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

Neath South Community Mental Health Team,

Swansea Bay University Health Board

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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 Team (CMHT) inspection of Neath South CMHT within Swansea Bay University Health Board on 19 and 20 March 2019.

Our team for the inspection comprised of one HIW inspector, 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 services were being delivered in an appropriate way. However, we identified a number of areas where the service was not fully compliant with all Health and Care Standards (2015).

We found care and treatment plans and statutory documentation for service users detained under the Mental Health Act was generally appropriate, but we identified areas for improvement.

All staff demonstrated a clear passion and commitment to delivering a good level of care and treatment to their service users. However, we found there were significant challenges with leadership and management of the service. It was evident there have been tensions and professional divides within the team for a number of months which have not been conducive to integrated working. As a result, we were concerned about the impact on the effective running of the service. This was extremely disappointing to find and both the health board and local authority need to take steps to address this issue as a priority.

This is what we found the service did well:

- Service user feedback was generally positive and they were involved in their care and treatment

- Care was planned in a way that was person centred and responsive to the needs of service users

- It was positive to see the use of 'I statements' within care plans which helps demonstrate that the care plan had incorporated the views and wishes of service users

- Staff we spoke with were recovery focused in their approach to discharge planning.

This is what we recommend the service could improve:

- Effective management and leadership, integrated working, consistency of processes and oversight of the staff team to ensure they are sufficiently trained and supported in their role

- Recording when service users are offered advocacy support and the outcome of this offer

- Clear and consistent arrangements for the duty rota, allocation of cases and team meetings

- Provision of a wider range of psychological therapies

- Arrangements for how service users are offered and reminded of appointments

- Support for issues around conveying service users to hospital

- Environmental issues and timely completion of maintenance

- Robust arrangements to monitor the physical health of service users

- Rationale and appropriateness of the risk assessment and assessment documentation being used

- Completion of safeguarding training by administrative staff

- Mental Health Act documentation contains all relevant information

- Consultant caseloads are of an appropriate and sustainable level, including appropriate medical cover

- Sufficient administrative support, including timely recruitment, to enable smooth and effective running of the service

- Review the volume of service users receiving injectable medication and consider ways in which service users can be supported more holistically

- Progress and solutions to ensure the IT systems are fit for purpose and enable the right information to be available to the right staff, at the right time.

During the inspection we identified concerns regarding ligature points and absent environmental risk assessments which we felt posed a risk to the safety of service users. We dealt with our concerns 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.

3. What we found

Background of the service

Neath South provides community mental health services in Port Talbot within Swansea Bay University Health Board.

The staff team includes:

- Psychiatrists

- Social workers

- Community Psychiatric Nurses (CPNs)

- Healthcare support workers

- Wellbeing officers

- Psychologists

- Occupational therapists

- Administrative team.

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.

Overall, service users were generally positive about their care and support from CMHT and getting access to help when they needed it.

We saw that information on advocacy services was available for service users, however, it was not always clear within service user records if advocacy had been offered and if this had been followed-up.

The service had arrangements in place to support urgent referrals, however, a clear and consistent approach to the arrangements and timings of the duty rota was needed. Arrangements for the allocation of cases to the team also needed to be formalised.

Whilst it was positive that there was no waiting list to access psychology therapy, the range of therapies on offer was limited and did not include group sessions.

We highlighted that the way service users were offered appointments could cause an additional barrier to accessing the service and we recommended the service re-consider this approach.

During our inspection, we distributed HIW questionnaires to service users to obtain their views on the service provided. In total, we received 26 completed questionnaires. Service user feedback in the questionnaires was generally positive. Some service users said the support they received has made a big difference in enabling them to live independently. However, one service user told us that due to their anxiety, it is sometimes difficult to go through the main desk before getting in touch with a CPN. The service is advised to consider this feedback.

We also spoke with seven service users during the course of our inspection. The majority of service users were generally positive about their experiences at the CMHT. However, two service users we spoke with raised issues of concern

around their care. We escalated these concerns immediately with the service during the inspection. Further details can be found in Appendix A.

Care, engagement and advocacy

We found evidence that service users receive appropriate care for their needs. Half of the service users who completed a questionnaire said the service provided by the CMHT 'completely meets their needs'. Almost all service users also felt 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 who completed a questionnaire said they had been given information (including written) by their CMHT.

All of the service users who completed a questionnaire said they knew how to contact their care coordinator if they had a concern about their care. Almost all service users also said they felt staff usually gave them enough time to discuss their needs, treatment and listened to them carefully.

Just over a third of service users said 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. We saw posters with information on advocacy services were displayed in the reception area. We found that people under the Mental Health Act were informed in writing of their right to advocacy. However, within records we reviewed it was not always clear whether advocacy had been offered and whether this has been accepted/declined and followed-up.

We found the CMHT had a system for service users to provide feedback on their experiences. We saw there were leaflets available for service users to raise a concern about their care through the NHS 'Putting Things Right' process. We also saw that feedback forms were available in the reception area, but we noticed that no pens were provided for service users to complete these. The service is advised to think about how they can facilitate service users to provide feedback.

Service users who completed a questionnaire were most likely to have their social and accommodation needs completely met by the services provided through the CMHT; service users were least likely to have their employment needs completely met by the services provided through the CMHT. Of those service users that had contacted the CMHT for help and advice in finding support, all but one said they had received support.

Access to services

Of the service users who had completed a questionnaire, the time they had been in contact with the CMHT ranged from less than a year to more than 10 years. The majority of service users said they had seen someone from the CMHT in the last month and found it easy to access support when they need it. The majority of service users also said that when thinking about their own needs, they had been seen by the CMHT about the right amount of times.

The majority of service users who completed a questionnaire had been referred to the CMHT by their GP. From the responses in the questionnaire, service users 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 after their referral (about four weeks or longer).

Staff told us they receive the majority of referrals from GPs. The CMHT also accepted self-referrals from individuals entitled to support under the Mental Health Measure[1]. Staff explained that the CMHT do not operate a 'walk-in' service, but that some people come to the CMHT reception looking for assistance with their mental health needs. Administration staff explained they would ask a qualified member of staff to speak to them when this occurred so their needs could be risk assessed.

Staff explained that initial referrals into the CMHT would be assessed at a screening meeting. Staff explained they would rarely send back referrals but may ask for additional information or signpost to a more suitable agency, such as the third sector, where a person's needs could be more appropriately met.

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[1] https://www.legislation.gov.uk/mwa/2010/7/contents

Urgent referrals were dealt with by the duty team[2], which was available Monday to Friday. We were told that assessments, if needed, would be provided the same day by staff on duty. We found the duty rota was shared between health and social service staff. However, we found there was a lack of clarity and consistency about the timings when someone would be on duty each day as there were both formal and informal arrangements in place. Thus is discussed further within the Quality of Management and Leadership section of this report.

Referrals that required an assessment under the Mental Health Act[3] were passed to one of the Approved Mental Health Professionals[4] (AMHP) for action. An AMHP rota was developed and maintained by the social services team leader, who is also an AMHP, to ensure there is always someone available to carry out assessments. Generally, staff said they felt supported in their role as an AMHP and there are arrangements in place to support lone working.

The CMHT has weekly multidisciplinary team meetings, with both health and social care staff, where new and existing cases are discussed. We were told that there is an assessment clinic on Wednesdays and assessments are typically discussed at the general staff meeting on Fridays. There is also a multidisciplinary team meeting on a Monday to discuss referrals and screening of cases. However, we found there was a lack of clarity around the process for allocating cases amongst the team. We were also unclear of the purpose of the Friday team meetings as these appeared to lack consistency around what was discussed and included both general staff issues as well as service users assessments. This is discussed further within the Quality of Management and Leadership section of this report.

We found the CMHT has regular meetings with the police and other agencies, such as the ambulance service and third sector. The meetings are held to discuss people they are frequently in contact with and how they can best

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[2] Members of the CMHT allocated on a rota basis to providing advice to service users and professionals in need of secondary mental health support, 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.

manage peoples' individualised risks through a multi-agency approach. This helps to prevent inappropriate referrals into services and police reporting.

Most service users who completed a questionnaire said that they knew how to contact the CMHT out-of-hours service, and all but one of those service users who had contacted the service in the last 12 months, said they got the help they needed. The majority of service users also said they knew how to contact the CMHT if they had a crisis, and all of those who had contacted the CMHT in a crisis in the last 12 months said they got the help they needed.

We explored the access to psychology and medical appointments. Staff explained that patients would typically receive a medical appointment within 10 weeks. However, we were concerned about the excessive caseload carried by the consultant, which is not a sustainable model. This is discussed further within the Quality of Management and Leadership section of this report.

At the time of inspection, staff said there was no waiting list to access individual psychological therapy. However, only one-to-one psychological therapy sessions were on offer. The CMHT did not provide group sessions or programmes for service users who may benefit from sharing their experiences and developing support networks with others. Staff explained that they had started to think about ideas for holding group sessions, but these had yet to be developed.

Staff told us that service users are first contacted by the CMHT through a letter which requires them to confirm if they would like an appointment, before they receive a second letter with a time and date of an appointment. Staff explained that this 'opt-in' approach reduced the number of service users who missed appointments. However, we highlighted that this extra correspondence could also cause a potential barrier for service users in accessing the service.

As in a number of areas of Wales, staff explained there were often issues with transporting service users to hospital for assessment and/or treatment. The service was primarily reliant upon the Welsh Ambulance Service Trust (WAST) for transport provision, and average waiting times were between four to six hours. We were told that this often meant delays for service users accessing the care and treatment needed. The transport delay had the potential to negatively impact on the service user experience and their health and well-being. It also had the potential to impact upon staff accompanying service users, who would also be required to wait for long periods of time. Staff told us there were no alternative arrangements available to support issues around transportation.

Improvement needed

The service must ensure:

- There is a clear and consistent approach to the arrangements and timings of the duty rota

- There are clear and consistent arrangements for the allocation of cases to the team

- Consideration is given to providing a wider range of psychological therapies, including group sessions

- Consideration is given to how service users are offered and reminded about their appointments, to minimise any barriers in accessing the service

- Consideration is given to how the health board can better support the issues around conveying service users to hospital.

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, from the small sample of patients we spoke with and the documentation we have reviewed, it appears services are being delivered in an appropriate way.

Whilst the overall CMHT building was fit for purpose, we identified a number of improvements needed to the environment.

There were arrangements in place to support safe administration of medication. However, improvements were needed to the arrangements to monitor the physical health of service users.

We recommended the service consider the rationale and appropriateness of the risk assessment and assessment documentation being used, rather than the latest tools available.

A robust safeguarding process was described. However, it was not clear whether administrative staff had completed safeguarding training appropriate for their role.

We found care and treatment plans and statutory documentation for service users detained under the Mental Health Act was generally appropriate, but we identified areas for improvement.

Managing risk and promoting health and safety

Overall, we found the CMHT environment was generally fit for purpose. However, we saw that décor, fixtures and fittings were worn and in need of maintenance. We identified the following environmental issues:

- Gutters were dripping onto walkways outside the building which may cause a slipping hazard

- Outside landscaped areas and the entrance of the building needed cleaning and maintenance

- Water damage and patches of damp were visible in a number of rooms

- Damage to plasterwork and tiling in the kitchen area which was used by service users

- Carpets were heavily stained

- Poor ventilation in a number of rooms and an unpleasant odour in the reception area

- Heavy doors were present throughout the building, including entrance doors which may be difficult for service users to open easily.

We could not be assured about the suitability and risk assessment of the fire doors and fire extinguishers in the building as we were not able to see evidence that these had been assessed by a suitably qualified fire safety professional.

In speaking to staff, we learned of incidents within the building where service users had self-harmed. We noticed the environment had a number of ligature points, particularly in the bathroom and toilets. However, when we asked staff to see a copy of the environmental and ligature risk assessment, we were told they were not aware of one.

Our concerns regarding ligature points and absent environmental risk assessments 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.

Improvement needed

The health board must address external and internal environmental issues including guttering, maintenance of outside landscaped areas, internal water damage and damp, room ventilation, carpets, fixtures and fittings.

The health board must ensure there are arrangements to enable the timely completion of maintenance work and ensure all environmental risks are appropriately assessed and actioned, including arrangements for fire safety.

Medicines Management

We found the clinic room was generally well maintained and fit for purpose in order to facilitate safe injectable medication to service users. We found there were appropriate facilities to enable effective infection control.

We looked at a number of medication records and whilst we found them to be appropriate, we noticed that the medication charts didn't have sufficient space for community teams to use easily. We advised the health board to consider how this could be improved.

We noted there were high numbers of service users attending the clinic as outpatients to receive injectable anti-psychotic medication. Staff explained that the number of service users receiving medication in this way had been reduced in recent years, although the current high numbers reflected the needs of the local population. We have discussed this further within the Quality of Management and Leadership section of this report.

Just under half of the service users who completed a questionnaire said they needed support for their physical health needs. We discussed with staff how service user's physical health needs are monitored. Staff told us that the CMHT does not provide a physical health clinic, but this has been discussed as an area for future development. Staff explained that physical health monitoring would be done by a service user's GP. However, given that some anti-psychotic medication being prescribed by the CMHT needs close physical health monitoring, we were concerned that the service did not have a robust system to ensure this was being carried out appropriately.

Improvement needed

The health board must ensure there are robust arrangements in place to monitor the physical health of service users, particularly those on anti-psychotic medication.

Assessment, care planning and review

Overall, we found care was planned in a way that was person centred and responsive to the needs of service users.

Almost all service users who completed a questionnaire felt either very or quite, involved in the development of their care plan. The majority of service users who completed a questionnaire said they received a copy of their care plan. The majority of service users, who had been in contact with the CMHT for more than a year, said they had a formal meeting or review with their care coordinator to discuss how their care is working and felt involved in these meetings. Service users also felt they were given the opportunity to challenge any aspect of their care during their formal meeting or review.

We reviewed a sample of care and treatment plans and found these to be of an appropriate standard. It was positive to see the use of 'I statements' within

these care plans which help demonstrate that the care plan had incorporated the views and wishes of service users. We also saw evidence that the social needs of service users were considered and we saw evidence that their independence was encouraged.

We found the service was using historical assessment tools known as a 'care programme approach', rather than the latest assessment tools available. We also saw that whilst appropriate risk assessments were being undertaken, the service were not using the all Wales risk assessments.

Improvement needed

The service must consider the appropriateness of the type of risk assessment and assessment documentation being used within the CMHT, given there are newer tools available nationally.

Patient discharge arrangements

Staff explained that a social worker attends weekly inpatient ward rounds within the hospital, to assist with the discharge of mental health patients from hospital.

We saw evidence that discharge planning is discussed at multidisciplinary team meetings with a holistic approach to planning. Staff we spoke with were recovery focused in their approach to discharge planning.

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 said the CMHT has a good relationship with the multi-agency safeguarding hub, which oversees the safeguarding activity in the Swansea Bay area.

CMHT staff confirmed they had attended safeguarding training. However, we were not able to confirm if administrative staff had attended safeguarding training and staff we spoke to where not aware of having completed this.

During the inspection, we spoke to a service user who disclosed a safeguarding issue to us. We raised this immediately with the appropriate staff and we were assured this was escalated through the necessary safeguarding procedures.

> **Improvement needed**
>
> The service must ensure that all staff, including reception and administrative staff have attended safeguarding training that is appropriate for their role.

Compliance with specific standards and regulations

Mental Health Act Monitoring

We reviewed the statutory documents of three service users.

We found that records were generally compliant with the Mental Health Act. The health board has a Mental Health Act department to help support compliance and it has a virtual system for records which is effective for community and inpatients.

However, we identified the following areas of improvement:

- We could not always locate the AMHP reports with the assessments

- We noticed AMHP report forms did not allow sufficient space for the AMHP to give a comprehensive overview of the assessment process. In addition the report asked the author to detail the person's next of kin and not the nearest relative[5]

- In one record, we found it had been noted for a number of years within assessments and care plans that a service user had no nearest relative and that one needed to be appointed. However, there was no evidence that this had been actioned

- In one service user record, who was subject to a conditional discharge[6], not all copies of the three monthly reports to the Ministry of Justice were in the files.

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[5] The nearest relative is a legal term used in the Mental Health Act. It is not the same as the next of kin. The next of kin has no rights under the Mental Health Act.

[6] Conditional discharge applies when a person, who was originally detained under Section 37/42 of the Mental Health Act, has been discharged by a Tribunal or the Ministry of Justice.

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

We found that the CMHT were assessing 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 that the assessment of service users' needs was proportionate and appropriate. We found there was a multidisciplinary, 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.

Compliance with Social Services and Well-being Act

Overall, we found that the views and wishes of service users were the main focus of the work conducted by the CMHT.

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 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 and the Social Services and Well-being Act.

Whilst it was clear that staff are very passionate, caring and value and support their colleagues, we could not be assured there was effective management and leadership of the service. This is because we were informed that significant tensions and professional divides have existed within the service for a number of months, and have not been resolved. As a result, we were concerned about the impact on integrated working and on the effective running of the service, which may impact negatively on the 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. Staff we spoke with had pride in the CMHT and the reputation of the service. Staff are committed to their roles and support each other and we found staff benefitted from peer support. We also observed administrative staff speaking with service users in a respectful and dignified way and defused an incident of challenging behaviour effectively.

However, we found there were significant challenges with leadership and management to maintain effective integrated working. Through discussions with staff, it was evident there have been tensions and professional divides within the team for a number of months, which have not been conducive to integrated working and staff well-being. In particular, we were told about the tensions between the health team leader and the social care team leader, which have existed for some time and have not been resolved. As a result, we were concerned about the effective management of the service, including the impact on the arrangements for the allocation of cases and the duty rota. This was extremely disappointing to find and both the health board and local authority need to take steps to address this issue as a priority. Despite this, we noted that staff have remained focused on service user care and support.

We also noted there was a lack of central oversight of the staff team as a whole. As there were different line management structures in place, there was no overall assurance around training, appraisals and supervision to ensure all staff are competent for their role in the team. As discussed earlier within this report, we were not able to confirm whether administration staff had completed safeguarding training as they reported through a different line management structure. Furthermore, we looked at a sample of staff files and found gaps in annual appraisal records for social services staff. We also saw individual lists of training completed by staff, but it was not clear when training would need to be updated. We also found that it was unclear how the CMHT reported against key performance indicators and who had the responsibility for doing this.

As described earlier within this report, we found the process for the allocation of cases was unclear. In looking at the minutes of team meeting and discussions with staff, we were also unclear about the purpose of Friday team meetings. These meetings appeared to lack consistency around what was discussed and included both day to day operational issues as well as discussions of service user assessments.

A number of staff explained the challenges faced by the administration team due to workload. Staff told us they had been affected by issues with the timely recruitment of administration staff. As described earlier within this report, we were concerned about the sustainability of the excessive consultant caseloads. CMHT staff also described the lack of medical cover, including middle grade medical cover to assist with caseloads.

We noted the high numbers of service users receiving injectable anti-psychotic medication as outpatients. However, other than this medication, we noted there appeared to be limited social support for service users, such as through group sessions which could enable and benefit them in speaking with others who have experienced similar challenges around their mental health. Staff explained that the support available through third sector organisations was limited due to issues around funding and location of these services. We advised the health board and local authority to look at ways to support service users in a holistic way.

In our review of documentation and discussions with staff, we were concerned to find the inherent difficulties around the information technology systems. We found that the social services and health notes were kept separately due to a lack of an integrated IT system. It is important that the health board and local authority work towards integrated notes for service users, as a joint data collection system would support integrated care between health and social services.

Improvement needed

The service must:

- Take steps to address the challenges around the management and leadership of the service

- Ensure there is sufficient oversight of the whole of the staff team including training, supervision, appraisals and reporting against key performance indicators

- Ensure there is clarity and consistency around processes and meetings

- Ensure there is sufficient administrative support, including timely recruitment, to enable smooth and effective running of the service

- Ensure consultant caseloads are of an appropriate and sustainable level, including appropriate medical cover

- Ensure that the physical health needs of the service users receiving injectable medication is considered within the CMHT, along with the service users' overall holistic well-being

- Provide HIW with information on the actions being taken to work towards integrated health and social care records and IT systems.

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 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
Two service users we spoke with raised issues regarding their care and treatment. One of the service users we spoke to raised a safeguarding issue.	We were concerned about the care and safety of these service users and those around them.	We immediately raised this with the CMHT team leader during the inspection.	We were assured the safeguarding concern was escalated and reported through the appropriate mechanism. Issues around the care and safety of service users was referred to the care coordinator to be addressed.

Appendix B – Immediate improvement plan

Service: Neath South CMHT

Date of inspection: 19 and 20 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
Finding Through discussions with staff, we identified that there had been incidents within the building where service users had self-harmed. We saw that the environment has a number of ligature points, particularly in the bathrooms and toilets. This was discussed with the staff	Health and Care Standards (April 2015) 2.1 Managing risk and promoting health and safety				

Immediate improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
on the day of inspection and we requested sight of the environmental risk assessments and ligature risk assessments for the building. Staff told us that they were not aware of any environment or ligature risk assessments and could not produce copies. **Improvement needed** The health board must ensure that all appropriate environmental and ligature risk assessments have been completed and are up-to-date, and are readily available to staff. The health board must provide HIW with evidence of the most current environment and ligature risk assessments.					

Appendix C – Improvement plan

Service: Neath South CMHT

Date of inspection: 19 and 20 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					
The service must ensure that records clearly reflect whether advocacy support has been offered to service users, the outcome of this offer and any follow-up actions required.	6.3 Listening and Learning from feedback 3.5 Record keeping				
The service must ensure: • There is a clear and consistent approach to the arrangements and timings of the duty rota	5.1 Timely access; Well-being priority 1 6.1 Planning Care to promote independence				

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
• There are clear and consistent arrangements for the allocation of cases to the team • Consideration is given to providing a wider range of psychological therapies, including group sessions • Consideration is given to how service users are offered and reminded about their appointments, to minimise any barriers in accessing the service • Consideration is given to how the health board can better support the issues around conveying service users to hospital.					

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
Delivery of safe and effective care					
The health board must address external and internal environmental issues including guttering, maintenance of outside landscaped areas, internal water damage and damp, room ventilation, carpets, fixtures and fittings. The health board must ensure there are arrangements to enable the timely completion of maintenance work and ensure all environmental risks are appropriately assessed and actioned, including arrangements for fire safety.	2.1 Managing risk and promoting health and safety		[Health]		
The health board must ensure there are robust arrangements in place to monitor the physical health of service users, particularly those on anti-psychotic medication.	1.1 Health promotion, protection and improvement 3.1 Safe and Clinically		[Health]		

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
	Effective care				
The service must consider the appropriateness of the type of risk assessment and assessment documentation being used within the CMHT, given there are newer tools available nationally.	3.1 Safe and Clinically Effective care		⌈ Health and Social Services ⌉		
The service must ensure that all staff, including reception and administrative staff have attended safeguarding training that is appropriate for their role.	2.7 Safeguarding children and adults at risk		⌈ Health and Social Services ⌉		
The service must ensure that all relevant Mental Health Act information should be in the patient files including the AMHP reports and copies of reports sent to the Ministry of Justice. The service must review the AMHP report to ensure that information relating to the assessment can be recorded appropriately.	Application of the Mental Health Act Monitoring the Mental Health Measure 3.5 Record keeping		⌈Health and Social Services ⌉		

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
The service must ensure that where there is no nearest relative identified for a service user, the service user is made aware that they have the right to apply to the county court for the appointment of a person to act as their acting nearest relative. If a person lacks capacity to decide to apply themselves, an AMHP should apply to the county court on their behalf (Mental Health Act: Code of Practice 5.16).					
Quality of management and leadership					
The service must: • Take steps to address the challenges around the management and leadership of the service • Ensure there is sufficient oversight of the whole of the staff	Health and Care Standards - Governance, Leadership and Accountability; Social Services and Well-being (Wales) Act -		[Health and Social Services]		

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
team including training, supervision, appraisals and reporting against key performance indicators • Ensure there is clarity and consistency around processes and meetings • Ensure there is sufficient administrative support, including timely recruitment, to enable smooth and effective running of the service • Ensure consultant caseloads are of an appropriate and sustainable level, including appropriate medical cover • Ensure that the	Part 8 7.1 Workforce				

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
physical health needs of the service users receiving injectable medication is considered within the CMHT, along with the service users' overall holistic well-being • Provide HIW with information on the actions being taken to work towards integrated health and social care records and IT systems.					

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: