

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

Brecon Community Mental Health
Team, Powys Teaching Health
Board and Powys 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 Brecon Community Mental Health Team within Powys Teaching Health Board (PTHB) and Powys County Council (PCC) on 14, 15 and 16 December 2021.

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

We found that staff were striving to provide quality care despite restrictions brought about due to the pandemic.

The service provided was generally safe and effective. However, we found some evidence that the service was not fully compliant with all Health and Care Standards (2015), Mental Health Act 1983 and the Social Services and Well-being (Wales) Act 2014.

We found the quality of service user care and engagement to be generally good and service users were mainly positive about the support they received.

We found that information shared between professionals was responded to in a timely manner with referrals appropriately screened, by the multidisciplinary team, on a weekly basis.

We found that person centred approach was in place for the assessment, care planning and review and that service users and their families were involved, where appropriate, in the process. However, some care documentation should be amended to better capture and reflect service users' views on how they wish to be cared for.

We found discharge arrangements to be satisfactory, in general, and tailored to the wishes and needs of service users.

Staff feedback in relation to workload and the quality of management and leadership was mixed, and this requires further exploration by the management team.

This is what we found the service did well:

- Staff striving to provide quality care despite restrictions imposed brought about due to the pandemic
- Generally good arrangements for access to service

- Generally positive feedback from service users
- Support services including community initiatives
- Good referral process and discussion at weekly Multidisciplinary Team (MDT) meeting
- Generally good care planning and assessment
- Medication management
- Mental Health Act administration
- Shared learning on the back of incidents or events
- Relatively low waiting times for psychology input
- Good working relationship between team manager and senior practitioner with evidence of joint working and decision making
- Generally good formal support and supervision processes in place albeit separate PTHB and PCC arrangements.

This is what we recommend the service could improve:

- Joint working between PTHB and PCC
- Continue with refurbishment work at Ty Illtyd to improve access
- Approved mental health professional (AMHP) workload
- Involvement of medical staff and psychology in MDT - care co-ordination and care planning through to discharge
- Employment of full time consultant/medical staff with less dependence on locums
- Monitoring of physical healthcare needs and GP engagement in the process
- Attention Deficit Hyperactivity Disorder (ADHD) assessments
- Welsh Community Care Information System (WCCIS)
- Continue with plans to establish full time team manager in Brecon.
- Administrative support
- Some aspects of Mental Health Act monitoring
- Mental Health Act training

- Wales Applied Risk Research Network (WAARN)¹ assessment and documentation
- Availability of Section 12 Approved doctors²

¹ <http://www.warrn.co.uk/>

² A Section 12 Approved doctor is a medically qualified doctor who has been recognised under section 12 (2) of the Mental Health Act. They have specific expertise in mental disorder and have additionally received training in the application of the Act.

3. What we found

Background of the service

Brecon Community Mental Health Team (CMHT) provides community mental health services at Ty Illtyd Resource Centre, Bridge Street, Brecon, within Powys Teaching Health Board (PTHB) and Powys County Council (PCC). Brecon CMHT is one of five teams covering the county of Powys, with the other teams located at Newtown, Welshpool, Llandrindod Wells and Ystradgynlais.

The team operates within the confines of the Welsh Mental Health Measure 2010 (WMHM) alongside the Social Services Well-being Act (SSWBA) 2014.

The PTHB employed staff consist of one part time Team Leader (22.5 hrs), three full time Community Psychiatric Nurses (CPNs), with an additional CPN employed on a 30-hour contract and two part-time CPNs (15 hrs each), one full time Health Care Support Worker [HCSW] and two part-time HCSW (22.5 hrs). PCC employed staff consist of a full time Senior Practitioner (37 hrs) supporting both Brecon CMHT and Ystradgynlais CMHT, three Social Workers (37 hrs, 30 hrs 7.4 hrs) and two Support Workers (37 hrs and 25 hrs). The Social Worker working 7.4 hrs covers Ystradgynlais so is available to support additional demand. In addition, due to current caseload pressures, two full time agency Social Workers have been recruited to provide additional cover throughout South Powys. The team are further supported by a Team Manager who covers the whole of Powys.

At the time of the inspection, the Team Leader covered Brecon CMHT (three days per week) and Ystradgynlais CMHT (two days per week). We were told that this post was soon to become a full time post within Brecon CMHT.

The CMHT has one full-time Consultant Psychiatrist predominantly undertaking the role remotely due to COVID-19 restrictions, there is also a Speciality Doctor who provides cover to the CMHT during the working week.

We were informed that a full time, band six NHS Occupational Therapist would be joining the team on 25/11/2021.

In addition to the clinical staff, there are three administration staff employed by PTHB, one full time band four and one part time band three (22.5 hrs). PCC have a dedicated, part time administrator (18.5 hrs). The administrator was predominantly home based but attended the office on one day per week. We were told that additional, flexible administrative support is made available by PCC team throughout the rest of the week and during periods of absence.

A joint funded Integrated Team Lead Post had been introduced but discussions between PTHB and PCC highlighted that the role was not fully integrated. Consequently, PCC withdrew funding and the post reverted back to being a single agency PTHB Team Lead post in July 2021.

PCC and PTHB staff attend and contribute to multidisciplinary team (MDT) meetings, ward rounds, professionals' multi agency meetings, interdisciplinary

and care planning meetings and work in a collaborative manner to meet the needs of service users.

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, we found evidence that the service generally provided safe and effective care. However, we found some evidence that the service was not fully compliant with all standards in all areas.

The service users spoken with during the inspection, and those who completed a questionnaire, were generally positive about the services they received. Service users, in the main, felt included and respected by the choices they were given.

HIW issued both online and paper questionnaires to obtain service user views on the service provided by the CMHT. In total, we received 30 responses all of which were paper copies.

The responses were generally positive with the majority of service users telling us that they were happy with the service that they received from Brecon CMHT.

Service user responses are referred to in more detail under the relevant sections within this report.

Care, engagement and advocacy

Based on the service users' responses to the questionnaire, and discussions held with individuals during the inspection, we determined the quality of care and engagement to be generally good, with most service users stating that their Community Mental Health Team worker gave them enough time to discuss their needs and treatment and that they are treated with dignity and respect with only two telling us that they did not.

Service user comments included:

"Not listening to me, my needs never met. Very much a case of me v CMHT"

"Without the support of my CPN [NAME] I'd question where I would be. Her support has drastically improved my mental and physical health."

“Crisis staff member told me she didn't have all day to sit and listen to me crying.”

We were told that service users were able to access advocacy through the Powys Advocacy Service and Independent Mental Capacity Advocates (IMCA) and Independent Mental Health Advocates (IMHA). We were told that the service had continued to provide support, albeit virtually, throughout the pandemic. However, only half of the service users who completed a questionnaire said that they had been offered the support of an advocate.

All the service users who completed a questionnaire said that their preferred language was English, and all said they were always able to speak to staff in their preferred language.

All apart from one of the respondents told us that healthcare information was available in their preferred language.

Three service users told us that they had faced discrimination when accessing or using the service, one on grounds of age, one on grounds of disability and one on “other” grounds.

The CMHT worked closely with a range of partners including those within the statutory, voluntary and independent sectors to enable them to meet the needs of individuals.

We were told that the team had long-standing links with the Local Primary Mental Health Support Service (LPMHSS)³ who attended both the MDT and weekly referral meetings.

The team also worked closely with the hospital in-patient services, the Crisis Resolution Home Treatment Team, Eating Disorder Team, Perinatal Team and the Complex Trauma Services. The latter shares the same office base as the CMHT. This ensured continuity of care and appropriate sharing of information.

³ LPMHSS are aimed at people who are experiencing mild to moderate, or stable, severe and enduring mental health problems. LPMHSS is an age blind service with the exception of those under the age of 18 who will be signposted to their local Child and Adolescent Mental Health Service (CAMHS).

The team had established links with third sector organisations such as Kaleidoscope⁴, Mind⁵ and Calon a Pobl. We were told that prior to the onset of COVID-19, the team jointly supported a National Trust/Parks initiative to introduce people with mental health needs to the local countryside. This was initially started as part of a research project by Cardiff University. We were told that service users who took part in the initiative benefitted immensely. It is hoped that the initiative will restart when it is safe to do so.

Improvement needed

The health board and local authority must explore why some service users told us that they have faced discrimination when accessing or using the service and ensure that this does not happen in future.

Access to services

The team is located close to the centre of Brecon, making the service accessible to service users, including those who use public transport.

There was limited parking nearby with a designated disabled parking space under construction to the rear of Ty Illtyd.

Access within the building was limited. However, work was underway to reconfigure the ground floor in order to provide better access to the building for people with mobility needs and to provide an accessible toilet.

The whole of the accommodation was in an acceptable state of repair both externally and internally. The furniture and fixtures throughout the building were also in an acceptable state of repair. The waiting area and consulting rooms were clean and tidy.

Health promotion leaflets and posters were available within the waiting area together with magazines for people to read whilst waiting to be seen.

We found access to the service and the referral process to be generally good. However, we were alerted to issues around services provided to people diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Staff told us that

⁴ <https://www.kaleidoscopeplus.org.uk/>

⁵ <https://www.mind.org.uk/>

there were no ADHD specialists within the team and that no new ADHD assessments were being undertaken. However, staff were expected to continue providing care for existing service users with a diagnosis of ADHD.

All referrals are considered at the weekly referral meeting, involving a range of professional staff, taking place every Thursday. We observed a referrals meeting during the course of the inspection, which was attended by the consultant psychiatrist, CPNs, and a member of the primary health care team. We also attended an MDT meeting and found the information sharing process to be good.

Referrals which required an assessment under the Mental Health Act were passed to one of the Approved Mental Health Professionals (AMHP) for action.

At the time of the inspection there were three full time AMHPs covering South Powys, with a further two in the process of re-warranting. The AMHPs also provided support for the North Powys CMHTs if needed.

We were told that, in addition to their statutory duties, AMHPs were also expected to carry a case management caseload as well as provide duty cover.

They were also often called out at night and could be out for up to 12 hours whilst having to be at work the following day. This meant that the workload of AMHPs was very demanding. We were told that consideration was being given to recruit more AMHPs.

Staff and managers told us that there was comparatively little delay in accessing psychology services and that waiting times, from referral to treatment, had reduced from around two years to less than five months.

The service was heavily reliant on agency medical staff. The imminent departure of two consultant psychiatrists would result in the service becoming even more dependent on agency staff. However, we were told that a number of the agency staff currently used have worked with Brecon CMHT for some time and that this provided an element of continuity of care as they were familiar with the care and support needs of service users.

Out of hours emergency cover for mental health services was provided by Powys Local Authority Emergency Duty Team (EDT).

Where appropriate, and if service users do not meet the threshold for secondary healthcare, they are referred to other services better placed to meet their needs.

Half of the service users who completed the questionnaire told us that they were referred to the CMHT by their GP. The remaining service users either referred themselves or were referred following discharge from hospital or from another CMHT.

The majority of respondents told us that they felt able to access the right care at the right time, with only two telling us that they could not.

Just under one third of respondents said that they were seen by the CMHT within one week of referral whilst five service users said it took between two and four weeks for them to be seen.

The majority of the service users who completed the questionnaire told us that it was easy to access support from their CMHT with four service users telling us that it was not easy.

Service users' comments included:

"I have been really well supported by my CPN and care coordinator throughout my time under the care of the CMHT and through my recent discharge."

"I want to stress that my nurse, from Ty Illtyd, is a very kind soul. His support is very needed."

All of the service users who completed a questionnaire told us that they knew how to contact the person who organises their care and services if they have a concern about their care.

Three quarters of respondents said they knew how to contact the CMHT out of hours, and seven told us they did not.

Four out of eight respondents, who felt the need to contact the CMHT out of hours service in the last 12 months, said they got the help they needed, and four said they did not.

The majority of respondents said they knew who to contact in the CMHT if they have a crisis with only two telling us that they did not.

Seven out of the 13 respondents who told us that they needed to contact the CMHT in a crisis in the last 12 months said they got the help they needed and six said they did not.

The majority of respondents told us that they have been seen about the right number of times, with only three telling us that they have not been seen enough when needed.

Improvement needed

The health board and local authority must:

- continue with the work of refurbishing Ty Illtyd to improve access for people with mobility problems
- review the provision of ADHD services and ensure that service users are assessed in a timely fashion and appropriately supported
- continue to review the workload of AMHPs and move forward with their recruitment plans
- continue with their efforts to recruit and retain permanent medical staff
- ensure that service users know how to access the out of hours service and how to contact the team in a crisis.

Delivery of safe and effective care

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

There was a multi-disciplinary, person centred approach to assessment, care planning and review. From the care files inspected, we found that service users were involved in the development of their care and treatment plans and relevant people such as family members or carers were also involved where appropriate. However, some care documentation requires amending to better capture and reflect service users' views on how they wish to be cared for.

The service had a system in place to enable patients to raise concerns/complaints and the service was able to demonstrate that they considered patient feedback to improve services.

The medication management processes were safe and robust.

Record keeping was generally good and service users' care notes were generally easy to navigate.

Managing risk and promoting health and safety

The environment was found to be free of any obvious risk to health and safety.

General and more specific environmental risk assessments were undertaken and any areas identified as requiring attention were actioned. There was a ligature point risk assessment in place.

From inspection of care files, we found that individual service users' risk assessments had been undertaken.

Staff told us that positive risk management was part of service planning and delivery. Staff had received training in the Wales Applied Risk Research Network (WARRN) risk management framework and a formal risk assessment is undertaken on all service users referred to the CMHT. These risk assessments are uploaded onto Welsh Community Care Information System (WCCIS) and PTHB internal shared computer records system.

However, we found that not all the questions had been completed on the WAARN assessment documentation that we reviewed. Care Coordinators must ensure

that all questions on the assessment document are answered and ensure that the service user is fully involved in the process in order to capture their views, expectations and desired outcomes. In addition, we were told that, problems persist with the WCCIS system, which often broke down. This issue has been highlighted during inspections of other CMHTs. However, staff did not express the same level of concern about the system during this inspection as they have done during previous CMHT inspections. Nevertheless, it is concerning that the matter remains unresolved.

Staff told us that the weekly multidisciplinary referral meetings afforded them the opportunity to discuss and escalate any risks or concerns. In addition, weekly MDT meetings and discussions between consultant medical staff and care coordinators promoted the escalation and documentation of identified risks.

We were told that individual service user risks are continually reviewed until the risk reduces or subsides. This ensures a full team approach to managing difficulties and provides a good platform for feedback. Where risks are particularly complex, cases are taken to the Risk Enablement Panel for a wider and specialist perspective. The panel is made up of members of the PTHB senior clinicians/specialists who collectively advise on the management of presenting risk, with the aim of supporting practice. This meeting is held monthly but the panel will respond sooner if required.

In addition, we were told that informal discussion and formal supervision processes allow staff to identify individual risks, personal or team issues causing concern. These are discussed and documented appropriately including within supervision records. WCCIS is used by PCC to record case discussions. PCC encourage staff to escalate concerns to senior managers as required.

PCC staff also access and record information on the Personal Safety Register which is used to identify details of potential risk to workers who may attend service users at home e.g. social services, housing.

Improvement needed

The health board and local authority must:

- ensure that staff complete all the questions on the WAARN assessment documentation
- ensure that service user are fully involve involved in the WAARN assessment process in order to capture their views, expectations and desired outcomes

- ensure that the WCCIS electronic records management system is operating effectively and that staff have unhindered access to service users' care notes in order to effectively plan and deliver care and support.

Medicines Management

We found medication management processes to be safe and robust.

The medication storage cupboard was secured to the wall and locked.

We viewed 10 medication administration charts and found that they were accurately completed.

The clinic room was well organised and clean. There was a small waiting room and toilets located adjacent to the clinic room.

We were told that medication is ordered from Neville Hall hospital and is delivered the next day.

We were told that no controlled drugs are stored on site and that service users who are prescribed controlled drugs would get them from the local pharmacy.

We told that the local pharmacy was very supportive and that they provided guidance and support as and when required.

Medication reviews were being undertaken on a regular basis.

Medication errors were appropriately managed with investigations undertaken and any lessons learnt shared with staff.

Health related information leaflets were available within the clinic room and we were told that these are handed out to patients as required.

Assessment, care planning and review

There was a multi-disciplinary, person centred approach to assessment, care planning and review.

From the care files inspected, we found that service users were involved in the development of the care and treatment plans and relevant people such as family members or carers were also involved where appropriate. However, some care documentation requires amending to better capture and reflect service users' views on how they wish to be cared for. This is referred to further in the Compliance with Social Services and Well-being Act section of this report. In addition, there were two separate assessment forms in use, one completed by

PCC staff, which was strengths based and aligned with the Social Services and Well-being Act, and the other, the NHS assessment form completed by the PTHB. We were told that senior managers were looking at ways of integrating the documentation as part of the wider service improvement agenda.

The care files we viewed were maintained electronically on the WCCIS system and were seen to be generally well managed and easy to navigate. However, the number of blank documents stored on the system could cause confusion and should be removed.

Some of the psychiatry and psychology staff we spoke with told us that the MDT process had improved slightly recently and was more collaborative in its approach. However, some staff did not always feel as involved as they would like to be in the MDT care planning process. Some expressed a desire to be more involved in decision making and care co-ordination process from the point of first referral to discharge.

They also told us that there was strong nurse leadership in place, but a lack of clarity regarding clinical leadership.

Medical staff told us that they struggled to manage their own diaries with patients often booked in on an assessed priority basis by the nurses and not by the consultant psychiatrist. However, they did tell us that the situation was improving slightly with the involvement of the Clinical Director.

The medical staff also expressed concerns about the lack of administrative support for letter writing etc. This is currently a shared resource which means that the doctors have to undertake some administrative duties themselves which has an impact on their availability to undertake their clinical roles.

We received mixed views from staff in relation to GP engagement with some staff telling us that there was good working partnerships in place with the local GPs. However, other staff told us that some GPs were, on occasions, reluctant to get involved in the care of service users and that they were resistive to accepting responsibility for on-going prescribing of medication and undertaking routine physical health checks on service users. This requires exploring by the health board in order that service users have good access to holistic care. The CMHT may also wish to consider introducing regular health check clinics for service users.

Half of the service users who completed a questionnaire told us that the services completely meet their needs, with just under a half telling us that they meet most or some of their needs with only one telling us that they do not meet any of their needs.

Nearly three quarters of the respondents told us that they felt involved in the development of their care plan with six telling us that they did not feel sufficiently involved.

Two thirds of service users who completed a questionnaire told us that they received or were given an opportunity to have a copy of their care plan with five telling us that they were not.

Service users' comments included:

"My care has been individualised and specific to my needs especially taking into account recovery and return to work with which I have been well supported. I have a clear contact plan for support in crisis as a long term patient."

Over half of the respondents told us that they had a formal meeting or review with their care co-ordinator to discuss how their care is working in the last 12 months with six telling us that they had not.

Over three quarters of service users told us that they felt involved in discussions and decision made about their care and support during their formal review with five telling us that they were not sufficiently involved.

One third of respondents told us that they were given the opportunity to challenge aspects of their care and treatment plan they disagreed with in their formal review with five telling us that they were not.

Just under three quarters of respondents told us that they had needed support for physical health needs with just under a third telling us that the CMHT gave them help or advice with finding support for their physical health needs.

We asked service users whether the CMHT involved a member of the family, or someone else close to them, as much as they would have liked. Of the 27 who answered the question, eight answered yes, two answered no, two said their friends and family did not want to be involved, eight did not want their friends and family to be involved and seven told us that this did not apply to them.

Just under half of the service users who completed a questionnaire told us that they had been given enough information (support, office hours, information about managing their illness etc) by the CMHT with five telling us they had not, but would have liked information.

The majority of respondents rated the service provided by Brecon CMHT service as good.

Improvement needed

The health board and local authority must:

- continue with the development of integrated assessment documentation
- ensure that blank documents are deleted from the electronic system in order to prevent confusion
- explore ways to improve/enhance the involvement of psychiatry and psychology staff in the MDT care planning process
- further explore and clarify clinical leadership
- continue to monitor psychiatry referrals and how diaries are managed
- explore GP engagement in the provision of service to ensure that service users have good access to holistic care
- consider introducing regular health check clinics for service users.

Patient discharge arrangements

Following our inspection of case files, discussions with staff and consideration of service user questionnaire responses, we found discharge arrangements to be generally satisfactory. This is because the process, in the main, was service user-led and managed in accordance with service users' requirements.

The CMHT were working with other agencies on initiatives to improve provision of services for people with mental illness. At the start of the pandemic, the COVID Care Forum was established to consider a multi-agency approach to supporting people presenting to both mental health, housing and emergency services. We were told that this has had a positive approach to joint working and information sharing.

We were told that in 2021, Powys Adult Services were shortlisted for a Local Government Chronicle Award for supporting individuals to return from out of county residential placements to live in their own homes. This work is in the process of being expanded to include the Brecon area.

The CMHT worked closely with Community Connectors⁶ to support individuals in identifying and accessing local facilities to aid recovery.

The team also worked closely with commissioned health care providers and the Complex Health Care Department to ensure appropriate safe care of service users moving forward.

The majority of the respondents told us that, where relevant, their accommodation needs were met by services provided by the CMHT.

Most respondents told us that, where relevant, their employment needs were met by services provided by their CMHT.

Seven service users told us that, where relevant, their education needs were met by services provided by the CMHT with over two thirds telling us that they did not have those needs.

The majority of respondents told us that their social needs (e.g. being able to go out when they want) were met by services provided by the CMHT, with only one telling us that they were not met. Seven service users told us they did not have those needs.

Safeguarding

Staff we spoke with were clear about their responsibilities in relation to safeguarding adults and children and were able to describe the reporting processes. Any children or adult safeguarding issues were discussed at the weekly MDT meeting and actions agreed.

We found that there were clear policies and procedures in place for staff to follow and the training information provided confirmed that staff had received adult and child safeguarding training.

There was also a multi-agency strategy in place called Together for Mental Health which supported the joint working arrangements between the CMHT, Police, Child and Family Services, Domestic Violence Services and the Probation Service.

⁶ <https://www.pavo.org.uk/help-for-people/community-connectors.html>

There were systems in place to support both Multi Agency Risk Assessment Conference (MARAC)⁷, and Multi-agency Public Protection Arrangements (MAPPA)⁸.

Compliance with specific standards and regulations

Mental Health Act Monitoring

There were no service users subject to Community Treatment Orders (CTO)⁹ being cared for by Brecon CMHT at the time of the inspection. However, we viewed the files of three service users who were previously cared for under CTOs.

We found all the records viewed to be well organised, easy to navigate and, in the main, compliant with the Mental Health Act and Code of Practice. All records had been accurately completed within required timescales and contained comprehensive information about the service users. However, we found that there were no service user photographs on the case files. Having service user photographs on individual files is considered good practice, particularly in a hospital setting, for identification when administering medication and an additional safeguard if a detained service user should abscond.

⁷ A Multi Agency Risk Assessment Conference (MARAC) is a local, multi agency victim-focused meeting where information is shared on the highest risk cases of domestic violence and abuse between different statutory and voluntary sector agencies.

⁸ MAPPA stands for Multi-Agency Public Protection Arrangements and it is the process through which various agencies such as the police, the Prison Service and Probation work together to protect the public by managing the risks posed by violent and sexual offenders living in the community.

⁹ Patients who have been detained in hospital under the Mental Health Act, may be discharged on to a community treatment order (CTO). A CTO is an order made by a responsible clinician to enable supervised treatment in the community.

We spoke with the Mental Health Act Administrator (MHAA) and found that they had robust systems in place to ensure that the service was meeting the requirements of the Mental Health Act and associated Code of Practice. The MHAA covered the whole of Powys and was expected to attend Mental Health Act Review Panels across the county in addition to completing audits and delivering training for staff. We were told that meeting the demands of the job could be difficult at times as there was no additional administrative support available.

We saw that service users' rights under the Mental Health Act were being respected and there was evidence to show that service users were being kept informed of all aspects of their care.

We found that service users and their family members were provided with information about the Mental Health Act and Code of Practice in the form of leaflets and were told that additional information about the Mental Health Act Tribunal and Review Panels were available on notice boards within the CMHT office base.

We saw that there were clear policies in place together with guidelines and checklists for staff on the management of CTOs and completion of statutory documentation and reports.

Regular audits were being undertaken across the PTHB and PCC to monitor compliance with the Mental Health Act. However, it was unclear as to how this feeds into the clinical governance process. We found that a more systematic approach to monitoring compliance across Both PTHB and PCC would ensure better governance and more effective quality improvement.

We were told that Mental Health Act Tribunals and Panel Hearings continued throughout the pandemic and that they have been held remotely/virtually.

We saw examples where some service users had positively engaged in ‘what matters’¹⁰ conversations. The social circumstance report¹¹ that we viewed reflected the service user’s wishes and, whilst the format does not fully reflect the ‘what matters’ conversation, views and plans were clearly articulated for the tribunal panel to consider.

The social circumstance report also gave a good account of previous risk and behaviours. However, there was no narrative around the nature of any ongoing risks which may be helpful to the panel. In addition, the social circumstance report did not include the view of other professionals.

We were told that some Mental Health Act training was to be arranged in the New Year for hospital managers who are members of the Review Panels. However, there were no plans for training to be provided to other clinical staff. We were told that this was, in the main, due to COVID-19 restrictions and limited resources and administrative support within the MHAA department.

During discussions with staff, issues were highlighted around the availability of Section 12 Approved doctors for Mental Health Act assessments during office hours. Staff also expressed concerns about the availability of local in-patient beds for emergency admissions and availability of transport for timely and secure transfer of service users to hospitals. These have been highlighted as areas for improvement during inspections of other CMHTs in Powys and it is concerning that these matters remains unresolved.

Improvement needed

The health board and local authority must:

- ensure that a recent photograph of the service user are available on individual files

¹⁰ A structured conversation between professionals and service users to determine what they value most and how they wish to be cared for.

¹¹ The main purpose of a social circumstances report is to inform the mental health review tribunal (or hospital manager panel) what medical, social care and other after-care support would be available in the community in the event of a discharge.

- review the administrative support available to the Mental Health Act Administrator
- develop a more systematic approach to monitoring Mental Health Act compliance to ensure better governance and more effective quality improvement
- ensure that the social circumstance reports reflected the service user's wishes and 'what matters' conversation
- ensure that the social circumstance report includes narrative around the nature of any ongoing risks and the views of other professionals
- ensure that all relevant staff have access to Mental Health Act training
- take steps to ensure adequate Section 12 Approved doctors cover
- ensure the availability of local in-patient beds for emergency admissions
- ensure the availability of transport for timely and secure transfer of service users to hospitals.

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

We reviewed the Care and Treatment Plans (CTP) of a total of seven service users and found that the assessment of service users' needs was proportionate and appropriate.

We found some consistency in the tool used to assess service users' needs and found 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, in most cases.

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

We found the process of identifying, assessing and managing risk to be good. We found that risk assessments informed the interventions identified in the service user's care plan.

Compliance with Social Services and Well-being Act

We found evidence of joint working and effective collaboration between team members and other organisations in the planning and provision of care.

It was evident from the care documentation seen, and from service users' responses to the questionnaire, that their views and wishes were the main focus of the work conducted by the CMHT.

Service users told us that they felt involved, included and consulted in the planning of the support services and, as previously mentioned, we saw examples where some service users had positively engaged in 'what matters' conversations. However, both PTHB and PCC must continue to ensure that the person centred and empowering approach to the provision of care and support is fully embedded across the service and that care documentation is amended to better capture and reflect service users' views on how they wish to be cared for.

We found that, where appropriate, people with caring responsibilities were offered carer assessments.

Improvement needed

Both the health board and local authority must continue to ensure that the person centred and empowering approach to the provision of care and support is fully embedded across the service and that care documentation is amended to better capture and reflect service users' views on how they wish to be cared for.

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 found that there were adequate links and communication between the management within the health board and local authority, with adequate overview of the service by both authorities.

Staff gave mixed comments in relation to management and leadership and suggested that aspects of communication between managers and staff could be improved, so too staff training and workload management.

Leadership, management and governance arrangements

The health and social care staff in Brecon CMHT were co-located. However, there were separate line management arrangements in place for staff employed by PTHB and PCC.

We found that there were good working relationships in place between the team manager and senior practitioner with evidence of effective joint working and decision making at that level of the management structure. However, we found that the concept of joint working was not fully embedded across other areas of the service. This requires further exploration by both the local authority and health board.

We had mixed responses from staff with regards the quality of leadership and management with some staff telling us that recent changes to the team management structure had resulted in better leadership and direction. However, other staff members told us that the recent changes in management structure within the team had been challenging and that this had been exacerbated by differences in working practices implemented by PTHB and PCC as a result of COVID-19. PCC staff had been instructed to work from home, with minimal attendance at the office i.e to provide duty cover. PTHB were instructed to work from the office base, with due regard to social distancing guidance and use of personal protective equipment (PPE). Some PTHB staff felt that, by being office based, they were more accessible to service users and members of the public.

There were also issues around administration cover in the office base which meant that staff were also having to answer telephones. We were told that these issues had resulted in increased workloads and placed a strain on working relationships.

There was a formal complaints procedure in place which was compliant with Putting Things Right¹² and the Local Authority's formal complaint process. Service users and members of the public being able to submit these in writing or via the respective internet sites. Learning from complaints is shared with team members. In addition to the formal complaints process, there was a process in place to gather general feedback about the quality of the service provided through Engage to Change, which is a sub group of the Live Well Mental Health Partnership group. This group enables service users' representatives to collect and collate feedback about services across the county of Powys. The feedback is fed into the Mental Health Officers group which is attended by relevant staff from both PTHB and PCC.

Both PTHB and PCC have whistle blowing and grievance policies in place which allow staff to report issues/concerns anonymously.

In addition, informal discussion and formal supervision processes allow staff to identify individual risks, personal or team issues causing concern. These are discussed and documented within supervision records. WCCIS is used by PCC to record case discussions and PCC encourages staff to escalate any concerns or issues to senior managers.

Staff told us that emphasis was placed on dealing with complaints at the source in order for matters to be resolved as quickly as possible, as well as to avoid any further discomfort to the complainant and any need for escalation.

Staff also told us that serious untoward incidents and concerns were recorded on the Datix¹³ system.

¹² Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method

¹³ Datix is a web-based incident reporting and risk management software for healthcare and social care organizations.

A debrief process is used within the CMHT following any incident providing an opportunity for staff to discuss their feelings/concerns and to ensure they feel supported.

We reviewed a sample of staff files employed by the health board and local authority. We saw that there was a formal staff recruitment process in place with all necessary pre-employment checks undertaken. We saw that there was a formal staff support and supervision process in place with regular one to one meetings being held between staff and their line managers. In addition to one-to-one meetings, staff told us that they received day to day, informal support from their line managers who were reported as being very accessible.

There were formal annual appraisals in place, managed under respective health board or local authority systems.

Professional support and supervision was accessible, both individually and as part of groups with staff encouraged to access training facilitated by both the health board and local authority, although there were challenges around accessing training due to COVID-19.

Mandatory training completion figures were variable and action is needed to ensure that completion rates for all staff are as near to 100% as possible.

HIW issued an online survey to obtain staff views on what working conditions were like and to obtain their views on the standard of care provided. In total, we received 14 responses.

Nearly all of the staff who completed the online survey told us that they had received training in Health and Safety, Fire Safety and Awareness, Deprivation of Liberty Safeguards/Liberty Protection Safeguards, Mental Capacity Act 2005, Mental Health Act 1983, Mental Health (Wales) Measure 2010, Risk Assessment and Management, Safeguarding Adults, Safeguarding children and Family Therapy.

Nearly all of the respondents told us that applications for specialist training/ additional training are supported by managers.

We also received the following general comment on training:

“There are always opportunities for training but not always the time to complete.”

All of the staff who expressed an opinion said training helped them do their job more effectively, helped them stay up-to-date with professional requirements and helped them deliver a better patient experience.

Only one staff member told us that they had undertaken joint social services/ health board training.

All respondents told us that they had an annual review or appraisal within the last 12 months.

The majority of staff who completed the online survey told us that they were able to meet all the conflicting demands on their time at work and that they have adequate materials, supplies and equipment to do their work.

Half of the respondents told us that there were enough staff working in the CMHT to do their job properly.

All staff who completed the online survey told us that service users' privacy and dignity was maintained.

Nearly all of the staff members told us that service users were informed and involved in decisions about their care.

The majority of staff told us that there were appropriate infection prevention and control procedures in place.

All of the staff who completed a questionnaire told us that they were satisfied with the quality of care they give to service users.

Around half of the respondents told us that the CMHT encourages teamwork with nearly all telling us that they were involved in making decisions around changes to their work area/ CMHT.

The majority of staff told us that the CMHT is supportive and that there was a culture of openness and learning within the team that supports staff to identify and solve problems.

Just over half of the respondents told us that partnership working with other organisations was effective.

Nearly all of the staff who completed the online survey told us that they were able to access the databases/ICT systems they need to provide good care and support for service users.

The organisation

All ten who expressed an opinion agreed that care of service users is the CMHT's top priority.

Nearly all of the staff who completed the online survey told us that the CMHT acts on concerns raised by service users.

Half of the respondents told us that they would recommend the CMHT as a place to work.

All of the staff who completed the online survey told us that they would be happy with the standard of care provided by their CMHT for themselves or for friends or family.

Service User Experience

All staff members who completed the online survey told us that service users have a Capacity Assessment at least every twelve months, if required.

None of the respondents told us that patient / service user experience feedback was collected within their CMHT with only two telling us that they receive regular updates on patient /service user experience feedback.

Half of the respondents told us that feedback from patients / service users was used to make informed decisions within the CMHT.

Your immediate manager

Around half of the staff who completed the online survey told us that their immediate manager encourages those who work for her/him to work as a team.

Around three quarters of the respondents told us that their immediate manager can be counted on to help with a difficult task at work and that their immediate manager gives clear feedback on their work.

Half of the staff whom completed the online survey told us that their immediate manager asked for their opinion before making decisions that affect work.

Four of the six staff members who expressed an opinion said their immediate manager is supportive in a personal crisis, and two said they sometimes are.

Senior Management

Just over half of the staff members who completed the online survey told us that they knew who senior managers were, and three disagreed.

Comments included:

"I know my immediate Senior Nurse Lead but do not know other senior managers. They do not come to Ty Illtyd even before COVID -19."

Half of the respondents told us that communication between senior management and staff was effective.

Comments included:

“Within social services I feel that for the first time in years we have a line of management which is prepared to be open, have the requisite skills and knowledge and genuinely understand mental health or at senior levels, prepared to understand the problems the service experiences.”

Just over half of the staff who completed the online survey told us that senior managers try to involve staff in important decisions and that they act on staff feedback.

Half of the respondents told us that senior managers are committed to patient care, and four disagreed.

Three quarters of staff who completed the online survey told us that their job is not detrimental to their health and that their immediate manager takes a positive interest in their health and well-being.

Half of the respondents told us that the CMHT takes positive action on health and well-being.

Comments included:

“Getting the balance between a community (non purpose built) based clinical facility that is both welcoming to service users and safe for them and staff is not always an easy balance. COVID-19 has placed further restrictions on the capacity to assess service users in a safe place and therefore required increased community visits or use of remote contact e.g phone call”

Nearly all of the staff who completed the online survey told us that their current working pattern/off duty allows for a good work life balance.

All respondents told us that they were aware of the Occupational Health support available.

Just over half of the respondents told us that they are offered full support when dealing with challenging situations.

Half of the staff who completed the online survey told us that duty arrangements were well-planned with around a quarter telling us that duty arrangements ensured that there is always cover available on the team.

All of the respondents told us that there was a lone working policy in place, with nearly all telling us that they knew what arrangements should be put in place when they, or their colleagues, are lone working.

Comments included:

“The CMHT established safe working practices e.g no-one to work alone in the building after 17.00 and looked at the general security in the building which was subsequently adapted.”

What happens when incidents and errors occur?

All of the staff who completed the online survey told us that, if they were concerned about unsafe practice, they would know how to report it.

Nearly all of the respondents told us that the organisation encourages them to report errors, near misses or incidents with around half telling us that the organisation treats staff who are involved in an error, near miss or incident fairly.

The majority of staff who completed the online survey told us that, when errors, near misses or incidents are reported, their organisation takes action to ensure that they do not happen again, and two disagreed.

Comments included:

“I would not be confident that any near miss or incident I was involved in was investigated by health as I have less confidence in their impartiality or capability as we move beyond team leader. I have not felt that concerns I have raised in the past with regard to practice in managing a potentially high risk situation, have been addressed but am aware that my own management considered my concerns and addressed these directly with health.”

Around half of the respondents told us that they are given feedback about changes made in response to reported errors, near misses and incidents

Two of the respondents told us that they had seen error, near misses or incidents affecting staff in the last month with three telling us that they had seen error, near misses or incidents affecting service users in the last month.

Those who told us that they had seen error, near misses or incidents said that they or a colleague reported it and that they felt secure raising concerns about unsafe clinical practice.

Comments included:

“If I have concerns with a health colleague, I will discuss this with my line manager for them to liaise and discuss the concern with health colleagues. Similarly if I have concerns with a social work colleague I will follow the same process. I have also directed colleagues who have an ongoing concern to consider making this known to Social Care Wales but am aware from today that there is the parallel route through HIW”

Infection prevention and control

We asked staff a series of questions about COVID-19 compliance. Only two staff members completed this section of the online survey.

Both told us that the organisation has implemented the necessary environmental changes and implemented the necessary practice changes.

Both respondents told us that there was a sufficient supply of PPE and that there were arrangements in place for the decontamination of equipment and relevant areas.

Comments in relation to COVID-19 arrangements included:

“There were different approaches to protecting staff as CV19 hit. SSD staff were given clear instructions with regard to assessments using the COVID-19 tree, support to ensure that if service users had to be seen that arrangements to do so safely would be made. There was a clear and unambiguous direction that if we could work from home we should do so and steps were taken to ensure that there was an effective roll out of the means to do this. I do not consider that this was the same for my health colleagues. There was confusion with regards to staying safe, access to ICT and an expectation that offices remained staffed. In addition there were e-mails from senior managers which were unambiguous in their lack of trust in health staff to be trusted to work from home. This difference in approach led to a dividing between the professionals which has had a significant impact on the sense of being a collective team”

Equality

None of the staff who completed the online survey told us that they had faced discrimination at work within the last 12 months.

We asked whether staff have fair and equal access to workplace opportunities (Regardless of Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sex and Sexual orientation). Only one staff member responded to this question stating:

“I have long had a concern that health appear to appoint to senior positions mainly from within Powys. There appear to remain links between managerial positions and links to staff previously employed at the Mid Wales hospital and/or their relatives despite this establishment having closed many years ago. I am sceptical as to whether there is genuine fair and equal access”

Only two staff responded to the online survey question which asked if their workplace is supportive of equality and diversity. One answered yes and the other answered no.

Comments included:

“We need better disabled access for staff and patients”

“I think there is genuine wish to be supportive of equality. However I have seen little equalities and diversity training in Powys and little that challenges the assumptions of a predominantly white British workforce. An on line mandatory training is far too light touch to challenge such beliefs and requires experiential training where people can be safely challenged and challenge. I don't consider there is an open forum for this within either service”

Improvement needed

The health board and local authority must:

- further explore the concept of joint working and develop strategies to improve joint working at all levels within the service
- develop and support joint approaches to working practices to ensure equality for all staff
- review the availability of administration staff to support clinical staff
- ensure that all staff complete mandatory training

- evaluate the service user comments in the various sections of this report, and responses to the questionnaire, and consider whether further improvements can be made to the provision of services
- review the staff comments in the various sections of this report, and responses to the online survey, and consider whether further improvements can be made to the way that staff are supported

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 summarises 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 during this inspection.			

Appendix B – Immediate improvement plan

Service: Brecon CMHT

Date of inspection: 14, 15 and 16 December 2021

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 assurance issues were identified during this inspection.					

Appendix C – Improvement plan

Service: Brecon CMHT

Date of inspection: 14, 15 and 16 December 2021

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 health board and local authority must continue with the work of refurbishing Ty Illtyd to improve access for people with mobility problems	5.1 Timely access; Well-being priority 1	Upgrade work at Ty Illtyd including anti-ligature and accessibility improvements is ongoing. The ligature risk review was evaluated in December 2021. Project Requisition documentation has been completed for improvements to car park at rear of premises. Building and environment upgrades are incorporated in a bespoke plan and monitored via monthly	Head of Mental Health Operations	Service Manager Adult Mental Health South Powys	May 31st 2022

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		Mental Health and Estates meetings.			
The Health Board and local authority review the provision of ADHD services and ensure that service users are assessed in a timely fashion and appropriately supported.		The Mental Health Service is preparing to recruit a new role of ADHD non-medical prescribers who will work under the supervision of a Consultant Psychiatrist and focus on the provision of ADHD assessments and post diagnostic support.	Clinical Director MHL D	Assistant Director MHL D	30th September 2022
The Health Board and Local Authority must continue to review the workload of AMHPs and move forward with their recruitment plans.		Post inspection, we have doubled the AMHP numbers from 3 to 6 in the South of the County. This will support AMHP capacity. To bolster the capacity of AMHPS further, PCC have withdrawn their AMHPs from the duty rota. Whilst capacity issues remain at present, PCC are committed to having non AMHP practitioners remain on the shared duty rota. PCC are	Social Care Manager for Mental Health	Senior Social Work Practitioner	Completed. Recruitment will be ongoing as required.

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		<p>actively recruiting to agency staff so to ensure that the duty rota is covered by both PTHB and PCC staff.</p> <p>PTHB continues to work with Social Care to find solutions and mitigate impact on the duty system, associated work, seeking alternative solutions and pursuing an alternative sustainable model for delivery.</p> <p>Social Worker staffing changes (increased capacity) are anticipated soon regarding ongoing recruitment and retention.</p> <p>PTHB are part of NHS Wales developments focused on the Mental Health workforce strategy in line with national guidance.</p>	Head of Mental Health Operations	Project Development Manager	May 31st, 2022
The Health Board and local authority must continue with their		Recruitment of Psychiatrists is a UK wide challenge, and the	Clinical Director MHLD	Assistant Director MHLD	Complete

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
efforts to recruit and retain permanent medical staff.		<p>Consultant role for the Brecon CMHT is currently being advertised.</p> <p>Recruitment is ongoing until a suitable candidate is appointed. In the meantime, a fixed term, locum Psychiatrist is filling this vacancy.</p>			
The Health Board and Local Authority must ensure that service users know how to access the out of hours service and how to contact the team in a crisis.		<p>PCC will write to all current service users to provide out of hour contact information,</p> <p>For all new service users, the Care and Treatment Plan will clearly show out of hour contact information</p> <p>The 111 (Single Point of Access) pilot commenced 26.02.2022 which will be evaluated. PTHB has also recirculated the process flow chart to all stakeholders in respect of access to the Crisis Resolution and Home Treatment Service.</p>	<p>Social Care Manager Mental Health</p> <p>Assistant Director MHLD</p>	<p>Senior Social Work Practitioner</p> <p>Head of Mental Health Operations</p> <p>Head of Nursing, Quality & Safety</p>	<p>25/03/2022</p> <p>May 31st, 2022</p> <p>April 30th, 2022</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		<p>All patients have an individual safety plan and written details of how to contact services out of hours.</p> <p>An action plan as an outcome of the National Review of Mental Health Crisis and Liaison Services is in progress.</p>	Assistant Director MHL		
<p>The Health Board and local authority must explore why some service users told us that they have faced discrimination when accessing or using the service and ensure that this does not happen in future.</p>	6.2 Peoples rights	<p>Social Care will ensure that equalities training is undertaken by all new team members.</p> <p>Within Social Care team meetings discrimination will be acknowledged in all forms as a particular focus for reflection for all team members.</p> <p>Discrimination will be discussed within the monthly case supervision process.</p>	Social Care Manager Mental Health	Senior Social Work Practitioner	<p>31/03/2022 for training.</p> <p>Team meetings and supervision action will remain ongoing</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		<p>World Social Work Day – as part of submission, social care provided anti-discrimination presentation given to staff</p> <p>PTHB will extend their work with Diverse Cymru and facilitate staff training.</p> <p>Patients raising specific issues when they feel they have been treated less fairly will have the opportunity to discuss their concerns with the manager, or a staff member independent of the service.</p>	Head of Nursing, Quality & Safety	Service Manager Adult MH South	September 30 th , 2022
Delivery of safe and effective care					
The Health Board and Local Authority must ensure that staff complete all the questions on the WARRN assessment documentation.	2.1 Managing risk and promoting health and safety	<p>All staff members will be advised via team meeting that they must complete all questions on the WARRN assessment.</p> <p>WARRN will form part of supervision process.</p>	Social Care Manager Mental Health	Senior Social Work Practitioner	10/03/2022

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		<p>Best practice email sent to all staff as a reminder to complete all questions</p> <p>The full completion of WARRN has been discussed at PTHB Learning & Development Group for dissemination to teams by Service and Team Managers</p>	Head of Nursing, Quality & Safety	Clinical Lead, Quality & Safety	<p>Ongoing</p> <p>22/02/2022</p> <p>Complete</p>
<p>The Health Board and Local Authority must ensure that service user are fully involved in the WARRN assessment process in order to capture their views, expectations and desired outcomes.</p>		<p>Best practice email sent to all staff as a reminder to complete all questions</p> <p>The full completion of WARRN has been discussed at PTHB Learning & Development Group for dissemination to teams by Service and Team Managers.</p> <p>Training for WARRN Trainers is in progress with planned Coaching Days: 7th & 8th April</p>	Head of Nursing, Quality & Safety	Clinical Lead, Quality & Safety	<p>22/02/2022 – completed</p> <p>Complete</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		2022 and Evaluation Days: 25th & 26th April 2022			
<p>The Health Board and Local Authority must ensure that the WCCIS electronic records management system is operating effectively, and that staff have unhindered access to service users' care notes in order to effectively plan and deliver care and support.</p>		<p>Challenges with the WCCIS system have been experienced across Wales. PTHB are stakeholders represented on the WCCIS Programme Board where problems with the system are escalated and resolution sought.</p> <p>It should be noted that since the last major upgrade (beginning of February 2022) the system has become far more stable. Both PCC and PTHB will continue to work with Welsh Government to peruse a pan-Wales effective client information system.</p> <p>Regular feedback and bulletins are provided to staff and regular senior meetings with suppliers held at a corporate and national level.</p>			<p>Ongoing – is being progressed by corporate colleagues however PCC and PTHB feed into the national accountable Board and issues of concern can be addressed at a national level.</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		<p>Escalation to the Minister by Director of Social Services previously undertaken.</p> <p>Internal escalation processes currently in place which staff are aware of and utilise, (within the NHS this is raised through the DATIX system). This information is used to inform senior management team of the practice issue impact on client care.</p> <p>.</p> <p>WCCIS issues are included in the service Risk Register, and this is reviewed monthly at Senior Management Team.</p>	Assistant Director MHLD	Head of MH Operations	Complete and ongoing
The health board and local authority must continue with the development of integrated assessment documentation.	3.1 Safe and Clinically Effective care	Social Care is working hard to ensure at a national level integrated assessment documentation reflects the Social Services and Wellbeing Act. The pandemic has hindered the progress on this work, the team are awaiting	Social Care Manager Mental Health	Social Care Manager Mental Health	Awaiting dates of national meetings to progress

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		<p>recommencement of national meetings.</p> <p>PTHB will work in partnership with the Local Authority regarding the development of integrated documentation, to ensure it is in line with the Care and Treatment Planning process.</p>	Assistant Director MHLD	Head of MH Operations	As directed by national agenda
The Health Board and Local Authority must ensure that blank documents are deleted from the electronic system in order to prevent confusion.		All social care blank documents will be deleted as and when identified.	Social Care Manager Mental Health	Senior Social Work Practitioner	Ongoing data cleanse
		All PTHB blank documentation will be deleted as and when identified.	Head of MH Operations	Team Managers	Complete and ongoing
The Health Board and Local Authority must explore ways to improve/enhance the involvement of psychiatry and psychology staff in the MDT care planning process.		MDT will pilot the 'Co-lead team basics' working approach facilitated by Workforce and Organisational Development This is a programme to address Joint Leadership across the	Workforce & OD (Organisational Development) Lead	Project Development Manager; Head of Psychological Therapies; Head of MH	September 30th, 2022

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		service group and professional disciplines. This will commence in line with the pandemic safe management strategy.		Operations; Head of Nursing, Quality & Safety	
The Health Board and Local Authority must further explore and clarify clinical leadership.		MDT will pilot the 'Co-lead team basics' working approach facilitated by Workforce and Organisational Development This is a programme to address Joint Leadership across the service group and professional disciplines. This will commence in line with the pandemic safe management strategy.	Workforce & OD Lead	Project Development Manager; Head of Psychological Therapies; Head of MH Operations; Head of Nursing, Quality & Safety	September 30th, 2022
The Health Board and Local Authority must continue to monitor psychiatry referrals and how diaries are managed.		Immediate implementation of a revised system to effectively manage clinic booking and medical diaries.	Head of MH Operations	Service Manager Adult MH South	Complete
The Health Board and Local Authority must explore GP engagement in the provision of service to ensure that service		Care Co-ordinators will continue to develop local relationships to ensure service users receive appropriate and proportionate primary care for physical and mental health	Social Care Manager Mental Health	Senior Social Work Practitioner	Ongoing

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
users have good access to holistic care.		<p>needs. We will consistently share appropriate documentation with GPs.</p> <p>Cluster meetings covering all GP practices are in place and attended by mental health Managers; to both contribute to cluster developments and provide periodic service development updates; the Single Point of Access is an example of such an initiative.</p>	Assistant Director MHLD	Assistant Director MHLD/Head of Nursing, Quality & Safety	Complete and ongoing
The Health Board and Local Authority must consider introducing regular health check clinics for service users.		<p>Further development of the Clozapine Clinics to incorporate wider health screening is planned.</p> <p>A new medic will commence on 1/4/22 in a substantive post providing physical health monitoring sessions to the service.</p>	Assistant Director MHLD	Assistant Director MHLD/Head of Nursing, Quality & Safety	Ongoing, to be reviewed July 31st, 2022

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
The Health Board and Local Authority must ensure that a recent photograph of the service user are available on individual files.	Application of the Mental Health Act	<p>PTHB will raise this issue at a national meeting to discuss best practice across Wales regarding ensuring that patients who are supported in the community are treated with dignity, privacy, and potential data protection and information governance.</p> <p>Naturally, the consent and cooperation of Service Users will be sought in relation to this action.</p>	Assistant Director MHLD	Assistant Director MHLD	March 31st, 2022
The Health Board and Local Authority must review the administrative support available to the Mental Health Act Administrator.		A workstream review is in progress focused on the role of Mental Health Act Administrator. Currently, there is support to this role from a Band 5 Administrator and Nurse Consultant.	Assistant Director MHLD	Head of Nursing, Quality & Safety	April 30th, 2022
The Health Board and Local Authority must develop a more		An anticipated outcome of the administrative workstream is to	Assistant Director MHLD	Consultant Nurse	May 31st, 2022

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
systematic approach to monitoring Mental Health Act compliance to ensure better governance and more effective quality improvement.		ensure the appropriate structure is in place to facilitate efficient and effective governance regarding the Mental Health Act compliance.			
The Health Board and Local Authority must ensure that the social circumstance reports reflected the service user's wishes and 'what matters' conversation.		<p>Powys County Council (PCC) will work with the Improvement and Quality Assurance Manager to embed a WCCIS document for social circumstance reports.</p> <p>This will be a joint document used by PTHB and PCC to include service user views.</p>	<p>Social Care Manager Mental Health</p> <p>Service Managers</p>	<p>Senior Social Work Practitioner</p> <p>PCC ICT WCCIC Lead</p> <p>Team Managers</p>	<p>30/09/2022 – this is dependent on corporate capacity to support development of forms within WCCIS</p> <p>In place and ongoing</p>
The Health Board and Local Authority must ensure that the social circumstance report includes narrative around the nature of any ongoing risks and the views of other professionals.		<p>Social Care – see above action.</p> <p>We will replicate the Mental Health Wales Tribunal reports and templates within WCCIS.</p>	<p>Social Care Manager Mental Health</p>	<p>Senior Social Work Practitioner</p> <p>PCC ICT WCCIC Lead</p>	<p>30/09/2022</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		PTHB will await the outcome of PCC, as the lead on social circumstance reporting.	Service Managers	Team Managers	March 31st, 2022
The Health Board and Local Authority must ensure that all relevant staff have access to Mental Health Act training.		Powys County Council provide Mental Health Act Training for staff facilitated by the Cheshire and Wirral Mental Health Partnership. This is a minimum of 18 hours p.a. for AMHPs. Health colleagues can share this training resource based on places available.	Social Care Manager Mental Health	Senior Social Work Practitioner	Training on-going subject to legal and CPD requirements.
		PTHB welcome the inclusion of training dates to be received from social care colleagues.	Head of MH Operations	Team Managers	Ongoing
The Health Board and Local Authority must take steps to ensure adequate Section 12 Approved Doctors cover.		The Health Board operates a Section 12 list and is seeking to recruit additional Section 12 Doctors to this list.	Clinical Director MHL D	Assistant Director MHL D	30th September 2022
The Health Board and Local Authority must ensure the		The Health Board operates a 16 bedded Adult Acute Admission ward, of which 2 Beds are protected for Crisis	Clinical Director MHL D	Assistant Director MHL D	Complete and in place

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
availability of local in-patient beds for emergency admissions.		Admissions. Other beds (e.g., specialist beds) are commissioned as required.			
The Health Board and Local Authority must ensure the availability of transport for timely and secure transfer of service users to hospitals.		<p>Conveyance operational challenges are immediately reviewed and reported through weekly Monday morning on call meeting. (Social Care are invited to this meeting). Specialist transport is booked where required. It should be noted that there are no Secure Transport Providers based within Mid Wales. On most occasions, secure transport arrives within 2.5 hours of booking.</p> <p>PTHB are participating in a pilot service with St John Ambulance to provide transport for patients who are unlikely to present with challenging behaviour.</p>	Assistant Director MHLD	Head of MH Operations	Complete and in place

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
<p>The Health Board and Local Authority must continue to ensure that the person centred and empowering approach to the provision of care and support is fully embedded across the service and that care documentation is amended to better capture and reflect service users' views on how they wish to be cared for.</p>	<p>Social Services and Well-being Act</p>	<p>Social Care are promoting strengths-based training which is mandatory for all workers. All current staff members in Brecon Social Services have completed the training.</p> <p>Care documentation will be reviewed.</p> <p>PTHB is committed to achieving person-centred outcomes for all patients/service users in partnership with Social Care, attending and facilitating regular joint meetings.</p> <p>The Mental Health Outcome Measures Framework, supported by Improvement Cymru will offer person centred feedback opportunities for those using services.</p>	<p>Social Care Manager Mental Health</p>	<p>Senior Social Work Practitioner PCC ICT WCCIC Lead</p>	<p>As and when training is available for new staff</p> <p>31/03/2023</p> <p>In place and ongoing</p> <p>Implementation commences April 1st, 2022</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
Quality of management and leadership					
The Health Board and Local Authority must further explore the concept of joint working and develop strategies to improve joint working at all levels within the service.	Health and Care Standards - Governance, Leadership and Accountability; Social Services and Well-being (Wales) Act - Part 8	<p>To promote joint working, we will continue to hold monthly meetings attended by both Health and Social Care.</p> <p>PTHB is committed to working effectively in partnership with all stakeholders. Our approach is exemplified within the Powys Mental Health Development Partnership.</p>	<p>Director of Social Services</p> <p>Assistant Director MHLD</p>	<p>Head of Adult Services and PCC Senior Management Team</p> <p>Head of Operational Services</p>	<p>Monthly</p> <p>In place and ongoing</p>
The Health Board and Local Authority must develop and support joint approaches to working practices to ensure equality for all staff.		<p>The Local Authority and Health Board work to different policies. However, we will work towards the delivery of a seamless approach to care delivery to promote holistic service provision.</p> <p>The Senior Practitioner (PCC) will continue to work with the PTHB Team Leader at a</p>	Social Care Manager Mental Health	Senior Social Work Practitioner	31/03/2023

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		<p>practice-based level to ensure the delivery of holistic care provision meet the psycho-social needs of people who use services.</p> <p>Social Care will continue to follow Welsh Government advice on work location (during C19); the Service will undertake face to face visits and complete statutory work on a risk-based model.</p> <p>PTHB continue to fully support the in-practice operation of the CMHT and welcomes any support from Social Care, when Welsh Government guidance to Social Care recognises issues of equity regarding expectations of health staff working in community settings.</p>	Assistant Director MHLD	Head of Operational Services	As soon as possible
The Health Board and Local Authority must review the		PTHB will undertake a whole service review of the administrative functions within the next twelve months.	Head of Operational Services	Project Development Service Manager	March 31st, 2023

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
availability of administration staff to support clinical staff.					
The Health Board and Local Authority must ensure that all staff complete mandatory training.		<p>Social Care staff have a rolling mandatory training programme and are currently compliant. This is monitored by the Senior Management Team.</p> <p>PTHB continue to monitor Staff compliance in statutory and mandatory training. This is monitored through the Service Management team, and at both Executive Director and Board level committees.</p> <p>.</p>	Assistant Director MHLD	Head of Operational Services/ Head of Nursing, Quality & Safety	<p>Complete/ongoing</p> <p>Complete and Ongoing</p>
The Health board and Local Authority must evaluate the service user comments in the various sections of this report, and responses to the questionnaire, and consider whether further improvements can be made to the provision of services.		<p>Social Care always have regard to the expressed views and opinions of users of the service. We reflect on concerns to identify learning and whilst also taking time to celebrate compliments. This is an ongoing process but linked to our pre-existing skill base in</p>	Social Care Manager Mental Health	Senior Social Work Practitioner	To be discussed in team meetings 30/06/2022 and ongoing for audits

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		<p>terms of having “what matters” conversations. This translates into individualised service user support and planning. Regular audits are “on hold” due to business continuity but as part of the process we do contact service users for direct feedback.</p> <p>The Health Board has a participation framework, which includes a strategy for engaging people using services from specific care to planning and design of services, recruitment through the <i>Your Voice Project</i>. Patients/service users are encouraged and supported to be involved in opportunities throughout the service area.</p>	Assistant Director MHLD	Head of Operational Services/ Head of Nursing, Quality & Safety	Complete and ongoing
The Health Board and Local Authority must review the staff comments in the various sections		Social Care have received positive feedback from staff in relation to the team management. We promote an	Social Care Manager Mental Health	Senior Social Work Practitioner	Complete

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
of this report, and responses to the online survey, and consider whether further improvements can be made to the way that staff are supported.		<p>open and inclusive culture where we transparently discuss problems or difficulties.</p> <p>Our Service culture is one of learning and development. We have processes in place to offer staff safe space to raise concerns and feel supported. Peer support programme has supported staff to have other options to share their views.</p>	Assistant Director MHLD	Senior Management Team	Complete

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): Joy Garfitt

Job role: Assistant Director Mental Health Learning Disabilities

Date: February 25th, 2022