Supplementary file 1: Candidate statements, supporting evidence and their journey throughout the consensus process

Key: SI=staff interviews, CI=carer interviews, SUI= service using interviews, FG= Focus Groups, S=Survey, SR=Systematic Review

H=Highly Important, M=Moderately Important, N=Not Important, U=Undecided and referred to Consensus Workshop

No.	Standard	Evidence	Consultation group outcome	Action	Consensus workshop Action	Consensus Conference Outcome
	Management – Service Purpose					
1	The service has a clearly defined aim	SI, SUI, CI	H	Combined with standard no. 4		
2	Staff members are aware of the aim of the service and can communicate it clearly to other healthcare professionals, service users, and people who support service users (e.g. family carers)	SI, SUI, CI	H	Retained	Combined with no. 4	
3	The service is able to reduce risks to service users and others involved with their care to enable them to avoid inappropriate hospital admission	SI, S, SR	H	Combined with standard no. 6		
4	The service has a clear, yet flexible, definition of what circumstances constitute a crisis that is shared with other services, service users and families, based on a theoretical model	SI, SUI, CI	H	Combined with standard no. 1 and modified: The service has a clear, yet flexible, definition of what circumstances constitute a crisis that is shared with other services, service users and families	Combined with no. 2 and modified	The service communicates a clear, flexible definition of crisis and its own aims to other services, people with dementia and their carers/families.
5	The service has a definition of when a crisis is resolved	SI, SUI, CI, S	H	Modified: The service has a definition of when a crisis is resolved to a point where intensive support is no longer required	Modified	The service has a definition of when a crisis is resolved to a point where intensive support from the service is no longer required.
6	The team provides an intensive level of support to service users and carers. The level of intensity should reduce as the crisis resolves	SI, FG, S	H	Combined with standard no. 3 and modified: The team provides an intensive level of support to service users and carers to reduce risks to service users and others involved with their care to enable them to avoid inappropriate hospital admission	Combined with no. 9 and modified	The service provides a timely and intensive level of support, working with people with dementia and carers/families to reduce risk, including inappropriate hospital admission.
7	The team is a gatekeeper of inpatient beds by preventing hospital admissions where	SI, FG	N	Discarded		

	possible and admitting service users only when it is in their best interests					
8	The team is a gatekeeper of inpatient beds by preventing service users from being sectioned when an alternative can be provided in the community setting	SI, FG	N	Discarded		
9	The team provides immediate support to service users and carers	SI	H	Retained	Combined with no. 6	
10	Policies underpinning the purpose of the service exist and are easily accessible by all team members	SI	H	Combined with standard no. 11 Policies underpinning the purpose of the service exist and are easily accessible by all team members. All team members know the eligibility criteria for the service.	Modified	Service operational policies outlining the purpose and eligibility criteria are accessible by service staff.
11	All team members know the eligibility criteria for the service	SI, S	H	Combined with standard no. 10		
	Management – Team values					
12	The service is patient-centred and care is planned to meet the needs of each service user and their families	SI, SUI, CI, FG, S	H	Retained	Combined with no. 24 and modified	The service is person-centred and care is planned to meet the needs of the person with dementia and their carers/families. Service staff are caring, approachable and professional, and treat people with empathy and understanding.
13	Service users are involved in decision making unless they are unable to participate due to a lack of mental capacity	SI, SUI, CI	H	Combined with standard no. 14		
14	Formal and informal carers, family members, and important people in the service user's life are involved in decisions and care planning	SI, SUI, CI	H	Combined with standard no. 13 Service users are involved in decision making unless they are unable to participate due to a lack of mental capacity. Formal and informal carers, family members, and important people in the service user's life are also involved in decisions and care planning.	Combined with no. 20	Service staff work to build a rapport with the person with dementia and their carers/families to ensure they are involved in decision making.
15	The team set expectations of the service with service users and carers at the beginning of the service's involvement with the service user	SUI, CI, FG	M	Retained	Combined with no. 23 and 126 and modified	Service staff explain the care to be delivered to the person with dementia and their carers/families at the start and throughout their involvement. Information is timely, accurate and relevant to the needs and wishes of the

						person with dementia and their carers/families.
16	The service uses a positive risk taking approach where service users are supported to take manageable risks that result in beneficial experiences	SI	N	Discarded		
17	Service users and families have copies of the care plan and other relevant documentation	SI, SUI, CI	H	Combined with standard no. 23		
18	Service users and carers have opportunity to talk to team members both separately and as a dyad	SUI, CI	U	Prioritised for discussion at consensus workshop	Combined with no. 27 and modified	People with dementia and their carers/families have the opportunity to speak with service staff separately and together; they are not rushed during face-to-face contact
19	The team puts the best interests of the person with dementia first	SUI, CI	M	Prioritised for discussion at consensus workshop	Discarded	
20	The team members are able to build rapport with the service user and carer	SUI, CI	H	Combined with standard no. 26 The team members are able to build rapport with the service user and carer. Team members should be able to explain things clearly without being patronising.	Combined with no. 14	
21	Team members are able to challenge the views of service users and family carers if there is evidence that they are not in the best interest of the service user	SUI, CI	M	Prioritised for discussion at consensus workshop	Discarded	
22	The team should ensure that they engage with the service user as well as family carers	SUI, CI	N	Discarded		
23	The method of provision of information should be appropriate to the needs and wishes of the service user and carer, by delivering relevant information at an appropriate time	SUI, CI	H	Retained	Combined with no. 15 and 126	
24	Team members should be caring, approachable and professional	SUI, CI	H	Combined with standard no. 30: Team members should be caring, approachable and professional and treat people with empathy and understanding.	Combined with no. 12	

25	Team members are honest about the nature of the crisis with service users and carers	SUI, CI	M	Prioritised for discussion at consensus workshop	Combined with no. 15	
26	Team members should be able to explain things clearly without being patronising	SUI, CI	H	Combined with standard no. 20		
27	Team members shouldn't feel rushed during face to face contact with service users	SUI, CI	H	Modified: Service users and carers should not feel rushed during face to face contact with service users and carers	Combined with no. 18	
28	Team members feel confident to challenge each other when making decisions in an open and supportive manner	SI	H	Modified: Team members feel confident contribute to the decision making process in an open and supportive manner	Modified	All service staff feel confident to contribute to decision making in an open and supported process.
29	Staff are aware of cultural issues that may affect service users and carers, and how to enhance their approach to support people from minority groups	SI	H	Retained	Modified	Staff are aware of cultural and minority group issues that may affect people with dementia and their carers/families, and know how to enhance their approach to support them.
30	Team members should treat service users and carers with empathy and understanding	SI	H	Combined with standard no. 24		
31	Team members are motivated and passionate about working with people with dementia	FG	N	Discarded		
	Management - Reflexivity					
32	Quality improvement of the service, team performance, policies, changes and development opportunities are discussed in business meetings	SI	H	Modified: Team members are informed of quality improvement of the service, team performance, policies, changes, and development opportunities	Combined with no. 37 and 39 and modified	Service staff are informed of and involved with quality improvement initiatives, affording the flexibility to think creatively
33	Service user and carer satisfaction with the service is collected using an appropriate measure and evaluated	SI	H	Combined with standard no. 34 and 35: Service user and carer satisfaction with the service is collected using an appropriate measure and evaluated. The whole team is aware of how the service is evaluated in terms of satisfaction and performance, and how the results are acted upon. The crisis team has a process to manage negative feedback.	Modified	Service satisfaction information is collected from people with dementia and their carers/families using an appropriate measure. The whole service is aware of how it is evaluated in terms of satisfaction and performance, and how these results are acted upon. The service has a process to manage all feedback.

34	The whole team is aware of how the service is evaluated in terms of satisfaction and performance, and how the results are acted upon.	SI	H	Combined with standard no. 33 and 35		
35	The crisis team has a process to manage negative feedback.	SI	H	Combined with standard no. 33 and 34		
36	All staff in the crisis team are empowered to make changes.	SI	N	Discarded		
37	The team has an ethos of supporting new ideas.	SI	H	Combined with standard no. 38 The team has an ethos of supporting new ideas .The service encourages an innovative approach towards problem solving and has the flexibility to think creatively	Combined with no. 32 and 39	
38	The service encourages an innovative approach towards problem solving and has the flexibility to think creatively	SI, SUI, CI	H	Combined with standard no. 37		
39	There are opportunities for all team members to be involved in audit activities	SI	H	Prioritised for discussion at consensus workshop	Combined with no. 32 and 37	
40	Change management procedures are documented, are sensitive to the team, and are led by managers	SI	N	Discarded		
41	There is provision of support for staff members e.g. mindfulness training	FG	N	Discarded		
	Management – Coordination of the service					
42	The crisis team use a shift pattern that ensures core hours of operation are covered with staffing levels appropriate to the demands of the service. The shift rota allows for flexibility regarding staff absence/working patterns	SI, FG, SR, S	H	Modified: The working rota allows for flexibility regarding staff absence/working patterns	Combined with no. 87 and 139 and modified	Case load, mix and flow are measured and used to assist the organisation and planning of the service, with the staff working rota allowing for flexibility regarding staff absence and working patterns.
43	Service users and carers have a named individual within the crisis team who is responsible for coordinating their care. This may be known as a named nurse, keyworker or other similar role	SI, FG	H	Prioritised for discussion at consensus workshop	Combined with no. 45 and modified	People with dementia and their carers/families have a named worker to support consistency of staff working with them.

44	A shift coordinator is responsible for daily coordination of the crisis team. This may involve operating a duty system, being responsive to incoming urgent crises, or allocating new referrals to other members of qualified staff	SI, FG	H	Modified: The shift is coordinated to allow for being responsive to incoming urgent crises, or allocation of new referrals to other members of qualified staff.	Modified	Each service has a senior qualified 'duty worker' (shift coordinator) who allocates work each day and who oversees all calls about patients
45	There should be consistency of staff members for service users	SI, SUI, CI, FG	H	Prioritised for discussion at consensus workshop	Combined with no. 43	
46	The team has system for differentiating between patients requiring levels of support e.g. red/amber/green rating and has autonomy over how patients are categorised	SI, FG, S	H	Retained	Combined with no. 73 and modified	The service has a system for prioritising risk and assessing required levels of support for people with dementia.
47	Patients are allocated to staff based on staff skills expertise and experience, and likelihood of building rapport	SI	N	Discarded		
48	Team members have control over their diary and how they plan their day	SI	M	Prioritised for discussion at consensus workshop	Combined with no. 58 and modified	Service staff are able to make day-to-day decisions autonomously, in keeping with their levels of experience and in line with their professional competencies where relevant.
49	The service uses a centralised diary system to know where team members are and what availability they have to see new patients	SI	M	Prioritised for discussion at consensus workshop	Modified	The service uses a centralised diary system led by the shift coordinator to know where service staff are and availability for new referrals.
50	A handover takes place daily to communicate information about patients between team members and allocate tasks for the day	SI	H	Modified: A handover takes place daily to communicate information about patients between team members.	Modified	A daily handover takes place to communicate information about people with dementia between service staff.
51	The team is reliable in keeping appointments and putting agreed plans into action	SUI, CI	H	Modified: The team is reliable in keeping appointments and then actioning what is agreed.	Discarded	
52	The service attends a business meeting that is held at least monthly. Where only the manager is able to attend, information from the meeting should be delivered to the team at team meetings.	SI	N	Discarded		

53	Team members are able to communicate effectively and efficiently within the service	SI, FG	H	Modified: Team members have the means to communicate effectively and efficiently within the service	Combined with no. 55 and modified	Service staff have the means to communicate effectively using established documentation that is organised to avoid duplication and is up to date.
54	The service uses an electronic case note system	SI	N	Discarded		
55	The team uses established and streamlined documentation that is appropriate to team member needs and kept up to date	SI	H	Retained	Combined with no. 53	
56	The team uses appropriate methods of documenting team activity	SI	N	Discarded		
57	Staff members not previously involved in the care of a service user are introduced to the service user by an existing team member	FG	N	Discarded		
	Management – Decision Making					
58	Team members are able to make day to day decisions autonomously	SI	H	Prioritised for discussion at consensus workshop	Combined with no. 48	
59	A whole team approach is taken with complex cases or risky decisions	SI, FG	N	Discarded		
60	Decisions that affect the whole team are taken collectively as a team	SI	N	Discarded		
61	Triage of service users, allocation of cases, and management of cases is decided collectively as a whole team	SI, S	N	Discarded		
62	The team has control over their budget and how it may be spent	SI	N	Discarded		
63	All team members are aware of how their service is funded	SI	N	Discarded		
	Management - Outcomes					
64	The service uses standardised clinical outcome measures	SI, S	N	Discarded		
65	Outcome measures are appropriate to the service user and carer's needs and can document their progress whilst in contact with the team	SI, FG	H	Prioritised for discussion at consensus workshop	Combined with no. 141 and	Service staff use a comprehensive assessment that includes standardised measures where appropriate, risk assessments, and the views of the person

					145 and modified	with dementia and their carers/families to inform care planning.
	Resources – Accessibility of the Service					
66	Service users are seen at their usual place of residence	SI, SUI, CI, FG	H	Retained	Combined with no. 144 and modified	Service staff can see the person with dementia at their usual place of residence.
67	The service is operational during hours that are appropriate to patient needs	SI, SR, S	H	Prioritised for discussion at consensus workshop	Modified	The service operates outside normal working hours and signposts to other community-based support when the service is closed outside of these hours.
68	The team is accessible for referral by other health care professionals in both health, social, and voluntary organisations	FG, S	H	Combined with standard no. 69 and 70: The team is accessible for referral by other health care professionals in both health, social, and voluntary organisations. Service users and carers can refer themselves to the team. People making referrals to the team can access the team directly	Combined with no. 72 and modified	The service communicates its referral process to people with dementia, their carers/families, and other relevant organisations.
69	Service users and carers can refer themselves to the team	FG, S	H	Combined with standard no 68 and 70		
70	People making referrals to the team can access the team directly	FG	H	Combined with standard 68 and 69		
71	The team is accessible by telephone. If an answerphone or voicemail system is used by the team, messages are returned within one hour during operational hours.	SUI, CI, FG	H	Prioritised for discussion at consensus workshop	Modified	At a minimum, the service is accessible by telephone and if an answerphone or voicemail system is used, calls are returned and responded to according to risk.
72	Service users and carers are aware of the team's existence and remit	SUI, CI, FG	H	Modified: Service users, carers and other relevant organisations are aware of the team's existence and remit	Combined with no. 68	
	Resources – Responsiveness of the service					
73	The service prioritises service users according to level of risk to themselves or others involved in their care	SI, S	H	Prioritised for discussion at consensus workshop	Combined with no. 46	
74	Service users deemed to be at high risk are seen within four hours of referral	SI	H	Prioritised for discussion at consensus workshop	Combined with no. 75, 76 and	Following referral, the service makes initial contact on the same day and the person with dementia is seen within the

					77 and modified	next working day for appropriate crisis referrals.
75	Service users deemed to be at high risk are seen in person, by a qualified staff member, in their own home	SI	H	Prioritised for discussion at consensus workshop	Combined with no. 74, 76 and 77	
76	Service users deemed to be at medium risk are seen within 24 hours	SI	H	Prioritised for discussion at consensus workshop	Combined with no. 74, 75 and 77	
77	Service users deemed to be at low risk are contacted by telephone within 24 hours and seen in person within 72 hours	SI	H	Prioritised for discussion at consensus workshop	Combined with no. 74, 75 and 76	
	Resources – Staffing of the service					
78	The service includes a multidisciplinary team. This includes but is not limited to the following professions: Nurses, Consultants, Psychologists, Occupational Therapists, Social Workers, Physiotherapists, Speech and Language Therapists, support workers	SI	H	Modified and combined with standard no. 81, 84, 93 and 95: The service takes a multidisciplinary approach and has awareness of, and immediate access to other relevant disciplines. This could include but is not limited to the following professions: Nurses, Consultants, Psychologists, Occupational Therapists, Social Workers, Physiotherapists, Speech and Language Therapists, Pharmacy and Support Workers	Modified	The service takes a multidisciplinary approach and has awareness of, and immediate access to, other relevant professional disciplines
79	The service can access medical input from a consultant psychiatrist	SI	N	Discarded		
80	There is a consultant psychiatrist based in the team	SI	N	Discarded		
81	The service can access a pharmacist	SI	H	Combined with standard no. 78, 84, 93 and 95		
82	The team includes administrative support that is sufficient to meet current demand	SI	H	Retained	Modified	The service has administrative support that is sufficient to meet current demand.
83	Team members feel valued in their professional identity	SI, FG	U	Prioritised for discussion at consensus workshop	Discarded	
84	The team is cohesive and staff are aware of other team members and can name what disciplines are involved	SI	M	Combined with standard no. 78, 81, 93 and 95		

85	Team members who have additional skills beyond their clinical expertise e.g. ability to chair meetings or co-ordinate the shift should be acknowledged	SI, SUI, CI	N	Discarded		
86	There are clear job roles and boundaries within bandings for team members	SI	H	Prioritised for discussion at consensus workshop	Modified	The service has an operational plan which includes staff mix and bandings, and roles and responsibilities.
87	The service should have a clear plan and contingencies for when staff across different disciplines or bandings are absent.	SI	H	Combined with standard no. 88: The service should have a clear plan and contingencies for when staff across different disciplines or bandings are absent. The service should operate with an appropriate caseload to staff ratio, and vacant positions within the team should be filled at the earliest opportunity.	Combined with no. 42 and 137	
88	The service should operate with an appropriate caseload to staff ratio, and vacant positions within the team should be filled at the earliest opportunity	SI	H	Combined with standard no. 87		
89	Team members should possess ‘soft skills’ needed to build relationships with service users and carers, such as friendliness, warmth, and understanding	SUI, CI, FG	N	Discarded		
90	Team members should be distinguishable by service users and carers from other health and social care professionals	SUI, CI, FG	U	Prioritised for discussion at consensus workshop	Discarded	
91	Team members work well together, complement each other’s roles, experience, and responsibilities, support one another, and acknowledge each other’s contributions to the service	SI	N	Discarded		
92	Team members understand legislation regarding mental capacity	SUI, CI	H	Retained	Modified	Service staff understand all relevant legislation.
93	Team can access other professional disciplines who are not part of the team for clinical input such as psychology	SI	H	Combined with standard no. 78, 81, 84 and 95		

94	Team members have specialist dementia knowledge and skills through training or experience	SI, FG	H	Modified: Team members have specialist dementia knowledge and skills through training or appropriate clinical experience	Modified	Service staff have specialist dementia knowledge and skills through training and/or appropriate clinical experience.
95	The team includes staff with expertise in physical health	FG	H	Combined with standard no. 78, 81, 84 and 93		
96	There is a dedicated member of staff in the team to support carers	FG	U	Prioritised for discussion at consensus workshop	Discarded	
	Resources - Leadership					
97	The service lead has specialist knowledge in older adults and dementia	SI	H	Modified: The team leader has specialist knowledge in older adults and dementia	Modified	The clinical lead for the service has specialist knowledge and skills relevant to working with older people and with dementia.
98	The team leader should be flexible, proactive, approachable, open to ideas and supportive of team members	SI	U	Prioritised for discussion at consensus workshop	Discarded	
99	Team leaders should facilitate two way communication between the team and senior management	SI	U	Prioritised for discussion at consensus workshop	Discarded	
	Resources – Supervision and Training					
100	Team members have the opportunity to engage in training led by experienced and senior members of the team	SI	M	Retained	Combined with no. 102, 105 and 107 and modified	All service staff have regular opportunities for continuing professional development to support clinical and non-clinical skills related to the range of crises that affect older people with dementia.
101	There are opportunities for peer supervision between team members of the same level	SI	H	Combined with standard no. 103 and 104		
102	All staff have completed training to enhance dementia awareness	SI	H	Retained but suggested it could be combined with other training standards	Combined with no. 100, 105 and 107	
103	All staff are supervised by a member of staff senior to their level, of their choice, on a monthly basis	SI	H	Combined with standard no. 101 and 104		
104	Supervision is protected time that is documented by the supervisor and supervisee, and the record is checked by the service lead	SI	H	Combined with standard no. 101 and 103: There are opportunities for supervision in accordance with professional and Trust	Combined with standard	All service staff have regular clinical supervision that is separate from managerial supervision and is in

				standards, which should be protected time that is documented and checked	108 and modified	accordance with professional and NHS Trust standards.
105	All staff have access to relevant training	SI	H	Retained but suggested it could be combined with other training standards	Combined with no. 100, 102 and 107	
106	All staff have time to take part in reflective practice	SI	H	Combined with standard no. 108		
107	All staff have access to training to support non-clinical skills e.g. IT training	FG	H	Retained but suggested it could be combined with other training standards	Combined with no. 100, 102 and 105	
108	Managerial and clinical supervision should be held separately	SI	H	Combined with standard no. 106: All staff have time to take part in reflective clinical supervision, which should be separate from managerial supervision and its occurrence should be documented	Combined with no. 104	
	Resources – Joint Working					
109	The crisis team is embedded within a wider pathway of care and has links to other NHS services (e.g. liaison psychiatry), acute care, and external agencies such as social services	SI, SUI, CI, FG	H	Combined with standard no. 111, 112 and 113: The crisis team is embedded within a wider pathway of care and has links to other NHS services (e.g. liaison psychiatry), acute care, and external agencies such as social services and members of the team are aware of their remit and where they sit within the pathway	Combined with no. 128 and modified	The service is embedded within established pathways of care and policies exist for working with all other relevant agencies, to include social care, emergency services, charities, and the voluntary sector. Other agencies and services have an accurate perception of the crisis service and its remit.
110	The crisis team has a working relationship with social services	SI, FG	N	Discarded		
111	The team is aware of the wider pathway to which they belong and are able to communicate this to the service user and carer	SI, SUI, CI	H	Combined with standard no. 109, 112 and 113		
112	The team know what the role of other teams operating in the pathway is	SUI, CI	H	Combined with standard no. 109, 111 and 112		
113	The crisis team is co-located with other relevant services	SI, FG	N	Discarded		

114	Professionals from other services involved in current cases are invited to the crisis team MDT meetings	FG	H	Combined with standard no. 115		
115	Crisis team members are invited to MDT meetings held by other agencies when joint working is taking place	FG	H	Combined with standard no. 114: TMCD staff members and professionals from other services attend each other's meetings when necessary and appropriate escalation procedures are established for complex cases	Modified	Service staff and professionals from other services attend each other's meetings when necessary, and appropriate escalation procedures are established and shared when required for complex cases.
116	Electronic case-note systems are accessible by all agencies involved in care	SI, FG	N	Discarded		
117	Other agencies and services have an accurate perception of the crisis team and its remit	SI, FG	H	Combined with standard no. 124 and 128		
118	The crisis team is able to engage in a two-way dialogue with commissioners	FG	H	Modified: The crisis team engages in a two-way dialogue with commissioners	Discarded	
119	Agreements are in place to support cross-boundary working with neighbouring health services or local authority teams	SI	H	Modified: Agreements are in place to support cross-boundary working across geographical and commissioning areas, for example, with neighbouring health services or local authority teams	Modified	Agreements are in place to support cross-boundary working across geographical and commissioning areas, for example, with neighbouring health services and local authorities.
120	Joint visits between crisis team staff and professionals from other agencies take place when necessary	FG	H	Retained	Modified	Joint visits between service staff and professionals from other agencies take place when necessary
121	Assessments completed by the crisis team are understood and trusted by professionals in other teams or agencies to avoid unnecessary duplication of assessments	SI	H	Combined with standard no. 127		
122	The crisis team liaises with the patient's GP, including them in decision making and correspondence	SI	H	Retained	Combined with no. 129 and modified	The service liaises with the person with dementia's General Practitioner (GP). The service is explicit with GPs about what timely information is required in a referral, and what physical health checks should be undertaken prior to referral. The service includes GPs in decision making where relevant and through correspondence.
123	Complex cases involving several agencies discussed at higher meetings	SI	U	Prioritised for discussion at consensus workshop	Discarded	

124	The team has good links with charities and the voluntary sector in the local area	SI, FG	H	Combined with standard no. 117 and 128		
125	Other services are aware of the existence of the team	SUI, CI, FG	N	Discarded		
126	Team members explain clearly to service users and carers how they have become involved and why the service user or carer were referred to the team	SUI, CI	H	Retained	Combined with no. 15 and 23	
127	The team has good communication with other services involved in the care of the service user and carer	SUI, CI, FG	H	Combined with standard no. 121: The team has good communication with other services involved in the care of the service user and carer to avoid unnecessary duplication of assessments	Modified	The service has good communication with other services involved in the care of the person with dementia and their carers/families to avoid unnecessary duplication of assessments.
128	There are established pathways and policies for working with other agencies	FG	H	Combined with standard no. 117 and 124: There are established pathways and policies for working with all other relevant agencies, to include social services, charities and the voluntary sector. Other agencies and services have an accurate perception of the crisis team and its remit	Combined with no. 109	
129	Crisis teams are explicit with GPs about what information is required in a referral, and what physical health checks must be completed prior to referrals	FG	H	Retained	Combined with no. 122	
130	Crisis teams have good working relationships with GPs	FG	N	Discarded		
	Resources – Team Base Environment					
131	The crisis team have ownership or full use of their base and are able to make necessary changes to their environment	FG	N	Discarded		
132	There is provision of IT resources and associated IT support appropriate to the needs of the crisis team	SI, FG	H	Combined with standard no. 137 and 138: There is provision of IT resources and associated IT support appropriate to the needs of the crisis team with access to computer systems and electronic notes to encourage working remotely, from various locations	Modified	There is provision of Information Technology (IT) resources and associated IT support appropriate to the needs of the service. This includes access to computer systems, including electronic notes, to enable working remotely from various locations.

133	The crisis team are provided with the space to complete paperwork and conduct telephone calls	SI, FG	H	Combined with standard no. 134		
134	The crisis team have access to a space large enough to facilitate MDT meetings	SI, FG	H	Modified and combined with standard no. 133: The crisis team have access to an appropriate space to facilitate MDT meetings, complete paperwork and conduct telephone calls	Modified	The service has access to appropriate space to facilitate Multi-disciplinary Team (MDT) meetings, and for staff to complete paperwork and conduct telephone calls of a confidential and/or sensitive nature.
135	The team can access medication to service users	SI	H	Modified: The team can access and dispense medication to service users	Combined with no. 159 and modified	Service staff review medication and monitor its effectiveness. Service staff have access to prescription of medication and are able to dispense it.
136	Team members have their own desks	SI	N	Discarded		
137	Team members can access computer systems and electronic notes when working remotely	SI	H	Combined with standard no. 132 and 138		
138	Team members are able to work from various localities e.g. other bases within the Trust to reduce travel time to service users	SI	H	Combined with standard no. 132 and 137		
	Resources - Referrals					
139	Service user flow through the service is monitored and evaluated	SI	H	Combined with standard no. 140: Service user flow should be measured for the purposes of service planning and all team members are made aware of this information	Combined with no. 42 and 87	
140	Team members are aware of the referral rates to the service	SI	H	Combined with standard no. 139		
	Assessment - Assessments					
141	The team should use standardised assessments to assess service users when they are referred to the service	SI, S	H	Modified: The team should use standardised measures to assess and inform care planning.	Combined with no. 65 and 145	
142	The purpose and outcomes of assessments conducted by the team should be clearly explained to service users and carers	SUI, CI	H	Retained	Modified	The purpose and outcomes of assessments used by service staff are clearly explained to the person with dementia and their carers/families.
143	The team should provide specialist assessments such as cognitive assessments, mood, quality of life, carer burden, risk, and crisis	SI, SUI, CI, S	H	Combined with standard no. 145		

144	Assessments and visits are carried out at the service user's home rather than in a clinic setting	SI, FG	M	Prioritised for discussion at consensus workshop	Combined with no. 66	
145	Assessment use should be tailored to the specific needs of the service user and carer, e.g. to consider anxiety, depression or mobility. Assessments should not be used if they are felt to be unsuitable for the individual needs of the service user, e.g. if they are unable or if it would provoke an emotional response unnecessarily	SI, SUI, CI	H	Combined with standard no. 143: Initial assessment includes a comprehensive risk assessment and must be tailored to the specific needs of the service user and carer, e.g. to also consider mood, cognitive ability, quality of life or carer burden. Assessments should not be used if they are felt to be unsuitable for the individual needs of the service user, e.g. if they are unable or if it would provoke an emotional response unnecessarily	Combined with no. 65 and 141	
146	Team members should find all relevant information about service user and carer e.g. preferences, life history, idiosyncrasies during the assessment process	SI, SUI, CI, FG	M	Prioritised for discussion at consensus workshop	Discarded	
	Psychological Interventions					
147	The crisis team provides proactive outreach to residential care homes and care assistants in the community with education, support and advice to prevent crises	SI, SUI, CI, FG	H	Combined with standard no. 148 and 151		
148	The crisis team can support other professionals with assessments and advice and prevention support	FG	H	Combined with standard no. 147 and 151		
149	The team provides education and support to carers to help them support the service user at home	SI, SUI, CI, FG	H	Combined with standard no. 150 and 152: The team provides education and support to carers to help them support the service user at home, which may include information about dementia, including basic information about what diagnosis the service user has and what the symptoms may include and signposting to available resources and services for service users and carers where relevant	Modified	Service staff provide information and education relevant to the specific dementia diagnosis, tailored to individual needs, to help carers/families support the person with dementia at home.
150	The team provide signposting to available resources and services for service users and carers	SI, SUI, CI, FG	H	Combined with standard no. 149 and 152		

151	The team engages in interventions to prevent crisis	SI	H	Combined with standard no. 147 and 148: The team engages in interventions to prevent crisis. That may include proactive outreach to residential care homes and care assistants in the community with education, support and advice and The crisis team can support other professionals with assessments and advice and prevention support	Combined with no. 156 and modified	Service staff engage in interventions to prevent further crisis; these may include assessment, advice and support for other professionals.
152	The team should provide information about dementia, including basic information about what diagnosis the service user has and what the symptoms may include	SUI, CI, FG	H	Combined with standard no. 149 and 150		
153	The team should provide interventions to reduce burden for service users and carers through providing practical problem-solving techniques	SUI, CI	H	Retained	Modified	Service staff provide interventions to improve quality of life for the person with dementia and their carers/families by providing practical assistance and problem solving techniques.
154	The team can access respite care facilities	SI, FG	H	Retained	Combined with no. 55 and modified	Service staff signpost and facilitate referrals to other services including respite care.
155	The team facilitates referrals to longer term services for the service user and carer	SI	H	Retained	Combined with no. 54	
156	The team provides secondary prevention of further crises	SI	H	Combined with standard no. 158: The team provides secondary prevention of further crises. This may include educating informal and formal carers on how to prevent reoccurrence of crisis	Combined with no 151	
157	The team provides an holistic approach, considering physical, mental, and social needs	FG	H	Retained	Modified	Service staff take an holistic approach, considering physical health, mental health, and social needs.
158	The team provides secondary prevention of crisis by educating informal and formal carers on how to prevent reoccurrence of crisis	FG	H	Combined with standard no. 156		
	Pharmacological Interventions					

159	The team should review medication that the service user is prescribed	SI, FG	H	Modified: The team should review or be able to arrange for a review of medication that the service user is prescribed	Combined with no. 135	
	Onward Referral					
160	Service users and carers are kept informed of negotiations between other teams and agencies providing onward care	SUI, CI, FG	H	Combined with standard no. 164.		
161	Length of stay at the crisis team is defined and adhered to except in exceptional circumstances where flexibility is required.	SI	N	Discarded		
162	Service users and carers are adequately prepared for discharge from the service and are involved in the decision to discharge	SUI, CI, FG	H	Modified: Service users and carers are adequately prepared for discharge from the service, are aware of how to re-access the team if necessary and are involved in the decision to discharge. Written and face-to-face information is offered.	Combined with no. 164 and modified	People with dementia and their carers/families are involved in the decision to discharge, are adequately prepared for discharge, and are aware how to re-access the service if necessary. Verbal and written information is offered which includes information about onward services organised by the crisis service.
163	Team members explain to the service users and carers which teams they are being referred to and why	SUI, CI	H	Combined with standard no. 164		
164	The team brokers onward support through negotiating referrals to longer term services to support the service user and carer	FG	H	Combined with standard no. 163: The team brokers onward support through negotiating referrals to longer term services to support the service user and carer. Service users and carers are kept informed of negotiations between other teams and agencies providing onward care. Team members explain to service users and carers which teams they are being referred to and why	Combined with no. 162	
165	Discharge from the service should be a clean break where service users and carers are aware that they will not receive further input from the team	FG	N	Discarded		