Joint HIW & CIW National Review of Adult Community Mental Health Services:

Inspection visit to (announced):

Swansea Central (Area 2) CMHT,

Abertawe Bro Morgannwg

University Health Board and

Swansea Local Authority

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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 Wales.

Our values

Our core values ensure people are at the heart of everything we do and aspire to be as an organisation.

- **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 and focus over 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 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 Swansea Central (Area 2) CMHT

HIW and CIW completed a joint announced CMHT inspection of Swansea Central (Area 2) CMHT within Abertawe Bro Morgannwg University Health Board and Swansea Local Authority on 14 and 15 September 2017.

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

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

During the inspection, we reviewed a sample of ten service user case files, including 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 a carer.

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 Services and Well-being (Wales) Act.

Initial feedback was provided to the Swansea Central (Area 2) CMHT and to representatives from Abertawe Bro Morgannwg University Health Board and Swansea Local Authority at the end of the inspection visit, in a way that supports learning, development and improvement.

This inspection visit captured a snapshot of the experience of service users and carers/families and of the quality of care delivered by the Swansea Central (Area 2) CMHT. A summary of our findings are outlined within this report.

Background of the Swansea Central (Area 2) CMHT

There are three CMHTs located in Swansea. These are Swansea West (Area 1), Swansea Central (Area 2) and Swansea North (Area 3).

The Swansea West and Swansea Central CMHTs are located in the city of Swansea and share the same building. The Swansea North CMHT is located in Gorseinon. This inspection considered the Swansea Central (Area 2) CMHT only.

The Swansea Central (Area 2) CMHT is jointly managed by a full time community nurse manager and a full time team leader, both of whom also had management responsibility for health and social work staff working within Swansea West (Area 1) CMHT. Each reported to a service manager either within the health board or the local authority.

The team consisted of senior community psychiatric nurses, community psychiatric nurses (CPNs), a nurse therapist, a clinical psychologist, healthcare support workers, a senior practitioner, social workers, support workers, occupational therapy staff (that worked across both the Swansea West and Swansea Central CMHTs) and administration staff. In addition medical support was provided by a consultant psychiatrist and a staff grade doctor.

At the time of the inspection the team provided services for approximately 600 service users with the average case load being 30-38 cases per community psychiatric nurse or social worker.

2. Summary of our inspection

Service users we spoke with made positive comments about the care and support provided by the CMHT.

There was a responsive referral and duty system in place. We identified that the interface between the CMHT and other teams should be improved to promote timely care for service users.

The quality of care and treatment/support plans was variable. Some included good information across the domains of the Mental Health (Wales) Measure and Social Services and Well-being (Wales) Act whilst others needed more detail recorded.

Detention documentation reviewed demonstrated compliance with the requirements of the Mental Health Act.

A management structure was in place with clear lines of reporting. Staff demonstrated a commitment to providing high quality care and support to service users.

We identified improvement was needed around the arrangements for staff supervision and appraisal of social work staff.

This is what we found the service did well:

- Responsive referral and duty system
- Involving service users in the assessment and care planning process
- Has arrangements in place to provide timely effective assessment and care planning
- Provides a knowledgeable, caring and professional workforce
- Provides accessible management support valued by frontline staff
- Provides regular opportunity for multidisciplinary discussion regarding operational matters and performance reporting.

This is what we recommend the service could improve:

- The waiting times for psychology and therapy, and the interface between the CMHT and other teams

- Make arrangements for a more systematic offer of advocacy and record this in service users' care records
- Record keeping within care records to clearly demonstrate multidisciplinary team and management decisions in relation to service users' care and management
- The arrangements to review the CMHT resources so that it can continue to meet the level of demand
- The system for appraisals for social work staff so that these take place annually.

3. What we found

Quality of service user 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.

Service users we spoke with made positive comments about the care and support provided by the CMHT.

Information recorded in service users' care records and conversation with staff demonstrated that service users had been involved in decisions about their care and support.

There was a responsive referral and duty system in place within the CMHT. The CMHT worked alongside both other mental health and response teams. We identified that the interface between the CMHT and other teams should be improved to promote timely care for service users.

We found that service users were signposted to other support services and a system should be introduced to assess the effectiveness of signposting and the services provided.

Advocacy was available but it was unclear whether service users were routinely made aware of this at an early stage.

During the inspection we spoke to service users and carers to obtain views on the services provided. We also invited service users and their carers to compete a questionnaire.

Positive comments were made regarding the care and support provided by the CMHT.

Care and engagement

We found that staff treated service users with dignity and respect and made efforts to involve them in decisions about their care.

Senior staff explained that work was being planned to develop the reception area to make it a more comfortable environment for service users and their families/carers. This work was to include some redecoration and reviewing the

information that was displayed and made available to service users. An updated information leaflet about the services provided by the CMHT was being developed to promote recovery focussed care planning.

Service users we spoke to told us they were happy with the care provided by the CMHT. The comments made indicated that CMHT staff had listened to them and had involved them in decisions about their care. One service user told us that they would have liked their relative to be more involved in their care and was making arrangements to discuss this with their care coordinator.

Information recorded in service user case files and interviews with staff and service users indicated that service users had been engaged in the assessment and care planning process. In the main, we found that communication with service users was being done in an open and inclusive way.

Staff were confident that language and communication needs had been discussed with service users. We also saw examples of arrangements made to support service users with specific language needs. This, however, was not always documented clearly within the service users' care records. Some of the staff within the CMHT were Welsh speakers. This meant that service users could communicate in Welsh according to their needs and preferences.

There was a process for service users to provide feedback on the services they had received from the CMHT. We saw results of a recent service user satisfaction survey demonstrating the process. Arrangements were also in place for service users to make a complaint about services provided by the CMHT. Where necessary these could be escalated via the health board or local authority complaints processes. Service users we spoke with were aware of how they could make a complaint.

Staff informed us that there was a panel of service users and former service users who are consulted regarding service developments and involved in the provision of training to staff.

Access to services and advocacy

An established process for referring service users to the CMHT was described and demonstrated. This process, together with a set of referral criteria, aimed to ensure that service users accessed the most appropriate services in a timely way. Discussions with CMHT staff indicated that the introduction of a triage approach and duty system supported a timely response to referrals. There were however, long waiting times for service users to be seen by a psychologist or receive therapy.

The referral process allows for urgent, routine and non-urgent referrals to be made from a service user's GP, the local primary mental health support service and the primary care liaison clinic. Referrals can also be made from inpatient services for service users to be seen as outpatients. Senior CMHT staff explained that many referrals continue to provide limited information, particularly those received from GPs. This results in the CMHT having to obtain additional information to support their decision making. This increases the workload of the CMHT staff. We were told that referrals from CPNs attached to GP surgeries were often more detailed promoting timely care for patients.

The CMHT operates a duty system for urgent referrals 'in hours'. Urgent referrals are triaged on the same day and where appropriate the services of the Crisis Resolution Home Treatment Service (commonly referred to as the 'Crisis team') are requested or patients signposted to other support services. Urgent referrals made 'out of hours' are managed via the Emergency Duty Team. All routine and non-urgent referrals are discussed at a daily single point of access meeting. The purpose of this meeting is to determine whether service users meet the criteria to access CMHT services and to agree the support service users require, whether this was having a care coordinator allocated or signposting on to other support services. We observed that the meeting used a multi-disciplinary approach that involved health and social care staff, namely a psychiatrist, the community nurse manager and the team leader.

The CMHT works alongside other mental health teams, such the older people's mental health team and other teams (that respond to referrals) such as the Crisis team and Early Intervention Psychosis team. Senior staff explained that each have their own specific and strongly adhered to referral and eligibility criteria for accepting service users referred to them from other teams. Senior staff explained that the complexities around this criteria resulted in service users remaining under the care of the CMHT when it may be more appropriate for their care to be coordinated by other teams. We were told that there were arrangements in place to manage referral disputes between the CMHT and other teams to promote effective and timely care to service users.

We were told that patients assessed as needing to be seen by a psychologist or needing therapy could wait between six and nine months. This was longer than would otherwise be the case because of assistance given by staff within the CMHT to help reduce waiting lists outside of the CMHT (i.e. primary care services). We were told that a vacancy for a psychiatrist within the team was resulting in pressures on meeting demand. The service had put some interim measures in place to address this, whilst arrangements to recruit to the permanent post were underway.

There were some indications that the service was responding to the introduction of the Social Services and Well-being (Wales) Act (SS&WBA) in

attempting to provide a preventative approach where appropriate. However, this is taking place within a challenging financial situation which has seen the reduction of the budget to support third sector organisations.

Staff were confident that information about services would be provided as part of the assessment process. We were provided with a copy of the written information provided to service users and this contained the contact details of a range of different support and self help services. Some appropriate information, including that related to carers and the complaints procedure, was also on display in the reception area.

Whilst we were assured that service users were provided with information and were being signposted to other services, there was no formal system in place to assess the effectiveness of the information and signposting in addressing service users' needs.

As mentioned previously, we saw evidence of service users being signposted to other support services which included advocacy. Within the sample of service user case files we reviewed, the need for and access to advocacy support was not well documented. However, we did see that statutory advocacy, namely Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA) was readily available.

Non-statutory advocacy services were reported to be more widely accessed by patients in hospital than service users in the community. It was unclear to what extent advocacy is given sufficient prominence at an early stage. Our findings suggested that in some cases, service users are given the information about advocacy when an issue is identified rather than as a matter of routine.

What the service does well

- Communication with service users
- Involvement of service user panel
- Responsive referral and duty system

Improvement needed

- Implement a formal system to assess the effectiveness of the information and signposting in addressing service users' needs
- The waiting times for psychology and therapy and the interface between the CMHT and other teams
- Make arrangements for a more systematic offer of advocacy and

record this in service users' care records.

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.

Arrangements were in place to promote the safety of service users visiting and staff working within the CMHT offices. We identified that some improvement was needed to further promote safety within interview rooms.

An appropriate system needs to be implemented to check that medicines were stored at appropriate temperatures as recommended by the manufacturer.

We reviewed a sample of service users' care records and saw that service users had been assessed to identify their care, treatment and support needs. The quality of care and treatment/support plans was variable. Some included good information across the domains of the Mental Health (Wales) Measure and Social Services and Well-being (Wales) Act whilst others needed more detail recorded. Arrangements should be made to better record the decisions made by the multi-disciplinary team around service users' care, treatment and support.

Arrangements were in place to safeguard adults who become vulnerable or at risk. Detention documentation demonstrated compliance with the requirements of the Mental Health Act and effective multidisciplinary team working.

Managing risk and promoting health and safety

The CMHT was based in offices near Swansea city centre. Internally the building appeared generally well maintained and we did not identify any obvious hazards to staff or patient safety. Access to the offices was via a reception area and keypad door entry. This helped prevent unauthorised access within the building. Closed circuit television (CCTV) was installed for staff and patient safety. Staff told us that panic buttons were installed in each of the interview rooms. However, in one of the rooms, we were told that the layout of the furniture made staff access to the panic button difficult.

We looked at the arrangements for medicines management. Staff described the arrangements in place for ordering and receiving medication. Staff were able to access help and advice on medicines related queries via the health board's pharmacy service. We saw that medicines were stored securely in locked cupboards and a locked fridge. Staff confirmed that neither the room or fridge temperatures were regularly checked. This meant that it was not possible to

determine whether medicines were being stored at temperatures recommended by the manufacturer.

We reviewed a random sample of patients' drug charts and saw that these had been completed with each patient's identification details. This helps ensure that the correct patient receives the medication prescribed for him/her. We identified that patients' allergies were not consistently recorded. Where a patient is known not to have an allergy this should be clearly stated on the chart rather than the chart being left blank. Drug charts had been signed and dated to show when medication had been prescribed and administered. Staff described and demonstrated the arrangements for when patients did not attend the clinic to take their medication, so that this could be followed up and alterative arrangements made as appropriate. Staff confirmed that patients' medication was reviewed as part of the ongoing care review process.

What the service does well

- Arrangements to prevent unauthorised access to the CMHT offices

Improvement needed

- Review position of panic buttons to promote easy access by staff
- Implement a system to ensure that medicines are being stored at temperatures recommended by the manufacturer
- Make arrangements to ensure that drug charts clearly indicate whether patients have known allergies.

Quality of care and treatment[2]

Assessment, care and treatment/support planning and review

We looked at a sample of ten service users' case files in total. We reviewed care records for seven service users and detention documentation for three patients.

[2] (Mental Health [Wales] Measure 2010 and Social Services and Wellbeing [Wales] Act 2014)

The CMHT used a mixture of electronic records and paper based files to record details around patients' care. These were generally well organised and easy to navigate. We found that these records had to be considered together in order to obtain a full picture of the assessment, care and treatment/support planning and review process.

We saw that the template used by the CMHT supported the assessment and care planning requirements of the Mental Health (Wales) Measure (MHM) 2010 and the Social Services and Well-being (Wales) Act (SS&WBA) 2014. A framework for assessment and eligibility was being developed with the involvement of the service user council.

We saw that each service user had a care coordinator identified. We also saw that each service user had an assessment of their needs recorded and a care plan developed. The care records reflected the CMHT's own view that service users are engaged in the assessment and care planning process with opportunities to express their views. We also saw evidence within the care records that service users had been provided with a copy of their care plan. Service users we spoke with also confirmed this.

The quality of care plans we reviewed was variable. We saw examples that demonstrated a holistic approach to care planning and providing good information across the MHM and SS&WBA domains. However, there were others that provided limited or no information under a number of domains. Information, particularly in relation to strengths, interventions and outcomes was limited and lacking detail and outcome focus.

Assessments

Risk assessments were, in general, in place and well recorded in terms of detail, relapse triggers and mitigating actions. Evidence was seen that indicated these were updated in relation to changing circumstances. Risk assessments were seen to focus primarily on service users' medical needs.

We were informed that carers' assessments are undertaken by a designated social worker within the CMHT and that questions relating to carers were asked as part of the integrated assessment. This however, was not well recorded in the care records we reviewed. The number of registered carers for the three Swansea CMHT teams was 47. Senior staff acknowledged that this was a small number, but felt this was due to service user choice. Clearer recording of discussions with carers in the care records would demonstrate that carers had been provided with every opportunity for their needs and rights to be addressed.

We found evidence of professional, caring and knowledgeable interventions by CMHT staff. Service users we spoke with were very positive about the approach and attitude of staff involved in their care.

Support Services

We identified variability in service users' experiences involvement with other support services. One service user expressed dissatisfaction with the service provided by the Crisis team, whilst another made positive comments about the support provided. We also identified examples of effective multi-team working. An example of effective continuity of care was described where the transfer of a service user's care between the Crisis team and the CMHT had been handled smoothly. A positive relationship with housing services with tenancy support arrangements in place was also described. We found that there was no respite provision for mental health.

Examples were seen of Direct Payments[3] being used to help service users to achieve outcomes important to them. For example one service user's care plan included the use of a direct payment to a member of his family to support him in maintaining his religious observance, which was an area he had identified as important to him. There were two Direct Payment champions within the team. We were told that not all staff felt fully informed about Direct Payments. This may limit the extent to which they are used, reducing choice for service users and their carers.

The picture regarding third sector (voluntary) provision was unclear. One service user reported that she had had extensive involvement with third sector organisations and reference was made to support with access to employment education and community facilities. Other evidence indicated limitations on the support provided by independent sector organisations for discharge planning through step down care. One agency that had previously been funded to provide support for service users into employment was no longer being funded.

Care Planning

We saw that service users' care plans had been reviewed and that reviews had mainly been completed within appropriate timescales. The quality of the

[3] Direct payments are payments from the local council for people who have been assessed as needing help, and who would like to arrange and pay for their own care and support services.

information recorded for reviews of the care plans was variable. Whilst, some reflected changes in a service user's situation and in the services required to meet new demands, others demonstrated a poor outcome focus and limited detail as to how outcomes would be addressed.

Staff described a system of regular service user case reviews as part of the staff supervision and support arrangements. The process for ensuring that these discussions were recorded within individual care records was not clearly evidenced in the sample of care records we reviewed. Similarly, it was not clear how these contributed to the formal annual review.

As part of our inspection, we observed a multi-disciplinary team (MDT) meeting. Typically, this type of meeting would provide opportunities for those involved in service users' care to discuss and formally agree the next steps for their care and management.

The meeting we observed provided opportunities for the CMHT staff to exchange useful information about individual service users. The outcome of the meeting, however, did not result in next steps and actions being formalised using a multi-disciplinary team approach. The meeting was not fully multi-disciplinary in that not all members of the multi-disciplinary team involved in the service users' care were present. Senior staff confirmed that medical staff did not usually attend this meeting. It was not clear how these meetings contributed to the ongoing review process and there were no records of the discussions within the sample of care records that we saw.

What the service does well

- Involves service users in the assessment and care planning process
- Has arrangements in place to provide timely effective assessment and care planning
- Undertakes and updates risk assessment systematically
- Provides a knowledgeable, caring and professional workforce

Improvement needed

- Record keeping within care records to clearly demonstrate that carers have been provided with every opportunity for their needs to be assessed
- Record keeping within care records to clearly demonstrate multi-disciplinary team and management decisions in relation to service users' care and management

- Consideration should be given to whether the existing multi-disciplinary team meeting arrangements effectively contribute to the review of service users' care.

Safeguarding

Managers and staff interviewed expressed confidence in the knowledge and awareness of the team about safeguarding matters as well as the policies and procedures in place. Managers also stated that good working relationships were in place with the child and families team.

At present safeguarding responsibilities are devolved to the operational teams with social work team managers undertaking the designated lead manager role. This has advantages in that the CMHT social work team manager is able to provide face to face guidance to staff about thresholds and appropriate actions, but also has the disadvantage of increasing the workload for the team manager, senior practitioner and administration staff. We were told that plans are underway to reinstate the safeguarding team.

During our inspection we observed a single point of access meeting. During this meeting it was agreed, based on the information provided in the referral that a service user be given priority for an assessment via the CMHT duty system arrangements. Other information provided as part of the referral, indicated that the service user had a child and that the child and families team (within social services) was involved. Whilst a speedy assessment was being arranged, we were informed that further contact with social services would not be made until after the service user's assessment had been completed. From the discussions at the meeting it was not clear whether information was being exchanged in relation to child welfare, at the earliest opportunity. This may have been done outside of the meeting. However, the CMHT should consider introducing a more formal reference to these matters as part of the identified actions to be taken following the meeting.

From discussions with CMHT managers, the impact that the Local Safeguarding Board has on practice or service development was not clear. This raises the question about who provides the leadership required to ensure that services continue to develop their effectiveness in this area and that experiences and feedback is coordinated and shared across organisations.

What the service does well

- Effective working relationships were said to be in place between the CMHT and child and families team

Improvement needed

- Consideration should be given to introducing a more formal reference to exchanging information within the identified actions from the single point of access meeting.

Discharge arrangements

We were told that discharge arrangements for service users are made following discussions with the worker's line manager and are planned to provide for a gradual transition when this is required.

Information was provided to service users of their right to a reassessment by the CMHT, if they felt the need to, following discharge. This complied with the arrangements set out in the Mental Health Measure. Service users we spoke with were aware of their rights in this regard. One service user we spoke with confirmed that this arrangement had worked well, with a quick response being received and resulting in a positive outcome for the service user.

Another service user expressed concern that some third sector services are only available to service users who are receiving secondary care services. This is not supportive of a preventative and recovery agenda.

The care records of a service user who had been discharged from the CMHT were considered within the sample of care records we looked at. There was no record of whether the discharge arrangements had been discussed and agreed with the care coordinator's manager or other members of the multi-disciplinary team. Information submitted following the inspection confirmed that discharge arrangements had previously been agreed. We were assured that ongoing support arrangements had been made and the discharge summary record completed. The CMHT should consider ways to ensure that decisions around discharge made by management or through the multi-disciplinary team process are clearly recorded on service users' care records in a timely manner.

What the service does well

- Compliance with the Metal Health Measure around service users' rights to a reassessment by the CMHT, if they felt the need to, following discharge

Improvement needed

- Third sector input to support prevention and recovery

Monitoring the Mental Health Act

We reviewed the statutory detention documents of three patients being cared for by the Swansea Central (Area 2) CMHT.

We found that each Community Treatment Order[4] (CTO) had been authorised by the service user's responsible clinician (RC) and an approved mental health professional (AMHP) in accordance with the MHA. We saw that the RC in each case had attached further conditions to the CTO. These were recorded on the correct form and appeared necessary and appropriate. However, the records did not always demonstrate whether the service user had been involved in the process. Similarly the records did not always show whether an advocate had been involved to support the service user.

In each case the CTO had been extended and the records demonstrated that the correct process had been followed and in a timely manner. There was one case where the service user was recalled to hospital. The grounds for recall were recorded and compliant with the MHA. The records showed that the service user had been provided with information regarding the revocation of the CTO as required under the MHA.

At the time of our inspection the CTO for each service user was still in place. We did not therefore consider the process for discharging service users from their CTOs.

What the service does well

- Detention documentation demonstrated compliance with the requirements of the MHA and effective multi-disciplinary team working

Improvement needed

- Community Treatment Order documentation should demonstrate whether service users have been involved in the process and whether an advocate had been involved

[4] A Community Treatment Order allows a patient who has been detained in hospital for treatment to leave hospital (i.e. discharged from detention) and have treatment in the community.

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.

A management structure was in place with clear lines of reporting. The CMHT benefited from a supportive management approach provided by an established community nurse manager and team leader.

A system of regular audit was in place as part of the overall quality assurance and performance monitoring arrangements.

Staff demonstrated a commitment to providing high quality care and support to service users.

We identified improvement was needed around the arrangements for staff supervision and appraisal of social work staff.

Leadership, management and governance arrangements

Managers we spoke to described an integrated CMHT management structure and team. The Swansea Central (Area 2) CMHT was jointly managed by a full time community nurse manager and a full time team leader, both of whom also had management responsibility for health and social work staff working within Swansea West (Area 1) CMHT. Each reported to a service manager either within the health board or the local authority. Clear lines of reporting were described.

Managers reported that management meetings take place regularly where operational matters are addressed. A system of regular audit and reporting was described as part of the overall quality assurance and performance monitoring arrangements.

Staff that we spoke with expressed high levels of satisfaction with the quality of management support provided to them by the community nurse manager and team leader. The multi-disciplinary team was described as mutually respectful and supportive.

The CMHT benefited from a supportive management team and staff workforce with low levels of staff turnover. This promoted continuity of care for service users. Staff we spoke to demonstrated a commitment to providing high quality care and support to service users. Managers and staff explained however, that

the staff complement had not been revised for several years. They stated that the complexity of cases had increased but this had not been complemented by an increase in resources both in staff numbers and community facilities available to meet needs. We were told that there were no unallocated cases and that a risk based approach was taken when allocating work to staff. We were also told that efforts were made to allocate cases to staff who had suitable skills and interests to help promote their professional development.

Staff supervision was reported to take place on a regular basis. We looked at a sample of staff records and these demonstrated that most had met with their manager within the previous month. Prior to this there were gaps of up to five months. This was attributed to staff sickness and workload pressures. The format of the supervision meetings varied for health and social work staff. The content for health staff considered caseload management, individual issues, progress with professional development plans and training. The format for social work staff was less detailed and considered caseload management only. Efforts should therefore be made to broaden the scope of these meetings to promote discussion around staff wellbeing and other aspects of work.

Whilst health staff had received a formal appraisal of their work in the last year, social work staff had not. This was discussed with senior staff who attributed this to workload pressures and changes being needed to the appraisal system. Senior staff gave an assurance that arrangements were being made for a system of annual staff appraisal to be introduced.

Senior staff provided training records which demonstrated that staff had attended a range of training relevant to their role. However, we identified that not all staff were up to date with mandatory training. Arrangements should therefore be made so that staff are supported to attend mandatory and other training in accordance with their professional development needs.

What the service does well

- Provides accessible management support valued by frontline staff
- Provides regular opportunity for multi-disciplinary discussion regarding operational matters and performance reporting
- Quality assurance framework is in place
- Maintains a stable knowledgeable workforce

Improvement needed

- The arrangements to review the CMHT resources so that it can

continue to meet the level of demand

- The scope of supervision meetings for social work staff to promote discussion around wellbeing and other aspects of work
- The system for appraisals for social work staff so that these take place annually
- The arrangements to support staff to attend mandatory training.

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 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 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's website.

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.			

Appendix B – Immediate improvement plan

Service: Swansea Central (Area 2) CMHT

Date of inspection: 14 and 15 September 2017

The table below includes any immediate concerns about patient 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 improvement plan was required.				

Appendix C – Improvement plan

Service: Swansea Central (Area 2) CMHT

Date of inspection: 14 and 15 September 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				
Implement a formal system to assess the effectiveness of the information and signposting in addressing service users' needs The waiting times for psychology and therapy and the interface between the CMHT and other teams	**Health and Care Standards:** 5.1 Timely access 6.1 Planning care to promote independence **Local Authority Quality Standards (LAQS)** 1b) Provide services to prevent or delay people's need for	Develop a randomised audit of people who were signposted following CMHT assessment to assess satisfaction in the quality of service and information provided. Support regular information exchange meetings with LPMHSS, CAMHS and OPMHS to support the seamless transition from one service to another via the Swansea Community Managers meeting and the	Community Mental Health Team (CMHT) managers:C. Woods & J. Doyle Locality Manager: M. Jones & Principal Officer M. Campisi	June 2018 In situ

Improvement needed	Standard	Service action	Responsible officer	Timescale
	care and support	Swansea Locality board. A Task & Finish Group has been established to address the waiting times in relation to psychology and therapy. The T&F group will implement a plan to validate existing therapy waiting lists and produce a demand & capacity plan.	Head Of Therapies R.Parry	June 2018
Make arrangements for a more systematic offer of advocacy and record this in service users' care records.	**Health and Care Standards:** 6.1 Planning care to promote independence **LAQS** 1g) Arrange independent advocate 2b) Support people to access services	Managers to reinforce the necessity for a more systematic approach via supervision and regular assessment audits. Practitioners to be reminded to record this initially in PARIS prior to the introduction of WCCIS that will have this functionality as part of new IT system development	Principal Officer M. Campisi & CMHT Managers: C. Woods & J. Doyle	June 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
Review position of panic buttons to promote easy access by staff	**Health and Care Standards:** 2.1 Managing risk and promoting health and safety	The Swansea Locality manager has requested that Health & Safety conduct a review of the panic buttons and that a risk assessment of the area is conducted.	Locality Manager: M.Jones	March 2018
Implement a system to ensure that medicines are being stored at temperatures recommended by the manufacturer Make arrangements to ensure that drug charts clearly indicate whether patients have known allergies	**Health and Care Standards:** 2.6 Medicines Management	The CMHT Health Team Manager has liaised with the Pharmacy to ensure that a system is put in place to monitor the temperature levels in the clinical room and the clinic room fridges. The CMHT Health Team Manager will remind all CPNs of the requirement to clearly indicate known allergies on the drug charts. An audit will be conducted by the pharmacist to check compliance.	CMHT Manager J.Doyle & Lead Pharmacist: S.Jones	Feb 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
Record keeping within care records to clearly demonstrate that carers have been provided with every opportunity for their needs to be assessed	**Health and Care Standards:** 3.5 Record keeping **LAQS:** 5d) Take the views of carers into consideration when assessing care and support needs	Managers to reinforce the necessity for a more systematic approach to carers needs assessment via supervision with staff and regular CTP and CPA recovery assessment audits as well as focus for the dedicated carers assessor. PARIS has this functionality so it is important that the WCCIS IT system has this functionality as part of new IT system development.	CMHT Managers: C. Woods & J. Doyle	Completed
Record keeping within care records to clearly demonstrate multi-disciplinary team and management decisions in relation to service users' care and management	Monitoring the Mental Health Measure Compliance with Social Services and Well-being (Wales) Act 2014 **Health and Care**	Team meetings to clarify action points in relation to particular individuals and these to be transposed onto the individuals case record as appropriate	CMHT Managers: C. Woods & J. Doyle	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Standards: 3.5 Record keeping 6.1 Planning care to promote independence **LAQS:** 1k) Professionals facilitate multi-disciplinary plans			
Consideration should be given to whether the existing multi-disciplinary team meeting arrangements effectively contribute to the review of service users' care	**Health and Care Standards:** 3.1 Safe and Clinically Effective care **LAQS:** 1k) Professionals facilitate multi-disciplinary plans 6a) Participate as active citizens	Team meetings to clarify action points in relation to particular individuals and these to be transposed onto the individuals case record as appropriate The existing MDT is a team meeting that focuses on information sharing and communication but it is recognised that complex cases are sometimes discussed in these meetings	CMHT managers: C. Woods & J. Doyle	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		in the form of a peer review.		
Consideration should be given to introducing a more formal reference to exchanging information within the identified actions from the single point of access meeting	**Health and Care Standards:** 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	Single point of access meetings to clarify action points in relation to particular individuals and these to be clearly directed to the responsible Care Coordinator or duty officer. The system currently in place where the notes and actions are managed by the Team Administrator is to be strengthened by regular review of the actions by the CMHT managers.	CMHT Managers: C. Woods & J. Doyle CMHT Managers: C. Woods & J. Doyle	Completed Completed
Third sector input to support prevention and recovery	**Health and Care Standards:** 6.1 Planning care to promote independence **LAQS:** 6a) Participate as	Continued collaboration with third sector agencies through Together for Mental Health Partnership Group to ensure efficient and effective engagement.	Locality manager: M. Jones & Principal Officer M. Campisi	In situ

Improvement needed	Standard	Service action	Responsible officer	Timescale
	active citizens			
Community Treatment Order documentation should demonstrate whether service users have been involved in the process and whether an advocate had been involved	Application of the Mental Health Act	All practitioners have been instructed that the right to advocacy needs to be discussed with the service user at the point when a CTO is being considered and that the service user is actively involved in the process. This should be recorded in the patient's file.	CMHT Managers C. Woods & J.Doyle	Completed
Quality of management and leadership				
The arrangements to review the CMHT resources so that it can continue to meet the level of demand	**Health and Care Standard:** 7.1 Workforce	The Health Board has joined the NHS Benchmarking Network and is now receiving reports specific to Mental Health Services. This information will be used as part of a demand and capacity review of our CMHTs to ensure that they are fit for purpose and have resources that meet the	Principal Officer: M. Campisi & Service manager: E. Twigg	July 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		demand.		
The scope of supervision meetings for social work staff to promote discussion around wellbeing and other aspects of work		Managers to ensure compliance with City and County of Swansea code of practice and staff development. PO to regularly audit compliance via internal IT system – Oracle.	CMHT Manager C. Woods & Principal Officer: M. Campisi	September 2018
The system for appraisals for social work staff so that these take place annually.		As above	Principal Officer M. Campisi & CMHT Manager: C. Woods	in situ
The arrangements to support staff to attend mandatory training.		City and County of Swansea to continue to provide managers with a record of mandatory training of all staff members. Arrangements to support	Principal Officer M. Campisi & CMHT Manager: C. Woods	Immediate

Improvement needed	Standard	Service action	Responsible officer	Timescale
		staff to attend training will in future form part of the regular supervision agenda as a means of improving professional development and standards and monitoring performance.		

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): Malcolm Jones/Mark Campisi

Job role: Locality General Manager, ABMU Health Board/ City & County of Swansea

Date: Updated 31.1.18