3	2	The service's clinical outcome data are reviewed at least 6 monthly. The data is shared with commissioners, the team, patients and carers, and used to make improvements to the service.	Met	Outcome data such as KPI's are shared via reports and commissioner meetings, monthly, quarterly and annually. These reports can be shared on the peer review day. The monthly business meeting is used to share any outcomes that are successful or require further focus. Individual outcomes e.g. Dialog and CPA / Care plan reviews are discussed with and shared with service users and	Met	Annual Report 2024 and Quality and Performance meeting evidence seen and confirmed.

				<p>carers.</p> <ul style="list-style-type: none"> • • <p>Twice monthly Clinical Governance and management meetings are held which can include any issues relating to this that need attention or review.</p> <p>Please see the evidence folder for copies of most recent quarterly and annual reports.</p>		
24The service learns from feedback, complaints and 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.	Met	<p>Staff are aware of the process for communicating and recording incidents.</p> <p>There is always a minimum of one member of the management team available within the service.</p> <p>We aim to have a culture of openness in relation to incident reporting and this is reflected in our incident types and numbers.</p> <p>Incident reports, feedback and complaints are reviewing in twice monthly Clinical Governance meetings to identify themes and learning.</p> <p>Updates, feedback and any actions are shared with the team on an as</p>	Met	Feedback from staff was found to support this. Staff have a system in place to quickly and effectively report incidents and there is an openness amongst the team.

				needed basis.		
Community Rehab Staff Survey 1st Edition						
Q20 Are you aware of the system in place to enable staff members to quickly and effectively report incidents and do managers encourage staff members to do this?				Yes - 79% (23) Not Applicable - 21% (6)		
24.2	1	When mistakes are made in care this is discussed with the patient themselves and their carer, in line with the Duty of Candour agreement.	Met	There is a duty of candour policy in place	Met	Relevant documentation was observed and found to meet the requirements of the standard.
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.	Met	When an untoward incident takes place, relevant investigations are undertaken and any recommendations shared with the team and other relevant parties and promptly completed. AWP Safety bulletins are circulated with the team and actioned as needed. Any team based feedback / further learning is shared with the team. An e.g. of this was accessing specific training for self-neglect / safeguarding.	Met	Extract from governance meeting with lesson learned seen and confirmed.
24.4	2	The team use quality improvement (QI) methods to implement service	Met	An e.g. of this is work we completed re: service users allergy status and	Met	Bristol Community Rehabilitation Service performance report

		improvements.		<p>diagnosis recording.</p> <p>A further e.g. of this are the group evaluations that we are continuing to develop</p> <p>The team have taken part in the Rehab Quality Network since 2018 and have utilised a pilot review and developmental review to identify and implement service improvements.</p>		2024/2025 seen and confirmed.
Community Rehab Staff Survey 1st Edition Q21 Does the team use quality improvement (QI) methods to implement service improvements?				Yes - 90% (26) Don't Know - 10% (3)		
Community Rehab Staff Survey 1st Edition Q22 If so, please provide examples of the current QI methods in place.						
24.5	2	The community team actively encourage patients and carers to be involved in QI initiatives.	Met	We have utilised the service user forum to facilitate service user involvement in QI initiatives e.g. the further development of our service leaflets and assessment template and are keen to explore ways to do this more	Met	Feedback from staff was found to support this.
25 Audit & Service Evaluation						
25.1	1	The team uses recommended metrics and measures to monitor the	Met	We can share the monthly, quarterly and annual reports with the peer	Met	Annual report 2024 seen.

		<p>service's performance and outcomes. This should include the number of patients taken by the team and transferred from the team, as well as any delayed transfers.</p>		<p>review team.</p> <p>We are currently collating data on occupied bed days of people 12 months prior to entering the service and 12 months post discharge from the service.</p> <p>We are keen to explore at a wider level the development of a rehabilitation dashboard as part of our wider BNSSG Community Mental Health Framework meetings.</p> <p>Please see our annual and quarterly reports in the evidence folder</p>		
25.2	2	<p>The service has audited the provision of carer education and support programmes in the last 3 years</p>	Met	<p>The service (carers lead and senior practitioner) have completed the Triangle of Care national benchmarking tool to audit the provision of carer support within the service</p> <ul style="list-style-type: none"> • There are links with other providers of carer education and support e.g. Rethink, however we are not required to audit the provision of this. 	Met	<p>Evidence of Triangle of Care benchmarking seen.</p>

26Accommodation						
26.1	1	The care manager/care co-ordinator must review the appropriateness of patient's accommodation every six months. Where the person is considered ready for move on, this should be discussed and appropriate accommodation identified.	Met	The service users accommodation situation and needs are assessed and reviewed as a minimum at each CPA or if there is a change in circumstances. The team work closely with social care colleagues where move on / alternative accommodation is indicated	Met	The appropriateness of patient's accommodation is reviewed during CPA meetings.
26.2	1	All patients located outside of the local area have placement reviews at least annually.	Met	This is overseen by the Out Of Trust placement team, although it is worth noting that these are ICB funded placements and therefore overall review takes place via ICB colleagues.	Met	The placement reviews are overseen by the Out Of Trust placement team, however it is ensured that patients would have placement reviews, annually, as a minimum.
26.3	1	Patients are available to visit new accommodation placements and have graded leave so that they are able to stay overnight, where appropriate before transfer.	Met	An example of this would be is a service user is moving to new accommodation following an inpatient admission - we would work closely with the service user, ward and accommodation provider to agree and support a transition plan.	Met	Feedback from patients and staff was found to support this.
27General Management						
27.1	2	There is a senior rehab clinician on the service's funding panel who	Met	Referrals for out of Trust rehabilitation hospital placements	Met	The placements are reviewed by community and inpatient

		reviews whether patients can be managed locally, within the rehab pathway, before agreeing to an out of area placement.		are reviewed in a fortnightly pathway meeting by community and inpatient rehabilitation colleagues and ICB leads. This is to consider local alternative to reduce use of out of Trust hospital placements. The meeting is attended by the service clinical lead, Consultant Psychiatrist and Senior Practitioner from the Out of Trust team.		rehabilitation teams, as well as the Integrated Care Board (ICB).
27.2	1	The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/harassment/violence.	Met	e.g. We have links with neighbourhood beat teams where there are on-going concerns. We have also linked in with the IAP team. Where service users have regular contact with police, care / contact plans have been devised about this.	Met	Feedback from staff was found to support this. This was scored as met based on the service's self-review commentary.
27.3	1	The service has a strategy for proactively assessing and meeting social care needs, or referring to statutory agencies who can do this.	Met	Social care needs are assessed at the initial assessment and reviewed throughout the service users time with the service.	Met	Patient's social care needs are assessed during initial meeting and regularly reviewed.

Appendices

Contextual Information

The service has provided the following contextual information as part of their self-review.

Service Name	Bristol Community Rehabilitation Service
Trust/Provider	Second Step, Avon and Wiltshire Partnership NHS Trust, Missing Link
What is the total size of the population served by your team?	472,400 (2021)
What is the total caseload of your team?	Currently 108 core team, 20 out of trust team = 128.
Within the last 12 months, how many cases were discharged/transferred?	25
How many inpatient rehab services are within your locality?	1 There is a 10 bedded in patient rehabilitation Unit (Alder Unit at Callington Rd Hospital) We also have 10 bed community rehabilitation unit (non ward) within our service.
Please write a brief paragraph about the history and development of the community rehabilitation service e.g. How old is the service? How has it developed? Have there been any recent changes to the ways of working, for example a	The Bristol Community Rehabilitation Service opened in 2015 and is a partnership service including Second Step, Avon and Wiltshire Mental Health Partnership NHS Trust, and Missing Link. Our service consists of a multidisciplinary community team based in Central Bristol and a 24 hours

<p>split/merge with other services, change in catchment area etc.</p>	<p>staffed residential rehabilitation service, Wellbridge House in North Bristol. We work with people registered with Bristol GP's. We also have an Out of Trust placement team with a focus on working with people in long term Out of Trust rehabilitation hospital placements to facilitate return to local services.</p>
<p>Which patients/services is your service commisioned to work with?</p>	<p>The majority of people who we work with have a primary diagnosis of psychosis with a range of difficulties which impact of their daily functioning and quality of life. They have often had multiple or prolonged inpatient admissions, have high support needs in the community and have not achieved the level of recovery that they and others hope for through previous interventions.</p>
<p>What is the aim of your work?</p>	<p>Our aim is to offer intensive, rehabilitation and recovery focused individual and group interventions. We support people to gain independence, improve wellbeing and achieve their personal goals. We work closely with carers, friends and family where appropriate.</p>
<p>What are the main strengths of the service:</p>	<p>1. We have peer recovery navigators as part of our MDT which have been an</p>

	<p>invaluable resource. 2. We have a psychologist as our Clinical Lead which supports us to have a strong psychological, trauma informed and holistic approach to our work. 3. We have developed a variety of groups which have received positive feedback (and have supported staff to develop skills) 4. We have strong links with IPS (employment service) ensuring service users have access to specialist support to prepare for and access work. 5. We have a dedicated physical health and wellbeing worker within the team 6. The Out of Trust Placement team has been successful in coordinating and supporting the return of a significant number of people. 7. A number of staff have completed training in CBTpsychosis and family work which has enhanced our capacity to offer interventions. 8. Since the developmental peer review, we now have a good level of Psychiatrist capacity and are now also offering trainee placements.</p>
<p>What are the main challenges the service is currently facing?</p>	<p>1. Social care provision remains a challenge as the Bristol Model is not an integrated health and social care one. Supported housing provision is variable</p>

and there are often long waits for Care Needs Assessments. We do now have a Social Worker in the Out of Trust placement team which has improved this and work is underway to have a Social Work role within the wider team.

2. The service is leading with a BNSSG steering group with the ICB and partners to progress with the next steps of developing community rehab provision. This is taking time and capacity to progress. Alongside this, AWP are also undertaking a rehabilitation review.

3. AWP is undertaking work to move away from CPA with a new model – “Your Team, Your Conversation, Your Plan”. This is anticipated to have benefits for patients and carers but at this stage there are some uncertainties around the practicalities of implementation that will require capacity and resource to plan and work through.

Staffing

Please list the whole time equivalent (WTE) of the staff listed in the main table. All non-substantive staff should be listed under 'Other' alongside their whole time equivalents	
Senior Leadership Team Guidance: Senior clinician from each speciality	4.15
Registered Mental Health Nurse	4.30
Social Worker (May be based within the local authority)	1.00
Occupational Therapy	2.30
Psychology	1.10
Support Worker	8.70
Consultant Psychiatrist	1.30
GP Link Worker	0.00
Independent Prescriber	1.00
Approved Mental Health Professional	0.00
Administrative Staff	2.40
Other (Please list):	3.0 Senior Recovery Navigator / Care coordinators 1.0 Senior Recovery

	Navigator / Care coordinator (Out of Area Placement team) 1.0 Specialist rehabilitation Recovery Navigator (Out of Area Placement Team)
Total Number of substantive staff:	33.50
Percentage turnover of all substantive staff (in last 12 months)	
Percentage of vacancies (in last 12 months)	
Percentage of permanent staff sickness (in last 12 months)	
Further staffing information	

Update on Previous Action Points

If you have previously been through the accreditation process please complete the table below in relation to the action points from your previous accreditation report.

If you are new to Rehab please complete the table below in relation to actions that you have worked on within the last 12 months. These could be as a result of a regulators report, your preparation for the accreditation process, your own development processes or any other sources.

Identified area for improvement	Please provide an overview of the identified action plan. Including- Human, financial and time resources needed, sources of support/ information to develop plan, who needed to be involved/ informed and how?	Who led on this?	Deadline	Progress Update

Action Planning Guide

On the following page you will find an action planning form for you to make plans in relation to the action points within this report. Depending on the number of actions in the report you may wish to select some to focus on. This should be completed within the one month report consultation period and returned to the project team. You will then be asked to update on your progress against this action plan in your interim review.

Identify area for improvement	Who needs to be involved/ informed and how?	Sources of support/ information to develop plan	Human, financial and time resources you may need	Who will lead on this?	Deadline
<i>Identify and record the area for improvement</i>	<i>Think about all those who may be affected by the action taken and how you aim to communicate with those involved</i>	<i>This can include details of any existing initiatives that you could tap into</i>		<i>Identify someone who will monitor and implement this action</i>	<i>When, realistically, could this be completed by?</i>
Before naming the area for improvement you may wish to consult: <ul style="list-style-type: none"> • This report • The staff team • Service users and carers • Other relevant agencies, if appropriate 	Who needs to be actively involved in this and what do they need to do? Who do you simply need to keep informed? How will you maintain communication? At what time points do you need to communicate?		How many hours a week will be required from staff in order to implement the action plan? What funds will be required?	Record the name and role of the person responsible.	

Action Plan

To be completed by the host service

Identify area for improvement	Who needs to be involved/ informed and how?	Sources of support/ information to develop plan	Human, financial and time resources you may need	Who will lead on this?	Deadline



REHABILITATION
QUALITY NETWORK FOR
MENTAL HEALTH
REHABILITATION SERVICES

REHABILITATION

Royal College of Psychiatrists
21 Prescot Street
London
E1 8BB

rehab@rcpsych.ac.uk
www.rcpsych.ac.uk/aims-rehab

