

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

Welshpool CMHT, Bryntirion Mental Health Resource Centre, Victoria Memorial Hospital, Powys Teaching Health Board

Inspection date: 14 and 15 February 2023

Publication date: 9 June 2023



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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

In writing:

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

Or via

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

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did	5
2. Summary of inspection.....	6
3. What we found	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	13
• Quality of Management and Leadership	18
4. Next steps.....	20
Appendix A - Summary of concerns resolved during the inspection	21
Appendix B - Immediate improvement plan.....	22
Appendix C - Improvement plan	23

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW) completed a joint, announced community mental health inspection (CMHT) of Welshpool Community Mental Health Team based at Bryntirion Mental Health Resource Centre, Victoria Memorial Hospital, Welshpool on 14 and 15 February 2023. The service is delivered by Powys Teaching Health Board (PTHB) and Powys County Council (PCC).

Our team for the inspection comprised of two HIW Healthcare Inspectors, CIW local authority Inspector, two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and a patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Service users were provided with a person centred and dignified experience. The feedback we received from service users and their relatives / carers about the care they receive was generally positive.

This is what we recommend the service can improve:

- Avoid double booking of consulting room resulting so patients are not turned away
- Confidentiality in reception.

This is what the service did well:

- Service users' wishes and views reflected in Care and Treatment Plans (CTP)
- Focus on achieving positive outcomes for service users
- Availability of advocacy services
- Links with third sector service providers.

Delivery of Safe and Effective Care

Overall summary:

We found that the CMHT provided service users with safe care, treatment and support. Assessments, care plans and reviews were completed in a comprehensive manner, in line with the Mental Health (Wales) Measure and Social Services and Wellbeing Act.

This is what we recommend the service can improve:

- Review the duty arrangements in order to ensure that staff are able to fully meet the demands of their substantive roles
- Eliminate breaches of the 28 day target for reassessment under Part 3 of the Mental Health (Wales) Measure 2010
- Continue with their efforts to secure additional Section 12 doctors
- Review the use of clinic room which is not fit for purpose
- Develop integrated assessment and recording processes
- Ensure the availability of transport for timely and secure transfer of service users to hospitals
- Ensure that the Welsh Community Care Information System (WCCIS) is operating effectively and that staff have unhindered access to service users' care notes in order to effectively plan and deliver care and support

- Review the provision of Attention Deficit Hyperactivity Disorder (ADHD) services and ensure that service users are assessed in a timely fashion and appropriately supported
- Some aspects of Mental Health Act (MHA) monitoring and documentation and no cover for MHA administrator when off on leave etc.

This is what the service did well:

- Good joint working at local level
- Referrals to other agencies and third sector providers with focus on social integration
- Emphasis on prevention and early intervention
- Staff training
- Psychology and Psychiatry involvement in multidisciplinary meetings
- Physical health practitioner in post
- Medication management
- Risk assessments.

Quality of Management and Leadership

Overall summary:

We found the service to be well led, with care and treatments delivered by professional and committed staff team. There was evidence of cohesive team working and staff, in general, told us that they were happy in their roles.

This is what we recommend the service can improve:

- Consider ways to further integrate the service and eliminate disparity higher up the management structure
- Continue with efforts to recruit into vacant posts.

This is what the service did well:

- Staff support and supervision
- Visibility and accessibility of local management team
- Learning from incidents
- Auditing and reporting.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

During the course of the inspection, and in addition to face to face and telephone discussions, HIW issued a questionnaire to obtain service users' views on the care and support provided by the Community Mental Health Team (CMHT) at Bryntirion. We received 46 responses to the questionnaire. Not all respondents answered all the questions.

Responses were generally positive across most areas, with most service users rating the service as very good or good (39/44). Comments included the following:

“All of the team have been very respectful when visiting my home - little things like taking their shoes off unprompted and asking where it would be best for them to sit. These small things are really important to me and I would see as being very good practice.”

“My support worker has been like an angel that has saved me from the darkest place I've been, I'm incredibly lucky to be supported through the difficult times I'm facing.”

“My CPN is really helpful, kind, caring and reacts quickly to any issues I have. Not every CPN is like that.”

“I have had issues from the past. I addressed this issue, and it was dealt with positively. I find I am listened to; in the past six months I have been very happy with the service I have received.”

Additional service user responses are included under the relevant sections within this report.

Care, engagement and advocacy

All service users who took part in the inspection provided positive comments relating to their care and engagement with the service through their allocated care co-ordinator.

Most of the service users who contributed to the inspection told us that they knew how to contact their care co-ordinator or the service when needed and that they feel listened to and are given enough time to discuss their care and other needs.

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). **However, the health board and**

local authority must ensure that care documentation clearly reflects when advocacy is offered, refused or accepted.

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. These include Kaleidoscope, Ponthafren, Wild Spaces Social Prescribing, Montgomeryshire Family Crisis Service, Rekindle and PAVO to provide a holistic approach to the delivery of care and treatment. The team also had a close working relationship with Dyfed Powys Police engaging in forums which supported a wide range of statutory responsibilities.

The team also worked closely with the hospital in-patient services, the Crisis Resolution Home Treatment Team (CRHTT), Eating Disorder Team, Perinatal Team, Integrated Autism and the Complex Trauma Services.

Access to service

The offices is located on the Victoria Memorial Hospital site, close to the centre of Welshpool, and is accessible to patients by public transport.

There was ample parking close to the team office base with designated disabled parking spaces.

Access within the building was good with all facilities located on ground floor level.

The whole of the accommodation was in a good state of repair both externally and internally. The furniture and fixtures throughout the building were also in a good state of repair.

The waiting room provided a quiet and comfortable space and was overseen by administrative staff. There was a range of patient information displayed in this area, including health promotion materials and information about the service.

We found some issues with confidentiality in the reception area with a risk of conversations between staff and service users being overheard by people sitting in the waiting room. **The health board and local authority must take steps to improve confidentiality in the reception area.**

We were told that, on some occasions, service users were being turned away as the consulting rooms had been double booked. This not only causes service users an inconvenience, but it can also add to their anxiety and distress. **The health board and local authority must review the consulting room booking process to ensure that rooms are not double booked.**

Around two thirds of service users who completed a questionnaire told us that they were seen by the CMHT within two weeks of referral with most respondents telling us that it was easy to access support when they needed it. Comments included the following:

“My preferences about how and where appointments are made and maintained are frequently considered.”

Two thirds of service users who completed a questionnaire told us that they knew how to contact the CMHT out of hours with half of those who contacted the service over the past 12 months telling us that they got the help they needed.

Most respondents told us that they knew who to contact in a crisis with most of those who had cause to do so over the past twelve months telling us that they received the support they needed.

However, some respondents were critical of access to and quality of services. Comments included the following:

“... we need a crisis service that is 24 hrs a day.”

“Could do with more info on how and who to contact when needed.”

“It’s difficult to speak to someone when I ring the office. Answer phone. When I eventually speak to someone, the person I need is not available.”

“I may not see anyone for days. Get depressed terrible sometimes. CPNs are poor. I don’t see any one when I need a chat or visit.”

We were alerted to issues around services provided to people diagnosed with ADHD. **The health board and local authority must review the provision of ADHD services and ensure that service users are assessed in a timely fashion and appropriately supported.**

There was a daily duty system in place which covered both adult and older people referrals. The rota was supported by staff from the Adult and Older Adult Health Teams. This provided a point of contact for all individuals open to the team and referring agencies.

Specified time was set aside for routine, initial assessments, with any urgent referrals escalated for face-to-face assessment. At the time of the inspection, local authority staff did not participate in this process due to the requirement to prioritise their statutory responsibilities. However, the practising non-Approved Mental Health Professionals (AMHP) was expected to participate within the office duty rota to replicate what was in place in other CMHT local area offices

across Powys. All referrals identified as requiring an urgent response will be supported through close working arrangements with the CRHTT.

Referrals are usually made through the Single Point of Access (SPA). All referrals were considered at the weekly meeting, involving a range of professional staff from both health and local authority. This meeting was jointly chaired by health and social care team leads to promote an integrated response to assessed need. We observed a referral meeting during the course of the inspection and found the information sharing process to be effective. **However, we recommend that the screening process be reviewed so that not all referrals are passed to the CMHT for action when some service users, where deemed appropriate, could be referred directly by Single Point of Access (SPA) to other agencies such as third sector providers.**

We also found that there was some duplication in the process when service users present in crisis, with the Crisis Resolution Home Treatment Team (CRHTT) requiring an assessment by a Social Worker or Community Psychiatric Nurse before becoming involved. Not only does this slow down the process but it can also be very frustrating and stressful for the service user having to endure multiple assessments when already in a state of crisis. **We recommend that the health board and local authority review the CRHTT referral process.**

We also recommend that the working hours for the CRHTT be reviewed, (currently 9.00am to 9.00pm) and aligned with the Emergency Duty Team working hours.

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

The AMHPs were expected to participate in a daily duty rota. The number of duty slots was linked to the hours per week that an individual AMHP works. At the time of the inspection, a full time AMHP could expect to participate on the North rota between four and six times per month, covering a geographical area from the Welsh border with Shropshire down as far as Machynlleth. AMHPs were also expected to cover the whole of Powys and out of county should a service user be located at the Royal Shrewsbury Hospital or in an emergency out of county placement. The AMHPs were also expected to carry a full care coordination caseload alongside their rota responsibilities.

The AMHP role within Powys was, understandably difficult due to breadth of role, geography, unavailability of Section 12 doctors, lack of patient transport and bed availability. Consequently, AMHPs did not take part in the general, daily duty system. As a result, the duty desk was managed solely by the health board staff. This, combined with general clinical pressures, resulted in breaches of the 28-day target for reassessment under Part 3 of the Mental Health (Wales) Measure 2010.

We were also informed that, as of the 4 January 2023, there were five service users awaiting care co-ordination under Part 2 of the Measure.

The health board and local authority must review the duty arrangements in order to ensure that staff are able to fully meet the demands of their substantive roles.

The health board and local authority must take steps to ensure that they are meeting their obligations under the Mental Health (Wales) Measure 2010, in order to ensure that service users are reassessed in a timely way.

The health board must continue with their efforts to secure additional Section 12 doctors.

The health board must ensure the availability of transport for timely and secure transfer of service users to hospitals.

Staff and managers told us that there was comparatively little delay in accessing psychiatry and psychology services.

There was some reliance on agency staff. However, we were told that a number of the agency staff currently used have worked with Welshpool 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).

Delivery of Safe and Effective Care

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 confirmed that service user risk assessments were completed and follow a multidisciplinary team approach towards their production and review. It was positive to note that complex risks were escalated through professional forums for health and local authority staff, with multi-agency input.

There was a lone working policy in place and staff told us that they were aware of its contents. We confirmed that home visits are not undertaken until risk assessments are completed and all initial visits are undertaken by two staff members.

We found a small number of incident reports submitted by the service. We reviewed these and found that they had been reviewed and closed within an appropriate timeframe. Where learning has been identified, we noted that this is fed back to staff through staff meetings and through MDT meetings.

We found that the clinic/treatment room was not fit for purpose and presented a safety risk to staff. The room was 'L' shaped with only one entrance/exit. There was no lock fitted to the door to maintain service users' privacy and dignity. The room was small which made it difficult for staff to safely, and comfortably, attend to service users and for service users to be accompanied by a relative if requested. There was no panic alarm installed. **The health board must review the use of the clinic room and conduct further risk assessments to ensure the safety of staff and the privacy and dignity of service users.**

Medicines Management

We found medication management processes to be safe and robust.

We reviewed a sample of medication charts. Staff described clear and comprehensive processes for the prescribing, administration and recording of medication, in line with health board policy.

There was an appropriate medicines management system in place and staff were aware of the procedures to follow in respect of ordering medication. Staff also described a positive working relationship with the pharmacy team.

We noted that patient medication was reviewed annually or as required to ensure their continued appropriateness. All but one patient told us that they had received all the information they would like regarding any side effects associated with their medication and we noted that staff access to medication leaflets was readily available.

No controlled drugs were held on the CMHT premises.

Assessment, care planning and review

We reviewed the care files of three service users who were subject of Community Treatment Orders (CTO) and four service users who were supported by means of Care and Treatment Plans (CTP). Overall, we found positive evidence of a person centred and multidisciplinary approach towards care and treatment planning.

Assessments, care plans and reviews were completed in a comprehensive manner, in line with the Mental Health (Wales) Measure and Social Services and Wellbeing Act. The records reviewed demonstrated an ownership by service users of their care and treatment and we observed service users being supported to take forward looking and balanced positive risks. Family / carers were encouraged to have an active role where desired and were appropriately supported by CMHT staff. However, we found that the assessment and recording processes were not fully integrated. **The health board and local authority should review the assessment and recording process to further integrate the service.**

The majority of service users told us that they felt very involved in the development of their care and treatment plan and that they were involved in discussions and decisions made about their on-going care and support. Comments included:

“... finding out about my interests and things that could be encouraged to get me involved, inspired and engaged in positive activity was a golden thread through the support I was given; always solution focussed and positive.”

“Sometimes I feel like I’m just being listened to but not listened to in any meaningful understanding way.”

Most of the service users who completed a questionnaire told us that they were given sufficient information about managing their illness, medication, support available and contact numbers. However, one service user was not entirely happy with the information provided. Their comments included:

“No support as to how people should help me, no real guidance and just left waiting for appointments with no real outcome to how to deal with emotions etc especially in times of crisis.”

There was evidence that physical health needs were assessed and reviewed on a regular basis. There were processes in place for the recording, monitoring, and flagging of clinical concerns.

Overall, we found care records systems and documentation was accessible and easy to navigate in the sample we reviewed. However, some staff expressed that not all teams can always access relevant forms and care documentation in a seamless and timely manner and that problems persist with the WCCIS system. This issue has been highlighted during inspections of other CMHTs in Powys and it is concerning that the matter remains unresolved.

The health board / 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 to effectively plan and deliver care and support.

Patient discharge arrangements

We found evidence of overall good discharge planning arrangements. In the sample of records we reviewed, service users had overall been appropriately supported by the relevant care co-ordinator and wider multidisciplinary team to enable a well-rounded and effective discharge.

The service maintained good relationships with other health board services, third sector partners and other local authority services. This included supporting and providing early intervention and relapse prevention services to help prevent deterioration or inpatient admission.

The majority of service users who responded to specific questions within the questionnaire told us that their accommodation, employment, educational and social needs had been met by the service.

We confirmed that service users had been provided with information and advice on how to refer themselves back to the service if necessary.

Safeguarding

There were clear procedures in places for staff to follow in the event of a safeguarding concern.

We confirmed that appropriate training had been provided to staff and completion compliance was good.

The team worked closely with Child and Family Services, Domestic Violence Services, Probation Services and works across agencies to co-ordinate multi-agency responses to concerns raised, within established safeguarding processes.

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

Staff we spoke with were aware of their responsibilities regarding safeguarding matters and were able to describe the process. Staff told us that they felt comfortable raising any issues, including at weekly multidisciplinary team meetings, which we observed during the inspection.

In the sample of records that we reviewed, we found that safeguarding risks had been identified, acted upon, and were appropriately recorded. We noted that care documentation and associated risk assessments were completed in a comprehensive manner.

Compliance with specific standards and regulations

Mental Health Act Monitoring

We reviewed the records of three service users who were subject to a Community Treatment Orders (CTO). We found the records to be generally well maintained. However, we found that the correct Consent to Treatment (CTT) certificates were not always used and that completed certificates were not always kept with patients' medication administration charts. We also found that changes in medication were not always reflected in the CTT certificates and that capacity assessments were not always undertaken as part of the CTT process.

To ensure compliance with the Mental Health Act, the health board must ensure the following:

- **That the appropriate Consent to Treatment (CTT) certificates are used and that copies of the certificates are kept with medication administration charts**
- **That capacity assessments are undertaken as part of the CTT process**
- **That changes in medication are reflected in CTT certificates**
- **That patients' rights are regularly reviewed.**

The Mental Health Act Administrator was not available during the inspection. However, discussions with other staff members demonstrated that they had good knowledge in relation to the application of and compliance with the Mental Health Act and associated Code of Practice.

Monitoring the Mental Health (Wales) Measure 2010: Care Planning and Provision

There was evidence of effective joint working within the health board team and collaboration across the wider multidisciplinary team to support the delivery of care in line with the Mental Health Measure.

Service user records that we reviewed reflected the domains of the Mental Health Measure in an overall comprehensive manner. This included service users emotional, psychological, and physical health needs. There was a strong focus on ensuring that service users took ownership of their care, with the involvement of relatives where desired.

However, as previously mentioned, we highlighted some breaches of the 28-day target for reassessment under the Mental Health (Wales) Measure 2010, which the health board and local authority must address.

Compliance with Social Services and Wellbeing Act

There was evidence of effective joint working within the local authority team and collaboration across the wider multidisciplinary teams to support the delivery of safe and effective care.

Service user records that we reviewed reflected the domains of the Social Services and Wellbeing Act in an overall comprehensive manner. There was clear evidence that the service user voice was central to assessment, care planning and on-going review.

Overall, patients who indicated that they were in receipt of social services input were happy with the care and social provisions arranged by their care co-ordinator, and of the provisions available from local authority services when accessed.

Quality of Management and Leadership

Leadership, management and governance arrangements

We found the service to be well led and with care and treatments delivered by a professional and committed staff team. We observed cohesive team working and staff expressed generally positive views in relation to the working environment.

The health and social care staff in Welshpool CMHT were co-located rather than fully integrated. Consequently, there were separate line management arrangements in place for staff employed by the health board and local authority.

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. **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.**

The numbers of AMHPs employed was good, with ongoing training and development offered. Social Workers were encouraged and supported to undertake their AMHP training and student Social Work placements were also facilitated.

In addition to holding face to face discussions with staff, we distributed online questionnaire to obtain their views and feedback. We received eight responses in total. Staff told us:

“The team at Bryntirion are extremely supportive and it is a great place to work. My colleagues, the team lead and service manager are supportive and present, I feel appreciated by my team.”

“My colleagues are caring and compassionate and responsive to service users’ needs, I would be happy for anyone of them to support a friend or family member in service.”

“I believe my manager and colleagues are exemplary but we are struggling as we are not at full capacity of staff and can only do so much. I feel we work very well together and use each other for peer feedback.”

“Lack of staffing across the board which results in high workload and shorter time frames to see service users, the current staff go above and beyond to ensure they do the best they can. Many staff work over their allocated hours on a weekly basis.”

“Better working relationships between the local authority and health. I would like to see more of my senior managers.”

“I think the team works hard to provide an excellent service for our patients. Staff shortages and sickness have been problematic on occasions, but we all pull together as a team. We value each other.”

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. However, we found that not all staff had received regular one-to-one meetings with their line managers, and this is an area that requires improvement. **The health board and local authority must ensure that all staff receive regular, documented one-to-one support and supervision meetings with their line manager.**

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.

We found a low number of vacancies at the time of the inspection.

We noted that there were generally good opportunities for learning and development.

Whilst the feedback provided was largely positive, **the health board and local authority is encouraged to reflect on the feedback provided by staff.**

4. Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

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 on this inspection			

Appendix B - Immediate improvement plan

Service: Welshpool CMHT

Date of inspection: 14 and 15 February 2023

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate improvements were identified				

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):

Appendix C - Improvement plan

Service: Welshpool CMHT

Date of inspection: 14 and 15 February 2023

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/ Regulation	Service action	Responsible officer	Timescale
The health board and local authority must ensure that care documentation clearly reflects when advocacy is offered, refused or accepted.	Standard 6.2 Peoples rights	PCC - PCC assessment forms are being amended to highlight issues of advocacy. This will clearly show if advocacy has been accepted or declined by the citizen. The assessment form is unable to be closed unless this completed.	Julia Isaac - Quality Assurance and Improvement Manager Judith Rheade- Team Manager	Completion due end of May 2023
		PTHB - Issue of Advocacy recording not being available has been raised at Local and National WCCIS management meetings. New National Assessment form needs to be	Head of Operations	End of June 2023

		examined to ascertain whether this has been rectified. Interim local solution, proforma detailing active offer will be implemented and completed forms scanned on to patient record.		
The health board and local authority must take steps to improve confidentiality in the reception area.	Standard 4.1 Dignified Care	PCC - PCC staff have been reminded not to hold confidential conversations in Reception to preserve confidentiality. PTHB - Issue has been reported to Estates and has been added to Risk Register. Arrangement has been made for Estates walk around to consider necessary action.	Judith Rheade- Team Manager North Service lead Adult CMHT Administrative Lead	27 April 2023 Completed End of June 2023
The health board and local authority must review the consulting room booking process to ensure that rooms are not double booked.		PCC - Social Care will advise PCC staff there are private rooms available at Ty Maldwyn for booking to ease congestion if it is considered that is suitable option for seeing citizens; this	Judith Rheade - Team Manager	Completed 27.4.23.

		<p>option can be considered for PTHB staff.</p> <p>PTHB - Electronic booking system in place for all consulting rooms, access via administrative staff monitored by Team Leads.</p>	North Service Lead Adult	Completed
<p>The health board and local authority must review the provision of ADHD services and ensure that service users are assessed in a timely fashion and appropriately supported.</p>	<p>Standard 5.1 Timely access</p>	<p>PTHB - New ADHD Service has become operational and has been implemented and integrated into existing Integrated Autism Service. Team has been renamed as Neurodiversity Team. Ongoing work to engage and inform Service Users in development of the initiative via Partnership Team and Engage 2 Change.</p>	Head of Nursing	Completed
<p>The health board and local authority should review the screening process so that not all referrals are passed to the CMHT for action when some service users, where deemed appropriate, could be referred directly by SPA to other agencies such as third sector providers.</p>		<p>PTHB - Implementation of 111#2 service has enhanced and improved the screening and triage process into Mental Health Services. Care Pathways have been developed and reviewed to ensure that referral pathways</p>	North Service Lead Adult	Completed

		are consistent and ensure that service user pathway is responsive to individual need.		
The health board and local authority should review the CRHTT referral process.		PTHB - Recently developed Operational Policy has been reviewed alongside implementation of 111#2 Service. This has clarified and simplified care pathways. Operational Policy and 111#2 pathways have been communicated to staff groups and opportunities for feedback have been provided.	North Service Lead Adult	Completed
We also recommend that the working hours for the CRHTT be reviewed, (currently 9.00am to 9.00pm) and aligned with the Emergency Duty Team working hours.		PTHB - 111#2 Service will be implemented from 10 th May, 2023, initially from 9am-9pm with plan to move to 24 hour service within 1 month. This Team will liaise with EDT and provide enhanced care pathways out of hours. Data obtained from analysis of 111#2 Service will inform review of demand for	Assistant Director for Mental Health	September 2023

		<p>CRHTT services outside of current working hours.</p> <p>PTHB - Out of hours there are assessment nurses on duty that provide assessment and support.</p>		
<p>The health board and local authority must review the duty arrangements in order to ensure that staff are able to fully meet the demands of their substantive roles.</p>		<p>PCC - Health Board are aware non AMHP social workers are going forward in 2024 to complete their training (4 Pan Powys). This will further reduce the local authority's ability to support Duty Systems as the Local Authority focuses its specialist AMHP provision in meeting PCC statutory responsibilities within increasing levels of formal MHAA.</p> <p>PTHB - Impact assessment of current demands of Duty system has been completed and escalated through relevant organisational channels by the Health Board. Recommendation for additional resources to support current provision has</p>	<p>North Service Lead Adult</p>	<p>Completed</p>

		been submitted. Interim provision of super nummary Agency Worker has been implemented by the Health Board.		
The health board and local authority must take steps to ensure that they are meeting their obligations under the Mental Health (Wales) Measure 2010, in order to ensure that service users are reassessed in a timely way.	Application of the Mental Health Act	<p>PCC - Social Care regularly reviews its statutory commitments under the Welsh Measure, Social Services and Wellbeing Act and Mental Health Act and other legislation. There is no waiting time for statutory AMHP assessments. Health Board manage referral processes related to the Welsh Measure</p> <p>PCC - Team Manager and Lead AMHP has oversight of statutory responses to MHAA requests and social services and wellbeing act assessments of need, collating statistics and planning to meet future demand where any issues might be presenting to ensure timely responses.</p>	Judith Rheade- Team Manager/AMHP Lead	Monthly reviews take place and information fed back to Rachel Williams, Senior Manager on an ongoing basis.

		<p>PTHB - Process for monitoring referrals which are exceeding the response times of the Measure has been strengthened and a process implemented to ensure appropriate Risk Assessment and access to services is in place. Interim provision of super nummary Agency Worker has been implemented by the Health Board. Waiting list initiative has resolved previous breaches of 28-day requirements. Monthly report of any referrals breaching 28-day requirements are submitted via Datix.</p>	North Service Lead Adult	Completed
<p>The health board must continue with their efforts to secure additional Section 12 doctors.</p>		<p>PTHB - The national issues of difficulties accessing Section 12 doctors are slowly improving in Powys. In the last year 2 substantive Section 12 Doctors have been appointed to the health Board two more substantive candidates who are Section 12 approved are due to</p>	Clinical Director	June 2023

		be interviewed by the end of June.		
The health board must ensure the availability of transport for timely and secure transfer of service users to hospitals.		PTHB - Patient transport has been identified as an area for improvement and a working group is in operation to scope options and identify options. A Mental Health Conveyance Group (reporting to S: 136 committee and Partnership Board) will be convened in the next 3 months to review risks and transport options. The directorate is also represented on the NEPTS Transfer Programme Board.	Head of Operations	Ongoing
The health board and local authority should review the assessment and recording process to further integrate the service.	Standard 3.1 Safe and Clinically Effective care	<p>PCC - Social Care operate from a referral at person level using Powys:</p> <ul style="list-style-type: none"> • CTP • PCC Assessment document <p>PCC - The Health Board use the National Forms. It is noted in an inspection in 2019 at Newtown,</p>	Judith Rheade- Team Manager/AMHP lead	The potential joint training element to Be Confirmed with Health Board Colleagues and resolved by August 2023 to promote shared understanding of each organisational WCCIS process to

Inspectors noted the National Papers were not citizen focussed and required a significant amendment to make them person centred. There has been a delay in amendment of papers at a national level due to the pandemic. Hence the Powys CC decision to use PCC papers that are reflective of the Social Services and Wellbeing Act and support strengths-based practice. The WARRN risk assessment is replicated across both organisations and used in line with National Guidelines following a reg 28 against the LA and Health Board. The Health Board record on the Community Clinic referral. There are training issues when staff join either organisation due to this. Each organisation is required to have accessible data to meet KPIs and organisational needs. However, the issues could be easily resolved by a joint approach to training on WCCIS

enable full access to all data and records.

		<p>when staff join either PCC or the PTHB.</p> <p>PCC - Due to WCCIS issues PCC is considering if WCCIS is the best recording medium moving forward. These issues remain under discussion.</p> <p>PCC / PTHB - This will be considered in a meeting between senior health and social care management.</p>		
The health board and local authority must review the use of the clinic room and conduct further risk assessments to ensure the safety of staff and the privacy and dignity of service users.	Standard 2.1 Managing risk and promoting health and safety	<p>PCC - PCC staff do not use the clinic room. This is noted in the factual accuracy report.</p> <p>PTHB - Issue has been reported to Estates and has been added to Risk Register. Arrangement has been made for Estates walk around to consider necessary action.</p>	North Service Lead Adult	End of June 2023
The health board / local authority must ensure that the WCCIS electronic records management		PCC - This is an external electronic system. We are monitoring performance and the	Nina Davies Interim Director	Decision to Be Confirmed pending

<p>system is operating effectively, and that staff have unhindered access to service users' care notes to effectively plan and deliver care and support.</p>		<p>senior management team are aware of the issues. Issues are reported and logged. An options appraisal is due to be presented in quarter One on the future management of data systems within PCC.</p> <p>PTHB - Heath Board continues to actively engage on a local and National level to support and improve WCCIS electronic management system. Health Board is implementing Digital Transformation and improving IT infrastructure. Health Board is taking part in National pilot project to develop Mental Health Data set for WCCIS which aims to ensure that functionality supports accurate data reporting, management and functionality of the system.</p>	<p>Jen Jeffreys Interim HOS</p> <p>Rachel Williams Senior manager</p> <p>Assistant Director</p>	<p>outcomes of Options Appraisal</p> <p>June2023</p> <p>November 2023</p>
<p>The health board and local authority must further explore the concept of joint working and develop strategies to improve joint</p>	<p>Health and Care Standards - Governance,</p>	<p>PCC / PTHB - To promote joint working we will continue to hold professional meetings with members of the health board to</p>	<p>Nina Davies Interim Director</p> <p>Jen Jeffreys Interim HOS</p>	<p>These meetings are in place and ongoing.</p>

<p>working at all levels within the service.</p>	<p>Leadership and Accountability</p>	<p>support a joined up approach to management and where appropriate develop joint strategies</p>	<p>Rachel Williams Senior Manager Judith Rheade Team Manager Assistant Director PTHB</p>	
<p>The health board and local authority must ensure that all staff receive regular, documented one-to-one support and supervision meetings with their line manager.</p>		<p>PCC - Local Authority monitors Supervisions on a monthly basis as a Key performance Indicator. The Team Manager will actively follow up reports of noncompliance to explore the rationales and reasons to aid resolution. PCC Line Mangers provide regular formal and informal support on a daily basis.</p> <p>PTHB - Supervision policy has been reviewed locally, discussed with staff and monthly clinical and Line Management</p>	<p>Judith Rheade - Team Manager/Lead AMHP</p> <p>North Service Lead Adult</p>	<p>PCC ongoing regular monthly reporting and monitoring of compliance.</p> <p>Completed</p>

		supervision is in place for all Health Board staff.		
The health board and local authority is encouraged to reflect on the feedback provided by staff.		<p>PCC - The Local Authority Team meet every 6 weeks with all staff. All staff contribute to the agenda and raise any issues. The Team Manager is available to all staff and there is support at the front-line interface with the Senior Practitioners, Team Manager and Senior Manager. The Local Authority also collects and collates Exit Interview feedback from staff and regularly considers that constructive feedback as a method of continuing to develop Powys County Council processes. We are responsive to that feedback and accept constructive criticism and differing perspectives.</p> <p>PTHB - Process for actively seeking staff feedback via "Staff</p>	<p>Joanne Davies- Human Resources (Exit Interview Feedback)</p> <p>Rachel Williams- Senior Manager</p> <p>Judith Rheade- Team Manager/Lead AMHP</p> <p>Head of Nursing</p>	On going process in place to monitor and respond positively to staff feedback with Human Resources Colleagues

		Suggestions” will be implemented. All suggestions will be discussed and, if appropriate, implemented following discussion at monthly Business Meetings.		Ongoing
--	--	---	--	---------

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: Paul Hanna

Job role: Head of Nursing, Quality & Safety - Mental Health

Date: 10/05/2023