

## Brief guide: monitoring the physical health of people with a learning disability and/or autism on admission to a ward

### Context and policy position

In general, people with a learning disability have poorer health and die on average 20 years younger than people without a learning disability.<sup>1</sup> Many of the causes of poor health are avoidable. The main causes of death have been identified as diseases of the respiratory system and diseases of the circulatory system. Inpatient admission offers an invaluable opportunity to monitor and manage the physical health of people with a learning disability.

All services should ensure that people with a learning disability receive the same standard of physical healthcare as any other member of society. The Mental Health Act Code of Practice states that, “commissioners and providers should ensure that patients with a mental disorder receive physical healthcare that is equivalent to that received by people without a mental disorder”. The National Institute for Health and Care Excellence (NICE) provides guidelines on the physical health monitoring of people with psychosis and those starting antipsychotics.<sup>2</sup>

The Royal College of Psychiatrists has also published guidelines on the physical health monitoring on inpatient wards.

### Evidence required

Effective	<ul style="list-style-type: none"> <li>• Patient notes provide evidence that physical health is appropriately assessed on admission and that basic signs are being documented when the patient refuses to be examined. For patients who lack the capacity to make decisions about their physical health, the Mental Capacity Act 2005 framework is being followed.</li> <li>• Patient notes provide evidence that people’s physical health is being adequately monitored and long-term conditions, including epilepsy, are care planned and managed effectively.</li> <li>• Patient notes and staff and patient interviews provide evidence that the provider is undertaking health promotion work, for example, there are health action plans on smoking, diet or exercise.</li> <li>• Patient notes provide evidence that the provider is exchanging information with primary care providers about patients’ physical health. The last known date of annual health check<sup>3</sup> is recorded and evidence that the patient’s GP is kept informed of investigation results and any physical health issues on discharge.</li> </ul>
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<sup>1</sup> The Learning Disability Mortality Review (LeDer) Programme (2017). Annual Report. University of Bristol. Available at <http://www.bristol.ac.uk/university/media/press/2018/leder-annual-report-final.pdf>

<sup>2</sup> [NICE guidelines \[CG178\]](#), Psychosis and schizophrenia in adults: prevention and management

<sup>3</sup> NHS England. Annual Health Checks – Learning Disabilities. Available at <https://www.nhs.uk/conditions/learning-disabilities/annual-health-checks/>

<sup>4</sup> Training recommended in [Improving the physical health of adults with severe mental illness: essential actions includes recognition and first response to acute physical illness, resuscitation and the management of longterm physical conditions](#). Also use of systems such as [National Early Warning Score \(NEWS\)](#) or [Paediatric Early Warning Score \(PEWS\)](#) to assess and respond to acute physical illness

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	<ul style="list-style-type: none"> <li>• Employment of (or suitable arrangements to provide) medical, nursing and pharmacy staff and other healthcare professionals with the necessary skills and knowledge to oversee and deliver aspects of physical healthcare<sup>4</sup>.</li> <li>• Check that the team know the signs of when a person is in pain or unwell. This may include communication passports or non-verbal pain assessment tools, such as DisDat. Consider whether the team proactively screen for pain and discomfort and if the patient's physical health is the first consideration when there is challenging behaviour.</li> <li>• Talk to staff to check that they are considering both mental and physical causes of ill health or challenging behaviour, and that they are not only attributing their symptoms to the person's learning disability (diagnostic overshadowing).</li> <li>• Use of antipsychotic drugs and multiple medications (polypharmacy) has been found to be high in people with learning disabilities. Refer to the brief guide on psychotropic medication in intellectual and developmental disability.</li> </ul>
Well Led	<ul style="list-style-type: none"> <li>• A physical healthcare policy in place for inpatients and that is updated regularly. As a minimum, the policy should outline the Royal College of Psychiatrists' standards. There should also be evidence that the provider is checking the policy is being followed.</li> <li>• The provider's governance framework ensures there is board level or other senior accountability for physical healthcare of all patients.</li> </ul>

## Reporting

- Under **safe, in 'safe and clean environment'**, report on the availability and condition of physical healthcare equipment and the room/s that are used for examination.
- Under **effective, 'assessment of needs and planning of care'**, report on whether patients' physical health is appropriately assessed on admission. Also comment on the extent to which care plans include provision for physical health monitoring and if the provider is undertaking health promotion work.
- Under **effective, 'best practice in treatment and care'**, report if physical healthcare screening is taking place. Report on whether patients' physical health is appropriately assessed on admission/ referral by competent staff and if their care plans and risk assessments reflect their physical healthcare needs. This includes access to and communication with specialists and primary care.
- Under **effective, 'best practice in treatment and care'**, report on how effectively the provider is exchanging information with primary care and with secondary care services when relevant.
- Under **well led, 'good governance'**, state if the provider's governance framework ensures there is board level or other senior accountability for physical healthcare of all patients. Refer to arrangements with third parties to monitor the quality of physical healthcare.

## Link to regulations

CQC will usually take action relating to the physical healthcare of inpatients under:

Regulation 12 "Safe care and treatment" – can be used for example if screening or appropriate interventions do not take place in a consistent manner, appropriate for the persons age, gender, disability and physical health status.

Regulation 9 "Person centred care" – this could be used for example if a person or their family was not suitably involved in drawing up any care or treatment plans to meet their healthcare needs, especially if the patient's communication needs were not taken in account.

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