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

Inspection visit to (announced):

South Caerphilly Community Mental Health Team, within Aneurin Bevan Health Board and Caerphilly County Borough Council

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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 South Caerphilly CMHT

HIW and CIW completed a joint announced CMHT inspection of South Caerphilly CMHT within Aneurin Bevan Health Board and Caerphilly County Borough Council on 11 and 12 October 2017.

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

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.

During the inspection visit, we reviewed a sample of eighteen service user case files, including a review of documentation for one patient who had previously been 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.

Initial feedback was provided to the South Caerphilly CMHT and to representatives from the Aneurin Bevan HB and the Caerphilly County Borough Council at the end of the inspection visit, in a way that supported learning, development and improvement.

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

Background of the South Caerphilly CMHT

The South Caerphilly CMHT was established as an integrated team in 2013, by a joint arrangement between the Aneurin Bevan Health Board and Caerphilly County Borough Council. The team is managed by an integrated team leader (currently a social worker), whose post is paid for by the health board but who remains on local authority employment terms and conditions. The team comprises:

- 7 community psychiatric nurses (CPNs), including a lead CPN, and an assistant nurse;
- 7 social workers – all approved mental health professionals -, including a senior social worker;
- An occupational therapist;
- 3 part time psychologists (which includes a lead psychologist) a part time assistant psychologist and a therapeutic nurse;

- A consultant psychiatrist and a senior registrar;
- Administrative support staff from both the health service and local authority.

The team is based at a local authority building in Caerphilly town centre. Some services are provided at other locations, including hospital clinics and at patient's own homes.

The team is one of two CMHT's in the borough of Caerphilly. It deals with adults who require secondary mental health services (i.e. are referred by their general practitioner (GP) to a consultant psychiatrist for advice and treatment and who, in some cases, may require hospital treatment) and who (for local authority purposes) are residents in the southern part of Caerphilly County Borough or (for health board purposes) are registered with a GP practice in the same area. For a small number of people who are registered with a local GP practice but who reside outside the County Borough, this means they will receive any necessary social services from a neighbouring local authority, in liaison with the CMHT.

In addition to the CMHT, services are also provided by an Early Intervention Service, a Crisis Resolution and Home Treatment Team and an Assertive Outreach Team.

2. Summary of our inspection

Overall, we found that service users accessing the CMHT were satisfied with the service provided. There was evidence of good collaborative engagement and therapeutic relationships between professionals and the individuals receiving care. Service users felt included and respected by the choices they were given and valued the consistency in the support they received.

We were satisfied from the evidence we saw that South Caerphilly CMHT provided safe and effective care. We saw, in most areas, that they were working within the Mental Health Measure (Wales) 2010, the Social Care and Wellbeing [Wales] Act 2014 and local guidance on best practice. However, there were some areas identified for improvement which would enhance and develop the current service, although these would not have a significant affect on the immediate care service users receive.

This is what we found the service did well:

- Positive feedback from service users, relatives and carers using the service
- Person centred approach with involvement of all parties in all aspects of the planning and delivery of care
- Motivated and committed staff team
- Good team working across all professions

This is what we recommend the service could improve:

- Develop an on-going audit process to ensure service provision is meeting service user's current needs
- Reduce waiting list for psychology assessments
- Review of documentation to ensure all areas are fully completed
- Improved information technology system and joint 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 service users' perspectives was at the centre of our approach to inspection.

We found that service users receiving care were satisfied with the service provided. The collaborative engagement and therapeutic relationships between professionals and the people receiving care was good. We identified some areas of development that would ensure that the CMHT is continually improving and providing evidenced based support and treatment.

During the inspection we spoke to service users receiving care, carers and staff to obtain views on the services provided. Comments included the following;

- Staff said there was good collaboration between professionals, with a willingness to work together.
- The work could be challenging at times.
- *"I had a positive experience with psychiatrist and social worker – feel there is collaboration between professionals*."
- *"Staff demonstrate human qualities; respectful and trustworthy practice*."

Care and engagement

Each service user receiving services has a care co-ordinator, usually a CPN or social worker but in some cases a psychologist or psychiatrist. The care co-ordinator is responsible for the overall management of their care, with specialist help as appropriate from psychiatrists and psychologists, and sometimes further support from a support worker or voluntary/third sector organisations. Care co-ordinators have caseloads (the number of people for whom they are responsible for at any one time) in the high 20s or low 30s. Case files, interviews with staff and with service users showed high levels of personal contact, often maintained over considerable periods, by the care co-ordinator

and/or support worker. However, we found some instances of medical staff taking on a care co-ordination role, but who were not able to fully carry out their responsibilities as care co-ordinators due to other work pressures and high caseloads. Service users receiving services and their carer's spoke very highly of the support and care they received. They described their care co-ordinators as "*responsive and accessible*" – usually available by phone or, if not, reliable in ringing back. In some cases contact was maintained over difficult periods: one worker described the experience of working with a severely psychotic service user as "quite frightening at times"; another, responsible for an individual proving difficult to engage, persisted with their efforts, speaking of a "duty to care".

We explored service user involvement in the development of future service provision and to measure service user satisfaction. However, senior staff told us that at present there was no service user group / participation group, service user satisfaction questionnaire and no involvement in staff recruitment. This is an area we suggest management develop to ensure service users receiving care have a voice and are included in shaping future service provision.

Access to services and advocacy

An established process for referring individuals to the CMHT was described and demonstrated. This process, together with a set of referral criteria aims to ensure that people access the most appropriate services in a timely way. Referrals for the service are predominantly from; GPs, through the Caerphilly County Borough Council social services Information, Advice and Assistance (IAA) duty desk, or from hospital ward rounds. The community mental health services have developed a 'central referral point' (CRP) as an accessible single point of contact for all referrals into secondary mental health services: this is a multi-disciplinary service, staffed Monday to Friday from 9am to 5pm, by two clinicians (one from the North and South Caerphilly CMHT's), who have access to both NHS and social services databases. As well as accepting and screening referrals, the clinicians offer urgent assessment appointments – up to three a day – at their base in Ty Cyfannol ward in Ysbyty Ystrad Fawr. Managers reported that the CRP has succeeded in reducing waiting times for psychiatric assessments, to the extent that a third of the slots are now available.

Discussions with CMHT staff indicated that the introduction of a triage type approach to the CRP supports a timely response to referrals. However, senior staff indicated that there had been no audit of the service to date, to establish the efficacy of the triage system.

The CMHT operates a duty system for urgent referrals 'in hours'. Urgent referrals are triaged on the same day and where appropriate, assessments commenced by the CRP team. Services of the Crisis Resolution Home

Treatment Service (commonly referred to at the 'Crisis Team') could be requested or people signposted to other support services. Urgent referrals made 'out of hours' were managed via the Emergency Duty Team which is available outside of 9 – 5 core working hours and at weekends.

Referrals from the CRP (other than the most urgent) are considered at a weekly CMHT referral meeting. The purpose of this meeting is to determine whether people referred for care met the criteria to access CMHT services and to agree the support required: whether this was having a care coordinator allocated or signposting to other support services. We observed that this meeting used a multidisciplinary approach that involved the team manager, senior social worker, lead nurse, consultant psychiatrist and specialist medical doctor. Administrative support was also present.

During the meeting we attended, we were informed by senior staff that there was a lack of understanding with some GP's regarding the referral criteria and subsequently three referrals were deemed inappropriate, which were redirected back to GP services or the primary mental health team. The business was efficiently conducted, with a focus on getting timely and appropriate support to those in need**.**

This was followed by a weekly multi-disciplinary meeting, which we were invited to observe. We saw that it was very well attended (twenty staff). This meeting offered staff the opportunity to discuss service users and to plan collaborative care, enabling different professions to join together to undertake one assessment. An example was when the psychologist, occupational therapist and the specialist nurse for eating disorders arranged for a joint visit. This is an example of noteworthy practice as it reduces the need for service users referred for care to attend numerous assessments and also offers a holistic view of the service users' needs at one point of contact.

We were told that the numbers of service users assessed as needing to be seen by a psychologist or needing psychotherapy was approximately 25 per month. This subsequently meant that the waiting time for an appointment could be up to twelve months for assessment by a psychologist; however, therapeutic intervention could be commenced earlier by appropriately trained staff. An extended episode of staff sickness with no support, combined with the wide remit of the psychotherapy professionals, such as; 1.5 days on the ward, home treatments, assessment team work, supervision of staff, care-co-ordinator roles and the delivery of specialist training, resulted in pressures on meeting service demand. The team were exploring ways to address this, i.e. training social and heath staff to deliver specific psychotherapy sessions under the guidance of the psychotherapist. The team felt this could reduce the waiting time for some

treatment, could aid collaborative working and could offer a more holistic approach to care.

Access to advocacy services was not well documented in the case files reviewed, except in formal proceedings under the Mental Health Act 1983. We were told that advocacy services are commissioned by specific agencies and are more widely accessed by service users receiving care in hospital than in the community. It was unclear to what extent advocacy was being given sufficient prominence at an early stage.

Managers reported that a carers' service is linked to the social services Information Advice and Assistance team (IAA), where active offers of carers' assessments are also made. We saw very little evidence of carers' assessments in CMHT cases reviewed, and it was not always recorded whether carers' assessments had been offered. We asked for a list of currently recorded carers and found that of the six names on the electronic system, none had received a carer's assessment. However, the case records viewed showed ample evidence of carers being involved and supported; with their views and experiences often explicitly recorded.

We did not see any cases in which a language other than English was used, considered necessary or in which there were special communication needs. Managers reported that three members of the CMHT can carry out assessments and interventions through the medium of Welsh and that the team has access to interpreters for other languages and British Sign Language (BSL).

Staff were confident that information about services would be provided as part of the assessment process and some appropriate information including that relating to specialist community teams was seen in the case files reviewed. We did not see information leaflets regarding the CMHT, carer support or the complaints procedure on display for people accessing care and/or relatives or carers. The service is not currently able to provide evidence of the effectiveness of the provision of information and signposting in addressing people's needs. The need for audits to ensure the service is meeting the needs of people receiving care was discussed with senior staff.

What the service does well

- Staff have a very collaborative working ethos
- Staff have excellent, continued contact with the people on their caseload
- There is a motivated, innovative staff team.

Improvement needed

- Ensure that the workload of medical staff allows them sufficient time and capacity to carry out the care co-ordinator role fully
- The service should develop systems to capture views and involve service users receiving care and support in the development of future services
- The service would benefit from regular audits to evidence the efficacy of the service offered
- The service would benefit from further exploration to reduce the waiting time for psychology assessments
- The service needs to audit the concerns/complaints whether formal or informal to see if there are lessons to be learned
- The service would benefit from developing a leaflet outlining the service provided. This could clarify the referral process and reduce inappropriate referrals, whilst also informing people of the remit of the team.

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.

Service users receiving care and support told us that they were treated with dignity and respect by staff. There were also positive comments, particularly about the relationships they had with staff.

The sample of care files we reviewed was, generally, of a good standard although we did identify some inconsistencies in the assessment sections.

There seemed to be good internal communication systems in place to ensure that there were no unnecessary delays in processing referrals. However, these had not been tested through an audit programme.

There was a safeguarding of children and vulnerable adults policy in place and staff had completed training. We saw evidence of consideration being given to dependents when planning care.

Managing risk and promoting health and safety

From the documentation reviewed, it was evident that care provision was based on multidisciplinary assessment and risk management. All risk assessments we saw had been reviewed within the time frames initially agreed. However, we identified that risk assessments in some case files reviewed, appeared incomplete in some areas, but risks were summarised.

Quality of care and treatment: (Mental Measure (Wales) 2010 and Social Care and Wellbeing [Wales] Act 2014).

Assessment Care and treatment planning and review

There were some indications that the service was responding to the introduction of the Social Services and Well Being Act (SS&WBA) and the Mental Health Measure (2010) in attempting to provide a preventative and timely approach to care. We reviewed the Care and Treatment Plans (CTP) in eighteen service user case files.

Individually we saw a wide range of CTP's, varying from excellent to average, with some containing an absence of up to date needs assessments. We found the care plans to be generally well structured and person centred and reflected service users' emotional, psychological and general health and wellbeing needs. There was evidence seen of regular reviews.

The quality of documented notes and records differed between files even though the files themselves demonstrated the same, consistent and structured approach. Some files contained more detailed information whilst others were not as informative. However overall, we generally saw a good standard of case note recordings and care plans. The information viewed reflected the needs of the service user receiving care and support, with proportionate assessments of physical health, relationships, medication, social needs and risk..

Entries within the care files reviewed were contemporaneous with all members of the team documenting their involvement/interventions. There was some difficulty in navigating the case files with two different electronic systems and a paper notes in place. However, we did not find any inconsistencies between the three systems. We understand that the IT system is an all-Wales issue and were told that the local authority are transferring on to the new integrated Welsh Community Care Information System (WCCIS) in the new year. Unfortunately, health will not be migrating to the new system for some time, so there will remain three systems in operation for the foreseeable future.

It was evident from the care documentation seen and from discussions with service users receiving care, 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 the support services. Although, in the records reviewed we saw, that there was limited opportunity for service users to feedback at review. Senior staff indicated that they would address this.

Some other areas that were identified which need to be more robustly completed are; CTP's need to support compliance (or not) with the annual review, some care plans need to reflect how peoples condition impacts on other areas of their life, signatures were missing in some paper notes and boxes were left incomplete, which leaves uncertainty about issues such as; advocacy or carer assessments. Similarly, we saw other gaps in information that could have identified an unmet need.

The assessment format varied in the cases reviewed, depending on when they were completed. The dates of referral and allocation were not always clear, meaning we could not be sure of the timeliness of assessments, but there was nothing to suggest undue delay. Most included the events leading to referral, the medical diagnosis, medication, a summary history and current circumstances of the person; some aspects of the social circumstances, such as family members, were not always systematically set out and some boxes on the assessment forms, such as ethnicity, language preference, whether a carer's assessment had been offered or whether advocacy had been considered were not completed. Most assessments showed clearly that the

individuals' and carers' views had been sought and were taken into account. Risk assessments were normally included with or alongside the main assessment.

All the care and treatment plans that were reviewed, were completed using a form developed in response to the Mental Health (Wales) Measure 2010 and its Code of Practice, with headings as set out in Section 18 of the Measure. The plans were conscientiously completed, with clear evidence of the involvement of the individual concerned and carers. Responsibilities for actions were clearly assigned – to the care co-ordinator, others in the team, professionals from other teams or organisations and to non-statutory organisations such as; Gofal Cymru Care Ltd (a not-for profit company providing residential, respite, domiciliary care and day services) and Hafal (a charity for people in Wales suffering from serious mental illness, which provides a recovery programme).

Safeguarding

All cases that were reviewed included a risk assessment, mostly using the Wales Applied Risk Research Network (WARRN) format. Risks identified – to self and to others were set out, with strategies for reducing or mitigating risks. Some sections of the form, particularly the risk assessment matrix, were not always completed. Following review of case files and conversations with managers, practitioners, service users receiving care and carers evidenced that risk remains a major consideration in case management and care co-ordination and is well handled. During the referral meeting we observed, we became aware of a child safeguarding issue which had become evident and were reassured by what we were told that the issue had been acknowledged and acted upon appropriately. It was not so evident that risk management was systematically being audited or reviewed by managers or peers.

Discharge arrangements

Most of the cases that we reviewed were still active and therefore did not have clear discharge plans. We identified that service users had been helped to have their condition stabilised, to accept that they were ill and required treatment and support to help them cope, to improve their level of functioning and to reach social goals that might have been otherwise unobtainable. However, following review of two case files and discussions with staff, we were able to see evidence which indicated that discharge arrangements were generally satisfactory.

We saw that although the discharge arrangements were managed in accordance with service users' requirements, staff had facilitated a safe and early discharge through proactive engagement with community based services.

Monitoring the Mental Health Act

Requests for formal assessments under the Mental Health Act 1983 by an approved mental health professional (AMHP) are processed mainly through the social services IAA duty desk. There is a daily AMHP rota for the whole of Caerphilly County Borough, which includes a first and second call AMHP and an AMHP manager. The manager screens the referrals and allocates them to the duty AMHPs.

Documentation evidenced that Independent Mental Health Assessors (IMHA) and Independent Mental Capacity Assessors (IMCA) were readily available

None of the case files that we review as part of our inspection had current Community and Treatment Orders (CTO).[2] We therefore looked at two historic cases.

In one case that we examined, the patient receiving care and support had been hospitalised for a period of time and was allowed to continue treatment at home, subject to a Community Treatment Order. Community mental health staff provided intensive support, at some stages visiting daily to encourage compliance with medication.

At all stages in both cases reviewed, actions appeared to be carried out in accordance with the statutory requirements.

We looked at a sample of applications for detention under section 2 of the MHA and found that reports were fully completed and well reasoned. We saw evidence of noteworthy practice whereby the Approved Mental Health Professional (AMHP) within the team, acting autonomously had disagreed with the recommendations of the doctor, responding in an evidence based, professional and well reasoned manner.

[2] A Community Treatment Order (CTO) is a legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.

What the service does well

- Good multidisciplinary team working
- Autonomous practice is encouraged and supported.

Improvement needed

- The service needs to develop a system of peer audit to ensure all areas of the documentation are fully completed
- The service would benefit from a shared IT system. The health board should review timescales for the migration to the new integrated IT system.
- The service needs to ensure that the documentation adequately records the views of people receiving care and support during any review.

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.

We saw evidence of a visible, open and approachable management structure. There were clear lines of accountability that presented as a collaborative team working in a supportive but stressful environment.

It would be beneficial to the service if robust audit systems were developed to measure the efficacy of the support, care and treatment delivered.

Leadership, management and governance arrangements

Staff informed us that front line managers usually dealt with complaints in the first instance. However, these issues were not always recorded (in line with the *Putting Things Right* health guidance)[3] to identify trends and themes. It is recommended that this be reviewed by management to determine, if there are any relevant lessons highlighted for the service within the informal concerns/complaints system.

The South Caerphilly CMHT has a strongly positive and co-operative ethos. The staff appeared proud to work there, with a committed focus on the needs of the service users with whom they deal with and a willingness to go the extra mile. There appeared to be no undue problems of staff sickness or of recruitment and retention. The team was described as 'integrated', and its members generally cope well in reconciling the organisational differences that remain within it: different terms and conditions of employment (including working hours) and different information systems. There is continuing debate

[3] This is the process for managing concerns in NHS Wales

about the extent of integration, in particular how far the CPNs and social workers can do each others' traditional tasks. The positive character of the team reflects well on its local managers and on the more senior managers within both parent organisations to whom they report.

The main area for improvement identified was demonstrating effectiveness through more systematic quality assurance and performance management techniques, such as case audits, more quantitative measures of process compliance and timeliness, and assessments of effectiveness in aiding recovery, mitigating the effects of illness and reducing breakdowns or readmissions to hospital.

What the service does well

- The team have fostered a positive, co-operative and collaborative environment in which to work.

Improvement needed

- The service needs to combine the concerns/complaints process to ensure both health and the local authority guidelines are considered
- The management need to develop audit tools to measure the efficacy of the care and treatment delivered by the team.

3. 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
There were no immediate concerns identified.			

Appendix B – Immediate improvement plan

Service: South Caerphilly Community Mental Health Team

Date of inspection: 11 and 12 October 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
There were no immediate assurance issues identified.				

Appendix C – Improvement plan

Service: South Caerphilly Community Mental Health Team

Date of inspection: 11 and 12 October 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 service would benefit from developing a leaflet outlining the service provided. This could clarify the referral process and reduce inappropriate referrals, whilst also informing people of the remit of the team.	3.2 Communicating effectively Well-being priority 1(1a)	An information letter has been devised that outlines the functions of the CMHT and the service provided. This letter will be sent to all service users with their appointment letter A leaflet is now being developed and will be shared with the wider public and potential referrers.	Julie O'Brien, Team Lead, South CMHT	March 2018
The service would benefit from further exploration to reduce the waiting time for psychology assessments.	5.1 Timely access Well-being priority 5 (1.c)	A waiting list initiative has commenced funded by psychological therapies management committee in order to	Liz Andrews Head of Psychology,	July 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
Ensure that the workload of medical staff allows them sufficient time and capacity to carry out the care co-ordinator role fully		clear the current assessment waiting list. This will enable the service to implement a programme of therapeutic groups facilitated by multi disciplinary practitioners to provide proportionate intervention. Subsequently the capacity released for Clinical Psychologist's will enable job plans to reflect the current predictable demand for psychological assessments and will allow this resource to be accessed in a timely way. The Clinical Director continues to undertake a programme of review of the job plans of each individual Consultant, the better to enable a balanced workload and capacity to meet the agreed demands of the role.	Adult Mental Health Dr Swarnkar, Clinical Director	July 2018
The service should develop systems to capture views and involve service users receiving care	6.3 Listening and Learning from feedback	The service has a number of mechanisms in place to gauge service user satisfaction e.g. inpatient unit	Julie O'Brien, Team Lead	April 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
and support in the development of future services.	CIW Local Authority Core Inspection Programme Evaluation Criteria. Dimension 5: Leadership, Management & Governance SC.1 DS.10	groups, support services questionnaires. The service will further develop these mechanisms to produce an "Experience of Service "questionnaire specifically for those individuals who have undertaken assessment by the Community Mental Health Teams. There is a commitment to host a service user/carer participation event over the following months in order to capture their views of the service. This event will also provide an opportunity for us to understand how service users and carers may wish to be involved in future service development.	Karen Morris, Service Manager	July 2018
The service needs to audit the concerns/complaints whether formal or informal to see if there are lessons to be learned.		All formal and informal concerns, will be logged where appropriate, with the relevant departments within ABUHB and CCBC. This information will be collated, reported upon and reviewed regularly by the Leadership Team.	Brahms Robinson, Senior Nurse	March 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The service would benefit from regular audits to evidence the efficacy of the service offered.		ABUHB QPS team undertake a Divisional rolling programme of audit. Recently developed mechanism for caseload management involves an audit of a designated number of individual team member's cases. This is undertaken on a bi monthly process.	Alison Lewis, Quality and Patient Safety Lead, ABUHB	Complete
Delivery of safe and effective care				
The service needs to develop a system of peer audit to ensure all areas of the documentation are fully completed	3.3 Quality Improvement, Research and Innovation CIW Local Authority Core Inspection Programme Evaluation	CCBC and ABUHB will introduce an audit process wherein the leadership team and selected local practitioners will undertake a bi-monthly documentation audit. This will be supported by the ABUHB QPS team	Brahms Robinson,	March 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Criteria. Dimension 5: Leadership, Management & Governance DS 10			
The service would benefit from a shared IT system. The health board should review timescales for the migration to the new integrated IT system. The service needs to ensure that the documentation adequately records the views of people receiving care and support during any review.	3.5 Record keeping Well-being priority 3 (3.5)	.CCBC are migrating to the new IT system in February 2018. ABUHB staff will have read access to the new system with a view to migrating in October 2018. The Leadership Team will reinforce to staff the importance of recording the views of people receiving care and support. This will be a key theme of supervision, training and will be monitored through the audit process.	Brahms Robinson	February 2018 onwards January 2018
Quality of management and leadership				
The management need to develop audit tools to measure the efficacy of the care and treatment delivered by the team.	Governance, Leadership and Accountability	ABUHB QPS team undertake a Divisional rolling programme of audit. Audit tools are already in	Brahms Robinson,	March 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
The service needs to combine the concerns/complaints process to ensure both health and the local authority guidelines are considered.	CIW Local Authority Core Inspection Programme Evaluation Criteria. Dimension 5: Leadership, Management & Governance DS 10	existence and will be re-introduced in the development of regular audit meetings. There is a commitment to combine the concerns/complaints process. All informal and formal complaints will now be collated and reported to both CCBC and ABUHB where appropriate. Regular liaison between ABUHB and CCBC Complaints Officers will be encouraged.		

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): Brahms Robinson/Karen Morris

Job role: Senior Nurse (ABUHB/Service Manager(CCBC)

Date: 9.1.18