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

Newtown 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 Newtown Community Mental Health Team within Powys Teaching Health Board and Powys County Council on 04 and 05 February 2020.

Our team, for the inspection comprised of two HIW inspectors, two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one Care Inspectorate Wales (CIW) inspector. The inspection was led by a HIW inspection manager.

During this inspection, we reviewed documentation for patients detained under the Mental Health Act 1983 in order to assess compliance with the Act.

HIW and CIW explored how the service met the Health and Care Standards (2015) and the Social Services and Well-being (Wales) Act 2014. HIW also consider how services comply with the Mental Health Act 1983, Mental Health Measure (2010), Mental Capacity Act (2005).

Further details about how we conduct CMHT inspections can be found in Section 5.

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. 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.

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

We found that a multidisciplinary, 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 requires amending 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:

- Integrated service

- Well maintained environment

- Access to service and allocation of caseload

- Availability of advocacy

- Carer involvement

- Staffing complement and diversity of roles

- Medication management

- Access to psychology services

- Approved Mental Health Professionals service provision

- Visibility and accessibility of service managers

- Staff support and supervision.

This is what we recommend the service could improve:

- IT and electronic records management system

- Initial assessment form

- Format and wording of Care and Treatment Plan template

- Terms of reference and involvement of other teams/service in the multidisciplinary team meetings

- Terms of reference for the hub meeting and streamlining to free up staff time

- Consulting room availability

- Compliance with Mental Health Act and Code of Practice

- Physical health screening

- Interface with local GP practice

- Availability of Section 12 doctors

- Local in-patient bed availability

- Secure transport/conveyancing

- Consistency of service across the county.

3. What we found

Background of the service

Newtown Community Mental Health Team (CMHT) provides community mental health services at Fan Gorau, Newtown Hospital (Montgomery County Infirmary), Llanfair Road, Newtown, Powys, within Powys Teaching Health Board and Powys County Council.

Newtown CMHT is one of five teams covering the county of Powys, with the other teams located at Welshpool, Llandrindod Wells, Brecon 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 staff team includes Community Psychiatric Nurses (including team lead), Social Workers, Senior Social Work Practitioner (also acting as interim team leader), Approved Mental Health Professionals (AMHP), Occupational Therapist, Healthcare Support Workers, Consultant Psychiatrist and Psychologist.

At the time of the inspection, the CMHT had a full complement of staff. Several members of the team were newly recruited as a result of staff turnover and a number of retirements, mainly within the health board staff group, over the past 12 months.

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 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 who contributed to the inspection by completing 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.

During the inspection we distributed HIW questionnaires to service users to obtain their views on the standard of care provided by the CMHT. A total of six questionnaires were completed.

The majority of service users who completed a questionnaire rated the CMHT as either excellent or very good and the others rated the service as good. Comments included:

> *"I have always had excellent care and attention from all members of the team"*

Care, engagement and advocacy

Based on the service users' responses to the questionnaire, we determined the quality of care and engagement to be good, with most 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.

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. One member of the team was Welsh speaking.

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

> **Improvement needed**
>
> The health board and local authority must ensure that service users are offered the support of an advocate and that this offer is recorded within care documentation.

Access to services

The team had recently re-located to Fan Gorau from a base in the town centre, making the service less accessible to some service users. Service users without their own transport, who were able to drop in to the former town centre base, now have to walk some distance, most of it uphill, to the new base on the Newtown Hospital site. However, once at the hospital site, access to the Fan Gorau clinic was accessible to people with mobility problems, with limited, designated disabled parking spaces located near the main entrance, and lowered curbs leading to the main entrance. There were adapted toilet facilities available adjacent to the waiting area.

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 area and consulting rooms were clean and tidy. However, the availability of consulting rooms was an issue due to demand.

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

The team receives between 50 and 60 referrals a week. We found access to the service and the referral process to be good. Referrals are considered at a 'hub' meeting, which included a range of professional staff, taking place every Tuesday. Any referrals which are deemed urgent are dealt with through the duty system. Staff workload and skill sets are considered when allocating cases. We observed a referrals meeting during the course of the inspection, which was attended by the consultant psychiatrist, a CPN and primary health worker and a senior mental health worker, and found the information sharing process to be good. However, we suggested that pre-meeting filtering takes place to make the meeting more effective and make better use of the time of the individuals present.

Referrals that 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 13 AMHPs working across Powys, (eight in the north of the county and five in the south). In addition two social workers were

working towards AMHP accreditation. The service manager had taken an active approach to recruitment and retention of AMHPs, with support through group meetings, training and remuneration being looked at. The operational policies within the CMHT were also being reviewed to ensure that the role of AMHPs, and the demands on their time was recognised.

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

We found that referrals were, in the main, received via general practitioners (GPs). However, referrals were also accepted from various sources such as other health or social care professionals or police.

Two thirds of the service users who completed a questionnaire said that they were referred to the CMHT by their GP, one referred themselves following discharge from an inpatient ward.

One service user said that it took them up to one week to be seen by the Community Mental Health Team following their referral and another said it took around two weeks.

All respondents said that it was easy to access support from the CMHT when they need it, with most respondents telling us that they felt they were seen by the CMHT about the right amount of times, though one respondent said they were not seen enough when needed.

All respondents said they knew who to contact within the CMHT if they have a concern about their case.

Where appropriate, people with caring responsibilities were offered carer assessments under the requirements of the Social Service Well-being (Wales) Act 2014.

Staff and managers told us that there was very little delay in accessing psychology services and that waiting times had reduced from two years to between three and four months.

A multidisciplinary meeting is held each Wednesday morning to discuss general issues around care planning and risk management. An extended multidisciplinary meeting is held each month to discuss additional matters such as policies and procedures. The meetings are usually attended by the consultant psychiatrist, CPNs, Occupational Therapist, members of the primary care mental health service and members of the Crisis Team. The meetings are chaired alternately by the Health and Social Work team leaders.

We discussed the need for the terms of reference of these meetings to be reviewed and clarified so that all staff are clear as to the scope of the meetings and the remit of the individuals present. Consideration was being given to inviting other external agencies to these meetings, where appropriate, and in circumstances where such agencies have input in the provision of services.

Out of hours emergency access to mental health services was provided by Powys Local Authority Emergency Duty Team (EDT). EDT consisted of AMHP provision, for assessments under the Mental Health Act.

Two thirds of service users who completed a questionnaire said that they knew how to contact the CMHT out of hours service. Of the four respondents who said they had felt the need to contact the CMHT out of hours service in the last 12 months, only two said they got the help they needed.

Most respondents said they knew who to contact in the CMHT if they have a crisis. Of those who needed to contact the CMHT in a crisis in the last 12 months, all said they got the help they needed.

We were told that there was a need to further develop partnership links within the local GP practices, and that the senior managers are working on joint strategy which involves joint visits with the service manager and social care team manager to ensure GPs are fully aware of the role and functions of the CMHTs.

Improvement needed

The health board and local authority must ensure that:

- Sufficient numbers of consulting rooms are available to ensure privacy and timely access to services

- Pre-meeting filtering takes place to make the hub meeting more effective and make better use of the time of the individuals present

- Terms of reference are drawn up for the MDT meetings

- Service users receive the support they need when contacting the CMHT out of hours service.

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 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.

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. However, action is required to ensure that the service is compliant with the requirements of the Mental Health Act 1983, and to ensure that the Mental Health Act Administration files are easy to navigate.

During the inspection we were notified by members of staff that there was a long standing and on-going problem with the electronic records management system, which often broke down, resulting in staff not being able to access service users' records in a timely manner, in order to update them, or to review them prior to consultations or meetings with service users.

We were also told that appointments were sometimes cancelled due to staff not being able to access service user records held on the system.

The system was not accessible at times during the course of the inspection.

Our concerns regarding the electronic records management system were dealt with under our immediate assurance process. This meant that we wrote to the health board and local authority immediately following the inspection requiring

that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in insert Appendix B.

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)[1] risk management framework.

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

Medicines Management

We found the management processes to be safe and robust with all drug charts completed accurately.

The clinic room was clean and tidy with all cupboards kept locked. Stocks were kept in good supply.

The medication management policy was available to staff on the intranet.

We saw that service users' medication was being reviewed on a regular basis, ranging between monthly or annually.

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[1] http://www.warrn.co.uk/

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.

The care files we viewed were generally well managed and easy to navigate.

Most of the service users who completed a questionnaire said that the service provided met their needs and that they felt involved in the development of their care plan. All respondents said they received or were given an opportunity to have a copy of their care plan.

The majority of service users who completed a questionnaire said that they had a formal meeting or review with their care coordinator in the last 12 months and that they felt involved in the discussions and decisions made about their care.

Two thirds of respondents said they were given the opportunity to challenge any aspect of their care and treatment plan that they disagreed with during their formal meeting or review, and a third said they didn't disagree with anything in their plan.

We found that the systems in place to manage service users' physical health could be improved.

Half of the service users who completed a questionnaire said that they had needed support for physical health needs in the last 12 months. Of the two respondents who asked their CMHT for help or advice with finding support for their physical health need, one said they received help and one said they did not.

Most questionnaire respondents said the CMHT involved a member of their family, or someone else close to them, as much as they would have liked. One respondent said they did not want their friends or family to be involved.

All respondents said they had been given information (including written) by the CMHT.

> **Improvement needed**
>
> The health board and local authority must ensure that service users' physical health needs are assessed and that they receive help or advice with finding support for their physical health when they need it.

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.

Most of the service users who completed a questionnaire told us that their accommodation, employment and education needs had been met through the services provided by the CMHT. Half of the respondents said that their social needs, (such as being able to go out when they want), had been met by the services provided through the CMHT with the remainder indicating that they did not have these needs.

Community Connectors were being developed in Powys, and an example was given of a Community Connector, based in the north of Powys, who had recently supported staff in focusing on service users' resilience, rehabilitation and social inclusion.

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.

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 were systems in place to support both Multi Agency Risk Assessment Conference (MARAC)[2], and Multi-agency Public Protection Arrangements (MAPPA)[3].

Compliance with specific standards and regulations

Mental Health Act Monitoring

We reviewed the statutory documents of two service users who were subject of Community Treatment Orders (CTO)[4] being cared for by Newtown CMHT, and spoke with members of the Mental Health Act Administration team. We highlighted a number of areas for improvement in respect of documentation relating to the detention of patients under the Mental Health Act. Issues highlighted included:

- Chapter 4, Paragraph 4.2 of the Mental Health Act 1983 - Code of Practice - Patients rights' under 132A of the Mental Health Act 1983 not evidenced in the patients file

- Chapter 35, Paragraphs 35.12 and 35.13 of the Mental Health Act 1983 - Code of Practice - Medical scrutiny of legal documentation should be undertaken and recorded

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[2] 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.

[3] 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.

[4] 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.

- Chapter 25, Paragraph 25.87 of the Mental Health Act 1983 - Code of Practice - Cancel certificates which no longer authorises treatment

- Chapter 24, Paragraphs 24.31, 24.33, 24.34 and 24.37 of the Mental Health Act 1983 - Code of Practice - Unable to locate documented record that capacity to consent assessment was undertaken

- Chapter 27, Paragraph 27.17 of the Mental Health Act 1983 - Code of Practice - All Section 17 leave authorisation forms should be clearly marked as no longer valid

- Patients' legal files were difficult to navigate.

> Improvement needed
>
> The health board must ensure that services are provided in line with the requirements of the Mental Health Act 1983 and Code of Practice, and that all supporting documentation is accurately completed.

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. However, we were told by staff that the current assessment form was too lengthy and very time consuming to complete.

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.

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.

> **Improvement needed**
>
> The health board and local authority must review the initial assessment form.
>
> The health board must:
>
> - Take steps to ensure adequate Section 12 Approved doctors cover during day time hours
>
> - 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.

Compliance with Social Services and Well-being Act

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. We saw examples where some service users had positively engaged in 'what matters'[5] conversations.

Staff spoken with during the course of the inspection expressed concern about the format of the nationally agreed Care and Treatment Plan document, and also the language used within the sections designed to capture statements from service users regarding what is important to them in terms of their care and support. We found that the pre populated, drop down statement boxes restricted the capture of service users' views, and the language used within some of the sections were not reflective of the SSWBA and Code of Practice. We were told by local and senior managers that the problems had been identified by staff locally. Local representatives participated in a national group to redesign the

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

process about five months ago (September 2019). However nothing had yet emerged from this exercise.

> **Improvement needed**
>
> The health board and local authority must review the Care and Treatment Plan document to ensure that the language used is reflective of the SSWBA and Code of Practice and that it accurately captures the views of service users.

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 Newtown CMHT were co-located and although there were separate line management structures in place, there was strong leadership culture within the team, with changes positively managed to ensure consistent service delivery and practice. Positive working relationships between both health and social care staff was evident with mutual support and sharing of skills despite the team having experienced some recent and significant changes in terms of health staffing.

Staff we spoke with comment that while Newtown CMHT was an excellent team to work in, in their view, this was not the case with regards some of the other CMHTs in Powys due, in the main, to the concept of joint working not being embedded to the same extent. This requires further exploration by both the local authority and health board management teams to ensure consistency of approach and delivery of service across all CMHTs.

There was a formal complaints procedure in place which was compliant with Putting Things Right[6] and the Local Authority's formal complaint process. Information about how to make a complaint was posted in the reception area.

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. All complaints are brought to the attention of the team managers who address them in line with relevant local authority and health board policy. Although there were two separate complaints processes in place, there was evidence of joint complaint investigation and reporting. Staff also told us that serious untoward incidents and concerns were recorded on the Datix[7] system, and discussed at weekly meetings.

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 able to access training from both the health board and local authority, although there are challenges around electronic recording of training due to being employed by separate agencies. Staff we spoke with told us that they were able to access mandatory and other service specific training and the training record we viewed confirmed this. Mandatory training completion

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[6] 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

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

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

We distributed HIW questionnaires to staff during the inspection to find out what working conditions were like and to obtain their views on the standard of care.

We received 13 completed questionnaires from a full range of staff. Respondents said they had been in their current role from a few months to over 10 years. The majority of respondents had been in post for more than four years.

Most staff who completed a questionnaire said that they had undertaken training in Health and Safety, Fire Safety, Mental Health Act 1983, Safeguarding Adults and Safeguarding Children, with a majority stating that they had undertaken training in Deprivation of Liberty Safeguards, the Mental Capacity Act 2005, Risk Assessment and Management as well as other service specific training. Around half of the respondents said they had undertaken training in Cognitive Behavioural Therapy (CBT)[8], Dialectical Behaviour Therapy (DBT)[9] and Liberty Protection Safeguards and a minority of respondents said they had undertaken training in the Mental Health (Wales) Measure 2010. Very few respondents had undertaken training in or Family Therapy.

Staff in responses to the questionnaire said that they would like training in Trauma work, psychosis assessment, Cognitive Approaches to Combatting Suicidality (CARMS), Clinical and Risk Management -20 (HCR -20)[10] and Sexual Violence Risk - 20 (SVR-20)[11].

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[8] Cognitive Behavioural Therapy (CBT) is a talking therapy that can help service users manage problems by changing the way they think and behave. It's most commonly used to treat anxiety and depression, but can be useful for other mental and physical health problems.

[9] Dialectical Behaviour Therapy (DBT) is a type of talking treatment. It's based on Cognitive Behavioural Therapy, but has been adapted to help people who experience emotions very intensely.

[10] The Historical, Clinical and Risk Management – 20 (HCR -20) is a structured tool to assess the risk of violence.

[11] The SVR-20 is a set of guidelines designed to assist evaluations of risk for sexual violence. It is appropriate for use in cases where an individual has committed or is alleged to have committed an act of sexual violence.

Most of staff who completed a questionnaire said that training or learning and development helped them to do their job more effectively and said it helped them to stay up to date with professional requirements. Most said it helped them to deliver a better experience for service users.

A third of respondents said they had undertaken joint social services / health board training in the last 12 months with two thirds stating they had not.

A majority of respondents said they had an appraisal, annual review or development review of their work in the last 12 months. Most said their learning or development needs were identified, and said their manager supports applications for specialist training / additional training.

A majority of staff who completed a questionnaire said that they were able to make suggestions to improve the work of the team and that they felt involved in deciding on changes introduced that affect their work area.

Around half of respondents said they were unable to meet all the conflicting demands on their time at work. Comments included:

> *"Our duties are highly demanding. Our time doesn't feel enough, however, our team is supportive and we strive to give best possible care"*

Around half of respondents said they had adequate materials, supplies and equipment to do their work and the majority said that there was enough staff to enable them to do their job properly.

Most staff members who completed a questionnaire said that they were satisfied with the quality of care and support they are able to give to service users. Nearly all respondents agreed service users were informed and involved in decisions about their care.

All staff who completed a questionnaire agreed that the privacy and dignity of service users was maintained.

All staff who completed a questionnaire said that the organisation encouraged teamwork and that front line professionals, who deal with patients empowered to speak up and take action when issues arise in line with the requirements of their own professional conduct and competence.

Most respondents said that there was a culture of openness and learning with the organisation that supports staff to identify and solve problems. Around half of respondents said that partnership working with other organisations was generally effective.

The majority of respondents thought the team had access to the right information to monitor the quality of care and take swift action when there are.

Nearly all the staff members who completed the questionnaire agreed the team acts on concerns raised by service users.

Only a third of respondents said that service user experience feedback (e.g. patient surveys) was collected within by the team. A quarter said they receive regular updates on the service user experience feedback and slightly more said they did not. A quarter of respondents said feedback from service users was used to make informed decisions within the team.

Most respondents agreed they would recommend the organisation as a place to work and that they would be happy with the standard of care provided by the team if a friend or relative needed support. Comments included:

> *"I would be happy for any loved one to have support from my place of work"*

All staff members who completed the questionnaire agreed that their manager encourages those who work for them to work as a team and that they were supportive in a personal crisis. Comments included:

> *"Very supportive line manager"*

> *"My manager has been very supportive within both my professional and personal concerns and worries. They are supportive on professional development to become the best practitioner I could be"*

Nearly all respondents said their manager can be counted on to help them with a difficult task at work with most stating that management give clear feedback on their work and ask for their opinion before making decisions which affect their work.

Most respondents said that they know who the senior managers are, and that there is effective communication between senior management and staff with half of the respondents stating that senior managers try to involve them in important decisions. A majority of staff said that management act on staff feedback.

Nearly all respondents said senior managers are committed to patient care.

Around two thirds of respondents said that they had been made aware of the revised Mental Capacity Act and Liberty Protection Safeguards, and around a third said they had not.

Most respondents stated that their immediate manager takes a positive interest in their health and well-being. A majority of staff agreed that managers took positive action on health and well-being and that their current working pattern/off duty allows for a good work life balance.

The majority of respondents agreed that, in the event of challenging situations, they are offered full support, and one strongly disagreed.

The majority of staff who completed the questionnaire stated that duty arrangements in the team were well-planned, though nearly a quarter disagreed. A third of respondents agreed that duty arrangements in the team ensured that there was always cover available with nearly half of respondents disagreeing. Comments included:

> *"Duty is always available, however, can eat into your own time taking time away from cases you own"*

> *"Duty is not always smooth-depending on urgent referrals. There are times where both health and social care staff are released for training or on leave without checking what staff are left"*

None of the staff who completed a questionnaire said they had seen errors, near misses or incidents in the last month that could have hurt staff and a third of respondents said they had seen errors, near misses or incidents that could have hurt service users. Most respondents who had seen an error said they had reported it.

The majority of respondents agreed that management treat staff who are involved in an error, near miss or incident fairly and that they were encouraged to report errors, near misses or incidents. The majority of respondents agreed the CMHT would treat reports of an error, near miss or incident confidentially with most respondents stating that the organisation would not blame or punish the people who are involved in such incidents, though two respondents said it would. Most respondents agreed that action would be taken on incidents identified.

That majority of staff who completed the questionnaire agreed that they were informed about errors, near misses and incidents that happen in the team and that they were given feedback about changes made in response to reported errors, near misses and incidents. Comments included:

> *"Feedback is via learning & development group and fed back through (NAME)"*

Staff confirmed that there was a Lone Working Policy in place and most said they knew what arrangements should be put in place when they, or colleagues, were lone working.

All staff who completed the questionnaire said that, if they were concerned about unsafe clinical practice, they would know how to report it and that they would feel secure raising concerns about unsafe clinical practice. Most respondents were confident that their organisation would address concerns once reported.

Three respondents reported having personally experienced discrimination by service users, their relatives or other members of the public (grounds: age, other). One respondent said they had personally experienced discrimination by a manager / team leader or other colleagues.

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Improvement needed

The health board and local authority must ensure:

- Consistency of approach and delivery of service across all CMHTs within Powys

- That all staff complete all mandatory training

- That staff receive training in trauma work, psychosis assessment, Cognitive Approaches to Combatting Suicidality, Clinical and Risk Management and Sexual Violence Risk

- That all staff are given opportunities to access joint social services/health board training

- That staff are able to meet all the conflicting demands on their time at work

- That staff have adequate materials, supplies and equipment to do their job properly

- That staff receive regular updates on the service user experience feedback

- That all staff are made aware of the revised Mental Capacity Act and Liberty Protection Safeguards

- That the duty arrangements in the team ensures that there is always cover available

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- That staff are not subjected to discrimination by service users, their relatives or other members of the public.

- That staff are not subjected to discrimination by a manager/team leader or other colleagues.

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 highlighted during this inspection.			

Appendix B – Immediate improvement plan

Service: Newtown Community Mental Health team

Date of inspection: 04 and 05 February 2020

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
During the inspection we were notified by members of staff that there was a long standing and on-going problem with the electronic records management system, which often broke down, resulting in staff not being able to access service users' records in a timely manner, in order to update them, or to review them prior to consultations or meetings with service users.	2.1, 3.1, 3.4, 3.5, and 5.1	Note – The Joint Senior Responsible Officers for the National WCCIS Programme are the Chief Executive, Powys Teaching Health Board and the Director of Social Services, Caerphilly Borough Council. The following measures have been taken:	Both Health and Social Services		

Immediate improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
We were also told that appointments were sometimes cancelled due to staff not being able to access service user records held on the system. The system was not accessible at times during the course of the inspection. This places service users at risk of harm as staff are not always able to effectively review and assess service users' care and support needs in order to plan treatment and interventions. This also places staff at risk as they are not able to properly plan for consultations and meetings with service users, and not able to update records in a timely manner. Improvement Needed		Locally and Nationally - Powys Teaching Health Board Chief Executive together with the Caerphilly Director of Social Services, the Programme Director of WCCIS and National Wales Informatics Service has raised a formal escalation with the supplier (Advance) as a Major Incident – Complete with ongoing update. Nationally - the Programme Director of WCCIS and National Wales Informatics Service has raised a formal escalation with the supplier (Advance) as a Major ICT Incident. Nationally - Advance and NWIS have held an Emergency Change Advisory Board met to agree immediate increase in CPU capacity with immediate		Programme Director WCCIS / Assistant Director Digital and Informatics (PtHB) / Diane Reynolds Head of Digital Services (PCC) Programme Director WCCIS / Advance	Daily / Weekly Daily/ Weekly Daily/ Weekly Complete

Immediate improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
The Health Board and Local Authority must inform HIW and CIW of the measures to be taken to ensure that the 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.		effect and this has been implemented. Locally - Powys County Council and Powys Teaching Health Board have implemented an immediate Data extraction work-around to ensure that reporting is available from the WCCIS system (using a SQL programme via night extract) This data extraction is performed daily.		Head of Digital Services (PCC) /Head of Information PtHB	Daily and Ongoing
		Locally - Secured Senior Clinical Informatics lead to support the critical nature of the issues and ensure we have strong clinical view and input to support work going forward.		Head of Information (PtHB)	Complete
		Locally - Internal investigation to ensure that no issues lie with local infrastructure – completed.		Senior Applications Specialist and	Complete

Immediate improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
				Operations Manager	
		Locally – Implemented Problem Management Processes to further investigate root cause and any categories issues, to support identification of common themes and support trouble shooting and resolution.		Senior Applications Specialist and Operations Manager	Implemented and ongoing review
		Locally enhanced communication with national team to set up local contract review meeting with Supplier (Advance), to be done in conjunction with National actions.		Head of Digital Services PCC / Assistant Director Digital and Informatics PtHB	Contact has been made to arrange a contract meeting but has not yet been scheduled.
		Locally – Enhanced regular communication with all health and council users to notify them of any issues, keeping them up		IT Service Lead Operational Manager	Daily and weekly

Immediate improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		to date and informed of the escalation and current situation and providing clarity regarding business continuity plans to be implemented (if needed).			
		Locally - Major ICT Incident Report process in place to manage incidents.		IT Service Lead	Complete and ongoing
		Nationally - Current performance issue has been raised at the National WCCIS Board (7th of February). The Board agreed:		Programme Director - WCCIS Board.	Complete
		• Highest Level of escalation • Business Continuity Issues across the Board • Independent Review/Audit to be commissioned			

Immediate improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		• Meeting with Careworks / Advance to discuss solutions and agree action going forward.			

Appendix C – Improvement plan

Service: **Newtown Community Mental Health Team**

Date of inspection: **04 and 05 February 2020**

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 ensure that: Sufficient numbers of consulting rooms are available to ensure privacy timely access to services.	5.1 Timely access; Well-being priority 1 4.1 Dignified Care LAQS 1b) provide services to prevent or delay people's need for care and support.	An audit of clinics currently being undertaken including review of booking system to ensure appropriate and best use of clinical space. Any deficit will be addressed by PTHB who have responsibility for buildings. Mechanisms for escalation/resolution are in place with Estates services with whom regular meeting occur. However, it also should be noted that new ways of working are being rolled out through	John Deegan and Lauraine Hamer	Louisa Kerr	End Sept 2020

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
Pre-meeting filtering takes place to make the hub meeting more effective and make better use of the time of the individuals present.	LAQS 1h) Suitable arrangements for assessing and determining need and eligibility 1e) Treat people with dignity and respect.	'Attend Anywhere' (Video Conferencing), initially in response to Covid-19, but where preference of patients is indicated this will continue thereby further relieving any pressures on use of clinical space. The Hub is working towards streamlining and developing a more cogent response to the number of increasing referrals which involves directing to an appropriate outcome rather than waiting for screening to occur. There is a need to develop a timely administrative process to support this. Work will be underpinned by staff development to encourage cultural change.	Helen McIntyre/Judith Rheade	Louisa Kerr/Rachel Williams	End Dec 2020

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
Terms of reference are drawn up for the MDT meetings. Service users receive the support they need when contacting the CMHT out of hours service.		Development of ToR in progress. Will ensure the meeting is timely, productive and relevant to the MDT discussion, these ToR will then be trialled in Newtown CMHT to consider a roll out Pan Powys at time of review to engage others. ToR to be developed locally ToR to be rolled out pan Powys CHTT operated 9am-9pm/x 365 and supports people in active crisis. Effective communication and care pathways will be further developed for the CMHT and CHTT – discussions underway. These services are co-located, which aids the sharing of information between OOH and core hours.	John Deegan and Lauraine Hamer Lauraine Hamer/John Deegan/Helen Kiteley Anne Woods	Helen McIntyre/Judith Rheade Helen McIntyre	End September 20 End Dec 20 End Dec 2020 March 2021

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		Partnership scoping work planned to consider establishing a 'Crisis House' in North Powys.		Joy Garfitt	
The health board and local authority must ensure that service users' physical health needs are assessed and that they receive help or advice with finding support for their physical health when they need it.	6.1 Planning Care to promote independence LAQS 1h) Suitable arrangements for assessing and determining need and eligibility	To ensure that the CTP addresses any health concerns identified and people are directed to their GP for further screening, Health MH Support workers employed to undertake basic physical health checks with Band 4 practitioners now in place (since HIW inspection). Lead practitioner to develop physical health clinics and physical health promotion plus a liaison with GPs and hospital appointments. Also now in post. Operations Managers across Powys agrees to support monitoring and evaluation with view to share practice across Powys.	Helen McIntyre	Ruth Derrick	Significant work already undertaken – full implementation by end Sept 2020

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
The health board and local authority must ensure that service users are offered the support of an advocate and that this offer is recorded within care documentation.	6.2 Peoples rights SSWBA Codes of Practice Part 10	PCC and PTHB have access to Dewi Advocacy services and local support of Mental Health Advocates via a specialist community mental health advocacy service that is available pan Powys. Information leaflets will be distributed and Advocacy will become a standing agenda item focussing on referrals and to raise the profile of this service in team meetings. Advocates will also be invited to attend future team meetings. Advocate involvement is recorded on WCCIS withn the CTP The role of the AMHP leaflet outlines under the Welsh measure a detained persons right to an IMHA	Helen McIntyre/Judith Rheade	Louisa Kerr/Rachel Williams	August 2020
Delivery of safe and effective care					

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
The health board must ensure that services are provided in line with the requirements of the Mental Health Act 1983 and Code of Practice, and that all supporting documentation is accurately completed.	Application of the Mental Health Act	A full-scale implementation of MHA file review and reorganisation has already been initiated to ease navigation of files and address any inconsistencies. This is underway on a Pan Powys basis addressing large and historic files this piece of work is significant and will continue in earnest until completion.	Melissa Brooks	Iorwerth Harding	Oct 2020
The health board and local authority must review the initial assessment form.	Monitoring the Mental Health Measure LAQS 1h) Suitable arrangements for assessing and determining need and eligibility	A working party will be established to consider development of a pre-assessment form that meets the needs of both health and social care, offers assessment of key person centred information and is appropriate to the needs of the person being assessed (this will be undertaken on a pan Powys basis to address consistency points of HIW report). It should be noted that this form is an all	Working party will be established by John Deegan and Lauraine Hamer but will include a CPN, Social Worker and Occupational Therapy practitioner from across Powys	Louisa Kerr/Rachel Williams	Working party to be established imminently but work to be completed by end Dec 2020

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
The health board must: Take steps to ensure adequate Section 12 Approved doctors cover during day time hours. Ensure the availability of local in-patient beds for emergency admissions. Ensure the availability of transport for timely and secure		Wales core form and agreement with the rest of Wales will be required. We continue to review and advertise for s12 Doctors to work with the service, (including pay additional fees to Medics as an incentive to undertake s12 work). In addition, PTHB Psychiatrists undertake s12 work around their existing clinics. PTHB has 2x Crisis beds in operation within the county. An Age Appropriate bed within Powys has also been scoped and a policy is due for submission to the Executive Team of PTHB for consideration.	Ben Shooter Louisa Kerr/Ruth Derrick	Joy Garfitt Joy Garfitt	Quarterly monitoring Crisis Beds Complete. Implementation of age appropriate bed to be determined following Exec decision.

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
transfer of service users to hospitals.		Timely access to transport for conveyance is a challenge for a highly rural county such as the size of Powys. PTHB continues to engage with WAST who are contracted to provide this service in order to improve response times. The health board also commissions independent secure transport – however, there are no local or regional companies that provide this service. PCC and PTHB will re-examine the business case to explore the feasibility of directly provision a conveyance service.	Ruth Derrick/ Judith Rheade	Joy Garfitt	This work has commenced and will be completed by December 20.
The health board and local authority must review the Care and Treatment Plan document to ensure that the language used is reflective of the SSWBA and Code of Practice and that it accurately	Social Services and Well-being Act LAQS 1f) People have control over	CTP documentation is nationally agreed on an all Wales basis. There is work underway to change the current assessment and make it Care Act compliant. The Inspection's views will be fed to the national	Judith Rheade/PTHB Service Managers	Louisa Kerr	June 2020

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
captures the views of service users'.	planning and delivery of care	form team as the form is prescriptive. A Powys CTP working party will be reconvened as project management capacity has been sourced by PTHB to consider the marriage of Nationally agreed training and roll out of Local Authority preferred strengths based training approach. This will focus on ensuring care coordinators use appropriate language reflective of SSWBA and CoP and to accurately capture views of service users.	Wales CTP working group.		
Quality of management and leadership					
The health board and local authority must ensure: Consistency of approach and delivery of service across all CMHTs within Powys.	Health and Care Standards - Governance, Leadership and Accountability; Social	PTHB and PCC will review and implement Powys Joint Operational Policy to ensure compliance and clarity of statutory responsibilities including AMHP and Accountabilities, Duties and Powers under the SS&WA	Judith Rheade/PTHB Service Managers (Penny Price/Helen McIntyre)	Louisa Kerr/Rachel Williams	End Dec 2020

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
	Services and Well-being (Wales) Act - Part 8	which should dovetail into Health priorities and service provisions. Implementation will be underpinned by relevant training/development opportunities.			
That all staff complete all mandatory training.		To be continually reinforced at local/team level and monitored as part of integrated performance reporting at Senior Management Team(s). LA is performance managed on training and AMHPs monitored to ensure compliance with 18 hours of specialist training a year	John Deegan/Lauraine Hamer	Louisa Kerr/ Rachel Williams	Ongoing as new/refresher training introduced
That staff receive training in trauma work, psychosis assessment, Cognitive Approaches to Combatting Suicidality, Clinical and Risk		Training is jointly shared and evidence of this is available. Training is available for all staff related to professional development and specialisms therefore the service action is to ensure that training needs	Judith Rheade/Helen McIntyre	Ruth Derrick/Rachel Williams	End December 2020

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
Management and Sexual Violence Risk.		identified in supervision or as part of service planning are clearly identified and form part of a joint training matrix.			
That all staff are given opportunities to access joint social services/health board training.		Shared training is available and PTHB staff can apply for LA training and vice versa and there is evidence of this. However, opportunities will continue to be widely promoted. It should also be noted that training may be delivered in new ways as a result of the impact of Covid-19 but this may effect timescales for delivery.	Judith Rheade/Helen McIntyre Same applies to following actions)	Louisa Kerr/Rachel Williams (same applies to all following actions)	End Sept 2020 (same applies to all following actions)
That staff are able to meet all the conflicting demands on their time at work.		Regular supervision and management support to maintain work life balance and acceptance of differing roles and responsibilities within the CMHT and work impact this can generate. Caseload management reviews occur. Audit process in place.			

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
That staff have adequate materials, supplies and equipment to do their job properly.		To build into supervision core question to identify whether staff feel they have adequate equipment etc to undertake their roles.			
That staff receive regular updates on the service user experience feedback.		PCC undertakes six quality audits per month which feeds into quality reporting process and includes service user feedback gathered from direct contact. Participation officer in PTHB developing a participation strategy for Mental Health and Learning Disabilities service which will detail the numerous mechanisms in place for engaging with people using services (including surveys and information from the PAVO participation service commissioned by PTHB) and the 'two-way feedback process'. Strategy being co-			

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
That all staff are made aware of the revised Mental Capacity Act and Liberty Protection Safeguards.		produced with staff and patients. Will be widely consulted on, shared following publication. MCA and LiPs training is available for all via the LA and these training dates are emailed to all to ensure full compliance with legislative changes			
That the duty arrangements in the team ensures that there is always cover available.		Team duty rotas are in operation and planned to reduce uncertainty and enable time management. On review, there are rarely any issues relating to uncovered Duty slots. Any gaps would be picked up by respective team leads of each organisation or service manager. However, this will be kept under consistent review.			
That staff are not subjected to discrimination by service users,		Both organisations will ensure staff are aware of their rights			

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
their relatives or other members of the public.		and the organisational responsibility to protect them. This will be done through team meetings but followed up in supervision sessions. To further re-enforce this, policies relating to this issue to be generically distributed through the team			
That staff are not subjected to discrimination by a manager/team leader or other colleagues.		To ensure staff feel safe to report any issues relating to discrimination and that if the individual feels this, opportunity is provided to resolve, policy relating to this to be generically circulated advising of both informal resolution and formal processes and steps to take by each organisation to resolve. It is important that staff are clear on who they can discuss issues with and this will be very clearly communicated. PCC have a clear Grievance and Whistle Blowing Policy and an easy access Employee Assistance			

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		Programme for either work or personal issues			

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 for Mental Health

Date: 25th June 2020

Counter signatory on behalf of Powys County Council

Name: (Print): Alison Bulman

Job role: Corporate Director (Adults & Children's Services)

Date: 26 June 2020