

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

[South Pembrokeshire Community  
Mental Health Team, Hywel Dda  
University Health Board /  
Pembrokeshire 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 for 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<sup>1</sup> 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 Pembrokeshire CMHT**

HIW and CIW completed a joint announced CMHT of South Pembrokeshire Community Mental Health Team (CMHT).

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.

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<sup>1</sup> See: <http://hiw.org.uk/reports/special/homicide/?lang=en>

During the inspection visit, we reviewed a sample of 10 service user case files, including a review of documentation for 3 patients detained under the Mental Health Act. We also interviewed CMHT staff and managers and talked to a small number of services users and/or carers and families.

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

Initial feedback was provided to the South Pembrokeshire CMHT and to representatives from the Hywel Dda Health Board and the Pembrokeshire 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 South Pembrokeshire CMHT. A summary of our findings are outlined within this report. ]

## **Background of the South Pembrokeshire CMHT**

[The CMHT is located in Haven Way Resource Centre, Pembroke Dock and operates across South Pembrokeshire with an outlying base in Narberth. The site provides assessment and care management services for people with significant and persistent mental health problems including facilities for service user consultations and minimal invasive treatment procedures.

At the time of our inspection the CMHT consisted of a team of multi-disciplinary health and social services practitioners. The services provided by members of the CMHT for the benefit of service users include psychiatry, psychology, occupational therapy, community psychiatric nursing, social work, and psychotherapy. Administrative support for the CMHT is also provided within Haven Way. Three members of the CMHT are employed by the Social Services Department of Pembrokeshire County Council, and all other personnel are employed by Hywel Dda University Health Board.

Service Manager has operational responsibility for the whole of Pembrokeshire Adult Mental Health Services.

Service user records are held on two electronic locations, one is an NHS portal and the other a Local Authority portal. Information is not shared between these two locations. Hard copy service user records are also held by Hywel Dda UHB in a location separate to Haven Way.

The CMHT works closely with the Crisis Resolution and Home Treatment service (CRHT) and St Caradog ward in Canolfan Bro Cerwyn, Haverfordwest. The CMHT also has active engagement with the blue light emergency services and third sector organisations. We found a willingness and commitment from all staff members of the CMHT to work collaboratively with other agencies.



## 2. Summary of our inspection

Service users we spoke to provided positive feedback of their experience of the service. However, we found evidence that the service was not fully compliant with all Health and Care Standards (2015) and Local Authority Social Services Quality Standards (2015)<sup>2</sup>.

Staff were working diligently in order to provide a much needed service in the south of Pembrokeshire.

However, numerous deficiencies were identified in relation to safe medication management. This necessitated the issuing of an immediate improvement, details of which can be located at Appendix B.

This is what we found the service did well:

- People we spoke to were generally pleased and content with the service they received
- Staff we spoke to were genuinely committed to deliver the best possible service to each person referred to the team
- We found good teamwork and mutual support between members of the team, which meant that every member of staff spoken to felt valued
- The social services support worker plays the key role within the CMHT of introducing and delivering multi-disciplinary training to agencies, including the emergency services on the carer's assessment under the Mental Health Measure

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<sup>2</sup> Contained in Code of practice in relation to measuring social services performance: issued under section 145 of the Social Services and Well-being (Wales Act 2014)

- The CMHT has established effective partnerships with third sector organisations which helps service users to maintain their independence by preventing or slowing down the need for them to receive more intensive care and support services
- Service users are often invited to sit on interview panels when new staff are being recruited
- People have good access to services from the South Pembrokeshire substance misuse service which is also located in the Haven Way building ]

This is what we recommend the service could improve:

- [There is a need to integrate service users' records so that consistent information relating to each person is available to all staff working within the multi-disciplinary team thereby ensuring that key information is not missed at any one point in time
- Improve medication management – this issue was subject to an immediate improvement
- Improvement to the structure, organisation and accessibility of service users' records is needed and must include key documentary evidence which fully complies with the Social Services and Well-being Act (Wales) (SSWBA)
- Plan and deliver staff training on the SSWBA
- Introduce and record 'What Matters'<sup>3</sup> conversations with service-users in order to complying with The SSWBA Act and informing the current assessment process
- Infection control management requires evaluation in order to promote safe and effective care and treatment
- The internal physical environment requires evaluation and improvement in order to address numerous shortcomings which can directly impact upon the privacy, dignity and safety of service users

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<sup>3</sup> What matters conversations' is a skills based training local authorities have been offered as a means of encouraging them to work from the starting point that the adult knows best

- An accurate analysis of the staffing requirements and skills, qualifications and experience should be carried out to determine the resources needed which best responds to service user's needs. This is because the CMHT experiences on-going recruitment difficulties especially in relation to the position of Advanced Mental Health Practitioner
- The range of written information available in the reception area of Haven Way could be improved by the inclusion of awareness-raising of the SSWBA
- The range of Welsh language written information available to people including those in the reception area of Haven Way needs improvement
- Governance, Leadership and Management can be improved through the implementation of quality assurance processes separate from (but informing) the operational and performance management process
- Consideration should be given to the separation of the entrance points and reception areas within Haven Way to the CMHT and the Substance Misuse services which are located in different parts of the building, thereby affording people greater respect and dignity.

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### 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 their perspective was at the centre of our approach to inspection.*

Service-users told us that they found the care and support provided to them to be responsive, helpful and of good quality. They felt that their needs and wishes were placed at the centre of the assessment and care management process and that they felt valued by staff. We found that as part of the care management process service users are enabled to develop personal strategies to help to recognise and cope with their mental health illness on a daily basis and to access support if needed.

Records relating to individual assessment and care planning demonstrated that service users are provided the opportunity for advocacy. We found that family members are involved in the care planning process when appropriate. We also found that the team takes a proactive approach to offering carers an assessment which can enhance their capacity to continue to provide care.

Service users have access to a range of information leaflets which are on display in the small reception area. However, there was no information available which could assist them to become aware of their rights for assessment and treatment under the Social Services and Well Being Act. We also found that information was not readily available in the Welsh language.

Service users' experience of the treatment they received was generally positive. However, we found that one person's treatment was not being administered through sensitive practice in relation to their gender in a way that protected their dignity and their wishes. This could have been avoided by listening to the service user's wishes and effective planning. We have drawn this to the attention

of the CMHT manager who agreed to immediately address the issue.

The service needs to better capture the experience of their service users in order to more effectively monitor and evaluate the quality of the service they receive. We address this further in section 3 leadership and management.

[During the inspection we spoke to a small number of service users to obtain views on the services provided. Comments included the following:

*“Always feel welcome”*

*“Very happy with the care and support”*

*“The room where I have injections is too small, feels like it is coming in on you”*

*“A lick of paint” ]*

## **Care and engagement**

People entering the CMHT building in Haven Way have access to a range of written leaflets which are contained in the reception area. We observed people in the reception area reading this information. However, we also found little evidence of written information being provided in Welsh and also no information available to people relating to their rights and processes followed under the Social Services and Well Being Act.

Service users' language needs were screened at the point of initial assessment in order to be offered a service in the language of their own choice. The choice of service users was recorded in case notes we sampled. We heard from staff interviewed that whilst service users were routinely asked to identify their language of choice, there was limited capacity within the team to provide assessment and services to them in the Welsh language.

The CMHT signposts to third sector organisations that are able to provide ongoing low-level support which can enable some service users to undertake leisure, voluntary or paid work, as well as education reflecting their interests and needs. This has the impact of helping individuals to maintain their independence by preventing or slowing down the need for them to receive more intensive care and support services.

If appropriate, service users have good access to services from the South Pembrokeshire substance misuse service which is also located in Haven Way. The social services team leader for the CMHT is also the team leader for the substance misuse service. However, we observed that the small entrance and reception area for Haven Way was being used for both services and therefore does not offer privacy, respect and dignity to service users visiting Haven Way to access either service. The CMHT should consider re-opening the unused and separate entrance door for the substance misuse services. By doing so, respect and dignity will be afforded to both those with mental health and those with substance and alcohol misuse difficulties.

We spoke to service users who told us that they were treated with respect and dignity. However, one person told us of their embarrassment when administered an intramuscular medication despite having requested and given fair warning in advance for a female member of staff to carry out this intimate intervention. The explanation given to us by the Operational Service Manager was that there was no female nurse available at the time. Our judgment is that the service badly let this person down by not being sensitive to their gender and clearly expressed wishes. This practice is therefore both discriminatory and unacceptable. Suitable planning and arrangements must be put in place to avoid service users being embarrassed due to their gender. We raised this matter with the Operational Service Manager of the CMHT who immediately agreed to address the issue.

Service users are often invited to sit on interview panels when new staff are being recruited, valuing their views, demonstrating positive engagement. This is an example of good practice.

## **Access to services and advocacy**

Typically, service users are referred to the CMHT via their GP or other medical practitioners. A multi-disciplinary allocation meeting is held in Haven Way to discuss each individual referral. The frequency of these meetings is dependent upon the level of need identified in the referral and same day meetings are arranged when appropriate. Regular allocation meetings are held each week. We observed that the service user's presenting needs were clearly identified and discussed in the meeting with the allocation of each case promptly made, leading to a coordinated assessment of individual need.

One member of staff told us:

*'All are screened as soon as they come to our attention and can be seen same day if appropriate. We do try to respond to all referrals in a timely manner, normally urgent is within 7 days whereas non-urgent i.e. standard is 28days'*

Prior to discharge from the service, service users are made aware that should they recognise signs of relapse they can self-refer themselves to the CMHT rather than having to go through their GP or other primary care referral. This has the advantage of speeding up the process by which individuals can access assessment and support; it also enables them to exercise self-determination, thus strengthening the person's voice. Individuals therefore receive services which are designed to help them to retain their independence, to understand their condition and the warning signs of potential relapse.

Records held about service users demonstrate that individuals are routinely informed of the availability of advocacy which can assist them to effectively present their views and needs, enabling them to make an informed choice for an advocate. Staff told us that when needed, service users have access to and receive good advocacy support through the provision of a regional contract. Advocacy can be sourced and provided by DEWIS<sup>4</sup>, Pembrokeshire People First<sup>5</sup> and from mental health advocacy specialists in Advocacy Wales.

The CMHT therefore constructively engages with third sector and independent organisations to enable people to have access to advocacy services.

#### What the service does well ]

- [Service user experience reported to be generally good with access to assessment and services delivered by caring and responsive staff
- Service users experience an effective out of hours service involving both health and social services team members
- Service users are signposted to advocacy services if they so wish at the point of initial assessment
- The CMHT constructively engages with third sector and independent organisations to enable individuals to have access to services in their communities

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<sup>4</sup> DEWIS – Advocacy service for independent living

<sup>5</sup> Pembrokeshire People First - Advocacy service

- Prior to discharge, service users are made aware that should they recognise their signs of relapse they can self-refer to the CMHT rather than having to go through their GP or other primary care referral. This has the impact of fast-tracking reassessment and provision of services
- Service users are often invited to become members of interview panels when new staff are being recruited

#### Improvement needed

- Respect and dignity for individuals within the small reception area could be improved by separating the entrance of the CMHT from the Substance Misuse service which is located within the same building
- Service users would benefit from having information readily available to them in the reception area enabling them to become aware of their rights under the Social Services and Well-Being Act
- Service users for whom Welsh is their first language would benefit from having improved provision of information and services available to them in Welsh
- Service users have a right to experience care and treatment that is sensitive to their gender. The CMHT must ensure effective assessment, planning and treatment based upon people's concerns being listened to, recorded and addressed in their care and treatment plan



## 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. Access to the building was via key code lock. This ensured that only appropriate people were able to freely access the building. Service users had to ring the door bell in order to gain access. The receptionist was able to view who was accessing the building and also approved admission via remote control doors.

We identified that improvement was needed in order to promote privacy, dignity and confidentiality within certain areas of the building.

Numerous deficiencies were identified in relation to safe medication management. This necessitated the issuing of an immediate improvement, details of which can be located at Appendix B.

We looked at 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.

[Our concerns regarding prescribing and documentation in relation to medication was dealt with under our immediate assurance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

## **Managing risk and promoting health and safety**

Access to the building was via key pad which promoted the safety of patients and staff working in the building and prevented unauthorised access.

During the course of the inspection we toured the building. Internally the building appeared generally adequately maintained in relation to decoration. However, we identified numerous areas of risk which impacted upon the health and safety of service users and therefore require improvement:

- The main entrance carpet was worn and was lifting. This posed a trip hazard for both service users and staff. We recommend that all staff report potential health and safety issues in a timely manner and that management act upon these issues swiftly in order to promote the welfare of people within the building.
- A large room used for staff meetings and service user group therapy sessions had chairs blocking the fire escape exit. We raised this immediately with the CMHT manager and appropriate action was undertaken to remedy the situation. The service must ensure that all health and safety precautions are rigorously enforced in order to assure the welfare of both service users and staff located within the building.
- Two adjoining rooms were visited. One of the rooms was a staff office and the other was a counselling room. It became apparent that discussions taking place in either of the rooms could be easily overheard in the other room. This posed a risk to patients' privacy and confidentiality which could easily be compromised. In addition, confidential discussions taking place in the staff office could also be overheard within the counselling room. Again this posed a risk to the confidentiality of information.
- During our inspection of the building we also identified potential ligature risks. This was most apparent in a counselling room. The inspection team fully appreciated that this was a community-based service, however we viewed a cord hanging from a Velux window which was in easy reach and posed a potentially risk. This issue was discussed with a senior manager during the inspection and it was agreed that this risk needed to be resolved.

- We observed that stock checking of equipment and medical adjuncts was inadequate. In particular we viewed glucose testing sticks that had gone beyond their expiry dates; a first aid box which had not been replenished or checked for a considerable amount of time; and there was no evidence of a sphygmomanometer (equipment used to ascertain a blood pressure) being routinely and regularly tested or calibrated.
- We identified that a room used to provide clinical treatment such as injections for patients did not have a wash hand basin. It was identified that staff had to leave the room cross the corridor and access an adjacent toilet in order to wash their hands prior to performing the task required. This did not promote best practice in infection prevention and control (IPC). It was also identified that the couch in this treatment room was ripped, which once again did not promote infection control and prevention.
- We also identified another room used to provide treatment to patients did not have a foot-operated bin and was therefore a potential source of infection. Best practice dictates that foot-operated bins be available in order to dispose of waste safely.
- We looked at the arrangements for medicines management and found significant deficiencies, which necessitated an immediate assurance to be issued. We found that in medication administration records, insufficient details were available on prescription / administration records.
- We reviewed the medication prescription charts of service users attending a clinic for the administering of antipsychotic medication via intramuscular route. We requested that a complete evaluation is undertaken of the current medication prescription documentation. This is because we identified the following issues on service user's individual prescriptions:-
  - I. Some dates of prescribing medication were omitted
  - II. Some prescribed medications had not been reviewed for several years
  - III. Medical practitioners had not recorded their registration numbers on prescriptions
  - IV. Service user addresses were not included on any of the prescriptions reviewed
  - V. Service user identification unit numbers were not always recorded

## VI. Drug allergies and sensitivities were not always completed

### Improvement needed

- All emergency exits must be kept clear at all times
- All flooring must be reviewed in order to ensure trip hazards are minimised
- Privacy and confidentiality of two rooms
- An evaluation of the environment to evaluate possible ligature risks be undertaken and addressed accordingly
- Improve the monitoring and stock checking to ensure expired stock and equipment are replaced and calibrated in a timely manner
- Improve infection control and prevention processes
- Ensure wash hand basins are available in all rooms where clinical tasks are undertaken
- Ensure that equipment is maintained adequately to promote best infection prevention and control practices in particular removal of a couch that was ripped
- Ensure robust monitoring and auditing of medication documentation is undertaken at regular intervals

## Quality of care and treatment

### Assessment, Care and treatment 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.

The CMHT had access to electronic records and paper based files. However the electronic software packages are not integrated at present. We were informed by the CMHT manager that the majority of information was placed on the health software package. Having separate health and social services

software packages does not promote collaboration and as such information sharing has the potential of becoming disjointed. This made the evaluation of records difficult and disjointed for the inspection team to review the records. The obligation will be upon the senior leadership and management within the health and local authority to promote the utilisation of a singular software package, or integrated software, in order to promote collaboration and effective communication.

Paper files reviewed demonstrated non-coherent structure presenting a risk to the security of service users' records. We found filing undertaken solely on the basis of chronology, with no contents page, and the lack of any structure and organisation which could enable speedy access to key service user information when needed.

Service users are usually referred to the CMHT via their GP or other medical practitioner. An allocation meeting is held in Haven Way to discuss the referral and we observed that service user's presenting needs were clearly identified and discussed in this meeting with the allocation of each case promptly made, leading to a generally coordinated assessment of individual need and the identification of the staff member to be each individual's Care Coordinator. This meeting was a good example of multi-disciplinary teamwork work ensuring that service users received timely and responsive engagement.

However, we identified that some service users are under the care of the primary care team and receive treatment such as a regular injection from the CMHT. There was insufficient documentation available on these primary care service users and as such, staff could potentially be placed at risk by visiting these service users as there were insufficient assessments and care plans available.

The risk assessments we reviewed were of a varied quality as we identified limited documented physical assessments had been undertaken.

During our visit and we identified staff working in a professional, courteous and knowledgeable manner. We identified examples of excellent collaboration between health and local authority staff. An example was of a joint visit undertaken in the early hours of the morning which prevented a service user having to be admitted to hospital as an inpatient. This practice enabled the service user to remain in their own home.

All records reviewed evidenced that family members had been involved in the assessment process.

The social services support worker within the CMHT has played the key role within the team of introducing and delivering training on the Carers Assessment

required under the Mental Health Measure. Their focus has been very much on the assessing and assisting the social care aspects within families. The support worker carries out specific work with the carer, for example encouraging them to face up to questions such as 'what would happen if I wasn't able to care for my relative anymore' and to begin to plan the future. We were informed that the support worker can refer the carer onto other agencies, and is well-known to other services having delivered Carers Assessment training to a range of agencies including Milford House (residential), the Primary care team, Police, and Fire Service. The CMHT support worker liaises closely with the PCC carers' strategy coordinator, and with the four community connectors.

## **Safeguarding**

The Social services team leader always leads on safeguarding referrals within the CMHT and is routinely part of strategy/conference meetings. Staff members told us that over the past 12 months there has been a significant improvement in safeguarding practice with a well-led and dedicated safeguarding team in place.

One member of staff told us:

*"There are very good links between us and adult safeguarding team. I would call safeguarding directly if I had any concerns. I have received safeguarding training and am very aware of my responsibilities and the reporting process. There is written guidance on the PCC Intranet, plus hardcopy accessible. I will always prioritise safeguarding strategy/conference, and prepare written reports. I have been a Best Interests' assessor, and have good knowledge of the Mental Capacity Act and the Mental Health Act and differences. The local safeguarding board has impressed me since the welfare act came in and adult safeguarding now has parity with children's safeguarding".*

## **Discharge arrangements**

By the time a service user is deemed safe for discharge a focus within the team has been to help individuals recognise the advanced warning signs or symptoms of their illness returning and to self-refer to the CMHT. A decision would then be made by the team whether to reassess and admit if needed. Service user records demonstrate who is involved in the closure decision and individuals are sent letters describing the process of self referral as well as their rights. This speeds up the process of individuals receiving care and treatment if relapse occurs following discharge. Evidence was seen of discharge decisions being followed up with letters to the GP.

One member of staff told us:

*'We have sound coordinated working practices between ourselves and the hospital inpatient teams so but Delayed Transfer for Care (DTOC) pressure can potentially lead to an unsafe discharge and this a pressure beyond the control of the CMHT' ]*

#### What the service does well

- Provides a knowledgeable, caring and professional workforce
- Multi-disciplinary meetings evaluated the service user whole needs and requirements
- Collaborative team ethos
- Involve family and carers in assessments
- The multi-disciplinary allocation meeting ensures that service users receive timely and responsive engagement, assessment and access to care and treatment
- Assessment of the needs of carers receives a high priority within the team. The social services support worker is the lead person within the CMHT for ensuring that the carers assessment is routinely carried out and they undertake further work with carers as needed. This worker also delivers training carers needs and the cares assessment to agencies including the Police
- There has been a significant improvement in safeguarding practice with effective links between the CMHT and a well-led and dedicated safeguarding team. Staff we spoke confident in their responsibilities in alerting safeguarding officers

#### Improvement needed

- All service users under the management of the primary care team and receive a service from the CMHT must have up to date assessments in place in order to ensure the safety and wellbeing of staff providing treatment to service users in their own homes
- Promote the use of a single or integrated software package
- Service users' files to be evaluated to improve format and structure

# Monitoring the Mental Health Act

[We reviewed the statutory detention documents of three patients being cared for by South Pembrokeshire CMHT via a Community Treatment Order (CTO).

The overall standard of completion of documentation relating to each CTO was high which promoted safe and effective care practices. Records had been completed in a systematic and robust manner, demonstrating high standards of practice.

The three records viewed demonstrated that they had been authorised by the service user's Responsible Clinician (RC) and an Approved Mental Health Professional (AMHP), which was in accordance with the MHA. We identified in the three records viewed that the RC had attached further conditions to the CTO. These were recorded accurately and were pertinent.

The Health Board's Mental Health Act Manager and assistant are particularly knowledgeable in the legal aspects and complicated administration around CTOs. The Mental Health Act Manager should be commended for the level of support and training provided to the Health Board in this particular area of the Mental Health Act.

One of the three records demonstrated that advocates had been involved in the process but information was lacking in two of the records. Additionally records did not always demonstrate formally whether the service user had been fully involved in the CTO process. There was a space available for service users to sign to indicate that they had been fully involved in the care and treatment planning process but this component had not been completed on all three occasions. We were assured that following an evaluation of records that service users had been involved in the process, but this needs to be made standard practice.

All the CTO's reviewed demonstrated clearly that responsible clinicians had included start dates for the order to commence. All patients' records also identified that they were subject to a CTO. Patients were also provided with information relating to their CTO as identified in section 132A of the act. Patients' views were also documented within the CTO.

## What the service does well

- Overall, documentation relating to the detention of service users was of a high standard.



- Service users' views were taken into consideration and documented accordingly.

#### Improvement needed

- Service users to sign and date that they have been fully involved in the care and treatment planning process.
- All service users to be offered advocates and information pertaining to their uptake must be documented accordingly within records.

## Quality of management and leadership

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

Overall, staff are valued, supervised and well-led by managers within the CMHT. We found that staff and managers work well together and striking examples of 'out of hours' engagement with individuals in crisis situations reflected genuine commitment by both.

There are significant vacancies within the team, the impact of which has been to increase the case load of existing staff which is potentially unsustainable. This issue may eventually place service users at risk. There is a clear need for Hywel Dda UHB and Pembrokeshire CC, in conjunction with the CMHT, to undertake an analysis of the staffing needs for the service in order to sustain safe and effective assessment, care and treatment planning for people entering the service.

The CMHT operates predominantly in a medical rather than social care model. This is illustrated by the a) the NHS control and organisation of service-user records b) poor awareness of staff in relation to the Social Services and Well-Being Act including failure to routinely carry out 'What's Matters' conversations c) lack of information available to service users concerning their rights within the Act. Consequently, there is a need to provide a greater social care input and balance within assessment, care and treatment plans, and record keeping.

Records held on service users are very medically driven. Three different systems are in place and are not integrated. Structure and accessibility to key information held in the hard copy files held by Hywel Dda is very poor. The local authority 'Care First' system is very limited, often well out of date and its purpose for use in the CMHT is unclear. The 'Care Partner' record system is consistently used by all health and social services staff within the CMHT, is

generally effective capturing service user's current circumstances, but is an evolving electronic record. There is a need for senior managers to provide clear direction and leadership so that the integrity of service user's records are not compromised.

The evolving multi-agency quality audit group can be strengthened by actively including service user's experiences within regular quality audit.

## **Leadership, management and governance arrangements**

Staff are suitably qualified and explained their roles and responsibilities to us. A high level of commitment and team working means that there is a culture within the CMHT of seeking to provide safe and effective care. Social services team members spoke to us highly of the partnership working with Mental Health team members. There is an embedded culture of seeking to support service users to the best of their ability and capacity including 'going above and beyond' in terms of working hours. A member of staff told us:

*'I feel we are coping with the high workload here but it's a good team and the impact is in a low rate of hospital admissions'.*

South Pembrokeshire CMHT holds existing staff vacancies and has been finding difficulty for a long time in recruiting suitably qualified and experienced applicants for these positions. For example, social services have been carrying one full-time vacancy for an AMHP qualified social worker for over one year and currently have only one person carrying out this role. These vacancies have been generally assimilated by the existing members of the team thereby significantly increasing their service user caseload. Whilst the level of staff attrition is relatively low, the existing vacancies, loss of any further staff and increasing caseload pressure will quickly become unsustainable. Consequently, service users' experience of the service they receive from the team may not be as safe and effective, as it should be. This is a leadership and management issue and there is a need to undertake an analysis of the mix of skill, experience and qualifications of the staff required to provide a safe, caring, responsive and effective service to people on a sustainable basis. A recruitment strategy can then be established and implemented.

We identified a large gap in the teams knowledge and understanding in relation to the Social Services and Well-Being Act. The last training on the Act undertaken by staff interviewed took place in 2014, prior to the Act being

implemented. The lack of information relating to the Act available for service users within the waiting room area is striking. Records held on service users did not provide effective evidence of the Act's required 'What Matters' conversations being undertaken by staff with people. It is important to people that the impact of their mental health upon their experiences in their daily lives, is captured by a holistic assessment. This is essential so that that the care and treatment plan delivered in partnership with them provides the best opportunities for positive outcomes in their daily lives.

We found evidence in staff records and were told by staff interviewed that they received regular supervision and annual appraisals carried out by their line managers. Staff said that they appreciated the regular and structured support that was given.

The Operational Services Manager for the CMHT came into the role in July 2017 and is employed by Hywel Dda UHB. The Team Leader for the Social Services staff working in the CMHT is employed by Pembrokeshire Council. At the time of our inspection above this latter level there are two vacancies in senior staff roles who would normally provide line-managerial support for social services Team Leader. The risk of not recruiting to these posts is one of progressive isolation in that monitoring, communication and support for the team will be distant and ineffective.

A multi-disciplinary and multi-agency quality audit management group has recently been established and seems to be an evolving arena for the sharing of information relating to the quality of the services to people with mental health difficulties within South Pembrokeshire. This group provides information to the executive board, and also services the function of internal monitoring of performance. We observed keen discussion from the multi-disciplinary group of health and social services practitioners. Subjects covered in the meeting included: bed occupancy levels in Caradog Ward, frequency of staff training, attendance, learning actions, email security and so on.

However, we observed that minutes of the previous meeting had not been not distributed either before or during the meeting. The experience of service users was not captured. The focus of the meeting on quality measurements was not as strong as it could have been as discussion often blurred into operational issues.

We also found that service users' experiences were not being reflected in the quality assurance meeting although this was recognised within the meeting. Suggestions were made that service user representation on the emerging patient experience group could be fed into the quality assurance group. It is vital that service users voices are heard as a key part of evidence-collection

within the quality audit process and therefore this an area for speedy improvement needed by the CMHT.

The integrity of records held on service users is a significant issue requiring resolution which requires effective leadership and management. Service user records are currently held in three separate locations without any integration. Hard copy files are held centrally by Hywel Dda UHB and can be accessed on week days with one hour notice. Separate electronic records are held by Hywel Dda UHB on the 'Care Partner' portal, and additionally by Pembrokeshire CC on the LA 'Care First' portal.

Hard copy records were chronologically ordered. Often, these weighty files contained much information, but each lacked a content page and any meaningful and accessible structure and organisation. The focus of these files was medically driven and contained little evidence of person centred planning including social care needs being assessed, planned, implemented and reviewed. We therefore found the accessibility and immediacy of key health and social care information to be unnecessarily difficult, lacking balance and requiring effective leadership and direction.

We found the local authority 'Care First' electronic records held on service users to provide only the most cursory and limited information. For example, often service user's name, address, age and their allocated social worker was all that was recorded. There was little or no regular updating of these records and they lacked any substance or relevance to service users as a method of recording their needs and wishes, and to aide communication within the CMHT and beyond. The predominant record used by all members of the CMHT is the electronic Care Partner, which whilst more effective than the Care First and hard copy files, still required further development to improve accessibility of information.

It is apparent that effective monitoring and evaluation of the integrity of record systems held on service users by senior managers is not occurring and therefore leadership and direction not being demonstrated. Service user records reviewed were very medically driven; different systems were not integrated. This means that the balance between people's emotional well-being and their clinical profile was not being captured and recorded as well as it should have been. This is important to ensure that information held on people is in line with the requirements of the Social Services and Well-Being Act Wales.

### What the service does well

- Overall, staff are committed, valued, supervised and well-led by managers within the CMHT

### Improvement needed

- An analysis and recruitment strategy of the mix of skill, experience and qualifications of the staff is required in order to provide a safe, caring, responsive and effective service to people on a sustainable basis.
- There is a large gap in the knowledge and practice of the team in relation to the Social Services and Well-Being Act, and training is urgently needed to address this deficit.
- There are two vacancies at middle and senior management mental health structure in Social Services. The inherent risk is that the social services team within the CMHT may become progressively isolated from the senior hierarchy within Pembrokeshire, as the flow of information and monitoring of performance is interrupted.
- It is vital that service users' voices are heard as a key part of evidence collection within the evolving quality audit process.
- The quality audit process needs to separate of discussion on daily operational matters.
- There is an urgent need for senior managers to provide clear direction and leadership so that records held on service-users are far more person-centred, structured and organised, and that key information can be easily accessed.

## 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 summarizes 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 on this inspection			



## Appendix B – Immediate improvement plan

**Service:** [South Pembrokeshire CMHT  
(Hywel Dda UHB & Pembrokeshire Local Authority)]

**Date of inspection:** 11<sup>th</sup> & 12<sup>th</sup> 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
<p>[</p> <p>Inspectors reviewed medication prescription charts of patients attending a clinic for the administering of antipsychotic medication via intramuscular route.</p> <p>On reviewing documentation we identified the following issues on patients individual prescriptions:-</p> <ul style="list-style-type: none"><li>• Some dates of prescribing medication were omitted</li></ul>	[	[	[	[

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>• Some prescribed medications had not been reviewed for several years</li> <li>• Medical practitioners had not recorded their registration numbers on prescriptions</li> <li>• Patient addresses were not included on any of the prescriptions reviewed</li> <li>• Patient identification unit numbers were not always recorded</li> <li>• Drug allergies and sensitivities were not always completed</li> </ul> <p>Insufficient information on prescriptions charts, potentially placed patients at risk of harm and for these reasons we asked for the clinic to be stopped. Revisions of patients' prescription, due to attend that day were undertaken immediately.</p> <p><b>Improvement needed</b></p> <p>To promote safe and effective medication prescribing and administration practices the health board is required to inform HIW of the action taken to ensure that:</p>	<p>Standard 2.6 ]</p>			

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>A complete evaluation is undertaken of the current medication prescription document used at Haven Way Day Hospital</li> <li>All medication prescribing and administration documentation used within the health board is ratified by the Medicines Management Group</li> </ul>		<p>The document found to be in use by the inspectors to be withdrawn and replaced with the All Wales prescription charts.</p>	<p>Peter Gills - Pembrokeshire Service Manager</p>	<p>Complete</p>
		<p>Further charts have been ordered with Pharmacy.</p>	<p>Peter Gills - Pembrokeshire Service Manager</p>	<p>Complete</p>
		<p>Governance arrangements to be reviewed for depot clinic to include review and monitoring. Standard operating procedure to be written.</p>	<p>Paul Armstrong - Team Manager</p>	<p>Complete</p>
		<p>The all Wales Mental Health Prescription charts have been ratified at point of introduction to the Health Board.</p>	<p>Medicines Management Group</p>	<p>Complete</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>All members of staff prescribing and administering medication are working to guidance within their respective regulatory bodies and are compliant with local policies, procedures and guidance in operation [</li> </ul>		<u>Nurses:</u> All nursing staff within CMHT Haven Way to be asked to refresh their knowledge of NMC standards of medication management and HDdUHB Medicines Policy.	Peter Gills - Pembrokeshire Service Manager	Complete
		All nursing staff within CMHT Haven Way to sign to record that they have read and understood both the NMC standards and HDdUHB Medicines Policy.	Paul Armstrong - Team Manager	Complete
		Policy documents (copies of) to be placed in all areas (both CMHTs in Pembrokeshire) where medication is delivered/administered.	Paul Armstrong - Team Manager	Complete
		<u>Medical staff:</u> All medical staff to be asked to refresh their knowledge of their GMC standards of practice in relation to medication management.	Paul Armstrong -Team Manager	Complete

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>All medical staff within the CMHT Haven Way to be asked to read and sign 'log' to demonstrate understanding of the HDdUHB Medicines Policy.</p> <p>Clinical lead for medical staff to be advised of immediate action and medical staff involved for further discussion as required. ]</p>	<p>Paul Armstrong -Team Manager</p> <p>Dr Warren Lloyd - Associate Medical Director &amp; Clinical Director MHLD ]</p>	<p>Complete</p> <p>Complete ]</p>

## Appendix C – Improvement plan

**Service:** South Pembrokeshire CMHT  
(Hywel Dda UHB & Pembrokeshire Local Authority)

**Date of inspection:** 11<sup>th</sup> & 12<sup>th</sup> 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
<b>Quality of the patient experience</b>				
Service users have a right to experience care and treatment that is sensitive to their gender. The CMHT must ensure effective assessment, planning and treatment based upon people's concerns being listened to, recorded and addressed in their care and treatment plan. [	4.1 Dignified Care Well-being priority 1 1e) Treat people with dignity and respect. ]	Practitioner will record in the assessment documentation the service users concerns.	CMHT Leader	Team 31 <sup>st</sup> March 2018
		Care and treatment plan will reflect the service user's wishes in relation to gender and delivery of interventions.	CMHT Leader	Team 31 <sup>st</sup> March 2018
		Team Leader will ensure that all practitioners review current care and treatment plans so as to include service	CMHT Leader	Team 31 <sup>st</sup> March 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>user's wishes with regards gender and the delivery of interventions.</p> <p>Caseload supervision form will include a section to record confirmation that the care and treatment plan contains evidence that users concerns have been captured regarding gender and the delivery of interventions. ]</p>	<p>CMHT Team Leader ]</p>	<p>28<sup>th</sup> February 2018 ]</p>
[ ]	[ ]	[ ]	[ ]	[ ]
Delivery of safe and effective care				
<p>Respect and dignity to people within the small reception area could be improved by separating the entrance of the CMHT from the Substance Misuse service which is located within the same building.</p>	<p>2.1 Managing risk and promoting health and safety Well-being Priorities 1, 3 1c) Work with people to undertake assessments in a timely manner.</p>	<p>Review incident reporting data to identify the number of incidents that have resulted in service user's dignity and respect being compromised by having a single entrance for CMHT and Substance Misuse Service.</p> <p>Review accommodation in Haven Way and endeavour to identify a separate waiting area for service users accessing substance misuse services.</p>	<p>Service Manager</p> <p>Service Managers CMHT and Substance Misuse</p>	<p>28<sup>th</sup> February 2018</p> <p>28<sup>th</sup> February 2018</p>
<p>All emergency exits must be kept clear at all times.</p>	<p>3a) Professionals respond effectively to changing</p>	<p>Complete an audit of fire exits in Haven Way.</p>	<p>CMHT Team Leader</p>	<p>Complete 31<sup>st</sup> March</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>All flooring must be reviewed in order to ensure trip hazards are minimised.</p> <p>Privacy and confidentiality of two rooms.</p>	<p>circumstances ]</p>	<p>Health Board Fire Officer to complete inspection of Haven Way.</p>	<p>CMHT Team leader</p>	<p>2018</p>
		<p>Review fire training compliance within teams.</p>	<p>Service Managers CMHT and substance Misuse</p>	<p>5<sup>th</sup> February 2018</p>
		<p>Produce training plan to ensure that 100% compliance with fire training is achieved and sustained.</p>	<p>CMHT Team Leader</p>	<p>28<sup>th</sup> February 2018</p>
		<p>Send a memo to all staff within Haven Way emphasising the importance of keeping fire exits clear.</p>	<p>CMHT Team Leader and Operations Manager- West, Estates</p>	<p>31<sup>st</sup> January 2018</p>
		<p>Submit request to estates to review flooring throughout Haven Way.</p>	<p>Service Manager CMHT Team Leader</p>	<p>31<sup>st</sup> January 2018</p>
		<p>Review allocation and purpose of clinical and office space to inform potential change of room use.</p>	<p>CMHT Team Leader and Service Manager</p>	<p>5<sup>th</sup> February 2018</p>
		<p>Put in place an interim measure and introduce a system whereby</p>	<p>Service Manager and CMHT Team</p>	<p>31<sup>st</sup> January 2018</p>



Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>An evaluation of the environment to evaluate possible ligature risks be undertaken and addressed accordingly.</p> <p>All service users under the management of the primary care team and receive a service from the CMHT must have up to date assessments in place in order to ensure the safety and wellbeing of staff providing treatment to service users in their own homes.</p>		practitioners are made aware when the consulting room is in use to include measures taken to preserve confidentiality of information.	Leader	
		Submit request to estates for cost estimate to soundproof the rooms.	Service Manager and Quality Assurance Lead nurse	31 <sup>st</sup> January 2018
		Complete ligature audit.	CMHT Leader and Quality Assurance lead	28 <sup>th</sup> February 2018
		Complete ligature risk assessment/put in place a risk mitigation plan based on results of the ligature audit.	CMHT Team and Quality Assurance lead	31 <sup>st</sup> March 2018
		Develop Standard Operating procedure.	CMHT leader and Quality Assurance Nurse and Service Manager	28 <sup>th</sup> February 2018
Describe the standard required and the process for the completion and documentation of risk assessments for	Quality Assurance Lead and Nurse	28 <sup>th</sup> February 2018		

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>primary care patients receiving depot injections from the CMHT.</p> <p>Implement the Standard Operating Procedure via staff meetings and one to one supervision.</p> <p>Audit performance against Standard Operating Procedure to provide assurance of implementation.</p>	<p>Service Manager</p> <p>CMHT Team Leader ]</p>	<p>31<sup>st</sup> March 2018</p> <p>30<sup>th</sup> June 2018 ]</p>
<p>Service users for whom Welsh is their first language would benefit from having improved provision of information and services available to them in Welsh.</p>	<p>3.2 Communicating effectively</p> <p>Well-being Priorities 3, 6</p> <p>3.2 Communicating effectively</p> <p>6d) Provide access to services through the medium of and in other languages ]</p>	<p>Identify any practitioners within the team that are able to deliver assessment and interventions in Welsh.</p> <p>Identify training opportunities for staff to increase their level of competence in the use of the Welsh language.</p> <p>Practitioners to ask service users which language they would prefer to communicate in and document in care partner.</p> <p>Ensure that all practitioners are aware of process for accessing translation services.</p> <p>Review the current service user carer information. Identify information that is</p>	<p>CMHT Team Leader</p> <p>Service manager and HB Welsh language lead</p> <p>CMHT Team Leader</p> <p>CMHT Team Leader</p> <p>CMHT Team leader and HB</p>	<p>31<sup>st</sup> January 2018</p> <p>31<sup>st</sup> March 2018</p> <p>28<sup>th</sup> February 2018</p> <p>31<sup>st</sup> January 2018</p> <p>31<sup>st</sup> July 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
Service users would benefit from having information readily available to them in the reception area enabling them to become aware of their rights under the Social Services and Well-Being Act.		<p>only available in English and work with the Welsh language team to produce Welsh versions of the information.</p> <p>Information on the Social Services and Wellbeing Act to be displayed in the Waiting area at Haven Way.</p>	<p>Welsh Language Lead</p> <p>CMHT Team Leader</p>	<p>31<sup>st</sup> March 2018</p>
<p>Improve infection control and prevention processes.</p> <p>Ensure wash hand basins are available in all rooms where clinical tasks are undertaken.</p> <p>Ensure that equipment is maintained adequately to promote best infection prevention and control practices in particular removal of a couch that</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>Request an infection control audit be completed in Haven Way.</p> <p>Recommendations of the audit to be considered and implemented.</p> <p>Identify rooms used to provide clinical interventions.</p> <p>Submit Minor Works Request for sinks to be installed in identified rooms.</p> <p>Sinks to be installed as required.</p> <p>Examination couch that is in situ to be condemned and disposed of. New examination couch to be ordered.</p>	<p>CMHT Team Leader</p> <p>Service Manager</p> <p>CMHT Team Leader</p> <p>CMHT Team Leader</p> <p>Operations Manager- West, Estates</p> <p>CMHT Team Leader</p> <p>Head of Service</p>	<p>28<sup>th</sup> February 2018</p> <p>31<sup>st</sup> May 2018</p> <p>28<sup>th</sup> February 2018</p> <p>28<sup>th</sup> February 2018</p> <p>31<sup>st</sup> May 2018</p> <p>31<sup>st</sup> March 2018</p> <p>31<sup>st</sup> January</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
was ripped. ]		]	and Adult Mental Health Business Manager ]	2018 ]
<p data-bbox="78 424 792 536">]Improve the monitoring and stock checking to ensure expired stock and equipment are replaced and calibrated in a timely manner.</p> <p data-bbox="78 799 792 906">Ensure robust monitoring and auditing of medication documentation is undertaken at regular intervals. ]</p>	2.6 Medicines Management ]	<p data-bbox="1039 424 1639 576">]All stock has been reviewed and checked for expiry dates, stock quantities have been adjusted to reflect appropriate usage.</p> <p data-bbox="1039 616 1639 751">All unapproved medication charts have been replaced with the All Wales Mental Health Charts. Medication has been reviewed.</p> <p data-bbox="1039 799 1639 906">Compile a register for all medical and electronic equipment to include calibration schedule.</p> <p data-bbox="1039 983 1639 1054">Introduce a system for prompting medication reviews ]</p>	<p data-bbox="1639 424 1926 536">]Head of Medicines Management</p> <p data-bbox="1639 616 1926 719">Head of Medicines Management</p> <p data-bbox="1639 799 1926 943">Service Manager and Head of Medicines Management</p> <p data-bbox="1639 983 1926 1054">Team Leader ]</p>	<p data-bbox="1926 424 2152 536">]Completed</p> <p data-bbox="1926 616 2152 719">Completed</p> <p data-bbox="1926 799 2152 906">31<sup>st</sup> March 2018</p> <p data-bbox="1926 983 2152 1054">31<sup>st</sup> March 2018 ]</p>
Promote the use of a single or integrated software package	3.5 Record keeping ]	]An option appraisal be undertaken to ascertain the service requirements for moving to the Welsh PAS (Myrddin), remaining on the current PAS, or waiting for the implementation of the Welsh Community Care Information Solution (WCCIS). Each of these options has revenue/ capital implication and this will	]MH/LD Directorate Support Manager and Head of Informatics	]31 <sup>st</sup> March 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
Service users' files to be evaluated to improve format and structure. ]		<p>be considered in the options appraisal.</p> <p>Review of service users files to be undertaken and those not meeting the required standard identified.</p> <p>Example of good practice to be provided to inform the review.</p> <p>Following the review identified files to be brought up to standard.</p> <p>Introduce a case file audit programme to ensure that standard is maintained. ]</p>	<p>Administration Team Leader and CMHT Team Leader</p> <p>Administration Support for Haven Way and Administration Team Leader</p> <p>Administration Team Leader ]</p>	<p>31<sup>st</sup> March 2018</p> <p>31<sup>st</sup> August 2018</p> <p>31<sup>st</sup> August 2018</p> <p>31<sup>st</sup> August 2018 ]</p>
Service users to sign and date that they have been fully involved in the care and treatment planning process.	Application of the Mental Health Act Social Services & Well-being Act Codes of Practice: Part 10 (advocacy) ]	<p>Memo to be sent to all Practitioners informing them that they must print copies of care &amp; treatment plan for service users to sign, if service user does not wish to sign this must be documented on care partner.</p> <p>Signed copies to be scanned into care partner to ensure that a signed copy is available electronically.</p> <p>Compliance to be monitored via care</p>	<p>Service Manager</p> <p>Administration team and CMHT Team leader</p> <p>CMHT Leader</p>	<p>31<sup>st</sup> January 2018</p> <p>31<sup>st</sup> January 2018</p> <p>April 30<sup>th</sup></p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
All service users to be offered advocates and information pertaining to their uptake must be documented accordingly within records. ]		and treatment planning audits.  Memo to be sent to all practitioners informing them of the need to offer advocates and to document accordingly within records  Compliance to be monitored via 1-1 supervision ]	and CTP Lead  Service Manager  Team Leader ]	2018  February 5 <sup>th</sup> 2018  28 <sup>th</sup> February 2018 ]
<b>Quality of management and leadership</b>				
[There is a large gap in the knowledge and practice of the team in relation to the Social Services and Well-Being Act, and training is urgently needed to address this deficit.  It is vital that service-users voices are heard as a key part of evidence-collection within the evolving quality audit process.	[Governance, Leadership and Accountability Governance, Leadership and Accountability W8 Staff have good access to training and professional development  DS10 Quality assurance framework SC1 People who need care and support participate as active citizens DS4 A clear	[Staff will be provided with awareness sessions and e-learning module.  Practitioners to be provided with training on service users rights under the Social Services and Wellbeing Act to ensure that can give the service user information during the assessment and care and treatment planning process.  System and process to be agreed for collating service users feedback throughout the quality audit process.	[Head of Adult Care, Pembrokeshire County Council  Service Manager and Assistant Director of Therapies  Service Manager and Quality Assurance Lead Nurse	[31 <sup>st</sup> January 2018  30 <sup>th</sup> April 2018  30 <sup>th</sup> April 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The quality audit process needs to separate of discussion on daily operational matters.</p> <p>There is an urgent need for senior managers to provide clear direction and leadership so that records held on service-users are far more person-centred, structured and organised, and that key information can be easily accessed. ]</p>	<p>vision for integrated health and social care ]</p>	<p>Liase with West Wales Action for Mental Health (WWAMH) regarding service user representation at the quality assurance meeting.</p> <p>Quality audit programme to be delivered through the quality assurance meetings.</p> <p>Agenda and minutes of meeting to be shared with head of Service.</p> <p>Training being rolled out to all areas to follow a standardised formatting, including service users perspective.</p> <p>Documentation audit to be delivered to maintain standards.</p>	<p>Service Manager and Quality Assurance Lead Nurse</p> <p>Service Manager</p> <p>Service Manager</p> <p>Quality Assurance Lead Nurse</p> <p>Quality Assurance Lead Nurse</p>	<p>30<sup>th</sup> April 2018</p> <p>30<sup>th</sup> April 2018</p> <p>30<sup>th</sup> August 2018</p> <p>30<sup>th</sup> August 2018 ]</p>
<p>An analysis and recruitment strategy of the mix of skill, experience and qualifications of the staff is required in order to provide a safe, caring, responsive and effective service to people on a sustainable basis.</p>	<p>7.1 Workforce 7.1 Workforce W4 Sufficient, stable, suitably qualified and competent. W8 Staff have good access to training and professional</p>	<p>Skill mix review and analysis has been undertaken as part of the Transforming Mental Health (TMH) Engagement Consultation process.</p> <p>Implement the agreed caseload/weighting supervision tool to ensure that clinical acuity within can be</p>	<p>MH Directorate TMH Group</p> <p>CMHT Team Leader and Service Manager</p>	<p>Complete</p> <p>30<sup>th</sup> May 2018.</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>There are two vacancies at middle and senior management mental health structure in Social Services. The inherent risk is that the social services team within the CMHT may become progressively isolated from the senior hierarchy within Pembrokeshire, as the flow of information and monitoring of performance is interrupted. ]</p>	<p>development ]</p>	<p>measured effectively to inform workforce planning</p> <p>Service manager recruitment has been completed with the new appointment taking up post on 1<sup>st</sup> February 2018.</p> <p>Out of Hours, Senior Practitioner interviews are scheduled for late January 2018.</p> <p>]</p>	<p>Local Authority Service Manager ]</p>	<p>1<sup>st</sup> February 2018</p> <p>31<sup>st</sup> March 2018 ]</p>

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):** [ Sara Rees ]

**Job role:** [ Head of Service ]

**Date:** [ 24th January 2018 ]