



HIW & CIW: Joint Community

Mental Health Team Inspection (Announced)

North Monmouthshire Community
Mental Health Team, Aneurin Bevan
University Health Board and
Monmouthshire County Council

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

Our purpose

To check that people in Wales 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

1. What we did

Healthcare Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW) completed a joint announced community mental health inspection (CMHT) of North Monmouthshire Community Mental Health Team within Aneurin Bevan University Health Board and Monmouthshire County Council on 12 and 13 March 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.

2. Summary of our inspection

Overall, we found evidence that the CMHT provided a good standard of care to service users. 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.

There were processes in place to ensure that service users had prompt access into the service and received assessments in a timely way.

Staff were committed to providing a good standard of care to their service users.

There was evidence of good team working between staff and professional groups.

Improvements were needed to the service user building to provide a welcoming environment, and to demonstrate that it valued all its service users.

Areas of medicines management were in need of improvement, resulting in an immediate assurance letter to the health board.

Improvements to care records were required to ensure they were of a consistent high standard.

Integrated working between the health board and local authority was in need of improving, to ensure there were processes and procedures in place that demonstrated effective and equitable management arrangements.

This is what we found the service did well:

- Service user feedback was generally positive about their care and treatment

- Staff were committed to providing a positive experience for service users in a difficult environment
- Service user assessments were completed in a timely manner
- We saw evidence of good team working between professional disciplines.

This is what we recommend the service could improve:

- The environment for service users
- Information for service users, including advocacy and complaint processes and procedures
- Some areas of health and safety, including a ligature point risk assessment
- Elements of recording in care records, to ensure a consistent high standard is met across the team
- Managerial processes and procedures to improve integrated working.

3. What we found

Background of the service

North Monmouthshire provides community mental health services at Maindiff Court Hospital, Abergavenny, Monmouthshire, NP7 8NF, within Aneurin Bevan University Health Board and Monmouthshire County Council.

The team provides services to approximately 250 adults with mental health needs.

The staff team includes a team leader (employed by the health board), four community psychiatric nurses (CPNs), two occupational therapists, one occupational therapist technician, a health care support worker, a psychologist, psychology assistant and one psychology trainee, a psychotherapist, a professional social work lead, two social workers, a placement social worker approved mental health professional (AMPH) trainee, three medical secretaries, a social work administrator, one consultant, one locum staff grade doctor and one senior house officer.

The team is supported by a Crisis Team, which is based at County Hospital, Griffithstown.

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.

Service users who completed HIW questionnaires were generally positive about the care and treatment they received from the CMHT team.

We found a staff team who were committed to providing a good standard of care for service users.

Information about advocacy services must be displayed.

Improvements were required to the service user building to make sure it provided an inclusive and positive experience for service users.

Prior to our inspection, we gave HIW questionnaires to service users to obtain their views on the care and treatment they received. In total, we received eight completed questionnaires from those who had been in contact with the CMHT between less than a year, to over 10 years.

Service user feedback was generally positive. Some service users told us that the support they have received from their community health worker had been a great support.

However, one service user told us that they would welcome group therapy or something similar to assist their recovery.

Care, engagement and advocacy

All service users who completed a questionnaire had seen someone from the CMHT within the last month.

All but two service users told us that they found it very easy, or quite easy to access support from the CMHT when they needed it. The majority said that when thinking about their own needs, they had been seen the right amount of times.

All of the service users who completed a questionnaire told us that they knew how to contact their care coordinator if they had a concern about their care.

Almost all service users felt that the CMHT worker usually gives them enough time to discuss their needs and treatment. All of the service users said the CMHT worker listens to them carefully.

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

The majority of service users who completed a questionnaire said they did not need any support for physical health needs.

Half of the service users who completed a questionnaire said that they hadn't been offered the support of an advocate to help them access information they may need, or to support them in situations where they didn't feel able to speak for themselves. During a tour of the service user building, we did not see any information about advocacy services. We looked at a number of service user care records, and not all demonstrated that advocacy support had been offered, and whether any offer had been accepted or declined. However, discussions with staff told us that they were able to access the support of advocacy services readily.

Half of the 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. Some of the care records we looked at clearly demonstrated that family or carers had been involved in their care and treatment plans.

We were told that carer's assessments were not carried out by CMHT staff, and that they were referred to a third sector organisation to complete. We reminded the service to make sure that these actions are clearly documented in care records where appropriate.

We were told that the service had carried out a service user questionnaire approximately two years ago, to obtain feedback on the care and treatment they had received. The team leader told us that this had been positive. However, there were no current ways for service users to be able to provide feedback. We suggested that the service may wish to consider how service users are able to do this, to help drive improvements.

Improvement needed

The service must display and provide information to service users about advocacy services that are available.

The service must make sure that care records clearly demonstrate offers of advocacy, and document whether this has been accepted or declined by a service user.

Access to services

The CMHT is based in Maindiff Court Hospital. The site is approximately two miles outside of Abergavenny in a rural area, and is not on a bus route. For service users without their own transport, we found this to be a difficult place to get to. Staff told us that they had collected service users in their own transport to make sure they could get to their appointments.

Maindiff Court Hospital is made up of a number of buildings, offering different services to patients provided by the health board. CMHT service user appointments are held in one building, and staff are located in another building which was within walking distance.

The building used by service users had two small waiting areas, one with a vending machine offering drinks and snacks. A gender neutral toilet was available, however, service users with mobility difficulties or using a wheelchair needed to ask to use an accessible toilet that was behind locked doors.

The reception area was not staffed by anyone. There was a sign on the window of the closed reception area which displayed telephone numbers for people to call, depending upon the service they were there to see. We found the poster to be unclear, and could lead to confusion for service users because:

- There was no clear instruction to dial '9' before inputting the extension number for the service they were there to see
- The poster was difficult to read for those service users in wheelchairs as it was displayed in a high position
- Deaf or hard of hearing service users were not supported to access the service as they needed to use a telephone.

Staff told us that they tried to meet service users in reception prior to their appointment. However, sometimes they were not always able to do this, if they were running late or a service user was early for an appointment. Staff told us

of occasions where service users had been in distress, had not been able to use the telephone, and been left alone in the waiting area as nobody was aware they were there. Staff told us that they did not feel this was providing a positive experience, and did not demonstrate that service users were valued.

The majority of service users who completed a questionnaire had been referred to the CMHT by their GP. They told us they had either been seen straight away after their referral (less than a week), or it had taken much longer to be seen by the CMHT (about four weeks or longer).

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 a referral into the CMHT, cases were normally allocated through the weekly multidisciplinary team (MDT) meeting, however, urgent referrals could be allocated outside of this process. Suitability, knowledge, experience, geography, specialist interests and current case load numbers were all considered prior to allocation to a member of staff.

We were told that a routine assessment would be held within the recommended guidelines of four weeks. Through discussions with staff, it became clear that the four week timescale became more difficult to meet during times when there were staffing issues. Some staff raised concerns that their own health and well-being were being compromised to meet these timescales during periods of staff shortages.

Urgent referrals and assessments were dealt with by the duty² team, which was available Monday to Friday 9am to 5pm. All members of the CMHT took part in the duty rota and days would be allocated to them to undertake this role.

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.

We were told that initial telephone calls were taken by the team's medical secretaries, and information was then shared with the duty officer as appropriate. We were concerned to find that the secretaries had not received any training to deal with the difficult conversations that they may have with distressed service users, families and professionals. They also relayed their concerns about this, explaining that they felt vulnerable in such circumstances, whilst at the same time wanting to provide the best service for their service users. We also found that the same staff did not receive the same type of supervision as clinical team members. This may allow them to have reflective discussions and support regarding their duties.

Referrals that required an assessment under the Mental Health Act³ were passed to an Approved Mental Health Professional⁴ (AMHP) for action. There was only one AMHP in the CMHT, however, the service recognised the requirement for additional resources and were currently supporting one trainee AMHP. There were also plans in place to train an additional two social workers to become qualified AMHP's in the near future.

The majority of service users said that they knew how to contact the CMHT out of hour's service. All of those service users who had contacted the service in the last 12 months said that they got the help they needed.

The crisis team was located in the County Hospital in Griffithstown, Pontypool. Staff told us they had a good relationship with the team, and were able to access support and advice from them when needed. All but one of the service users who completed a questionnaire also said that they knew how to contact the CMHT if they had a crisis. All of those who had contacted the CMHT in a crisis in the last 12 months told us that they got the help they needed.

It was reported to us that there were often issues with transporting service users to hospital for assessment and/or treatment following detention under the Mental Health Act. The service relied on transport services provided by the mental health unit at the County Hospital. However, we were told that there were only two drivers, and waiting times could be lengthy. We were told that if unavailable, the team would call for an ambulance. We were told that this often

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.

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. They told us that the transport arrangements were currently in the process of being reviewed.

Whilst the psychology team within the CMHT had recently benefited from increased staffing, we were told that there was a delay of approximately two years for service users to access psychology services. The impact of this delay could hamper the service users' recovery or could lead to a relapse of their condition. We found that the service had put in place a number of groups to help support service users during this time. Groups included Recovery Through Activities, Mindfulness, Emotional Regulation, and Dialectical Behaviour Therapy (DBT). It was disappointing to hear however, that some staff felt unable to provide these groups on a regular basis due to staffing issues.

Improvement needed

The health board must consider whether the current reception arrangements provide a welcoming and positive experience for service users.

The health board must make sure that information for service users in reception is clear and easily accessible.

The health board must consider whether the current access to disabled toilets is appropriate and upholds service user dignity.

The health board must make sure that all staff have the appropriate skills and knowledge to allow them to undertake their roles effectively, supervision should also be provided to all members of staff.

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 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 service users were provided with a good standard of care by the CMHT team.

There was a MDT approach to care planning and provision, this was evident in service user care plans and through the review of documentation.

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

A ligature point risk assessment needed to be undertaken.

There were concerns with regards to some arrangements for the safe storage, administration and disposal of medicines. These were dealt with through our immediate assurance process.

Improvements were required with regards to some aspects of care records, to ensure there was a high, consistent standard of record keeping across the team.

Managing risk and promoting health and safety

Service user appointments were held in rooms which did not have panic alarms installed. We were told that staff had access to walkie-talkies as a means of communicating with colleagues, should they need help or support whilst meeting with service users. As staff were based away from the building, it would take a few minutes for support to get there. As mentioned earlier on in the report, the reception area was not staffed, meaning that there was nobody to immediately answer any calls for help. Some staff raised concerns about feeling unsafe whilst meeting with service users in these conditions.

Staff told us that if a service user unknown to the team needed an appointment, a risk assessment would be carried out and two members of staff would attend if appropriate.

We did not see that a risk assessment of ligature points had been carried out. This is 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.

Improvement needed

The service must consider whether the current procedure for alerting staff when needing support whilst meeting service users alone, is adequate to maintain staff and service user safety.

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

Medicines Management

The CMHT did not have a clinic on site to administer medications and injections to service users, these were held in two different locations across the county. We were told that both of these sites were accessible via bus routes, and were potentially easier for service users to access. We did not visit these during the course of the inspection.

Whilst clinics were not held on site, medication was stored within the staff only building. Staff were required to take the medication with them to the off-site clinics for administration. Staff had been given bags for the safe transfer of medication, and we saw a risk assessment had been produced to help ensure this was done in a safe way.

We saw that physical health care checks were carried out for service users that were prescribed anti-psychotic medication. We were told that there was a plan in place to extend this out to all service users in the future, when the team was fully staffed. Whilst the team were able to carry out most health care checks, staff did not have access to an electrocardiograph⁵ (ECG) machine. Staff were reliant upon a service users GP to do this, and have the results sent to the team. We suggested that the service may wish to consider whether it would be

⁵ A machine used to test the rhythm and electrical activity of the heart.

beneficial for service users, if this could be done in one place during other physical checks.

We looked at the arrangements for the storage of medication, and we found there were 17 different out of date medicines stored in a cupboard. We discussed this on the day of inspection and we were told that these had been collected from a service user, however, they had not been appropriately disposed of by the team.

We also found that fridge temperatures, used to store medication, were not consistently checked on a daily basis to ensure that medication is stored at an appropriate temperature to make sure that the drugs are viable for use.

We looked at a number of drug charts and found that medication had been administered on three occasions against a prescription that was out of date. This was discussed with the team leader on the day of inspection who confirmed that the prescription was correct, however, the prescribing clinician had documented an incorrect date.

It was concerning to find however, that the process for checking prescriptions and administering medication was not robust, and that this had occurred on three separate occasions.

Our concerns regarding the above issues were dealt with under our immediate assurance process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in insert Appendix B.

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. All but one of the service users told us that they had received a copy of their care plan.

Almost all of the service users who had been in contact with the CMHT for more than a year said that they had a formal meeting or review with their care coordinator to discuss how their care is working. However, only half of the service users felt involved in these meetings. Service users who completed a questionnaire also felt that they were given the opportunity to challenge any aspect of their care and treatment plan that they disagreed with during their formal meeting or review.

We looked at a number of care records and found that they were of an acceptable standard. We found, however, that they were difficult to navigate as

information was stored over three systems. We were told that there was a plan in place to become paperless and use one system in the near future.

We saw that some care records were more detailed and comprehensive than others, and recommended where improvements could be made to ensure a consistent high standard across the team. These included:

- Ensuring care plans and records were written in the first person
- Include direct quotes from service users to demonstrate their involvement, wishes and decisions
- Personalisation of care records, rather than using general statements.

We also found that there was no assessment documentation on one service user file, and two care and treatment plans that were in need of review as they were out of date.

Just over a third of the service users who completed a questionnaire said that they had not been given information (including written), by their CMHT and would have liked this. The service was reminded to also make sure that a signed copy of a service users' care and treatment plan is kept on file. 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.

Improvement needed

The service must ensure that care records are maintained in a consistent way across the whole team.

The service must ensure that assessment documentation is kept on service users files.

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

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

Patient discharge arrangements

We found that service user discharge arrangements were generally satisfactory.

This was based on a review of care records and discussions with staff. Staff told us that an initial discussion would be held at MDT if they thought a service user was ready for discharge. This would be discussed with the service user to agree a plan, including providing a contingency plan in case of need. Where appropriate, third sector agencies would also be involved. The service user would also be told of their ability to refer themselves back into the service should they feel the need to. We were told that the ethos of the team was to plan service user care to enable safe and effective discharge.

Safeguarding

Staff we spoke with were clear about their responsibilities in relation to safeguarding adults and children. Staff described a clear process for reporting any safeguarding concerns. Staff also told us that there were regular opportunities for having discussions with senior members of staff if they had any safeguarding issues. This included a slot in the weekly MDT meeting.

Compliance with specific standards and regulations

Mental Health Act Monitoring

We reviewed the statutory documents of three service users who had recently been detained under the Mental Health Act, but had been discharged back into the care of the CMHT. Overall, we found the record keeping was of a good standard, organised and easy to navigate. We found it to be maintained in accordance with the requirements of the Mental Health Act.

There was evidence within the documentation of appropriate consultation with the service user, their carer (where appropriate), and other professionals. Whilst we saw in one file that the service user had been offered the support of an advocate, we did not see evidence of this in the two other files. An improvement about this has been already been made within the Quality of Patient Experience section of the report.

We spoke with the Mental Health Act Administrator who provided a comprehensive overview of the process and demonstrated a good knowledge and understanding of the legal requirements. We were told that there was a good working relationship between the CMHT and the administrators.

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

We found that the CMHT had appropriate tools to assess service users' needs, and found that these addressed the dimensions of life⁶ as set out in the Mental Health Measure.

We found there was a multidisciplinary approach to care planning and review. Records demonstrated that service users, and their families or carers, were involved in the development of their care and treatment plans. Care plans were generally well structured and reflected service users' emotional, psychological and general health and well-being needs.

Service users who completed a questionnaire were most likely to have their social and accommodation needs completely met or partially met by the services provided through the CMHT.

Compliance with Social Services and Well-being Act

During inspection, we found evidence that the principles set out in the Social Services and Well-being (Wales) Act 2014, were being supported. This is because service users who completed questionnaires stated so, and it was evidenced in care records, that they were being supported to participate in their assessments and the design of their care and treatment plans.

⁶ finance and money; accommodation; personal care and physical well-being; education and training; work and occupation; parenting or caring relationships; social; cultural or spiritual; medical and other forms of treatment including psychological interventions

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 and the Social Services and Well-being Act.

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 the health board and local authority had a number of different management processes and procedures, which did not support an integrated service.

There were staffing issues within the team, that if unresolved could impact on their well-being, and also ability to carry out their roles in a timely and effective way.

Leadership, management and governance arrangements

The CMHT was led by a team leader who was employed by the health board. Whilst the team leader had overall responsibility for the provision of the service, they did not have line management responsibility for all team members.

Local authority staff were line managed by the professional social work lead. We found that there were different management styles within the team, and different arrangements in place, such as supervision, annual leave and flexible working. Whilst we saw that there was a good working relationship between the team leader and professional social work lead, we were told that the differences in working practices had the potential to cause conflict, and impacted on the ability to provide a truly integrated service.

We found that staff were committed to providing a good level of care and treatment to their service users. However, there were staffing issues caused by

vacancies and illness that were having an impact on individual caseloads and staff well-being. We were told that the service was actively recruiting into vacancies, and were waiting for individuals to take up their roles.

As well as being the team leader for the CMHT, the team leader was also responsible for the Assertive Outreach Team (AOT). This team also had staffing issues, which meant that the team leader held approximately 30 cases across the two teams. This had an impact on the team leader's ability to manage the two teams and also effectively manage a case load.

Staff also told us that they had been allocated additional cases to make sure that services users were being seen in a timely manner during this period of reduced staff numbers. Staff told us that they were very busy and did not always have enough time to do all the work they needed to and were feeling under pressure.

Staff told us that they felt supported by their direct line managers and wider directorate management team. We saw that there were appropriate arrangements in place for staff supervision, and were planned to be held every four to six weeks. However, due to staffing issues, we found that the frequency of supervision for some staff had not been carried out as planned in recent months.

We saw that the health board and local authority had different processes in place for supervision, and placed different emphasis on the meetings. Local authority supervision was very much based on reflective practice, with some caseload management. We saw that health board staff predominately had caseload management style supervision with their line manager. We were told that there was a review of supervision for nurses being carried out across the health board, with a view to improving the process. Staff also had access to professional supervision with a relevant professional.

We were told that appraisals were held on an annual basis with staff. We saw some records to show that these had been completed. Others were in need of being carried out.

Some staff told us that they believed the complexity of service user needs referred into the CMHT was changing. Some told us that they did not feel, as a team, that they had the specific skills, knowledge and experience to deal with service users with more complex and specific needs. Some staff suggested that it would be beneficial to consider the changing needs of service users being referred into the CMHT and provide the relevant training to support staff in delivering the appropriate care and treatment. We suggested that the service should consider reviewing the skill mix of the CMHT to make sure it is meeting the needs of the service users being referred into the team.

Training for staff was managed centrally by the respective health board and local authority teams. There were some opportunities for shared training events within the CMHT, however, we found that predominately, teams were responsible for their own training plans. We saw that there were processes in place to make sure that staff attended mandatory training set by the health board and local authority.

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 cases to be discussed and views obtained about any new referral and/or on going cases. Staff were invited to attend from other teams, such as the hospital wards, third sector organisations, drug and alcohol and the crisis team, to allow for wider discussions about service users and their needs. Staff reported that these meetings were beneficial.

It was positive to find that prior to the weekly MDT staff were given the opportunity to attend a mindfulness⁷ session. Some staff told us that they found this beneficial.

Other meetings were held within the CMHT, providing opportunities to share information. These included senior staff meetings, operational team meetings for all staff, and an end of day meeting. We found that the end of day meeting was an area of noteworthy practice. This was held with the view of giving staff the opportunity to discuss any concerns or issues they had prior to leaving for the day, to help prevent them from taking issues home with them. We observed one meeting and found it to be an open, collaborative discussion where all staff were fully supportive of their colleagues.

There were processes in place to manage concerns and incidents within the CMHT. We were told that predominately concerns or incidents would be raised initially with the team leader for them to consider, and to investigate as appropriate. Whilst we found that there were often informal discussions between the team leader and professional social work lead, we were not able to see that there were formal arrangements in place for the management of concerns. This would be to make sure that as an integrated service, complaint information is shared across the health board and local authority, where

⁷ <https://www.nhs.uk/conditions/stress-anxiety-depression/mindfulness/>

appropriate, to ensure there is sufficient oversight. We did not see that information for service users about how to raise a complaint was displayed. This related to the health board and local authority procedures.

We were, however, provided with some good examples of changes that the team had made as a result of investigations across the health board, to help demonstrate that learning was shared.

We saw that information about concerns had been kept by the CMHT team leader. We suggested that a summary of the concerns should also have been kept, to make sure they were able to more easily consider whether there were any themes or trends. The team leader agreed to do this.

Improvement needed

The service must consider whether the current management arrangements for the CMHT is allowing the team to provide a fully integrated service.

The service must ensure that there are appropriate processes in place to support staff during periods of staff shortages.

The service must ensure that staff have appropriate caseloads to allow them to carry out their roles in a safe and effective way.

The service must ensure that all staff receive appraisals on a regular basis in line with relevant policies.

The service must display the complaint procedures for the health board and local authority for service users to have ease of access to.

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, 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.

5. 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 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: North Monmouthshire Community Mental Health Team

Date of inspection: 12 and 13 March 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
<p>The health board must ensure that the prescription identified as being out of date, is reviewed by the relevant prescriber and action taken where appropriate.</p> <p>The health board must also ensure that there are robust processes in place for checking prescriptions prior to administration of medication.</p>	<p>Health and Care Standards (April 2015) 2.6 Medicines Management</p>	<p>The prescription has been reviewed by the Medical Team, corrected and highlighted with the original prescriber.</p>	<p>Health Board Lead</p>	<p>Lead Nurse</p>	<p>Completed</p>
		<p>The medication errors identified during the visit have been highlighted with the individual staff and all have been reminded of the All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal.</p>		<p>Lead Nurse & Team Leader</p>	<p>Completed</p>
		<p>The CMHT to instigate a local</p>		<p>Team Leader (with a senior</p>	<p>April 2019</p>

Immediate improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		<p>monthly audit of prescription charts to monitor standards. Compliance will be monitored by Team Leader (Lead nurse where the Team Leader is not a nurse) & Senior Nurse.</p> <p>Divisional Quality & Patient Safety Team to raise awareness with other community teams & all community teams to audit standards monthly, reporting findings to Senior Nurse on a monthly basis.</p>		<p>member of nursing staff in the CMHT where Team Leader is not a nurse)</p> <p>Head of Quality & Improvement</p>	April 2019
The health board must ensure that out of date medicines are disposed of appropriately and in a timely manner.	Health and Care Standards (April 2015) 2.6 Medicines Management	<p>All medications have been returned to Pharmacy.</p> <p>All clinicians have been reminded of their responsibilities in regard to returning out of date medications in a timely manner</p>	Health Board Lead	Lead Nurse Lead Nurse	Completed Completed

Immediate improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		<p>as per All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal</p> <p>The team has instigated a monthly process to check the medication cupboard and ensure the return of any out of date medication.</p> <p>This will be reviewed at the 6 monthly Community Hospital Environment Board (HEB) visits that have been initiated by the Directorate.</p>		<p>Team Leader</p> <p>Lead Nurse</p>	April 2019
The health board must ensure that fridge temperatures are checked on a daily basis in line with their organisational policy.	Health and Care Standards (April 2015) 2.6 Medicines Management	Fridge temperatures will be read and recorded a minimum of once during each working day. Records will be kept & any concerns escalated & acted upon via the Team		<p>Lead Nurse/ Senior Nurse</p> <p>Head of Quality & Improvement</p>	<p>Immediate</p> <p>Completed</p>

Immediate improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		<p>Leader.</p> <p>The Health Board's Refrigerated Medicines Policy will be redistributed to CMHTs to remind Team Leaders of their responsibilities.</p> <p>This will be reviewed at the 6 monthly Community HEB visits that have been initiated by the Directorate.</p>			

Appendix C – Improvement plan

Service: North Monmouthshire Community Mental Health Team

Date of inspection: 12 and 13 March 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					
<p>The health board must consider whether the current reception arrangements provide a welcoming and positive experience for service users.</p> <p>The health board must consider whether the current access to disabled toilets is appropriate and upholds service user dignity.</p>	4.1 Dignified Care		Health Board Lead		
The service must display and provide information to service	4.2 Patient Information		Health Board and Social Services		

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
<p>users about advocacy services that are available.</p> <p>The health board must make sure that information for service users in reception is clear and easily accessible.</p>	SSWBA Code of Practice 2 and 3		Leads Health Board Lead		
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.	5.1 Timely access; SSWBA Code of Practice 3		Health Board and Social Services Leads		
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		Health Board Lead		
Delivery of safe and effective care					
The service must consider	2.1 Managing		Health Board		

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
<p>whether the current procedure for alerting staff when needing support whilst meeting service users alone, is adequate to maintain staff and service user safety.</p> <p>The health board must make sure that a ligature point risk assessment is carried out promptly, and appropriate measures put in place to address any risks identified.</p>	<p>risk and promoting health and safety</p>		<p>Lead</p>		
<p>The service must make sure that care records clearly demonstrate offers of advocacy, and document whether this has been accepted or declined by a service user.</p> <p>The service must ensure that care records are maintained in a consistent way across the whole team.</p> <p>The service must ensure that</p>	<p>3.5 Record keeping SSWBA Code of Practice 2 and 3</p>		<p>Health and Social Services Leads</p>		

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
<p>care and treatment plans are reviewed in a timely manner.</p> <p>The service must ensure that assessment documentation is kept on service users files.</p> <p>The service must ensure that a signed record of a service users' care and treatment plan is held within their files.</p>					
Quality of management and leadership					
<p>The service must consider whether the current management arrangements for the CMHT is allowing the team to provide a fully integrated service.</p> <p>The service must ensure that there are appropriate processes in place to support staff during periods of staff shortages.</p> <p>The service must ensure that</p>	<p>Health and Care Standards - Governance, Leadership and Accountability</p> <p>SSWBA Code of Practice 8</p>		<p>Health Board and Social Services Leads</p>		

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
<p>staff have appropriate caseloads to allow them to carry out their roles in a safe and effective way.</p> <p>The service must display the complaint procedures for the health board and local authority for service users to have ease of access to.</p>					
<p>The health board must make sure that all staff have the appropriate skills and knowledge to allow them to undertake their roles effectively, supervision should also be provided to all members of staff.</p> <p>The service must ensure that all staff receive appraisals on a regular basis in line with relevant policies.</p>	<p>7.1 Workforce SSWBA Code of Practice 8</p>		<p>Health Board and Social Services Lead</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):

Job role:

Date: