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

Merthyr Tydfil Community Mental Health Team, Cwm Taf Morgannwg 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 inspection (CMHT) of Merthyr Tydfil CMHT within Cwm Taf Morgannwg University Health Board on 5 and 6 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 the service provided safe and effective care, but identified some areas where the service was not fully compliant with all Health and Care Standards (2015).

Throughout this inspection, we have identified areas of noteworthy practice. It was particularly positive to find a truly integrated CMHT, with a team of health and social care staff who were supportive of each other and committed to improving the care of service users.

We found care and treatment plans and statutory documentation for service users detained under the Mental Health Act to be detailed and completed to a high standard. Care was planned in a way that was person centred and responsive to the needs of service users.

However, this good work was hampered by staff needing to work around issues with Information Technology (IT) systems, which present a risk to the care and safety of patients if the right information is not available to the right staff, at the right time, including the Crisis team.

This is what we found the service did well:

- Service user feedback was very positive and they were involved in their care and treatment
- There was good access to the CMHT, including the acceptance and flexibility around self-referrals
- Care was planned in a way that was person centred and responsive to the needs of service users
- Care and treatment plans and statutory documentation for service users detained under the Mental Health Act were detailed and completed to a high standard
- There was good management and leadership of the service

- The service was a good example of truly integrated working between health and social care staff.

This is what we recommend the service could improve:

- Compliance with mandatory training, including safeguarding
- Recording signatures of service users and care-coordinators on care and treatment plans to demonstrate their agreement
- Better engagement and understanding between GPs and the CMHT
- 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.

3. What we found

Background of the service

Merthyr Tydfil provides community mental health services at Keir Hardie Health Park, Merthyr Tydfil within Cwm Taf Morgannwg University Health Board.

The staff team includes two team leaders (one employed by the health board and one employed by the local authority), two consultant psychiatrists, one specialty doctor, one junior doctor, six community psychiatric nurses (CPN), (with one part time) one occupational therapist, one occupational therapy assistant (vacant), five and a half social workers (including those acting as Approved Mental Health Practitioners), one senior social worker, two part time psychologists, one assistant psychologist, one trainee psychologist, one CMHT health care support worker, one early intervention health care support worker, and an 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.

Patients we spoke with were positive about their care and support from CMHT and getting access to help if needed.

Overall, it appears that care is provided in a timely way and the CMHT look to engage patients in groups and clinics whilst waiting to access therapies.

We found there was good access to the CMHT service, including the acceptance and flexibility around self-referrals.

During our inspection, we distributed HIW questionnaires to service users to obtain their views on the service provided. In total, we received 15 completed questionnaires. Service user feedback in the questionnaires was generally positive. Some service users said the support they have received has made a big difference to their lives. However, one service user said they felt they had been overlooked which made them feel frustrated.

We also spoke with a small number of service users during the course of our inspection who were very positive about the communication and support they received from the CMHT.

Care, engagement and advocacy

We found evidence that service users receive appropriate care for their needs. The majority of service users who completed a questionnaire said the service provided by the CMHT 'completely meets their needs' or 'meets most of their needs'. All service users who completed a questionnaire felt the CMHT had involved a member of their family, or someone close to them, as much as they would have liked. Two thirds 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.

Two thirds of service users who completed a questionnaire 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 advocacy services were available to service users, including independent mental health advocates which were typically provided through a mental health charity called Mind. We were also told that Mind can work as advocates for service users who need help with their finances and benefits. Staff also told us they can arrange for specific advocacy services to meet the needs of service users, such as those with learning disabilities.

We found the CMHT had a system for service users to provide feedback on their experiences. We also saw the service had held a 'have your say day' with service users to gain understanding of their views. We saw the feedback from this workshop and staff gave examples of how they had considered and implemented changes as a result.

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.

Staff explained how the CMHT were involved in projects with third sector organisations to support service users in the community, including to help them with housing and to return to work. Staff told us that the CMHT have a dispersed housing scheme meeting twice a week. This is a project with Merthyr Tydfil housing association, to help service users move on from supported accommodation to maintain a tenancy of their own, with the aim of increasing their independence. One of the service users we spoke with had benefited from this housing project and told us of the positive difference this had made to their life and recovery. We saw this to be noteworthy practice.

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. Most of these service users had last seen someone from the CMHT in the last month and found it easy to access support from the CMHT when they need it. They 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 longer to be seen by the CMHT after their referral (about four weeks or longer).

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

Staff told us they receive referrals from a wide range of sources, including from other health or social care professionals, police and prisons. The CMHT also accepted self-referrals, including individuals who had previously been service users. We were also told the CMHT are flexible in their approach to people re-referring back into the CMHT at any time.

Following an initial referral into the CMHT, we were told cases were screened and allocated for assessment within a week and individuals were seen for an assessment within the recommended guidelines of four weeks.

Urgent referrals were dealt with by the duty team[1], which was available Monday to Friday 9am to 5pm. Assessments, if needed, would be provided the same day by staff working duty. We found the duty team rota was shared between health and social service staff. Staff we spoke to said this system appeared to work well.

Referrals that required an assessment under the Mental Health Act[2] were passed to one of the Approved Mental Health Professionals[3] (AMHP) for action. An AMHP rota was developed and maintained by the social services CMHT manager, who is also an AMHP, to ensure there is always someone available to carry out assessments. Staff said they felt well supported in their role as an AMHP and benefitted from a high level of peer support. Staff also said they were supported by the CMHT leader to perform this role.

The CMHT has a weekly single point of entry multidisciplinary team meeting, with both health and social care staff, where new and existing cases are discussed. We were told the focus of this meeting is to match the needs of service users to a practitioner with the most appropriate skills and interest. Staff told us they would prioritise service users with high needs and those currently inpatients within the

[1] 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.

[2] https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/mental-health-act/

[3] 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.

mental health unit. It was positive to hear from a range of staff that this meeting was effective and their respective skills and input was valued and supported. Staff explained that any referrals received after this would be screened and assessed daily by the CMHT. Staff also said the CMHT had developed an internal triage process to make sure that appropriate referrals were made to different parts of the service. We saw this as noteworthy practice.

The service was able to demonstrate that they signposted individuals to other services, such as, third sector organisations, where their needs would be more appropriately met. We 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 manage peoples' individualised risks through a multi-agency approach. This helps to prevent inappropriate referrals into services and police reporting.

We found the CMHT has communication systems with other mental health services in order to provide effective support to service users. There are weekly interface meetings with the primary care mental health service, weekly ward rounds for service users admitted to the mental health unit and fortnightly meetings with the Crisis team.

Staff said the CMHT would facilitate the access of existing service users who need crisis support, with the Crisis team. Staff also said that new service users have direct access to Crisis team and would not need to be assessed by the CMHT first. This is positive because it means service users do not need to attend multiple assessments before receiving care.

Most service users who completed a questionnaire said they knew who to contact if they needed support out-of-hours. 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.

Staff explained that if service users did not attend for their appointments, the CMHT would be proactive and explore the reasons behind this and provide additional support if needed, rather than simply closing their case. This means that the needs of service users are considered in a holistic way.

In order to help facilitate access to the consultant psychiatrist for service users who don't live close to Merthyr Tydfil, one of the consultant psychiatrists runs a weekly clinic within a GP practice in another part of the Cwm Taf Morgannwg area. We noted this as a good way to enable service users to access the treatment they need more easily.

We explored some of the waiting times for access to psychology and medical appointments. We were told that non-urgent medical appointments usually take place within three to four weeks, but could be seen more quickly depending on their acuity. Staff said that for psychological services an initial assessment would take place in under one month, with a wait of three to four months for one to one intervention/treatment.

It was positive to find the CMHT had attempted to help service users get access to therapies more quickly through running groups and clinics, including stabilisation group, anxiety sessions and psychology clinics. We saw feedback from service users following the 'have your say day' showed they valued sessions on anxiety and indicated that more sessions like this would help service users get support more quickly. We advised the service to consider this.

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 directly on the service user experience and their 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. To help resolve these potential issues, staff explained that the health board had a private contract in place with St John's ambulance and they could access this service for transport, if WAST were not able to attend in a timely way. It was positive to see the health board had been proactive in trying to address this issue and staff told us they had not had difficulties in accessing this alternative ambulance service if required.

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 service users were being provided with safe and effective care by the CMHT team. Care was planned in a way that was person centred and responsive to the needs of service users.

The CMHT environment was well maintained and fit for purpose and we found evidence that medicines were administered safely.

We found care and treatment plans and statutory documentation for service users detained under the Mental Health Act were detailed and completed to a high standard.

There was a multidisciplinary approach to planning and providing care and treatment to service users, with a good level of engagement from service users directly into their care plans. However, we noted it was not always clear whether the care plan has been signed to indicate it had been agreed with service users.

A robust safeguarding process was described. However, we found that some staff were not up-to-date with safeguarding training.

Managing risk and promoting health and safety

Overall, we found the CMHT environment was well maintained and fit for purpose. The CMHT is located within Kier Hardie Health Park which is designated as a public access building and contains a range of other healthcare services, including GP practices, the primary mental health team and the drug and alcohol team. This means the location is convenient and accessible for service users.

The CMHT waiting room, clinic and therapy rooms were spacious and provided a pleasant environment for service users to receive care.

CMHT staff are located in an open plan office, together with other service teams. Through discussions with staff, we found that the open plan office environment was conducive to communication and joint working across the team. It also helped contribute to the physical sense of integration between health and social care staff.

Medicines Management

We found the clinic room was 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.

The clinic room is used to run three clinics for antipsychotic and bipolar medications, in addition to a physical health and wellbeing clinic. Staff explained that the CMHT can also facilitate service users to have injectable medication at home, if they prefer this. We saw this as a good way of enabling service user choice.

It was also positive to find that the CMHT ran a health and well-being clinic for a range of service users, including those with eating disorders and those who need to have the physical effects of their antipsychotic medication monitored. Staff said this clinic had been successful and had become increasingly popular with service users.

Assessment, care planning and review

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

Service users we spoke with were very positive about the care they had received from the CMHT and felt involved in their care plans. Almost all service users who completed a questionnaire felt either very, or quite, involved in the development of their care plan. Just over two thirds of the 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 a high standard. It was positive to see the use of 'I statements' within these care plans which help demonstrate that the views and wishes of service users have been incorporated and encourages staff to write the care plan from the service user's perspective. We also saw evidence of holistic and person centred support being provided to service users, including support for carers.

We saw evidence that most service users had seen and agreed to their care and treatment plans. However, we found it was not always clear whether the care and treatment plan had been signed by the service user or care-coordinator to demonstrate the plan had been agreed by both parties.

Improvement needed

The service must ensure care and treatment plans are consistently signed by service users and care-coordinators to demonstrate the plan has been agreed.

Patient discharge arrangements

During this inspection, we were not able to see evidence of discharge planning within the care and treatment plans we reviewed. However, we found that care and treatment plans showed elements of timely internal referrals to other parts of the service such as occupational therapy and psychology.

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 in Pontypridd which oversees the safeguarding activity in Rhondda Cynon Taf. Staff said they receive good support and advice from this hub to support robust safeguarding practice.

Staff also said they have relationships with children's services and have seen positive outcomes for service users and their children through working closely with children's services to support the family.

Although there were appropriate safeguarding practices in place, we found that a number of healthcare staff were not up-to-date with their mandatory safeguarding training. Staff told us this was due to a lack of available training courses. We discussed the importance of addressing this with staff during the inspection.

Improvement needed

The health board must ensure that staff are able to access and complete safeguarding training.

Compliance with specific standards and regulations

Mental Health Act Monitoring

We reviewed the statutory documents of two service users.

At the time of our inspection, only three service users were receiving treatment under the Mental Health Act, one of whom was on Section 17 leave[4]. We reviewed two records of service users under the Mental Health Act. We found both records to be fully compliant with the Mental Health Act and Code of Practice.

We found that the admission and detention process recorded in both documents were within legal constraints and of a high standard. Records were well organised, detailed and comprehensive.

We saw evidence that regular Mental Health Act audits were undertaken. We were told that all legal issues are monitored at a monthly Mental Health Act monitoring committee which is attended by senior members of the health board.

We found Mental Health Act training is held regularly for staff and training packages are available online.

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

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

We found 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.

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[4] This means that while a person is detained under the Mental Health Act, they may be able to leave the hospital if authorised by the doctor or clinician in charge of their care (also known as the Responsible Clinician). This leave is often referred to as 'Section 17 leave' as it refers to Section 17 of the Mental Health Act

Care plans were generally well structured and person centred and reflected service users' emotional, psychological and general health and well-being needs. We also found that carer involvement within care and treatment plans was documented.

We found there were weekly audits of care and treatment plans with a named person responsible for actions identified.

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.

We were pleased to find an effective model of service management and a positive culture of true integration within the CMHT. We felt this was good practice and is a model that other CMHTs could learn from.

Throughout this inspection we have identified areas of noteworthy practice which demonstrate the commitment and proactivity of the team in continuing to improve the care provided to their service users.

However, we were concerned to find the long standing difficulties around IT systems meaning that other health services, including the Crisis team, do not have access to CMHT records. This could impact upon service user care and safety if the right up-to-date information is not available to the right service staff at the right time.

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.

It was very positive to see strong integration within the CMHT between health and social care staff. It was clear in all our discussions with staff that they see themselves as a truly integrated team and are proud of the work they do. As mentioned earlier in this report, staff told us that multidisciplinary working is positive and all members of staff are valued and actively encouraged to participate within multidisciplinary team meetings. We saw that integrated working was also supported by the layout of the office environment which encouraged staff members of different disciplines to sit together. It was evident from our discussions with staff that there was good peer support amongst the team, with staff from different disciplines learning from and supporting each other.

We found strong, effective and supportive management and leadership was provided by the two CMHT leaders who appeared to work seamlessly together to support all CMHT staff and to deliver a high quality service. Staff we spoke with were positive about the support they received from both CMHT leaders and felt they were able to approach either leader for advice. A number of staff members we spoke with particularly mentioned the positive culture within the team and felt this was of personal and professional benefit to them.

At the time of the inspection, the staff team were stable with a low level of sickness absences across the team. Staff told us that if a care-coordinator is off for more than a few weeks, their caseload is reallocated. This minimises the impact on the care of service users.

We found the CMHT used an electronic allocation system when assigning a caseload to staff. Staff explained that this system was able to facilitate the weighting of caseloads based on complexity, and this was taken into account alongside other caseloads and responsibilities (such as AMHP roles), when assigning work to practitioners. We noted this as a good way to ensure caseload allocation was manageable for staff and assigned fairly.

As highlighted earlier, it was positive to see a weekly consultant led clinic based in a GP practice, within the Cwm Taf Morgannwg area. However, in discussions with staff, it appeared that collaborative working with GPs across the health board was mixed. Whilst we were told there are positive relationships with a number of GPs, with others we were told of a lack of understanding and engagement with the CMHT.

We saw evidence that healthcare staff had completed annual appraisals. Staff explained that social services were introducing appraisals for social care staff from April 2019. Staff told us they were able to access training and were supported to attend training to assist with their professional development. However, when we looked at the mandatory training compliance for health staff, we noticed that update training was needed on violence and aggression, safeguarding and moving and handling.

In our review of documentation and discussions with staff, we were concerned to find the inherent difficulties around the IT systems. Whilst the CMHT has integrated health and social care records on an IT system called WCCIS, other health services, including the Crisis team, do not have access to this system. This means that staff have to record information on different IT platforms and have to work around the IT system to ensure that information is shared with other relevant health and social care professionals, in a secure and timely way. Staff explained that this may cause possible risk to service user care and safety if the right up-to-date information is not available to the right service staff at the right time. For example, the Crisis team, who may see CMHT service users out-of-

hours, are reliant on the diligence of CMHT staff to ensure they can access the latest information about service users who may need crisis support.

We discussed our concerns with senior members of the health board during the inspection, who assured us that this was captured as a high risk on the organisation's risk register. However, given this is a long standing issue, a more robust IT solution is needed.

Improvement needed

The health board must consider how they can facilitate better engagement and understanding between GPs and the CMHT.

The health board must ensure staff are compliant with mandatory training.

The health board must provide HIW with the actions and progress on addressing the long standing issues with the IT system, including ensuring the Crisis team have access to the CMHT records.

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
No immediate concerns identified			

Appendix B – Immediate improvement plan

Service: Merthyr Tydfil CMHT

Date of inspection: 5 and 6 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
No immediate improvements needed					

Appendix C – Improvement plan

Service: Merthyr Tydfil CMHT

Date of inspection: 5 and 6 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
Delivery of safe and effective care					
The service must ensure care and treatment plans are consistently signed by service users and care-coordinators to demonstrate the plan has been agreed.	3.5 Record keeping	The service recognises, obtaining a signature from service users is not always done in a timely manner. Through the audit process we have identified improvements in this area and we will work together to further explore potential digital solutions that may improve compliance in this area.	Health and Social Care Leads	Directorate manager and head of adult services	31st October 2019

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		Progress on this in all teams will be monitored through the Care & Treatment Planning Monitoring Group			
The health board must ensure that staff are able to access and complete safeguarding training.	2.7 Safeguarding children and adults at risk	Alternative safeguarding training is being sourced and we will ensure this training is captured on the Electronic Staff Record, the Health Board aim is to achieve and maintain a minimum of 85% compliance at all times	Health Lead	Health team leader	31st July 2019
Quality of management and leadership					
The health board must consider how they can facilitate better engagement and understanding between GPs and the CMHT. The health board must ensure staff are compliant with mandatory training. The health board must provide HIW with the actions and progress on addressing the long standing	Health and Care Standards - Governance, Leadership and Accountability; 7.1 Workforce; Social Services	The Health Board acknowledges that improvement in communication between mental health services and GP practices requires continued work. A new Health Board Mental Health management structure is being developed that will aid	Health Leads Health	Clinical Director Assistant Director Operations	31st October 2019

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
issues with the IT system, including ensuring the Crisis team have access to the CMHT records.	and Well-being (Wales) Act - Part 8	working and engagement at primary care cluster levels and new Clinical Director roles will have responsibility for leading this improved engagement with primary care. The structure will be implemented through 2019.			
		Most of the team are compliant in many areas of mandatory training and this has improved in the last month to achieve 80% or above in almost all areas. The Team leader through supervision and personal development reviews will ensure that the full team are at a minimum 85% compliant with their mandatory training requirements and this will be evident on the Electronic Staff Record.	Health	Team Leader	31st July 2019
		There is a risk assessment in place for this issue with clear	Health & Local Authority	Head of Service Local Authority & Assistant	31st October 2019

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		actions to work towards resolving issues with the national Welsh Community Care Informatics System (WCCIS) and the Local Authorities who have led on system roll out. Progress on these actions are reported on monthly to the Executive lead for mental health. One area of action relates to teams, which would include crisis having access to information and solutions are being progressed as joint organisations to achieve this.		Director Operations Health Board	

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): Julie Denley

Job role: Assistant Director of Operations, Mental Health

Date: 26 April 2019