



HIW & CIW: Joint Community Mental Health Team Inspection (Announced)

The Hazels Community Mental Health Team, Powys Teaching Health Board and Powys County Council

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk**

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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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 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

What we did

Healthcare Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW) completed a joint announced community mental health inspection (CMHT) of The Hazels, Llandrindod Wells within Powys Teaching Health Board and Powys County Council on 15 and 16 January 2019.

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

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with the Act.

HIW and CIW explored how the service met the Health and Care Standards (2015) and the Social Services and Well-being (Wales) Act 2014. HIW also consider how services comply with the Mental Health Act 1983, Mental Health Measure (2010), Mental Capacity Act (2005).

Further details about how we conduct CMHT inspections can be found in Section 5.

Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. However, we found some evidence that the service was not fully compliant with all Health and Care Standards (2015) and the Social Services and Well-being (Wales) Act 2014.

We found the quality of service user care and engagement to be generally good, and service users spoke very positively about the support they received from the team.

Service user access into the service was generally quick, and we found that there were robust processes in place to ensure that service users received assessments within recommended timescales.

The CMHT building was in a very poor state of repair, and was in need of significant work to ensure it was fit for purpose.

Integrated working between the health board and local authority was fragmented and impacted upon the day-to-day working of the CMHT and was in need of improvement.

This is what we found the service did well:

Service user feedback was very positive about the whole team, and the involvement they had in the formulation of their care and treatment plans

Staff were committed to providing a positive experience for service users in the difficult working environment

Service user assessments were conducted in a timely manner

Staff were able to provide some specialist services to service users, such as Eye Movement Desensitisation and Reprocessing (EMDR) therapy, and therefore reducing the waiting time to receive treatment.

This is what we recommend the service could improve:

The building is in need of refurbishment and repair to ensure it is fit for purpose

Arrangements for transportation of service users to hospital

Administration of the Mental Health Act documentation

Elements of care documentation

Integrated working between the health board and local authority

Sharing of information regarding complaints, concerns and incidents between the health board, local authority and staff.

What we found

Background of the service

The Hazels Community Mental Health Team provides community mental health services at The Hazels Centre, Temple Street, Llandrindod Wells, LD1 5HF within Powys Teaching Health Board and Powys County Council.

The team provides services to approximately 340 adults with mental health needs in Llandrindod Wells and the surrounding area.

The staff team includes a team leader, whose substantive post was in the health board, a consultant psychiatrist, a staff grade psychiatrist, three community psychiatric nurses (CPN), an occupational therapist, four social workers (two of these posts were vacant), with one post being filled by a locum senior social work practitioner, and one social worker employed by the health board, a health care support worker, two social services support workers and an administrative team member.

The team is supported by a Crisis and Home Treatment Team, which is based at Bronllys Hospital, Brecon.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Patient's we spoke with, and those who completed HIW questionnaires were generally very positive about the care and treatment they received from the CMHT team.

We observed professional and friendly interactions between staff and service users throughout the inspection.

We found that the quality of care provided by the team was of a good standard.

The premises for the CMHT service provision, was in need of refurbishment and repair, which did not uphold a positive service user experience.

Consideration should be given to the assessment process for service users in crisis, to ensure there is no unnecessary duplication for both service users and staff.

During our inspection we distributed HIW questionnaires to service users to obtain their views on the service provided at the practice. In total, we received 17 completed questionnaires.

Service user feedback in the questionnaires was generally positive. Service users praised the crisis team and their care coordinators, telling us they feel they can see them whenever they require, and that they take time to help them receive the services they need.

We also spoke to a number of service users during the course of our inspection. Feedback from those service users was very positive about individual members of staff and the team as a whole. Service users commented that they felt supported by the team, and engaged with their care coordinators in the development of their care plans.

We also received very positive feedback from the service users we spoke to about the medical staff, including providing a responsive service, their helpfulness and support.

Care, engagement and advocacy

Overall, we found the quality of care provided to service users to be of a good standard, despite being provided in difficult environmental surroundings.

Only one out of the 17 service users that completed a questionnaire told us that they didn't know how to contact the care coordinator if they had a concern about their care.

Where applicable, all service users who completed a questionnaire felt that the CMHT worker usually gives them enough time to discuss their needs and treatment, and listens to them carefully.

Two thirds of service users who completed a questionnaire said, that they had been offered the support of an advocate to potentially help them access information they may need, or to support them in situations where they didn't feel able to speak for themselves.

The majority of service users who completed a questionnaire told us that the service provided by the CMHT completely meets their needs.

Around two thirds of service users who completed a questionnaire felt that the CMHT had involved a member of their family, or someone close to them, as much as they would have liked.

All but one of the service users that completed a questionnaire, who wanted information, said that they had been given information (including written) by their CMHT.

We saw that there was a feedback box in the waiting area, for service users to provide personalised or anonymous comments to the service about their care and treatment. We were told that very few comments were received, and most service users would give verbal feedback directly to staff members if they wanted to do so. We were also told by management that any information provided would be considered on a regular basis, and if appropriate, action taken to resolve any issues.

Access to services

For the service users who completed a questionnaire, the length of time they had been in contact with the CMHT, ranged from less than one year to more than 10 years. In addition, the majority said they had last seen someone from the CMHT within the last month.

Almost all service users who completed a questionnaire told us that they found it easy to access support from the CMHT when they needed it. Furthermore,

when thinking about their own needs, they also said they had been seen by the CMHT, about the right amount of times.

Most service users who completed a questionnaire had been referred to the CMHT by their GP. The majority told us that it took about one week to be seen following their referral.

We found that referrals were mainly received from GPs. Referrals were also accepted from other services such as, health or social care professionals or the police. The CMHT also accepted self-referrals from individuals who had previously been service users of the team, through the Mental Health (Wales) Measure 2010¹. Following an initial referral into the CMHT, cases were allocated within a week and were seen for an assessment within the recommended guidelines of four weeks.

Urgent referrals were dealt with by the duty team², which was available Monday to Friday 9am to 5pm. Assessments, if needed, would be provided the same day by staff working duty. Some staff we spoke to, expressed their frustration about others, since some staff members were resistant to undertaking the duty role within the rota. This meant that some staff had to undertake the duty role more often than others. Whilst this did not impact upon the timeliness of assessment of referrals into the duty team, we found this had a negative impact on team integration and team morale as a whole. This is explored in further detail in the Quality of Management and Leadership section of the report.

Referrals that required an assessment under the Mental Health Act³ were passed to one of the Approved Mental Health Professionals⁴ (AMHP) for action.

¹ <http://www.wales.nhs.uk/sitesplus/documents/861/100707mentalhealthfactsheeten.pdf>

² Members of the CMHT allocated on a daily rota basis to providing advice to service users and professionals regarding secondary mental health care, assessing service user referrals and conducting urgent service user assessments.

³ <https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/mental-health-act/>

⁴ The role of the AMHP is to coordinate the assessment of an individual who is being considered for assessment under the Mental Health Act 1983.

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

Allocation of referrals to staff were done via the multidisciplinary team (MDT) meeting, which was held on a weekly basis. Suitability, knowledge, experience, geography, specialist interests and current case load numbers were all considered prior to allocation to a member of staff.

The service was able to demonstrate that they signposted individuals to other services, such as, third sector organisations, where their needs would be more appropriately met. We also saw that the service was able to provide joint assessments with other teams, including the drug and alcohol service, Kaleidoscope⁵, or jointly with the psychology team. This was to help determine the necessary support the service user required.

The majority of service users who completed a questionnaire said that they knew how to contact the CMHT out of hour's service, and those who had contacted the service in the last 12 months said, that they got the help they needed. In addition, most service users also said that they knew how to contact the CMHT if they had a crisis and those who had made contact in the last 12 months, told us that they did get the help they needed.

Concerns were raised by staff and management regarding the access and support provided to the CMHT by the crisis team. We were told that there had been a number of occasions where the crisis team had asked the CMHT to undertake an initial assessment of an individual in crisis, and then the crisis team duplicated the assessment the same day, to determine the support needed. Both staff and management told us that it meant unnecessary duplication and distress to the service users and their families/carers. There was a desire within the team to conduct joint service user assessments with the crisis team to prevent duplication, and to enable timely access to the most appropriate services.

It was reported to us that there were often issues with transporting service users to hospital for assessment and/or treatment. The service was reliant upon the Welsh Ambulance Service Trust for transport provision, and average waiting times were between four to six hours. We were told that this often

⁵ <http://www.kaleidoscopeproject.org.uk/our-services/kaleidoscope-powys/>

meant delays for service users accessing the care and treatment needed. This had the potential to impact directly on the service user experience, health and well-being. It also had the potential to directly impact upon staff accompanying service users, who would also be required to wait long periods of time.

Senior managers were aware of the above issues, and the impact that delays with assessment and transport have on the staff, and the service users' well-being, and their ability to attend hospital to receive the appropriate timely care.

Staff and managers told us that there was a delay of approximately 15 months for service users to access psychology services, after they were assessed as requiring them. The impact of this delay could hamper the service users' recovery or could lead to a relapse of their condition. The health board should review the availability of psychology and look at ways of reducing waiting times and how service users should be actively supported during the waiting period.

It was positive to find however, that the CMHT had attempted to reduce the waiting time for some service users accessing specific psychology services. One CPN had been supported to be trained in Eye Movement Desensitisation and Reprocessing Therapy (EMDR).⁶ Following an assessment, service users were able to be directly referred to the CPN for treatment via the MDT, and they were usually seen within one month, therefore significantly reducing the waiting time. We found this to be an area of noteworthy practice.

Improvement needed

The service should consider the assessment process for service users presenting in possible crisis, to ensure there is no unnecessary duplication of assessments and to ensure timely receipt of care and treatment.

The service must ensure that transporting service users to hospital is done in a timely way, including consideration of alternative methods that are currently used.

The service should review the availability of psychology support, including the provision of alternative services that could meet service user needs and reduce

⁶ A form of psychotherapy used to predominately treat individuals who have suffered trauma

waiting times for treatment.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall we found that patients were being provided with a good standard of care by the CMHT team.

There was a MDT approach to planning and providing care and treatment to service users, with a good level of engagement from service users directly into their care plans.

A robust safeguarding process was described, and opportunities for discussions were made available on a weekly basis during MDT meetings.

There were significant issues with the CMHT building that impacted on the delivery of care to service users in a safe and effective way, which need to be prioritised to resolve.

We found that improvements were needed with regards to the Mental Health Act documentation, to ensure the service was meeting its responsibilities.

Managing risk and promoting health and safety

We found that large areas of the building were in need of refurbishment to ensure the premises were fit for purpose.

The steps leading up into the front of the building had recently collapsed and access was granted via the back of the building whilst repairs were being carried out. There were no security lights for this entrance, and the pathway was uneven and dark, resulting in a potential hazard for both staff and service users.

The service user toilet had inappropriate curtains that did not fully protect the dignity of those using the facilities, and open pipes that could act as a ligature point. The service had a disabled toilet, however, we found it did not necessarily maintain the dignity of those needing to use it. To access the toilet, service users had to pass through the duty room, or use an external door to the facilities. However, this meant that service users needed to ask staff to be able

to use the facilities, therefore not upholding their dignity, which we found to be unacceptable.

Adjacent to the CMHT was a temporary X-ray facility for the health board due to refurbishment work being conducted at the hospital next door. A corridor and door separated the CMHT and the X-ray facility. Whilst we saw this door was locked, CMHT staff needed to access to this area to retrieve patient records, that were stored in a room next to the X-ray facility. To access this area, the CMHT staff had an informal agreement with the X-ray team to call through, to check that the X-ray was not in use before entering, to prevent an unintended X-ray exposure. However, no formal procedure for this arrangement was in place. HIW agreed with the health board that this matter would be dealt with outside of this inspection process.

Staff only areas were also in poor condition. The carpet in the staff room was thread-bare and in need of replacing. Staff did not have access to appropriate office equipment, for example, staff were using kitchen worktops as desks.

It was disappointing to find that a number of these issues had been raised by the team leader on a number of occasions with the health board's maintenance team, dating back over a significant period of time, some being reported months previously. However, we found that there still remained a large number of issues that were in need of addressing.

We did not see that a risk assessment of ligature points had been recently carried out. This was necessary, to help identify any potential ligature risk points and to take appropriate measures to reduce or eliminate the risk of a service user potentially accessing any ligature points, to self-harm. We were told that a risk assessment had been undertaken approximately 18 months prior to the inspection, and there were plans in place to complete a new risk assessment by the end of March 2019.

We saw that one area of the building, namely a cupboard under the stairs, had restricted access due to the identified presence of asbestos. We saw that a risk assessment had been carried out of this area, however, we did not see evidence that an assessment had been completed for the rest of the building. We were concerned that should remedial work be undertaken to fix the estates issues identified, a further risk assessment would need to be carried out of the full building, to determine the presence of asbestos. Information was provided by the health board's management team following the inspection, demonstrating that there were processes and procedures in place to manage any estates work being carried out in line with the relevant regulations governing the management of asbestos.

We were told about an ongoing concern where threats were being made to staff by a former service user. As a result, staff were required to leave the building in pairs. We recommended that this information should be extended to colleagues within neighbouring buildings to ensure they were afforded the same safety precautions. Management agreed to do this.

Improvement needed

The service must provide HIW with full details of the plan for the refurbishment work required for the exterior and interior of the building. This must include estates issues identified during the HIW inspection and those already reported by the CMHT team leader.

The health board must ensure that a ligature point risk assessment is carried out promptly and appropriate measures put in place, to address any risks identified.

The service must ensure that information regarding staff security arrangements when leaving the premises is shared with other relevant teams in neighbouring buildings.

Medicines Management

We found that the CMHT was working under very difficult circumstances, in that they did not currently have access to an appropriate clinic room. Staff were utilising the duty room as their clinic room, although the duty room was normally used for duty appointments and service user assessments.

We were told that the CMHT did have a designated clinic room, however, it was currently being used by the health boards X-ray department due to issues within their usual facilities. Staff told us that it was expected that the CMHT would regain use of their clinic room around March 2019. We recommend that this is expedited where possible to ensure that staff and service users have access to the appropriate care and treatment.

There was a sink in the room for staff to wash their hands prior to administering any medication, however, the room did not have any storage facilities to keep medication and other supplies. This meant that staff had to store medication and equipment elsewhere within the building. Whilst we found that storage within the building was appropriate, staff had to travel throughout the building to obtain the correct medication and equipment for individual service users. The clinic room had curtains in the window which did not fully protect the privacy and dignity of service users having treatment and/or discussions in the room.

The CMHT had a dedicated nurse who was an independent prescriber⁷, and who was responsible for medicines management. We found this to be an area of noteworthy practice as it meant they were able to prescribe medication to service users, and were able to conduct medication reviews to maintain timely care. We also found that every service user who was prescribed clozapine, an antipsychotic medication, had a plan in place, which contained useful information for them. The nurse prescriber was also responsible for monitoring the above service users' physical health, which is an essential element of managing those prescribed this type of medication. We were told there were plans in place to extend the physical health care checks to all other service users, when they regain access to their designated clinic room. We encouraged the service to ensure this was done.

We looked at a number of medication records, and whilst we found them to be of a good standard, we did not see that the legal status of all service users had been recorded. This is important for staff to ensure they have a full understanding of the appropriate legal status of the patient, for example, whether they are under a Community Treatment Order (CTO)⁸. The service must ensure that this is done for every service user.

Improvement needed

The health board must ensure that the CMHT has access to appropriate facilities to deliver medicines in an efficient, safe and effective way and upholds service user dignity.

The health board must ensure that the legal status of every service user is documented in medication records.

Assessment, care planning and review

Almost all service users who completed a questionnaire felt either very, or quite, involved in the development of their care plan, and the majority also told us that they had received a copy of their care plan.

⁷ A nurse who has undertaken additional training allowing them to independently prescribe medication within the scope and remit of their experience and knowledge

⁸ A person detained under the Mental Health Act 1983 but receiving treatment in the community rather than hospital

The service users we spoke with told us that they felt fully involved in their assessments, care and treatment planning, and their care coordinators were responsive to their individual care needs.

The majority of service users who completed a questionnaire had been in contact with the CMHT for more than a year, said that they have had a formal meeting or review with their care coordinator, to discuss how their care is working, and they felt very involved in these meetings. The service users we spoke with and those who completed a questionnaire also said they were given the opportunity to challenge any aspect of their care and treatment plan, during the meeting.

The team was able to provide some specialised services to service users, such as providing an enhanced service for those with eating disorders, perinatal trauma and EMDR. This is because individual team members had been encouraged to develop their own specialist interest in these areas.

The quality of staff documentation was variable within the care records we saw. Some records contained more detailed information than others. In addition, we found that the care and treatment provided to service users, as described by both staff and service users we spoke with, was not always evidenced in the records. Service users we spoke with were very complimentary about the involvement they had with their care coordinators, and told us that their wishes were taken into account, when planning their individual needs.

We found that not all care and treatment plans were signed by service users. This is important as it demonstrates that service users have been engaged in their own treatment plan, have agreed to it and have read and understood the contents.

We saw that one care and treatment plan review was overdue, and was in need of updating.

We found inconsistencies with documenting the offer of advocacy to service users, and whether they had accepted or declined the offer. We were also unable to see evidence in any records that a carer's assessment had been carried out. We were told that until recently, this had, been predominately undertaken by the social workers within the team however, due to their current staffing shortages, this had become difficult to carry out. The management team told us that the assessment was not the sole responsibility of social worker staff, and that CMHT staff were also responsible for ensuring that a carer assessment should be offered and carried out where appropriate.

Service users who completed a questionnaire told us that they were most likely to have their accommodation, education and social needs met by the services provided through the CMHT.

Where applicable, just over a quarter of service users who completed a questionnaire said that the option to receive direct payments to help meet their care and support their needs had been discussed with them by the CMHT.

Improvement needed

The service must ensure that staff clearly document all care, treatment and support offered and carried out with service users, including the offer of advocacy services.

The service must ensure that carer's assessments are undertaken where appropriate.

The service must ensure that a signed record of a service users' care and treatment plan is held within their files.

The service must ensure that care and treatment plans are reviewed in a timely manner.

Patient discharge arrangements

Overall, we found that discharge arrangements were satisfactory. We looked at care records and could see appropriate discharge planning had been considered. However, we found that the consultant psychiatrist had a large caseload, with approximately 200 cases allocated. We discussed this with the management team, who acknowledged that this was not an ideal situation and were looking to undertake a piece of work to consider discharging patients off the consultant's caseload. We encouraged the service to continue with this work, to ensure that all service users were allocated to the most appropriate person and/or service.

Safeguarding

Staff we spoke to were clear about their responsibilities in relation to safeguarding adults and children. Staff described a clear process for reporting any safeguarding concerns.

We saw that within the weekly MDT meetings there was a regular timeslot allocated for discussing any safeguarding concerns or issues.

Safeguarding training was mandatory for staff and we saw records to show that staff received this on a regular basis.

Compliance with specific standards and regulations

Mental Health Act Monitoring

We reviewed the statutory documents of four service users who were the subject of Community Treatment Orders (CTO) being cared for by The Hazels CMHT. Overall, we found that there was a need to review the administration of the Mental Health Act documentation, to ensure the health board was meeting their duties and responsibilities under the Act. We found that the records were disorganised and difficult to navigate, there was also a lot of duplicated information included in the files. Issues we found included:

Statutory consultees not being carried out and/or recorded

Cancelling certificates which no longer authorises treatment to be carried out

Patient consent or refusal to medication not being recorded and/or carried out

Records demonstrating that a service user was not consented to their treatment for 13 weeks, which should be carried out within 28 days

Original CP1⁹ form amended, when it should not have been. This was raised with the Mental Health Act administration team during the inspection, and we advised them to seek legal advice regarding the amendment, which they agreed to do.

We discussed with the management team that the health board must conduct an audit of their Mental Health Act documentation to ensure it was fully compliant with the Act. In addition, we suggested that training/refresher training for those carrying out the administration of the Act, should be considered.

Improvement needed

The health board must conduct an audit of their Mental Health Act documentation to ensure they are meeting the requirements of all their roles and responsibilities under the Act.

⁹ CP1 form to determine Community Treatment Order

Confirmation must be provided to HIW of the actions taken by the health board regarding the amendment of the CP1 form identified during the inspection.

Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision

We found that the CMHT were using appropriate tools to assess service users' needs, and found that this addressed the dimensions of life as set out in the Mental Health Measure, and the domains set out in the Social Services and Well-being (Wales) Act 2014.

We found there was a multi-disciplinary, person centred approach to assessment, care planning and review. Records demonstrated that service users were involved in the development of the care and treatment plans, and those we spoke with confirmed this.

Overall, we found that the assessment of service users' needs was proportionate and appropriate. Risk assessments were thorough and well documented.

Care plans were generally well structured and person centred and reflected service users' emotional, psychological and general health and well-being needs.

Entries within the care records were contemporaneous with all members of the team documenting their involvement/interventions within one file.

Compliance with Social Services and Well-being Act

It was evident from discussions with service users, and within the completed HIW questionnaires, that their views and wishes were the main focus of the work conducted by the CMHT. As highlighted earlier in the report, it was disappointing to find that this was not always reflected in the care records.

During inspection, we found evidence that the principles set out in the Social Services and Well-being (Wales) Act 2014, regarding voice and control and co-production, were being supported. This is because we were told by service users that they were being supported to actively participate in their assessments and the design of their care and treatment plans.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

Staff demonstrated a clear passion and commitment to delivering care and treatment, and a positive experience to service users.

Staff told us that they had access to training and supervision, and that there was an open door policy to access support and advice from the management team as and when they needed it.

We found that integrated working between the health board and local authority was fragmented, and in need of improvement for the benefit of both staff and service users.

Leadership, management and governance arrangements

We found that all staff demonstrated a clear passion and commitment to delivering a good level of care and treatment to their service users. However, we found that integrated working between the health board and local authority was very much fragmented. We found that the teams within the CMHT were working in silos, and were not therefore providing a truly integrated service.

We found that the leadership and management of the CMHT was very much health board lead, and it was unclear how much involvement the local authority had with the overall strategic direction of the service.

It was positive to find however, that there was a plan to ensure that following the retirement of the current CMHT team leader, the position would become an integrated one, being supported by both the health board and local authority.

The CMHT was managed by a team leader, who was employed by the health board and was responsible for managing the health board staff within the CMHT. There was a locum senior social worker practitioner in place who, reported to the local authority. They were responsible for managing the local authority CMHT staff members. Staff we spoke with said that there was a

disconnect between the teams, although there was a desire in the team to work collaboratively. However, with the current structures and processes in place and staff vacancies, this proved to be difficult.

Staff told us that they felt supported by their direct line managers and wider directorate management team. Supervision was held on a regular basis with line managers, and we saw evidence that demonstrated this. Whilst the health board and local authority had different processes in place, we saw that supervision discussions were similar in content, and provided opportunities for staff to discuss caseloads, time management, concerns, personal interests and well-being.

We saw that staff had appraisals and/or there was a plan in place for those who had not recently received one. Staff also had access to training, both mandatory, job specific and additional, and we saw records to show a good level of compliance. As previously discussed in the report, we found that the health board had encouraged and supported individual staff members to develop their own specialised areas of interest. Staff told us that this was very positive, and they had been able to provide additional support to service users because of this. We recognised this as an area of noteworthy practice, and appropriate professional supervision was commissioned externally where necessary.

Recruitment was dealt with centrally by the respective health board and local authority recruitment and Human Resource (HR) teams. Staff told us that the local authority had difficulties in recruiting permanent social workers into the CMHT, and there were two vacancies within the team. However, we were told that one position was due to be filled very shortly.

Over the past two years, the role of senior social worker practitioner had been filled by locum staff. As a result, the team had four different individuals covering this post during this time. Staff told us that this had caused instability and uncertainty for both staff and service users. The local authority must continue to explore options to recruit social workers into the CMHT on a permanent basis.

The CMHT held weekly MDT meetings to discuss incoming referrals and allocation of cases. We found these to be a good way of sharing relevant information across the team, and allowed for case to be discussed and views obtained about any new referral and/or on going cases.

The CMHT held other meetings for staff to attend and share information across the teams. These included a weekly business meeting, and practice based professional meetings that alternated on a regular basis. External agencies were often invited to present at these meetings as a way of sharing local information. We found this to be an area of noteworthy practice.

As highlighted earlier in the report, CMHT staff and management discussed issues with us regarding the reluctance from some staff members, with undertaking a role and responsibility within the duty team rota. We were told that this created tensions within the team.

The local authority management staff told us that due to the social worker vacancies, and the additional responsibilities some had, such as the Approved Mental Health Professional, (AMHP) role, they were unable to provide support within the duty team rota and conduct assessments. We were told that their intention was to undertake some of these duties once they had a full complement of social worker staff. We encouraged the local authority to ensure this commitment is fulfilled for the success of integrated working.

There was information displayed in the waiting area for service users should they wish to raise a complaint or concern about the care and treatment received. We found this related to both the health board and local authority processes. Information for service users about support groups to enable them to raise a concern was also displayed.

We received a mixed response from health board and local authority staff regarding the integrated approach to the management of concerns and also sharing of learning from incidents. Staff were not assured that information would be shared appropriately with both teams, to ensure there was a combined response and/or investigation into concerns or complaints raised. Some members of staff and management also told us that they did not receive feedback about concerns or incidents they had been involved in. We were told by management that there were processes in place to share information with all teams, however it was recognised that this needed to be strengthened to ensure it reached all staff.

Improvement needed

The service should consider whether the current structure of the CMHT promotes effective team working and integration between the health board and local authority, including the allocation of duty work.

The local authority must continue to explore ways to recruit social workers into the CMHT on a permanent basis.

The service must ensure that a robust process is implemented to ensure that a combined response is considered in relation to concerns and complaints between the health board and local authority.

The service must ensure that effective processes are implemented to communicate with all staff, to disseminate learning, feedback and outcome of

concerns and incidents.

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, measurable, 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.

How we inspect community mental health teams

Our inspections of community mental health teams are announced. The service receives up to 12 weeks notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how CMHTs are meeting the [Health and Care Standards 2015](#), [Social Services and Well-being Act \(Wales\) 2014](#) comply with the [Mental Health Act 1983](#) and [Mental Capacity Act 2005](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within community mental health teams.

Further detail about how HIW inspects [mental health](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: The Hazels, Llandrindod Wells

Date of inspection: 15 and 16 January 2019

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	Health/Social Services Lead	Responsible officer	Timescale
No immediate concerns were identified during this inspection.					

Appendix C – Improvement plan

Service: The Hazels, Llandrindod Wells

Date of inspection: 15 and 16 January 2019

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	Health/Social Services Lead	Responsible officer	Timescale
Quality of the patient experience					
The service should consider the assessment process for service users presenting in possible crisis, to ensure there is no unnecessary duplication of assessments and to ensure timely receipt of care and treatment.	5.1 Timely access; SSWBA Code of Practice 3	We will review our policy and operational practice around access to CRHTT and the interface between the CRHTT and CMHT. As WCCIS is rolled out across all services and teams, there will be a reduced need for repeated assessment processes as critical information will be easily accessible at times of service user crisis.	Health Board and Social Services Leads	Head of Mental Health Operational Services	June 30 th 2019
The service must ensure that transporting service users to				Head of Mental	September

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
hospital is done in a timely way, including consideration of alternative methods that are currently used.		<p>Patient transport has been identified as an area for improvement and a working group is in operation to scope options and identify options.</p> <p>A Mental Health Conveyance Group (reporting to S: 136 committee and Partnership Board) was convened in 2018 to review risks and transport options. The directorate is also represented on the NEPTS Transfer Programme Board.</p>		Health Nursing & Clinical Governance	30 th 2019
The service should review the availability of psychology support, including the provision of alternative services that could meet service user needs and reduce waiting times for treatment.	6.1 Planning Care to promote independence	<p>We have appointed two Assistant Psychologists for South Powys and these roles will address the waiting list as part of their core work. An improvement plan has been developed with oversight via the EQS Committee (A sub-committee of the Board).</p> <p>We have commenced a piece of work to address Matrics</p>	Health Board Lead	Head of Psychological Therapies	October 31st 2019

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		<p>Cymru using an external consultant engaged through the Third Sector.</p> <p>We are utilising EMDR and Rewind therapies within the CMHT to divert appropriate referrals from psychology waiting list.</p> <p>We will create a register of approved supervisors relevant to the specialist treatment and therapies delivered. .</p> <p>Internal Audit are reviewing psychology services as part of the 2019/'20 audit plan, so feedback from this audit will be important for further service improvement.</p>			
Delivery of safe and effective care					
The service must provide HIW with full details of the plan for the refurbishment work required for the exterior and interior of the	2.1 Managing risk and promoting health and	The full relevant Estates Plan will be sent to HIW as a separate document CMHT is accommodated in a	Health Board Lead	Head of Mental Health Operational Services	April 5 th 2019

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
<p>building. This must include estates issues identified during the HIW inspection and those already reported by the CMHT team leader.</p> <p>The health board must ensure that a ligature point risk assessment is carried out promptly and appropriate measures put in place, to address any risks identified.</p>	safety	<p>Victorian building converted from residential accommodation. We recognise that the CMHT premises require re-provision to meet modern standards and fulfil service user and staff expectations. This is dependent on gaining capital funding and the MH Service has actively engaged with the Estates department to work on this so that service accommodation can be improved through Corporate Processes, including the Capital Control Group and Property & Accommodation Group. Estates improvement work is pending.</p> <p>A full Ligature Risk Assessment is scheduled in conjunction with external specialist services.</p> <p>Specialist Training is also in</p>		<p>Head of Mental Health Operational Services</p>	<p>May 10th 2019</p> <p>April 27th 2019</p> <p>April 25th 2019</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
<p>The service must ensure that information regarding staff security arrangements when leaving the premises is shared with other relevant teams in neighbouring buildings.</p>		<p>place.</p> <p>Communication with neighbouring services has been completed.</p>		<p>Team Manager</p>	<p>COMPLETE</p>
<p>The health board must ensure that the CMHT has access to appropriate facilities to deliver medicines in an efficient, safe and effective way and upholds service user dignity.</p> <p>The health board must ensure that the legal status of every service user is documented in medication records.</p>	<p>2.6 Medicines Management</p>	<p>We have created dedicated clinical space which is currently required for use as part of a larger hospital improvement scheme. The timescales are currently over running and we are working with Estates to identify an interim solution until the service can take it back into CMHT use.</p> <p>This has been taken to the MDT Business meeting and this practice is now in place.</p>	<p>Health Board Lead</p>	<p>Head of Operational Services</p> <p>Team Manager</p>	<p>June 30th 2019</p> <p>COMPLETE</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
<p>The service must ensure that staff clearly document all care, treatment and support offered and carried out with service users, including the offer of advocacy services.</p> <p>The service must ensure that carer's assessments are undertaken where appropriate.</p> <p>The service must ensure that a signed record of a service users' care and treatment plan is held within their files.</p> <p>The service must ensure that care and treatment plans are reviewed in a timely manner.</p>	<p>3.5 Record keeping</p> <p>SSWBA Code of Practice 2 and 3</p>	<p>This has been taken to the MDT Business meeting and this practice is now in place.</p> <p>This has been taken to the MDT Business meeting and this practice is now in place.</p> <p>This will be included in the WCCIS Operational Work Book to be signed off at the next WCCIS Change Management Meeting.</p> <p>This has been taken to the MDT Business meeting and this practice is now in place</p>	<p>Health Board and Social Services Leads</p>	<p>Team Manager</p> <p>Head of Mental Health Operational Services</p> <p>Team Manager</p>	<p>COMPLETE</p> <p>COMPLETE</p> <p>May 31st 2019</p> <p>COMPLETE</p>
<p>The health board must conduct an audit of their Mental Health</p>	<p>Application of the Mental</p>	<p>An Audit of the MHA documentation has been undertaken and a plan is in</p>	<p>Health Board Lead</p>	<p>Head of Mental Health Operational</p>	<p>April 30th 2019</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
<p>Act documentation to ensure they are meeting the requirements of all their roles and responsibilities under the Act.</p> <p>Confirmation must be provided to HIW of the actions taken by the health board regarding the amendment of the CP1 form identified during the inspection.</p>	Health Act	<p>place. Training Needs Analysis will be undertaken when the newly appointed MHA manager commences with the health board on completion of recruitment processes.</p> <p>This has been amended and separate confirmation to HIW has been sent</p>		Services	
Quality of management and leadership					
<p>The service should consider whether the current structure of the CMHT promotes effective team working and integration between the health board and local authority, including the allocation of duty work.</p> <p>The service must ensure that a robust process is implemented to ensure that a combined response is considered in relation to concerns and complaints</p>	<p>Governance, Leadership and Accountability;</p> <p>SSWBA Code of Practice 8</p>	<p>This will be addressed in a meeting between senior health and social care management.</p> <p>There is a system in place for this and based on the complaint content a lead organisation will be identified to investigate and a collaborative approach is embraced. It is agreed that</p>	Health Board and Social Services Leads	<p>Assistant Director/Head of Adult Services PCC</p> <p>Head of Mental Health Nursing & Clinical Governance</p>	<p>June 30th 2019</p> <p>July 31st 2019</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
<p>between the health board and local authority.</p> <p>The service must ensure that effective processes are implemented to communicate with all staff, to disseminate learning, feedback and outcome of concerns and incidents.</p>		<p>through the <i>Learning Group</i> the health board will take steps to review and enhance membership. The process of disseminating learning will be assessed and strengthened.</p>			
<p>The local authority must continue to explore ways to recruit social workers into the CMHT on a permanent basis.</p>	<p>7.1 Workforce</p> <p>SSWBA Code of Practice 8</p>	<p>Powys County Council will continue to organise recruitment campaigns in localities both across the county and bordering counties. This is in conjunction with the Practice Learning and Development Officer who is instrumental in the promotion of the positives of working for the council, including our commitment to developing career pathways.</p> <p>Social media via the communication team is being utilised as a positive means of</p>	<p>Social Services Lead</p>	<p>Senior Manager Mental Health and Disabilities</p>	<p>May 31st 2019</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		<p>sharing job adverts; along with the positives of working for PCC.</p> <p>PCC is also giving reconsideration to the overall staffing structure. Alongside this there has been a submission for an additional market supplement payable to AMHP's across the county which is currently with the Head of Service., Finance and HR for consideration</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): Ruth Derrick

Job role: Head of Mental Health Operational Services

Date: April 3rd 2019