Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Community Mental Health Team Inspection (Announced)

Nant y Glyn Team, Betsi Cadwaladr University Health Board

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

Our purpose

To check that 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

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) completed an announced inspection of Nant y Glyn Community Mental Health Team (CMHT) within Betsi Cadwaladr University Health Board on 23 and 24 January 2024.

The services provided in Nant y Glyn CMHT comprise of Adult Mental Health Teams covering the County of Conwy, which is divided into East Conwy and West Conwy. The A470 is the dividing boundary for East and West Conwy. West Conwy includes various rural areas. Nant y Glyn CMHT has a team of clinical staff who specialise in providing services for adults aged up to 70 years of age who require support with their mental health needs.

CMHT inspections are typically joint inspections between HIW and Care Inspectorate Wales (CIW). However, Nant y Glyn is a health only team as the local authority moved out in July 2020 to set up a separate Mental Wellness Team. Therefore, CIW did not accompany HIW on this inspection.

Our team, for the inspection comprised of one HIW Senior Healthcare Inspector, one HIW Healthcare Inspector, three clinical peer reviewers, one of which was a Mental Health Act reviewer, and one patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

During the inspection we invited service users or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of two questionnaires were completed by patients or their carers and four were completed by staff. Due to the low number of service users and staff responses, we are unable to include any findings in this report as the results are inconclusive. However, feedback received during face to face discussions with service users and staff at Nant y Glyn appears throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:
Service users spoken with during the inspection were generally satisfied with the care and support that they received from the team at Nant y Glyn. However, some service users told us that they often had problems contacting the team by telephone. We were told that a new telephone answering system had been installed recently and that the recruitment of an additional receptionist was underway.

We were told that over 180 service users were awaiting allocation of a care co-ordinator. This was mainly due to staff shortages. We were told that staff recruitment was on-going, and that staff had been recently recruited into some posts. This matter is recorded on the health board's Divisional Risk Register and is reviewed regularly.

This is what we recommend the service can improve

- Continue to monitor the telephone contact arrangements to ensure that calls are answered in a timely way
- Ensure that service users awaiting allocation of a care co-ordinator, and where appropriate, their carers, are fully involved in the drawing up of service risk assessment and recovery action plans
- Continue to monitor and assess staffing resources against workloads and take appropriate action when necessary.

This is what the service did well:

- Dignified and respectful approach to the provision of care
- Bilingual service
- Clean and welcoming environment
- Provision of information for service users.

Delivery of Safe and Effective Care

Overall summary:
We found generally positive evidence that care was focused on the individual needs of service users. Also, a collaborative approach was taken towards care and treatment planning, where staff from different professions and organisations worked well together.

Assessments, care plans and reviews were completed in a comprehensive manner, in line with the Mental Health (Wales) Measure. The records reviewed demonstrated a degree of ownership by service users of their care and treatment. Family / carers were encouraged to have an active role in the care and support process where desired.

We found the Mental Health Act administration process to be effective and robust with accurate record keeping.

This is what we recommend the service can improve

- Some aspects of health and safety, and risk assessment. This included a clear audit or evidence of actions taken following ligature risk assessments
- Move forward with plans to develop an electronic records management system
- Set up an auditing and review process for care and support records to ensure accuracy and consistency.
- Ensure that service users' views and wishes are always reflected within the care and treatment plans, and that the plans are reflective of service users' strengths as well as their care and support needs
- Develop formal strategies to improve joint working with the local authority at all levels within the service.

This is what the service did well:

- Multidisciplinary approach to the provision of care
- Mental Health Act administration
- Medication management
- Infection prevention and control
- Physical health monitoring
- Pharmacy support.

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

- Develop more pro-active methods of gaining service user feedback

- Continue to monitor working relationships between different disciplines within the team, and take appropriate and timely action to address the issues highlighted in the internal risk assessment
- Ensure that General Practitioners are fully engaged and supportive of the 'shared care' principles.

This is what the service did well:

- Management overview and governance systems
- Accessibility of team managers
- Staff support and supervision
- Mandatory training compliance
- Monthly, service specific training sessions.

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

Patient Feedback

Service users spoken with during the inspection were generally satisfied with the care and support that they received from the team at Nant y Glyn. However, some service users told us that they often had problems contacting the team by telephone. We were told that a new telephone answering system had been installed recently and that the recruitment of an additional receptionist was underway. **The health board must continue to monitor the telephone contact arrangements to ensure that calls are answered in a timely way.**

Person centred

Health Promotion
Staff supported service users to maintain their physical health with regular clinics held at Nant y Glyn.

Information regarding health promotion was available in leaflet form within the waiting area.

Dignified and Respectful Care
We observed staff dealing with service users in a respectful and professional manner, both face to face and during telephone conversations.

Consultations and confidential discussions with service users were seen to take place in private.

Patient information
Service users were able to access advocacy services as part of the mental health care pathway. Posters containing information about general advocacy services were displayed in the facility. However, these were not located in an area making them easily visible to service users. **The health board must ensure that information relating to general advocacy services is visible and readily available to service users and their carers.**

A resources sheet is offered to all service users containing a comprehensive list of third party support services.

Individualised Care
Service users spoken with during the inspection told us that they felt listened to and that their views and wishes were considered during the care planning process.

Timely

Timely Care
We were told that over 180 service users were awaiting allocation of a care co-ordinator. This was mainly due to staff shortages. We were told that staff recruitment was on-going, and that staff had been recently recruited into some posts. This matter is recorded on the health board's Divisional Risk Register and reviewed regularly.

There were measures in place to assess and monitor those service users awaiting care co-ordinator allocation and an escalation process for those requiring urgent intervention. This would involve other service users already allocated a care co-ordinator, and deemed to be at lower risk, being moved on to the un-allocated list.

Risk assessments and recovery action plans were in place for service users awaiting care co-ordinator allocation and these were being discussed at the local Service Quality Delivery Group and at the Divisional Risk Management meetings. However, there was very little evidence of service user involvement in the drawing up of these service risk assessments and action plans. **The health board must ensure that service users and carers, where appropriate, are fully involved in the drawing up of service risk assessment and recovery action plans.**

Staff told us that individual caseloads were generally manageable. However, since the local authority staff were no longer based at Nant y Glyn, the team were having to deal with additional pressures of covering duty and completing referrals for access to social care. Whereas previously, duty cover was shared across the health and local authority staff and the referral process was less bureaucratic.

The fact that the local authority team were no longer located at Nant y Glyn also caused issues for service users who were having to be re-directed to the local authority offices when they needed social care input.

We were informed that there had recently been a substantial increase in referrals involving service users with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), and that this had placed added to the pressure on the team at Nant y Glyn. We saw evidence of good assessment and monitoring of service users

diagnosed with ADHD. However, we were told that staffing resources had not been reviewed to meet this increase in workload. **The health board must continue to monitor and assess staffing resources against workloads and take appropriate action when necessary.**

A weighting tool, linked to complexity of service users' needs, was being used to determine staff caseloads. However, there was no workload management policy in place to support this. **The health board should draw up a workload management policy.**

We were told that there was no delay in service users accessing psychology services.

Arrangements were in place for service users to receive support and advice out of normal office working hours. However, some service users told us that they were not aware of who to contact during the evening, night and weekends when the Nant y Glyn office was closed. **The health board must ensure that all service users and their carers are aware of how to access support and advice outside of normal office opening hours.**

Equitable

Communication and Language

Staff were seen speaking with service users using respectful and appropriate language.

Written information in the form of posters and leaflets were available in both Welsh and English.

A number of staff were bilingual (Welsh/English). We saw staff speaking to each other and to service users in Welsh. We were told that translation services were available to aid communication in other languages.

Rights and Equality

Discussions with service users and observations of staff interactions demonstrated that the team at Nant y Glyn were supportive of service users' rights to be treated with dignity and respect.

Delivery of Safe and Effective Care

Safe

Risk Management
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, and we were told that service users are never left unattended when at Nant y Glyn . However, there was no record of actions taken against the ligature risks highlighted. **The health board must ensure that actions taken in response to ligature risk assessments are recorded.**

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, with multi-agency input where needed.

There was a formal process in place for manging and reporting incidents. We were told that incidents are reported on the DATIX system and that an assessment of level of harm would be undertaken and consideration given to the need for external notification to other agencies. Where learning had been identified on the back of incidents, this was fed back to staff through staff and Multidisciplinary Team (MDT) meetings.

We found that the phlebotomy chair in the clinic was unfit for purpose as it was unsuitable for patients above average size and weight and there is no adjustment to enable staff to work at a comfortable height. **The health board must provide a more suitable phlebotomy chair.**

We also found that extension leads, with multiple plugs attached, were being used in the clinic area. Not only is this an electrical hazard, but it also presented a risk of trips and falls. **The health board must take action to reduce the risk of harm presented by the use of electrical extension leads.**

Infection, Prevention, Control and Decontamination
There were good infection prevention and control measures in place at Nant y Glyn which were supported by comprehensive policies and procedures. However, some of the chairs were upholstered in non-wipeable material. **The health board must ensure that all chairs within the clinic are of a type that are easily cleaned.**

The whole of the environment was clean and tidy, and the housekeeper on duty during the inspection was diligent and knowledgeable about the cleaning regime. The housekeeper was welcoming and helpful.

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

We confirmed that appropriate safeguarding training had been provided to staff, and compliance with the mandatory training was good.

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.

The team works closely with the health board's Corporate Safeguarding Team, who provided support and advice in relation to any safeguarding concerns to ensure that the principles and duties of safeguarding are followed for any patient at risk.

The team also worked closely with other professionals and 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).

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.

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 managements system in place and staff were aware of the procedures to follow in respect of ordering medication.

A consultant pharmacist attends Nant y Glyn up to two days per week, to offer support and guidance to staff and to assist with the prescribing of medication to

service users diagnosed with ADHD. In addition, pharmacy technicians form part of the MDT at Nant y Glyn.

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.

We found that the temperature of the fridge used to store blood samples was not being recorded. Shortly after the inspection, we received confirmation that a daily temperature monitoring sheet had been introduced and that a fridge thermometer had been requested via the pharmacy department. **The health board must continue to ensure that staff monitor and record the temperature of the blood sample storage fridge on a daily basis.**

Effective

Effective Care

We reviewed the care files of six service users who were subject of Community Treatment Orders (CTO) and five service users who were supported by means of Care and Treatment Plans (CTP). We found generally 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. The records reviewed demonstrated a degree of ownership by service users of their care and treatment. Family / carers were encouraged to have an active role in the care and support process where desired.

Staff told us that they supported service users to maintain good physical health and that regular clinics were held to administer medication, take blood samples, monitor weight and blood pressure etc.

One of the psychiatrists takes a lead in overseeing the provision of physical health services at Nant y Glyn.

Staff told us that some of them had received training in using the Electrocardiogram (ECG) machine. However, the machine had been broken for over 12 months and despite having reported this, no action has been taken to repair the machine. This meant that patients requiring an ECG as part of their

treatment had to visit their GP for the test to be undertaken. **The health board should replace the ECG machine without further delay.**

We were told that an implementation group and task and finish group had been set up to drive forward improvements in the provision of physical health care. Also, a physical health care policy was being drafted that will outline which services are to be provided within secondary care, and which services are to be provided within primary care (in accordance with the 'shared care' agreement). The policy will also set out the governance arrangements to be set in place to monitor and evaluate physical health services. It is envisaged that the care co-ordinators will be responsible for monitoring physical health as part of the 'My Physical Health' journey document, which will form part of the care and treatment plan. However, staff foresee some issues with the lack of administrative support within the team to enable an effective service. **The health board must continue to review the administrative support arrangements for the team and take appropriate action to ensure that the team are able to provide an effective and efficient service.**

Patient Records

The care files we viewed were generally well maintained. However, the majority of care records are maintained in paper format. Consequently, this made the information difficult to navigate and locate the most current information. We were told that work was underway to develop an electronic records management system. This would greatly improve the recording, navigating and sharing of information with primary care services. **The health board should move forward with plans to develop an electronic records management system.**

There was little evidence of regular auditing and review of service users' notes to ensure accuracy and consistency. **The health board must set up an auditing and review process for care and support records to ensure accuracy and consistency.**

Mental Health Act Monitoring

We reviewed the records of six service users who were subject to a Community Treatment Orders (CTO). We found the records to be generally well maintained. In all cases, the CTOs were legally valid. Conditions were clear and relevant with all supporting documentation correctly completed.

We held discussions over the telephone with the Mental Health Act Administrator. who demonstrated good knowledge in relation to the application of and compliance with the Mental Health Act and associated Code of Practice. They had an effective operational system in place to ensure that all aspects of administering CTOs run smoothly. They were able to demonstrate this by providing evidence in

the form of relevant documentation, notifications to professionals, letters to patients and relatives, information on patient rights and advocacy services.

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

There was evidence of good day to day communication with the local authority 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 were generally person centred and reflected the domains of the Mental Health Measure. This included service users emotional, psychological, and physical health needs. There was a focus on ensuring that service users took ownership of their care, with the involvement of relatives and advocacy services where desired. However, the service users' voice was not always reflected in all the care and treatment plans viewed. There was also a tendency for plans to be risk and needs focused rather than strengths based. **The health board must ensure that service users' views and wishes are always reflected within the care and treatment plans, and that the plans are reflective of service users' strengths as well as their care and support needs.**

Quality of Management and Leadership

Leadership

Governance and Leadership
We found the team to be well led, with care and treatments delivered by a professional and committed staff team.

It is positive to note that the senior management team have conducted an internal risk assessment, and have produced a comprehensive recovery action plan to address the areas for improvement. The recovery action plan was last reviewed in December 2023.

The health and social care staff were not integrated nor co-located. This has caused some issues with regards communication with colleagues within the local authority wellbeing team, and has led to a more bureaucratic referrals process. Nevertheless, we found that there were good informal working relationships in place between the team managers at Nant y Glyn and their counterparts within the local authority. However, these arrangements need to be formalised. **The health board must develop formal strategies to improve joint working with the local authority at all levels within the service.**

Workforce

Skilled and Enabled Workforce
We reviewed a sample of staff files and saw that there was a formal staff recruitment process in place with all necessary pre-employment checks undertaken. However, issues remained with regards clinical and administrative staff vacancies. This was having a detrimental effect on case load management and general service user access to and contact with the service. As previously mentioned, staff recruitment was on-going.

There were staff support, supervision and appraisal processes in place and the majority of staff had received regular one-to-one meetings with their line managers.

Common themes or concerns about the service are discussed within team meetings, staff supervision sessions or individual staff Performance Appraisal Development Review (PADR) to identify any educational support or training needs of the team and/or individuals.

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.

We noted that there were generally good opportunities for learning and development with very good mandatory training completion rates. In addition to mandatory training course, staff are encouraged to undertake service specific training and attend the monthly in-house training sessions facilitated by one of the psychiatrists.

Staff told us that they would benefit from alcohol related brain disorder training as the team will shortly be taking responsibility for providing care and support to this service user group. **The health board should arrange for staff to receive alcohol related brain disorder training.**

Culture

People Engagement, Feedback and Learning

We observed staff working and communicating well together during the inspection.

Staff views on the culture of the CMHT were variable, with most staff telling us that they were generally satisfied with the working environment and conditions. However, some staff told us that they did not feel valued and felt that there had a breakdown of relationships between different disciplines within the CMHT. This has already been highlighted by the senior management team as an issue requiring attention in the internal risk assessment. **The health board must continue to monitor working relationships between different disciplines within the team and take appropriate and timely action to address the issues highlighted in the internal risk assessment.**

Information

Information Governance and Digital Technology

Staff had received training on information governance and were aware of their responsibilities when dealing with confidential information.

Service users' records were stored in a locked room with only authorised staff able to access the files.

As previously mentioned, the majority of care records were maintained in paper format. We were told that work was underway to develop an electronic records management system.

Learning, improvement and research

Quality Improvement Activities
There was a formal audit and reporting process in place to drive improvements in the service provision.

Team Managers attend the Service Quality Delivery Group (SQDG) meetings, where any quality issues, themes and concerns are escalated and reviewed. Any actions or learning identified during these meetings are fed back to staff through various internal processes such as multidisciplinary team meetings, staff emails and briefings. The briefings provide a summary of an incident and the learning that has been identified. In addition, members of the senior leadership team visit Nant y Glyn on a regular basis to discuss any issues and to give staff an opportunity to highlight any matters of concern.

There was a formal complaints policy and process in place. The Team Managers are responsible for investigating all concerns/complaints and providing a written response to the complainant.

The service manager attends weekly central Putting Things Right (PTR) meetings where incidents, concerns/complaints, inquest reports etc are reviewed. These meetings also provide an opportunity for direct feedback to team managers and practitioners.

There were leaflets in the waiting area on how to raise a complaint and a box for people to post any concerns or suggestions on how to improve the service. There was also a 'You said - we did' board in waiting area, which showed what actions had been taken following complaints/suggestions. We suggested that the service consider developing more pro-active methods of gaining service users' feedback e.g by means of questionnaires. **The health board should consider developing more pro-active methods of gaining service users' feedback.**

In addition, there was no information available on how to contact HIW. **The health board should ensure that the contact details for HIW are displayed in a prominent position within the waiting area.**

Staff spoken with were aware of their responsibilities under Duty of Candour and were able to explain the process that would be followed on the receipt of a concern or following an incident. However, staff had not received formal Duty of

Candour training. **The health board must ensure that staff receive Duty of Candour training.**

We were told that Nant y Glyn CMHT are working towards the Royal College of Psychiatry's Accreditation for Community Mental Health Services (ACOMHS) Standards for Adult Community Mental Health Services. The accreditation programme works with staff to assure and improve the quality of community mental health services for people with mental health needs, and their carers. It engages staff in a comprehensive process of review, through which good practice and high-quality care are recognised, and teams receive support to identify and address areas for improvement. These standards have been extracted from key documents and expert consensus and have been subject to extensive consultation via the Standards Development Group. This group includes patients and carers and an email forum with professional groups involved in the provision of community mental health services. They incorporate the College Centre for Quality Improvement (CCQI) Core Community Standards, as well as specialist standards relating specifically to community mental health teams

Whole system approach

Partnership Working and Development
The team have continued to maintain links with the local authority Mental Wellness Team. We were told that meetings were taking place involving both the health board and local authority, to develop a Standard Operating Procedure to formalise and strengthen the links between the two teams.

Team Managers discuss clinical and resource issues, on a daily basis, with the Inpatient Acute Team, the Home Treatment Team and the Psychiatric Liaison Services.

The team has strong working links with North Wales Substance Misuse Services, with weekly Team Manager meetings for the co-occurring Single Point of Access Allocation Meeting (SPOAA). The team also has strong working links with North Wales Probation Service. Team Managers are members of the local Multi Agency Public Protection Arrangements (MAPPA), Multi Agency Risk Assessment Conferences (MARAC) and Adult Domestic Abuse Perpetrator Tasking (ADAPT) forums.

The team also have established links with third sector agencies to help deliver some outcomes for service users that the CMHT may find difficult to achieve on its own.

The team works closely with primary care services to include local General Practitioners (GPs). The relationship with the GPs was said to be variable with some more engaged than others. We were told that some GPs were not fully supportive of the 'shared care' process which placed additional pressure on the CMHT. **The health board must ensure that General Practitioners are fully engaged and supportive of the 'shared care' principles.**

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 highlighted during this inspection.			

Appendix B – Immediate improvement plan

Service: Nant y Glyn Community Mental Health Team

Date of inspection: 23 and 24 January 2024

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
No immediate assurance issues were highlighted during this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: **Nant y Glyn Community Mental Health Team**

Date of inspection: **23 and 24 January 2024**

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
Some service users told us that they often had problems contacting the team by telephone. We were told that a new telephone answering system had been installed recently and that the recruitment of an additional receptionist was underway.	The health board must continue to monitor the telephone contact arrangements to ensure that calls are answered in a timely way.	Develop formal audit cycle to review the telephone activity to understand – • The number of calls received. • Number of calls answered. • Number of calls lost. • Time taken to answer calls. Complete Telephone Audit Appropriate action to be taken aligned to the outcome of audit.	Central Administration Manager Central Administration Manager	31st March 2024 30th April 2024

		Progress of the actions to feed into local governance forums.	Central Administration Manager	31st May 2024
		Re-audited at 3 monthly intervals until the Senior Leadership Team are assured that patients are not experiencing problems contacting the team by phone.	Central Administration Manager	31st May 2024
		Review current message taking process Divisionally with a view of improving this and consider if a SOP is required.	Central Administration Manager	30th April 2024
		Review previous Nant y Glyn message taking audit results, and ensure all actions have been met.	Operational Divisional Lead.	30th April 2024
			Central Administration Manager	30th April 2024.
Posters containing information about general advocacy services were not located in an	The health board must ensure that information relating to general advocacy services is visible and	Advocacy leaflets and posters to be made readily available in reception area.	Team Managers	31st March 2024

area making them easily visible to service users.	readily available to service users and their carers.	Develop a process to ensure that posters etc remain relevant and in stock and are accessible to persons attending the service.	Team Managers	30th April 2024
There was very little evidence of service user involvement in the drawing up of these service risk assessments and action plans.	The health board must ensure that service users and carers where appropriate, are fully involved in the drawing up of service risk assessment and recovery action plans.	Consideration of additional advocacy service, including Caniad, to attend review meeting so that Service Users, Families and Carers opinions on the service risk assessment recovery action plan can be considered and included where relevant and appropriate.	Service Manager	31st March 2024
We were told that staffing resources had not been reviewed to meet this increase in workload resulting from the number of service users diagnosed with ADHD being referred to the team.	The health board must continue to monitor and assess staffing resources against workloads and take appropriate action when necessary.	Continue to monitor and escalate community staffing levels via safety huddles, nurse staffing meetings, team meetings and supervision. Consider developing a business case for alternative staffing arrangements.	Head of Operations Head of Operations	30th May 2024 30th April 2024

There was no workload management policy in place to support this.	The health board should draw up a workload management policy.	Contact Lead for All Wales LPMHSS Group to ascertain if there is a workload management policy available that can be adapted. If not, the Health board to develop/modify existing procedures in relation to workload management. This may require a draft written control document that will progress through Health Board Ratification Processes.	Head of Operations Head of Operations	31st March 2024 Dec 31st 2024
Some service users told us that they were not aware of who to contact during the evening, night and weekends when the Nant y Glyn office was closed.	The health board must ensure that all service users and their carers are aware of how to access support and advice outside on normal office opening hours.	Development of an information leaflet for patients that outlines how to make contact outside of normal working hours.	Head of Operations	31st May 2024
There was no record of actions taken against the ligature risks highlighted.	The health board must ensure that actions taken in response to ligature risk assessments are recorded.	Complete a ligature risk assessment of Nant Y Glyn.	Head of Nursing	30th April 2024

		Any outcomes that arise from undertaking the Ligature Risk Assessment will enter into the Divisional Process for action via Capital and/or Revenue funding streams. Report progress at Local and Ligature Risk Reduction Group meeting until all actions discharged.	Head of Nursing Head of Nursing	31st May 2024 30th July 2024.
The phlebotomy chair in the clinic was unfit for purpose as it was unsuitable for patients above average size and weight and there is no adjustment to enable staff to work at a comfortable height.	The health board must provide a more suitable phlebotomy chair.	The Health Board will make arrangements to source and install suitable phlebotomy chair, ensuring height adjustment mechanism included.	Team Managers	31st May 2024
Extension leads, with multiple plugs attached, were being used in the clinic area. Not only is this an electrical hazard, but it also presented a risk of trips and falls.	The health board must take action to reduce the risk of harm presented by the use of electrical extension leads.	Liaise with Health and Safety and Estates as a priority to review and make safe the use of electrical extension. Liaise with Health and Safety to consider installation of additional plug sockets.	Team Managers Head of Operations	31st March 2024 30th April 2024

Some of the chairs were upholstered in non-wipeable material.	The health board must ensure that all chairs within the clinic are of a type that are easily cleaned.	The Health Board will source and install appropriate seating equipment within the clinic area.	Team Managers	30th June 2024
The temperature of the fridge used to store blood samples was not being recorded. Shortly after the inspection, we received confirmation that a daily temperature monitoring sheet had been introduced and that a fridge thermometer had been requested via the pharmacy department.	The health board must continue to ensure that staff monitor and record the temperature of the blood sample storage fridge on a daily basis.	Ensure fridge temperature monitoring is in place and recorded daily. Develop Audit tool with outcomes reported to existing governance groups. Complete Fridge temperature audit.	Team Managers Head of Nursing Team Managers	31st March 2024 30th April 2024 30th May 2024
The ECG machine had been broken for over 12 months and despite having reported this, no action has been taken to repair the machine. This meant that patients requiring an ECG as part of their treatment had to visit their GP for the test to be undertaken.	The health board should replace the ECG machine without further delay.	Review the requirement for an ECG machine within the Nant Y Glyn Service. If there is a requirement for an ECG machine this will be acted upon and sourced as a priority action.	Team Managers Team Managers	31st March 2024 31st June 2024
Staff told us that there was a lack of administrative support	The health board must continue to review the administrative support arrangements for the team and take	Ensure completion of administration staff Supervision to enable	Central Admin Manager	30th April 2024

within the team to enable an effective service.	appropriate action to ensure that the team are able to provide an effective and efficient service.	workload review and any escalation of service issues as appropriate. Monthly Administration team meetings to be held to ensure ongoing workload review, identifying any gaps timely to enable continued effective and efficient service provision.	 Central Admin Manager	 31st May 2024
The majority of care records are maintained in paper format. Consequently, this made the information difficult to navigate and locate the most current information. We were told that work was underway to develop an electronic records management system. This would greatly improve the recording, navigating and sharing and of information with primary care services.	The health board should move forward with plans to develop an electronic records management system.	Continue working with Welsh Government to implement a Digital Health Record System. Regular updates on progress to be shared across the MH&LD Division.	Head of Strategy & Development Head of Strategy & Development	31st January 2025 30th July 2024
There was little evidence of regular auditing and review of	The health board must set up an auditing and review process for care	Continue with Mental Health Measure (MHM) 6 monthly audit.	Mental Health Measure Leads	30th April 2024

service users' notes to ensure accuracy and consistency.	and support records to ensure accuracy and consistency.	Share outcome of MHM audit with Nant y Glyn staff. Agree appropriate actions from MHM audit to ensure accuracy and consistency of care and support records.	Head of Operations Head of Operations.	30th June 2024 30th June 2024
Service users' voice was not always reflected in all of the care and treatment plans viewed. There was also a tendency for plans to be risk and needs focused rather than strengths based.	The health board must ensure that service users' views and wishes are always reflected within the care and treatment plans and that the plans are reflective of service users' strengths as well as their care and support needs.	Controlled memo to be sent to all Care co-ordinators to ensure that the service user views and wishes are identified within care and treatment plans. Include services user involvement with care and treatment plans in MHM Audit tool.	Head of Nursing Mental Health Measure Leads	31st March 2024 30th April 2024
The health and social care staff were not integrated nor co-located. This has caused some issues with regards communication with colleagues within the local authority wellbeing team and has led to a more bureaucratic referrals process. Nevertheless, we	The health board must develop formal strategies to improve joint working with the local authority at all levels within the service.	Arrange joint health board and local authority team manager's engagement workshop/events to understand the current issues, to agree a model and develop a SOP.	Head of Strategy and Development.	30th September 2024

found that there were good informal working relationships in place between the team managers at Nant y Glyn and their counterparts within the local authority. However, these arrangements need to be formalised.		Continue with Health Board and Local Authority Director meetings to enable integrated partnership working.	MH&LD Director	30th June 2024
Staff told us that they would benefit from alcohol related brain disorder training as the team will shortly be taking responsibility for providing care and support to this service user group.	The health board should arrange for staff to receive alcohol related brain disorder training.	Arrange training to be delivered on alcohol related brain disorders to all clinical staff. Audit of staff register to demonstrate attendance. Consider same training at all Divisional CMHT teams across the Division.	Head of Nursing Head of Nursing Head of Nursing	30th June 2024 31st July 2024 30th June 2024
Some staff told us that they did not feel valued and felt that there had a breakdown of relationships between different disciplines within the CMHT. This has already been highlighted by the senior	The health board must continue to monitor working relationships between different disciplines within the team and take appropriate and timely action to address the issues highlighted in the internal risk assessment.	Team Development sessions to be progressed to strengthen team working. Facilitated discussions to be held with teams to understand why staff do not	Head of Operations Training, Development and Wellbeing Lead	30th May 2024 30th April 2024

management team as an issue requiring attention in the internal risk assessment.		feel valued, collate themes and, in collaboration with the teams, develop suggested solutions with feedback to the local SLT and to agree a plan. Agree and implement plan.	 Head of Operations/Training and Development Wellbeing Lead.	 30th May 2024
There was no pro-active method in place to gain service users' feedback.	The health board should consider developing more pro-active methods of gaining service users' feedback.	Implement use of the Service User Feedback Tool within the CMHT with the support of the PALS Team. Ensure Nant y Glyn is included on CIVICA database. Consider Service User Feedback poster with QR code directed to Microsoft form questionnaire to be displayed in reception area.	Head of Nursing Head of Nursing Head of Nursing	30th April 2024 30th April 2024 30th April 2024
There was no information available on how to contact HIW.	The health board should ensure that the contact details for HIW are displayed in a prominent position within the waiting area.	Display details of how to contact HIW within the service user waiting area.	Team Manager	31st March 2024

Staff had not received formal Duty of Candour training.	The health board must ensure that staff receive Duty of candour training.	Share link for Duty of Candour Training for staff to access. Local Senior Leadership Team to monitor staff participation in Duty of Candour Training to ensure all staff receive the training. Report into MH&LD Divisional Service Quality Delivery Group meeting. Replicate process in all CMHT teams across the Division.	Head of Nursing Head of Nursing Head of Nursing	31st March 2024 30th June 2024 31st July 2024
We were told that some GPs were not fully supportive of the 'shared care' process which placed additional pressure on the CMHT.	The health board must ensure that General Practitioners are fully engaged and supportive of the 'shared care' principles.	To undertake engagement with the GPs aligned to the Shared Care Process. To discuss and agree appropriate actions to resolve any issues. Monitor and review of actions will be through local Service Quality Delivery Group meetings and escalated into Divisional governance forums, if required.	Clinical Director Clinical Director Clinical Director	30th September 2024 30th November 2024 31st December 2024.

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): Carole Evanson

Job role: MH&LD Director of Operations

Date: 14th March 2024