Joint HIW & CIW National Review of Adult Community Mental Health Services: Inspection visit to (announced):

Deeside CMHT, Betsi Cadwaladr University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred: we place patients, service users and public experience at the heart of what we do**
- **Integrity: we are open and honest in the way we operate**
- **Independent: we act and make objective judgements based on what we see**
- **Collaborative: we build effective partnerships internally and externally**
- **Professional: we act efficiently, effectively and proportionately in our approach.**

Our priorities

Through our work we aim to:

Provide assurance:	**Provide an independent view on the quality of care.**
Promote improvement:	**Encourage improvement through reporting and sharing of good practice.**
Influence policy and standards:	**Use what we find to influence policy, standards and practice.**

Care Inspectorate Wales (CIW)

Our purpose

To regulate, inspect and improve adult care, childcare and social services for people in W

Our values

Our Core values ensure people are at the heart of everything we do and aspire to be as ar

- **Integrity: we are honest and trustworthy**
- **Respect: we listen, value and support others**
- **Caring: we are compassionate and approachable**
- **Fair: we are consistent, impartial and inclusive**

Our strategic priorities

We have identified four strategic priorities to provide us with our organisational direction the next three years. These are:

- **To consistently deliver a high quality service**
- **To be highly skilled, capable and responsive**
- **To be an expert voice to influence and drive improvement**
- **To effectively implement legislation**

1. About our review

Healthcare Inspectorate Wales (HIW) and Care and Social Services Inspectorate Wales (CIW) decided to undertake a thematic review relating to mental health in the community during 2017/18. The review is primarily a response to the issues identified in community mental health services as part of the homicide reviews[1] undertaken by HIW. This review focusses on community adult mental health services (people between the ages of 18-65), looking at Community Mental Health Teams (CMHTs) and consists of inspection visits to one CMHT in each Health Board area.

As part of the overall review and in addition to the individual CMHT inspections, HIW and CIW will listen to the views of service users and carers across Wales in relation to the mental health care, support and treatment they have received in the community. Discussions will also be undertaken with representatives from stakeholder mental health organisations.

HIW and CIW will also interview senior management staff from each health board and relevant local authority. This will assist the evaluation of the extent to which leadership and management arrangements effectively support the delivery of the community mental health services that promote positive outcomes for service users and carers.

Each inspection visit will result in an individual report. A single all-Wales joint report will also be produced in spring 2018 which will detail the main national themes and recommendations identified during the course of the review.

Inspection visit to Deeside CMHT

HIW and CIW completed a joint announced community mental health inspection (CMHT) of Deeside CMHT, based in Flintshire within the Betsi Cadwaladr University Health Board.

[1] See: http://hiw.org.uk/reports/special/homicide/?lang=en

The inspection team was led by a HIW inspection manager and comprised, two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and two CIW inspectors.

During the inspection visit, we reviewed a sample of 13 service user case files, including a review of documentation for three patients detained under the Mental Health Act. We also interviewed CMHT staff and managers and talked to a small number of services users and/or carers and families.

HIW and CIW reviewed relevant policy documentation in advance of the inspection visit and during the visit we explored how the service met Health and Social Care Standards (2015). Where appropriate, HIW and CIW also considered how well the service was compliant with the Mental Health Act 1983, Mental Health Measure (2010), Mental Capacity Act (2005) and Social Service Well-being (Wales) Act (2014).

Initial feedback was provided to the CMHT and to representatives from the Health Board and the Local Authority at the end of the inspection visit, in a way that supports learning, development and improvement.

This inspection visit captured a flavour of the experience of service users and carers/families and a snapshot of the quality of care delivered by the CMHT. A summary of our findings are outlined within this report.

Background of the Deeside CMHT

Deeside Community Mental Health Team provides community mental health services at Aston House, Community Hospital, Deeside, within Flintshire County Council and Betsi Cadwaladr University Health Board.

The Deeside team is the smallest of three Community Mental Health Teams based in Flintshire. The teams were managed by a County Manager whose substantive post was within the local authority with accountability to the local authority Service Manager. However, the County Manager was supervised on a day-to-day basis by the health board Service Manager.

The team was co-located alongside the Local Primary Mental Health Support Services (LPMHSS) and Hafal Carers Service[2]. The team adopted a social care "recovery model" approach to their work, ensuring service users were encouraged to access support services such as housing/employment and had good links with Flintshire Adults Services teams.

The team was made up of three social workers, six nurses, five support workers and 1.6 psychiatrists. The team also had access to clinical psychologists and community occupational therapists although these were not managed within the team. The team was carrying two vacancies and there had been some long-term sickness resulting in a reduced workforce for about six months.

At the time of the inspection, the team provided services for approximately 300 people. Care co-ordinators included doctors as well as social care staff, with each co-ordinator responsible for overseeing services for approximately 20 people. However, the doctors' case loads were higher than those of the other care co-ordinators.

The team received an average of approximately 30 referrals per month and dealt with a range of diagnosis including Autism and Learning Difficulty.

[2] See: http://www.hafal.org/services/carers/

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. However, we found some evidence that practice was not fully compliant with all Health and Care Standards (2015) and Local Authority Social Services Quality Standards (2015)[3].

We found the quality of patient care and engagement to be good and service users spoke positively about the support they received.

We found access to the service and the referral process to be good. All referrals received by the team are screened through the Single Point of Access (SPoA) process. We found that information shared between professionals was responded to in a timely manner.

We identified that the quality of record keeping was generally adequate although some inconsistencies were identified particularly around the recording of review dates, language preferences, next of kin, advocacy and service user signatures.

We found that a multidisciplinary, person centred approach was in place for the assessment, care planning and review of an individual's needs and that service users and their families were involved, where appropriate, in the process.

We found discharge arrangements to be satisfactory in general and tailored to the wishes and needs of service users. We identified that a more formal approach was needed to follow up on those patients where there remained an enduring risk of harm to themselves or others.

Staff we spoke with were clear about their responsibilities in relation to safeguarding adults and children and were able to describe the reporting process. Evidence in some of the files reviewed indicated that the team needed to be more proactive in terms of identifying further possible interventions in child safeguarding issues.

[3] Contained in Code of Practice in relation to measuring social services performance: issued under section 145 of the Social Services and Well-being (Wales) Act 2014

Overall, we found good management and leadership with staff generally commenting positively on the support they received from their line managers.

This is what we found the service did well:

- Good engagement with service users and families
- Person centred approach with service users involvement in some aspects of the planning and delivery of care
- Staff committed to providing a good service
- Good team working
- Good access to social, employment and educational services

This is what we recommend the service could improve upon:

- Consistency of record keeping
- Reduce waiting list for psychology services
- The effectiveness and appropriateness of allocating cases to medical staff as care co-ordinators of services
- Staffing levels
- Staff training
- Information technology system and access to electronic records

3. What we found

Quality of service users' experience

We spoke with service users, their relatives and carers and/or advocates (where appropriate) to ensure that the peoples' perspective are at the centre of our approach to inspection.

The service users we spoke with during our inspection were positive about the services they received. They described good accessibility of all the people who work within the team. Service Users said they felt included and respected. Also, that they were provided with choice and said they valued the consistency of the support they received.

During the inspection we spoke with 6 service users and the carers who accompanied them to obtain views on the services provided. Comments they made included the following:

> *The team at Aston House are very approachable and attentive.*
>
> *We have had excellent care and we are very grateful.*
>
> *I have been looked after very well.*
>
> *Always someone available to talk to.*

Care and engagement

We found the quality of service user care and engagement to be very good.

Throughout the duration of the inspection we were available to speak with service users, their relatives, carers and/or representatives. Overall, they spoke positively of the services and support provided by the CMHT. Service users confirmed that contact numbers have been provided to them and that people are available to provide advice and support at all times, including out of normal office hours.

One service user described their key worker/care co-ordinator as ‘fantastic’ stating that they help with many aspects of life including sorting out new accommodation on their behalf. One person stated that ‘life is now positive’, as a consequence of the help and support received by the team.

Another service user, following an unsuccessful period of stay at a residential setting, opted for home-based support. They confirmed that this transition was well co-ordinated by the team co-ordinator who was described as ‘marvellous’ and a ‘life saver’ with ‘help being only a telephone call away’.

One service user described their assessment as undertaken with sensitivity and included consideration of the many aspects of physical health they had to contend with. This person valued the consistency of care they received in that they were always seen by the same worker. The service user stated that she was given a choice about what and how much to get involved with and that staff ‘nudged’ her towards progress. She confirmed that she was treated with respect and dignity at all times and never felt judged by anyone. She described how staff ‘get to know you as a person, not just a patient’.

Service users spoke highly of the professionals who work within the team, including those at reception. One patient commented that, ‘It’s so important, they are the first people you see, and everyone is kind and friendly’.

The CMHT was accessible to people with mobility problems with two, unisex, disabled adapted toilet facilities available within the waiting area. The waiting area was clean and tidy and well maintained. The consulting rooms were fit for purpose, also well maintained, adequately furnished and decorated. However, there was a broken window pane on the fire door at the rear of the building which had been boarded up.

We saw that there were health promotion leaflets and posters available within the waiting area together with magazines for people to read whilst waiting to be seen. Some of these were bilingual. There was also a children’s play area within the main reception with a small selection of suitable toys.

Access to services and advocacy

We found access to the service and the referral process to be good. Referrals were dealt with in a timely manner with no unnecessary delay in addressing service users’ needs.

Referrals are accepted from various sources such as other health or social care professionals or police. However, in the main, referrals are received via general practitioners by means of an electronic system.

All referrals to the team are screened through the Single Point of Access process (SPoA). Multi-disciplinary meetings, held to review referrals take place each morning and are attended by a combination of county manager or deputy, duty officers, members of the older people community mental health team, substance misuse service, psychiatrist and psychologist. We observed one of these meetings during the inspection and found that information was shared and responded to in a considered and timely manner.

Urgent referrals are dealt with by the duty officer, of whom there were two on duty daily. Service users were usually seen on the same day by the duty officer. If, after relevant enquiries the referral was not judged to be as urgent as first thought, then the service user would be offered an appointment, within 28 days with the primary mental health care team as required under the Mental Health Measure.

Referrals that require an assessment under the Mental Health Act are passed to one of the Approved Mental Health Professionals (AMPH) for action.

Where appropriate and if service users do not meet the threshold for secondary health care, they are referred to other services better placed to meet their needs. The nature of subsequent referrals or signposting was dependent on the person's presenting condition and needs. There is a link worker from health based within the team with responsibility for ensuring good communication with other services and improving joint working.

Hafal[4], the service that supports carers is co-located with the CMHT. Service level agreements are in place with the health board and with social services to fund carer support services. Carers that we spoke with commented positively on the support provided by Hafal and gave examples of the social activities that were arranged through this service. A carer's information pack was also available providing information about services and assistance with finances.

We did not find evidence that the service offers or undertakes carer assessments under the requirements of the Social Service Well-being (Wales) Act. The CMHT needs to improve on identifying carers that are eligible for assessment and making the necessary referrals.

[4] See: http://www.hafal.org/services/carers/

We were told that service users are able to access Independent Mental Capacity Advocates (IMCA) and Independent Mental Health Advocates (IMHA). However, we did not find evidence of a consistent approach in the files to demonstrate that service users were routinely offered an advocate.

Staff and managers told us that there was a delay of up to two years in service users being able access psychology services after they were assessed as requiring them. The impact of this delay for service users was at best to hamper their recovery and in at least one case we reviewed, had contributed to a service user's relapse. The health board and local authority should review the availability of psychology support and look at ways of reducing waiting times and how service users should be actively supported during the waiting period.

We were told that staff were utilised effectively in the process of allocating care co-ordinators. This was a team effort that identified the most appropriate person to work with particular service users. However, we found that some of the medical staff were not able to fully discharge their responsibilities as care co-ordinators due to other work pressures. This was confirmed in discussion with staff and managers who acknowledged the disproportionally high caseloads managed by the doctors. Some staff described an approach to team working that was not entirely multi-disciplinary in that medical staff did not always routinely share information about service users' social care needs with other staff. Often other team members only become aware of these needs if the service users contact the duty system. The consequence of this, as evidenced in some of the cases we reviewed, is that, although the duty system provided service users with a swift response in a crisis, these interventions were piece-meal with no one really getting an overall or on-going appreciation of the service users longer term needs and risks. It was acknowledged that this problem was strategically recognised but that should doctors' caseloads be reduced, the impact on other members of the team would be unmanageable within current resources. The health board and local authority must seek to address this issue in order to improve the situation for both staff and service users.

There was no access from the CMHT base to the social services electronic case management system. The lack of an integrated electronic case management system hampered multi-disciplinary access to records. This was particularly relevant in relation to access to records out of normal working hours. However, there were contingency measures in place and although somewhat unwieldy, which could result in delays in information sharing, these were known about and understood by staff. In some circumstances, the lack of CMHT social worker access to the local authority case management system also created delay in making lateral safeguarding checks. This meant that there

was no access for social workers to procedures, e-learning programmes and other client information.

What the service does well

Good engagement with service users and families.

Good access to the service.

Good referral process.

Improvement needed

The CMHT need to improve on identifying carers that are eligible for assessment and making the necessary referrals.

The health board and local authority should review the availability of psychology support and look at ways of reducing the waiting times for access to such services.

The health board and local authority should ensure that service users are routinely offered the services of an advocate.

The health board and local authority must ensure that the workload of medical staff allows them sufficient time and capacity to carry out the care co-ordinator role fully.

The local authority should ensure that workers based in the CMHT have full access to the Council's case management system and intranet.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual service users and their carers.

There was a multi-disciplinary, person centred approach to assessment, care planning and review. Service users were involved in the development of the care and treatment plans and relevant people such as family members or carers were also involved where appropriate.

The service had a system in place to enable patients to raise concerns/complaints and the service was able to demonstrate that they considered patient feedback to improve services.

The medication management processes were generally good.

There was a safeguarding of children and vulnerable adults policy in place. Also, staff had completed training in this subject.

General and more specific risk assessments were undertaken and any areas identified as requiring attention were actioned.

Discharge arrangements were generally satisfactory. However, a more formal approach was required to ensure that those service users who remained an enduring risk of harm to themselves or others were more effectively followed-up by professionals.

Record keeping was generally good and in accordance with the requirements of the Mental Health Act.

Managing risk and promoting health and safety

We reviewed the CMHT's medicine management processes and found them to be good overall. We identified that the CMHT needed to consider making wider use of the physical monitoring forms in relation to depot[5] injections.

We observed that the clinic room was clean and tidy with all cupboards kept locked. Stocks were kept in good supply.

What the service does well

Medication storage and management of stock.

Improvement needed

The team need to consider making wider use of the physical monitoring forms in relation to depot injections.

Quality of care and treatment

It was evident from the care documentation reviewed, and from discussions with service users, that their views and wishes were the main focus of the work conducted by the CMHT. Service users told us that they felt involved, included and consulted in the planning of support services. We saw examples of good practice in some case files, where information about the patient was documented in the first person demonstrating that they were proactively involved in the care planning process. We saw other examples of some very functional care and treatment plans where service users had positively engaged in 'what matters'[6] conversations. However, it was not clear in some records

[5] Depot medication is a way of taking medicine as an injection (usually into the buttock by a doctor or nurse), rather than as a tablet or in liquid form, and which releases the drug slowly over several weeks.

[6] A structured conversation between professionals and service users to determine what they value most and how they wish to be cared for.

whether the service user had an identified care co-ordinator, whether advocacy services had been offered or whether or not unmet needs had been identified. The quality of documented notes and records differed between files even though the files themselves demonstrated the same, consistent and structured approach with dividers separating the different sections. Some files contained more detailed information about services whilst others were not as informative.

In the same vein, it was not clear in some files whether, and at which point, the input of other agencies had been considered. We saw two examples where some parenting concerns had been identified yet there was no record of further consultation with the Children's Services Team.

Similarly, we saw other gaps in information that could have identified unmet need. For example, in one file, it was recorded that service user's speech impediment had been identified but not explicitly identified as an unmet need.

Overall, we saw that service user personal characteristics were not recorded in sufficient detail to allow immediate access to information. Service users' personal details on the front sheet of the file did not provide immediate information about the patient's language or communication needs although, in some cases, this could be found elsewhere in the file. This information is important and necessary to ensure that service users receive appropriate services and interventions and to inform commissioning requirements.

Despite service users' case files being well structured, the information held in the files was overall, difficult to navigate and was not intuitive of the service users' journey. For example, in some cases a clear sequence of events could not be identified making the process of familiarising with the contents of the file a very cumbersome and laborious process, particularly in circumstances where staff are unfamiliar with the service user, such as a new worker or duty worker. Poor recording is likely to negatively impact on the service user's care. Alternatively, we also found some well completed assessment records that provided clear information about the service user's progress.

Assessment

There was a multi-disciplinary, person centred approach to assessment, care planning and review. Service users were involved in the development of the care and treatment plans and relevant people such as family members or carers were also involved where appropriate. In some cases, as required, the extended needs of the service users and carers were clearly identified for example housing or accommodation needs, financial support, learning needs.

Overall, we found that the assessment of patients' needs was proportionate and appropriate. In some cases, the assessment document was completed in more detail than others, as was the document used in the assessment of risk.

We found the process of identifying, assessing and managing risk to be adequate with some files demonstrating a higher calibre of recording than others. We found that risk assessments informed the interventions identified in the service user's care plan. However, information was difficult to navigate and this was particularly the case in relation to conducting reviews, with the sequence of dates in some cases causing confusion to the reader. It was not clear in all cases whether or not reviews were planned and whether a full multi-disciplinary team approach had been considered or implemented

In some cases, risk assessments were thorough and resulted in informed care planning. However, not all risk assessments were as detailed or informative.

Care and treatment planning and review

We reviewed the Care and Treatment Plans (CTP) of a total of eight patients.

We found the plans to be generally well structured and person centred and reflected service users' emotional, psychological and general health and wellbeing needs. Entries within the case files were contemporaneous with all members of the team documenting their involvement/interventions within one file. We did note some inconsistencies, particularly around the detail of some of the psychiatrists' notes.

Records we reviewed provided evidence that overall, the assessment and planning process involved the service user. Service users' strengths and needs were identified in assessments and subsequent interventions reflected these. In some cases, risk assessments were thorough and informed care planning. However, as mentioned above, not all risk assessments were as detailed or informative.

We identified a lack of clarity in how regularly planned reviews inform the management of service users' support plans. Records in some case files did not provide us with a clear picture of progress. We could not, in some cases, find evidence that multi-disciplinary reviews had been conducted.

We found consistency in the tool used to assess patients' needs and found that this addressed the dimensions of life as set out in the Mental Health Measure and the domains set out in the Social Services and Well-being (Wales) Act.

What the service does well

Case files were generally well structured.

Well structured, person centred care and treatment plans.

Multi disciplinary approach to the care planning process.

Improvement needed

The health board and local authority should take steps to improve record keeping.

The health board and local authority should take steps to ensure that patients' unmet needs are highlighted and actions to address those needs recorded

The health board and local authority should review current records management arrangements to ensure that staff have full access outside of normal working hours.

The health board and local authority must ensure that risk assessments are consistent, detailed and informative.

The health board and local authority must set measures in place to ensure that reviews are appropriately documented and that they are used to direct and inform the management of the patients' support plans.

The health board and local authority should set in place a more formal approach to follow up on those patients where there remains an enduring risk of harm to themselves or others**.**

Safeguarding

Staff we spoke with were clear about their responsibilities in relation to safeguarding adults and children and were able to describe the reporting processes. However, as previously mentioned, we saw two examples where some parenting concerns had been identified yet there was no record of further consultation with the Children's Services Team.

The training information provided confirmed that that over 90 per cent of staff had received adult safeguarding training and over 80 per cent had received training in the safeguarding of children.

Evidence in some of the case files we reviewed indicated that the team needed to be more proactive in terms of identifying and further investigating potential child safeguarding issues. The team also needed to ensure that decisions and actions around child safeguarding issues were accurately reflected in the case notes.

Discharge arrangements

Following our review of case files and discussions with staff we found discharge arrangements to be generally satisfactory. This is because the process, in the main was service user-led.

Discharge arrangements were managed in accordance with service users' requirements. In some cases we found that it was the service users themselves that instigated discharge and worked collaboratively with the CMHT to achieve this. However, in one example, we could not find evidence that the service user was advised of their right to re-refer into the service and in some other cases we could not find evidence of multi disciplinary planning for discharge

We found that a more formal approach was required to ensure that those service users who remained an enduring risk of harm to themselves or others were more effectively followed-up by professionals.

Monitoring the Mental Health Act

We reviewed the statutory detention documents of three patients who were the subject of Community Treatment Orders (CTO) being cared for by Deeside CMHT. We found the record keeping to be generally good and in accordance with the requirements of the Mental Health Act. There was evidence within the documentation of consideration of other treatment options and appropriate consultation with the patient, their carer (where appropriate) and other professionals. There was also clear documentation relating to reviews of the CTO and clear recording of circumstances where the CTO was revoked or discontinued. The language used within the documentation was appropriate, person centred and respectful.

We found the care files to be well structured with dividers used to separate various sections. However, we suggested that out-dated statutory documents and other associated paperwork be removed from the files and archived and replaced with a summary sheet, at the front of the files, to aid tracking of historical applications of CTOs.

In relation to the CTOs, we saw that comprehensive risk assessments were in place reflecting both patients' known and anticipated risks.

We spoke with the Mental Health Act Administrator who told us that there were formal systems in place for the effective distribution of documentation to the team at Aston House.

What the service does well

Clear policies and procedures in place.

Good access to staff training.

Service user-led discharge process.

Record keeping in accordance with the requirements of the Mental Health Act.

Comprehensive risk assessments in place reflecting both patients' known and anticipated risks.

Improvement needed

The CMHT team needs to be more proactive in terms of identifying potential child safeguarding issues.

A more formally arranged approach is required to follow up on those service users where there remained an enduring risk of harm to themselves or others.

Out-dated statutory documents and other associated paperwork should be removed from the files and archived and replaced with a summary sheet, at the front of the files, to aid tracking of historical applications of CTOs.

Quality of management and leadership

We considered how the CMHT is managed and led and whether the workplace and organisational culture supports the provision of safe and effective care.

Overall, we found evidence of good management and leadership with staff generally commenting positively on the support that they received from their line managers.

Staff told us that they were treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the senior management structure within the organisation and that the communication between senior management and staff was generally effective.

We found that there were good links and communication between the management within the health board and local authority, with good overview of the service by both authorities.

Leadership, management and governance arrangements

The team was managed by a county manager whose substantive post was within the local authority with accountability to the local authority service manager. However, the county manager was supervised on a day-to-day basis by the health board service manager. We found that these arrangements were working well with good internal communication systems in place and good joint overview and governance by both the local authority and health board senior management teams.

There were formal governance arrangements in place with monthly area team meetings. These meetings are minuted and copies of which are shared with team members. The senior leadership team also met on a regular basis and make themselves available to team members through visits to the office.

Throughout the inspection we spoke with available staff, all of whom were very positive and upbeat about working in the team. They spoke highly of their colleagues and managers and said they felt well supported by line managers and peers within the team. However, despite having received training for the SSWBA, we were told that social workers sometimes felt ‘removed’ from the contemporary social care environment and from their employers. For example,

due to the lack of a council intranet, travel claims had to be manually submitted by staff.

There was a formal complaints procedure in place which was compliant with 'Putting Things Right'[7] and the local authority's formal complaint process. Information about how to make a complaint was posted in the reception/waiting area.

Staff told us that emphasis was placed on dealing with complaints at the source in order for matters to be resolved as quickly as possible as well as to avoid any further discomfort to the complainant and any need for escalation. All complaints are brought to the attention of the county manager who addresses them in line with relevant policy. Staff also told us that serious untoward incidents and concerns were discussed at a weekly divisional meeting and any learning disseminated to the team through the health board's quality, safety and experience group.

We confirmed that there was a formal staff recruitment process in place with evidence of required background checks being undertaken. The staff interviewing process was competency based with record of the interview retained on staff files. Formal contracts and job descriptions were issued to staff by the health board or the local authority respectively. Newly appointed staff followed a formal induction process and were supported by more experienced colleagues and their line manager.

We reviewed a sample of 8 staff supervision files (5 employed by the health board and 3 employed by the local authority). We saw that there was a formal staff support and supervision process in place with regular one to one meetings being held between staff and their line managers. In addition to one to one meetings, staff told us that they received day to day, informal support from their line managers who were reported as being very accessible. We found that

[7] Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

there were formal annual appraisals in place, managed under respective health board or local authority systems. Formal supervision was not as regularly forthcoming for team managers themselves, although they emphasised that advice and guidance was always readily available from service managers despite seeing them rather infrequently.

At the time of our inspections, the team was carrying two vacancies and there had been some long-term sickness resulting in a reduced workforce for about six months. Despite this, staff told us that they strived to ensure that service users received a responsive and effective service by absorbing the additional workload. Staff felt that this was the best option in the short term, as it allowed for a degree of continuity of care enabling service users to receive services from staff with whom they were familiar. However, it was clear from discussions with staff and from reviewing staff supervision records that staff were under pressure and were experiencing high levels of stress as a consequence of the continuation of these arrangements. The health board and local authority should continue to monitor staffing levels and take action to limit the pressure on staff ensuring that the quality of service offered to service users is not compromised.

Staff we spoke with told us that they were able to access mandatory training. However, we were informed that it was difficult to attend other training due to the current staffing shortages.

Staff spoke positively about the range of services that service users have access to. These include some third sector provisions. They particularly referred to the positive relationship between the team and the local authority housing department, as we observed in some of the files we reviewed. As an example of good practice, social workers considered their health screening process to be particularly effective. We found examples on case files where the support needs of service users were identified following a holistic approach towards their health care in general.

What the service does well

Good management arrangements with good internal communication systems in place and good joint overview and governance by both the local authority and health board senior management teams.

Improvement needed

The local authority must take steps to ensure that social workers feel more effectively engaged with the contemporary social care environment and with their employers.

The health board and local authority must continue to monitor staffing levels and take action to limit the pressure on staff ensuring that the quality of service offered to patients is not compromised.

The health board and local authority must ensure that staff have sufficient, protected time in order to access relevant training opportunities.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW, CIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW and CIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW and CIW's websites.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified during this inspection.			

Appendix B – Immediate improvement plan

Service: Deeside CMHT, Betsi Cadwaladr University Health Board

Date of inspection: 15 and 16 August 2017

The table below includes any immediate concerns about service user safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified during this inspection.				

Appendix C – Improvement plan

Service: Deeside CMHT, Betsi Cadwaladr University Health Board

Date of inspection: 15 and 16 August 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board and local authority should review the availability of psychology support and look at ways of reducing the waiting times for access to such services.	5.1 Timely access Local Authority Quality Standards LAQS1b) Provide services to prevent or delay people's need for care and support	1. Capacity and demand reviews of Deeside's waiting list for Psychological Therapy will be undertaken along with a caseload validation exercise. This will include identifying current client's length of time in treatment and benchmarking against NICE Guidelines. 2. Waiting lists for psychological therapy should be reported and scrutinised via the Senior Management Team. The practice of reporting waiting by area and longest wait will be reviewed urgently. 3. Innovations and new ways of working will be considered and the use of group work and joint cross sector provision will be considered.	Clinical Psychologist Clinical Network manager Clinical Psychologist/ Team Managers	28th February 2018 31st March 2018 30th June 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		4. Therapeutic interventions and social prescribing availability provided locally will be identified and asset mapping and signposting to appropriate agencies will be encouraged. 5. Recruit into vacancies for Psychology and the CMHT.	Clinical Psychologist/ Team Managers Clinical Psychologist	30th June 2018 30th June 2018
The health board and local authority must ensure that staff accurately reflect interventions and advice given to patients in the care notes.	6.1 Planning Care to promote independence LAQS1a) Work with partners to ensure access to clear and understandable information, advice and assistance to support people to actively manage their well-being and make informed decisions.	1. Re-circulate Record Keeping Guidance to teams and remind them of the importance of effective record keeping and the need to ensure accurate and contemporaneous records are made. 2. Ensure that all contacts have a Mental State Examination and meaningful entry clearly recorded in the case notes. 3. Quality of individual cases to be monitored through supervision with practitioners. 4. Continue to audit monthly a selection of notes to review CTP compliance and feed results through to local QSE by Team Managers.	County Manager Team Manager Team Manager Service Manager/ County Manager	31st December 2017 Immediate and ongoing Immediate and ongoing Immediate and ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
		5. Exemplar CTP document to be redacted and shared with teams as a best practice example to guide staff.	Team Manager	31st December 2017
The health board and local authority must set measures in place to ensure that reviews are appropriately documented and that they are used to direct and inform the management of the patients' support plans.		1. Agree consistent approach using the CTP template for Consultants and ensure that this is clearly documented within patient notes. As above, share exemplar document. 2. Arrange CTP training for the Team, including Consultants.	Clinical Director County Manager	28th February 2018 31st January 2018 and ongoing
Delivery of safe and effective care				
The health board and local authority must ensure that risk assessments are consistent, detailed and informative.	2.1 Managing risk and promoting health and safety LAQS 3c) Develop suitable arrangements for people who put their safety or that of others at risk to prevent abuse and	1. Circulate memo in relation to risk formulation to remind staff that identified risks must have associated specific mitigating actions to reduce their likelihood or potential severity. 2. All staff, including Consultants and HCSWs, within the team to receive WARRN Training to ensure they are able to develop appropriate risk formulation to estimate the risk of harm. 3. Continue to audit monthly a selection of notes to review CTP compliance and	County Manager County Manager/ Team Manager Service Manager/	31st December 2017 30th June 2018 Complete and

Improvement needed	Standard	Service action	Responsible officer	Timescale
	neglect. LAQS	feed results through to local QSE by Team Managers	County Manager	ongoing
The health board and local authority should set in place a more formal approach to follow up on those patients where there remains an enduring risk of harm to themselves or others.	3a) Respond effectively to changing circumstances and regularly review achievement of personal well-being outcomes	1. Discharges to be discussed and agreed at weekly MDT meeting, recorded and actioned. 2. Letter to be sent to the GP for patients who fail to attend their 7-day follow up, following discharge from inpatient unit. CMHT to make telephone contact and alternative appointment offered	County Manager/ Team Manager Team Manager	31st December 2017 31st December 2017
The CMHT team requires to be more proactive in terms of identifying potential child safeguarding issues.	2.7 Safeguarding children and adults at risk LAQS 3c) Develop suitable arrangements for people who put their safety or that of others at risk to prevent abuse and neglect.	1. All staff, including Locum Consultants, to receive the appropriate level of Safeguarding Children Training. 2. Complete Parenting Assessment with those patients with children in the household and complete risk assessment in relation to the potential risks to children. 3. Senior Practitioner to deliver bespoke training on how to complete a Parenting Assessment.	Service Manager/ County Manager County Manager/ Team Manager Team Manager	31st March 2018 Complete and ongoing 31st March 2018
The health board and local authority should take steps to ensure that records accurately reflect at	3.1 Safe and Clinically	1. Comprehensive Part A of the MHM documentation should be completed to	County Manager/ Clinical Director	Immediate and ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
which point the input of other agencies had been considered.	Effective care LAQS 2a) Jointly develop with partners and people the means to promote and support people to maintain a healthy lifestyle LAQS	reflect patient's requirements. This will be reviewed and discussed during supervision and compliance reported during the case note audits.		
The health board and local authority should take steps to ensure that patients' unmet needs are highlighted and actions to address those needs recorded.	1h)Suitable arrangements for assessing and determining need and eligibility	1. Part A to be completed in order to identify any unmet needs. Any unmet needs are to be reported through the MHM Team and escalated to the local QSE Meetings	County Manager/ Team Manager	Immediate and ongoing
The local authority should ensure that workers based in the CMHT have full access to the Council's intranet including the social services Paris electronic case file system.	3.4 Information Governance and Communications Technology LAQS 1a) Work with partners to ensure access to clear and	1. WiFi needs to be installed within Aston House. 2. Request FCC IT Department to address access to Paris system and Infonet.	Business Support Manager FCC Service Manager	31st March 2018 Timescale dependent upon installation of WiFi

The health board and local authority should review current records management arrangements to ensure that staff have full access outside of normal working hours.	understandable information, advice and assistance to support people to actively manage their well-being and make informed decisions. 2b) Support people to access services which enable them to maintain a good level of mental health and emotional well-being.	3. The Health Board will adopt WCCIS but it is not possible to influence the installation and start date of this as this is a National project.	Clinical Network Manager	30th April 2018
The health board and local authority should set measures in place to ensure consistency of record keeping and to make it easier for staff to navigate the care files.	3.5 Record keeping LAQS 1d) Ensure decisions made have regard to a person's individual circumstances.	1. Good record keeping guidance to be redistributed to all staff. 2. Integrated Case Notes Standard Operating Procedure to be reviewed to ensure that this reflects required practice and adopt agreed front sheet for the case notes.	County Manager Team Manager/ Business Support Manager	31st December 2017 28th February 2018
Out dated statutory documents and other associated paperwork should be removed from the files and archived and replaced with a summary sheet, at the front of the files, to aid tracking of historical	Application of the Mental Health Act	1. Integrated Case Notes Standard Operating Procedure to be reviewed to ensure that this reflects required practice.	Team Manager/ Business Support Manager	28th February 2018

applications of CTOs.		2. In line with relevant Policy, process to be developed for Administration Team to review case notes to ensure there are no duplicate documents and that the most recent document is on file.	Team Manager/ Business Support Manager	31st March 2018
The health board and local authority should ensure that service users are routinely offered the services of an advocate.	Monitoring the Mental Health Measure LAQS 1g) Arrange an independent advocate LAQS	1. During a standard review, Care Co-Ordinators are to ask if a patient requires the support of an Advocate and this is to be documented in the patient's notes. 2. Advocate details are included in the emergency contact cards which are handed to all patients and are available within the reception area	Team Manager Team Manager	Immediate and ongoing Immediate and ongoing
The CMHT need to improve on identifying carers that are eligible for assessment and making the necessary referrals.	1h) Suitable arrangements for assessing and determining need and eligibility 2b) Support people to access services which enable them to maintain a good level of mental health and emotional well-being.	1. Discussion to take place at MDT to remind staff, including Consultants that they need to identify carers and make the necessary referral. 2. Invite Hafal to CMHT MDT meetings on a quarterly basis.	County Manager/ Team Manager Team Manager	31st January 2018 31st January 2018

Quality of management and leadership				
The local authority must take steps to ensure that social workers feel fully engaged in the Social Care environment and with their employers.	Governance, Leadership and Accountability	1. Ensure the team have LA training opportunities, invites to present at Quality Panel and Service Manager to attend periodic Team Meetings. 2. FCC Service Manager to set up regular meetings for Social Workers to discuss matters of relevance	FCC Service Manager FCC Service Manager	Immediate and ongoing Immediate and ongoing

The health board and local authority must continue to monitor staffing levels and take action to limit the pressure on staff ensuring that the quality of service offered to patients is not compromised		1. Until the CMHTs undergo a full capacity review, the Area Senior Leadership Team will review the current staffing; including vacancies and sickness, with the CMHT to ensure that there are safe staffing levels to deliver a quality service to patients	Clinical Network Manager	Immediate and ongoing
The health board and local authority must ensure that the workload of medical staff allows them sufficient time and capacity to carry out the care co-ordinator role fully.	7.1 Workforce	1. Review composition of Consultant caseloads to determine whether patients are Part 1 or Part 2 of the MHM. 2. Team Manager to meet with the Consultants to review the role and purpose of the clinics. 3. Review the opportunity with partners to discharge patients accessing social groups and develop a system for self-referral which is more aligned to recovery which is supported by the Local Authority. 4. Review medical input accessed under Primary Care. 5. Practitioner from Primary and Secondary Care to attend the respective MDT Meetings	Clinical Director Team Manager Service Manager/ County Manager Clinical Director Team Managers	28th February 2018 31st January 2018 31st March 2018 31st January 2018 Immediate and ongoing
The health board and local authority must ensure that staff have sufficient, protected time in order to access relevant training opportunities.	7.2	1. Discuss within Managerial Supervision and utilise the PADR for specialist interest training	County Manager/ Team Managers Team Manager	Immediate and ongoing

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Grace Lewis Parry

Job role: Board Secretary, Corporate Office

Date: 21.12.17