

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

North Ceredigion Community
Mental Health Team, Hywel Dda
University Health Board and
Ceredigion County Council

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

In writing:

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

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

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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 are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

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 North Ceredigion Community Mental Health Team within Hywel Dda University Health Board and Ceredigion County Council on the 20 and 21 November 2018.

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

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

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

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

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care to its service users. However, we found some evidence that service was not fully compliant with all Health and Care Standards (2015) and the Social Services and Wellbeing (Wales) Act 2014.

The service was in a period of change, with a new model in the process of being designed and implemented. We found that there was a clear focus from management and positivity from both management and staff to implement the changes for the benefit of service users.

We found the quality of patient care and engagement with service user and their carers to be of a good standard. Service users spoke positively about the support they received from staff.

We found that access to the service had improved very recently, meaning that service users were being seen in a timely manner.

We saw that the quality of record keeping was of a good standard, however hindered on occasion by the use of two IT systems.

We found that there was a good multidisciplinary approach with regards to service users assessments, care planning and reviews. We found that care plans were strength based and recovery focussed. The CMHT and the Crisis Resolution Home Treatment Team (CRHTT) demonstrated positive working relationships for the benefit of their service users.

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

Staff we spoke with were clear about their responsibilities in relation to safeguarding adults and children and were able to describe the reporting process.

This is what we found the service did well:

- Service user feedback was generally positive
- Good engagement with service users and carers regarding the service redesign
- An open door policy into the service
- Care and treatment plans being recovery focussed and strength based
- Application of Mental Health Act and Mental Health Measure (2010) and legal documentation
- Identification of a vision for the future of the service supported by a motivated and passionate team
- Good working relationships between the health board and local authority.

This is what we recommend the service could improve:

- The fabric of the building is in need of repair, updates and refreshing
- Availability of, and access to, Section 12 doctor in a consistent and timely way
- Transportation for services users to/between hospitals
- Ligature point risk assessment
- Management of one medication (clozapine) and availability of information for patients regarding prescribed medication
- Risk assessment for the use of resuscitation equipment within the building
- A more robust process for staff supervision.

3. What we found

Background of the service

North Ceredigion Community Mental Health Team provides community mental health services at Gorwelion Resource Centre, Llanbadarn Road, Aberystwyth, SY23 1HB, within Hywel Dda University Health Board and Ceredigion County Council.

The team provides services to approximately 250 adults with mental health needs, which was variable due to a transient student and seasonal population within the locality.

The staff team includes the CMHT manager, a consultant psychiatrist, six community psychiatric nurses, a social services team manager (covering both North and South Ceredigion), three social workers, two psychologists, two occupational therapists, two support workers, three administrative staff and a domestic member of staff.

The team were supported by the Crisis Resolution and Home Treatment Team (CRHTT), who were co-located in the same building as the CMHT. Both staff and management shared offices and took part in daily meeting to share information. As a consequence, we found that the teams demonstrated a good standard of team working and information sharing.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Patients provided positive comments about the services they received.

We found there to be good systems in place to ensure that both service users and carers were engaged and consulted with, specifically about a redesign of the service.

The service was striving to provide a warm, welcoming and less clinical environment for service users, however, it was hampered by the need to repair and update areas of the building.

We found that access to advocacy was difficult for the team.

We recommended that improvements could be made in respect of access to specialist doctors, transport and places of safety for the benefit of service users and the quality of their experiences.

During our inspection we distributed HIW questionnaires to service users to obtain their views on the service provided by the team. In total, we received 13 completed questionnaires.

Service user feedback in the questionnaires was generally positive. Patients praised the crisis team and their care coordinators, telling us they feel they can see them whenever they require, and that they take time to help them receive the services they need.

Care, engagement and advocacy

We found the quality of patient care and engagement to be of a high standard. The CMHT was able to demonstrate that they actively engaged with both service users and carers on a regular basis, specifically in relation to the proposed changes to the service moving forward. We observed a discussion between a senior manager and service user which was engaging, positive and invited the views of the service user on the redesign of the building.

We saw that the CMHT had received a bronze award for Investors in Carers¹, in recognition of the support provided by the team to carers and families. We were told that the CMHT was working towards attaining the silver award in the near future.

Around a half of the service users that completed a questionnaire felt that the CMHT had involved a member of their family, or someone close to them, as much as they would have liked.

All but one of the service users that completed a questionnaire said that they had been given information (including written) by their CMHT. We saw that information for service users was available in both English and Welsh.

More than a half of service users that completed a questionnaire said that they hadn't been offered the support of an advocate to potentially help them access information they may need, or to support them in situations where they didn't feel able to speak for themselves.

We discussed access to advocacy services with staff and we were told that this was difficult and not readily available. Members of the senior management team told us that they were very aware of the problem in accessing advocacy services, and would actively commission when and where appropriate.

The building was accessible to people with mobility problems, with a ramp leading up to the main entrance. Meeting rooms and the clinical area were all located on the ground floor of the building and easily accessible. Toilet facilities were available by the waiting area.

Changes to the access of the building had recently been implemented. This meant that the glass partition between the waiting area and reception staff had been removed. The service had also removed the locked door between the waiting area and ground floor of the building. We were told that this was with the planned intention of making the environment feel less clinical and more inviting to service users, by removing some of the barriers to accessing the service. Both staff and services users told us that they felt this had been a positive move. However, as a result of some of the physical changes, the

¹ The Investors in Carers Bronze Level award is a regional partnership quality standards scheme, which is delivered through Hywel Dda University Health Board, with Ceredigion County Council and third sector partners in Carmarthenshire, Ceredigion and Pembrokeshire.

reception area was in need of refreshing to ensure it was welcoming and maintained to a high standard. A recommendation is made about this within the delivery of safe and effective care section of the report.

Despite the physical issues regarding the building, we found that the service was providing a warm welcome to service users. There was a large room available with tea and coffee making facilities which service users were able to access as and when they wished. Staff told us that this was designed with the intention of providing an environment where service users were able to freely access the service, advice and support, and have contact with staff on an informal basis. Both staff and patients reported this to be positive. We saw an example of service users using this facility and engaging positively with staff during the inspection.

Improvement needed

The health board and local authority must continue to make provisions for advocacy services for service users.

Access to services

The range of time service users that completed a questionnaire had been in contact with the CMHT ranged from less than a year to more than 10 years. The majority of service users that completed a questionnaire had last seen someone from the CMHT in the last month.

Almost all service users that completed a questionnaire told us that they found it easy to access support from the CMHT when they need it. Service users that completed a questionnaire said that when thinking about their own needs, they had been seen by the CMHT about the right amount of times.

Three out of the 14 service users that completed a questionnaire told us that they didn't know how to contact the care coordinator if they had a concern about their care.

Almost all service users that completed a questionnaire felt that the CMHT worker usually gives them enough time to discuss their needs and treatment, and listens to them carefully.

The majority of service users that completed a questionnaire told us that the service provided by the CMHT meets most of their needs.

The majority of service users that completed a questionnaire had been referred to the CMHT by their GP. Most service users that completed a questionnaire told us that it took about three weeks or longer to get seen by the CMHT following their referral.

We found that referrals were predominantly received via a contact centre, Porth Gofal². This is a partnership between the local authority, the health board, and other third party organisations. The aim of the contact centre is to refer individuals to the most appropriate service, including referrals to the CMHT. We were told that this service was under further development, and the plan was to place appropriately trained and experienced mental health professionals into the team to provide professional support to those individuals receiving calls. The CMHT also accepted self referrals from service users who had previously been service users of the team, through the Mental Health (Wales) Measure 2010³.

We found access to the service and the referral process to be good. Referrals were dealt with in a timely manner with no unnecessary delay in addressing service users' needs.

It was of a concern to find that for patients requiring hospital care, the nearest in-patient beds were around an hour and a half away. We were told that this had an impact on both staff, service users, carers and families. For care coordinators, it meant long journeys to see and support service users in hospital. For service users, it meant they were often a long way from their homes and support networks. For carers and families, it often meant long journeys to be able to visit loved ones. We were told that this had a negative impact on service users and their recovery journey.

For patients in need of an urgent mental health assessment, staff, the management team and the Mental Health Act administrator told us that they had concerns about the availability of Section 12⁴ doctors. We were told that their availability was often limited, which delayed assessments being carried out

² <https://www.ceredigion.gov.uk/resident/social-care-wellbeing/the-wellbeing-and-care-pathway/porth-gofal/>

³ <http://www.wales.nhs.uk/sitesplus/documents/861/100707mentalhealthfactsheeten.pdf>

⁴ A doctor trained and qualified in the use of the Mental Health Act 1983, usually a psychiatrist. They may also be a responsible clinician, if the responsible clinician is a doctor.

in the community in a timely manner. This meant that approved mental health practitioners (AMHPs) could be left with vulnerable patients and their families/carers for long periods of time whilst waiting for a doctor to support them on an assessment.

It was also reported to us that there were issues with transporting service users to hospital and/or a designated place of safety for treatment and/or assessment. We were told that this often meant long delays for service users accessing the care and treatment needed. This had the potential to impact directly on the service user experience, health and well-being. It also had the potential to directly impact upon staff accompanying service users, who would also be required to wait long periods of time.

Senior managers were aware of the above issues, and the impact delays of assessments and conveyancing have on service users and staff. We were told that there were plans to create a place of safety within the Gorwelion building in the future, as part of their service redesign, which would reduce travel time for both staff and patients. We recommended that the service continues to explore alternatives for conveyancing service users to hospital and places of safety in the interim period, and continues to explore ways of ensuring Section 12 doctors are readily available.

The CMHT was co-located in the same building as the Crisis Resolution and Home Treatment Team (CRHTT), and we found that this had many benefits for both staff and service users. Members from both teams including management, shared offices, resulting in constant dialogue about service users within their locality. This meant that all staff had an understanding of the needs of service users from across the two teams.

We saw that a daily hub meeting was held and attended by staff from the two teams. Predominately it was about service users known to the CRHTT, however, we found this to be a positive way of sharing information. We saw positive examples of where CMHT and CRHTT team members actively discussed service users with a view to discharging them back into the CMHT for continued care. Staff told us that prior to the teams being co-located this process would have been prolonged, whereas they reported it to be much quicker and beneficial to service users and staff. We found this to be a very positive way of sharing information and demonstrated good team working.

The team was able to demonstrate an active role in providing mental health services to Aberystwyth University. Members of the CRHTT visited the university on a weekly basis and they were able to accept direct referrals from the well-being nurses based at the university. This meant that students were able to access mental health services without the need to be referred into the CMHT by a GP.

We saw that multi-disciplinary meetings were held on a weekly basis, and were attended by members of the multidisciplinary team. We were told that the purpose of the meeting was to discuss new referrals, risk assess and allocate cases to team members. Staff we spoke to told us that the process worked well.

Urgent referrals were dealt with by the duty officer, currently one available during the day, Monday to Friday 9am – 5pm. Service users were usually seen and/or contacted on the same day by the duty officer. If, after relevant enquiries, the referral was not judged to be as urgent as first thought, then the service user would be offered an appointment, within 28 days with the primary mental health care team as required under the Mental Health Measure.

Referrals that require an assessment under the Mental Health Act⁵ are passed to one of the Approved Mental Health Professionals (AMHP) for action.

Where appropriate, and if service users do not meet the threshold for secondary health care, they were referred to other services better placed to meet their needs. The nature of subsequent referrals or signposting was dependent on the person's presenting condition and needs.

Staff and managers told us that there was a delay of approximately ten to twelve months in service users being able to access psychology services, after they were assessed as requiring them. The impact of this delay for service users was at best to hamper their recovery and could lead to service users' relapse. The health board should review the availability of psychology and look at ways of reducing waiting times and how service users should be actively supported during the waiting period.

We were told that staff were utilised effectively in the process of allocating care co-ordinators. This was a team effort that identified the most appropriate person to work with a particular service user.

The majority of service users that completed a questionnaire said that they knew how to contact the CMHT out of hours service, and those service users that had contacted the service in the last 12 months said that they got the help they needed.

⁵ <https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/mental-health-act/>

Almost all service users that completed a questionnaire also said that they knew how to contact the CMHT if they had a crisis, and those who had contacted the CMHT in a crisis in the last 12 months told us that they did get the help they needed. The CRHTT was able to provide out of hours services for some of the week, being 8pm-12pm Tuesday, Wednesday and Thursday and a 24 hour service the rest of the week. The aim, under the service redesign, was to be able to provide 24 hour care seven days a week.

Improvement needed

The health board must ensure that Section 12 doctors are available in a timely manner.

The health board and local authority must ensure that transporting service users to/between hospital sites is done in a timely way.

The health board should review the availability of psychology support and look at ways of reducing waiting times and how service users should be actively supported during the waiting period.

Delivery of safe and effective care

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

Overall, we found that the service was providing safe and effective care to service users.

There was a multi-disciplinary, person centred approach to assessment, care planning and review. Service users were involved in the development of the care and treatment plans and we found them to be recovery focussed and strength based.

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.

We recommended where some improvements could be made in relation to the management of one medicine.

There was a safeguarding of children and vulnerable adults policy in place, and staff had completed the relevant training.

General and more specific risk assessments were undertaken and any areas identified as requiring attention were actioned. However, we found that ligature point risk assessments had not recently been carried out.

Discharge arrangements were generally satisfactory.

Record keeping was generally good and in accordance with the requirements of the Mental Health Act.

Managing risk and promoting health and safety

We found that large areas of the building were in need of refurbishment. The building was old and tired and in need of general updating and refreshing. Areas of the building had been damaged as a result of leaks through the roof, resulting in damaged walls. Staff only areas were also in need of updating. We

saw that under staff desks there were numerous electrical cables which could potentially be a hazard.

Work was currently being carried out on the roof of the building to fix the leaks, and we were told that there was a plan in place to address the interior issues regarding decoration and updating.

We saw that there was a tear in the clinic bed, which may inhibit effective cleaning and should be repaired or replaced.

The service had access to outside space which had, in the past, been used as a therapeutic area for service users. However, we found that the area was overgrown with weeds and the out-buildings were in a serious state of disrepair. Staff told us that they would like to have use of the facilities, but currently this was not appropriate.

We saw that risk assessments were carried out and issues reported appropriately. However, we found that ligature point risk assessments were not being carried out.

Improvement needed

HIW must be provided with an action plan detailing the refurbishment work to be undertaken on the exterior and interior of the building.

The tear in the clinic bed must be repaired or replaced to ensure effective infection control measures are in place.

Ligature point risk assessments must be undertaken and measures set in place to eliminate or mitigate any risks identified.

Medicines Management

The medication management procedures were generally good and we found that documentation and audit processes were in place.

We raised a concern with senior management with regards to the management of one particular medicine, clozapine, an antipsychotic medication. We were concerned about the management of service user physical health checks, which are required to ensure they remain safe to be prescribed the medication. Whilst we were told that the health checks were being carried out by the service users General Practitioner, we were unclear what oversight the CMHT had over these checks. We received confirmation from senior management that a specific policy was in the final stages of being approved for this particular medicine. This meant that a specialist clozapine clinic would be set up and

managed by a specialist mental health pharmacist. Timescales were not provided, and we urged the health board that this should be prioritised.

Information leaflets in relation to any prescribed medication were not readily available to service users.

We observed that the clinic room was clean and tidy with all cupboards kept locked. Stocks were kept in good supply.

The service did not have access to resuscitation equipment that may be needed in the event of a service user emergency. This was discussed with the management team during the inspection and we were informed that a decision had been made that this equipment had been deemed to be not needed. We were, however, unable to see any risk assessment regarding this decision.

Improvement needed

The health board must confirm to HIW the timescales in relation to setting up a clozapine clinic and finalisation of the policy.

The health board must ensure that medication information leaflets are readily available for service users.

A risk assessment should be carried out to determine whether resuscitation equipment is required in the event of a patient emergency and acted on as appropriate.

Assessment, care planning and review

Almost all service users that completed a questionnaire felt either very, or quite, involved in the development of their care plan. A third of the service users that completed a questionnaire told us that they had not received a copy of their care plan. The service must ensure that all service users receive a copy of their care and treatment plan, to ensure that they have ease of access to the information about themselves.

The majority of service users that had been in contact with the CMHT for more than a year said that they have had a formal meeting or review with their care coordinator to discuss how their care is working, and that they felt very involved in these meetings. Service users that completed a questionnaire also felt that 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.

Overall, we found that service user care records were of a good standard. It was evident from the care documentation reviewed, and from discussions with service users, that their views and wishes were the main focus of the work conducted by the CMHT. We saw that the care and treatment plan were strength and recovery focussed.

It was, however, difficult to navigate service user documentation due to there being two recording systems in place. Both health board and local authority staff had access to one electronic system used for recording, however, health board staff did not have access to a system used only by local authority staff. We also found that paper records were in the process of being transferred over to electronic records, which on occasion made it difficult to navigate the systems. We were told that there was a plan in place to ensure that all staff have access to the same system to ensure they all have access to the same information immediately.

Service users that completed a questionnaire were most likely to have their accommodation and education needs completely met by the services provided through the CMHT. Service users told us that they were least likely to have their social needs completely met by the services provided through the CMHT.

Where applicable, just under a quarter of service users that completed a questionnaire said that the option to receive direct payments to help meet their care and support their needs had been discussed with them by the CMHT.

Improvement needed

All service users must be given a copy of their care and treatment plan.

Consideration should be given to ensure that both health board and local authority staff have access to the same electronic recording systems.

Measures must be set in place to ensure that service users' social needs are completely met by the services provided through the CMHT.

Patient discharge arrangements

Following our review of case files and discussions with staff we found discharge arrangements to be generally satisfactory. This is because the process was mainly service user-led and managed in accordance with service users' requirements. We were told that the ethos of the team was to plan service user care to enable safe and effective discharge.

Safeguarding

Staff we spoke with were clear about their responsibilities in relation to safeguarding adults and children. Staff described a clear process for reporting any safeguarding concerns.

Safeguarding training was mandatory for staff and we saw records to show that this had been completed.

Compliance with specific standards and regulations

Mental Health Act Monitoring

We reviewed the statutory documents of three service users who were the subject of Community Treatment Orders⁶ (CTO) being cared for by North Ceredigion CMHT. Overall, we found the record keeping was of a good standard, organised and easy to navigate. We found it to be maintained in accordance with the requirements of the Mental Health Act.

There was evidence within the documentation of consideration of other treatment options and appropriate consultation with the service user, their carer (where appropriate) and other professionals.

We spoke with the Mental Health Act Administrator who provided a comprehensive overview of the process and demonstrated a good knowledge and understanding of the legal requirements.

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

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

There was a multi-disciplinary, person centred approach to assessment, care planning and review. Service users were involved in the development of the

⁶ Treatment for service users in the community who have been previously detained in hospital and discharged

care and treatment plans and relevant people such as family members or carers were also involved where appropriate.

Overall, we found that the assessment of service users' needs was proportionate and appropriate.

Care plans were generally well structured and person centred and reflected service users' emotional, psychological and general health and well-being needs. We found the plans to be recovery focussed and strength based and were also written in the first person.

Entries within the case files were contemporaneous with all members of the team documenting their involvement/interventions within one file.

Compliance with Social Services and Well-being Act

It was evident from the care documentation seen, and from discussions with service users, 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.

During inspection the principles set out in the Social Services and Wellbeing (Wales) Act 2014, regarding voice and control and co-production were evidently being supported. This is because we saw written evidence in files and were told by service users that they were being supported to actively participate in their assessments and the design of their care and treatment plans. This was further supported by one service user who commended the service for encouraging her to be involved in the service re-design by participating in a future planning and design group around the environmental changes planned for the building.

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.

We found evidence of strong management and leadership within the team, with staff generally commenting positively on the support that they received from their line managers.

We saw a passionate and cohesive team, who were positive about the proposed changes to the service.

Staff told us that they had access to training and supervision, and that there was an open door policy to be able to access support and advice as and when they needed it.

We found there were effective communication channels between staff and senior management.

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

Leadership, management and governance arrangements

The team was managed by a team leader whose substantive post was within the health board. We found that there was good internal communication and good joint overview and governance by both the local authority and health board senior management teams.

Both staff and management reported that they felt there was genuine joint working between the teams. We saw this demonstrated through effective meetings and through feedback received from staff. However, whilst we found this was reported in a positive way, we concluded that this was based upon individual relationships rather than a systematic and a more formal way of working. We recommended that to ensure joint working continued to be positive and productive, a more formal approach should be considered to ensure processes were robust and not based on individual relationships.

The management team had a vision for the future of mental health services⁷, and was in the process of substantial change. A joint venture between the health board and local authority, along with involvement from a number of other agencies had produced a model for the future of the service, with a clear, identified plan. We saw that staff, service users, carers and other stakeholders had been consulted and engaged with in order to produce the model. Both staff and senior management were positive and excited about the changes, and we saw commitment from all of the workforce with regards to implementing the changes necessary to support the redesign of the service.

We spoke with available staff, the vast majority of whom were positive about working in the team. They spoke highly of their colleagues, team managers and senior management and said they felt well supported. As well as the daily hub meetings, we saw that team meetings were held on a weekly basis, where a variety of topics would be discussed.

There was a formal complaints procedure in place which was compliant with Putting Things Right⁸ and the local authority's formal complaint process.

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. We were told that complaints would be dealt with jointly, where appropriate, and staff told us about the links between the concerns departments in the health board and local authority to help ensure there is a joined up response in regards to concerns received. Staff also told us that serious untoward incidents and concerns were recorded on the Datix⁹ system and discussed at weekly meetings and any learning disseminated to the team.

⁷ <http://www.wales.nhs.uk/sitesplus/862/page/82535>

⁸ 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 for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

⁹ NHS wide electronic incident reporting system

Formal recruitment processes were in place and managed centrally by both the health board and local authority. Employment checks, such as qualifications, professional registration and disclosure and barring checks were undertaken respectively by the relevant teams.

We saw that there was a structure in place for staff supervision, which should be held on a monthly basis. We found that supervision for some staff members was conducted in a robust way, ensuring that supervision was held monthly, however for others we found that this was directed by the supervisee and therefore did not always happen in a timely way. We recommended that a more robust and formal approach should be taken with regard to the management of supervision, to ensure all staff receive it on regular basis. Staff told us however that the management team were very supportive and there was an open door policy, and they were able to obtain advice as and when they required.

We saw that there were formal annual appraisals in place, managed under respective health board or local authority systems.

At the time of our inspection, there was one vacancy, which was in the process of being advertised. We were told that whilst staff turnover is low, recruiting into the team was difficult due to the geography of the team. As a consequence vacancies could be held open for periods of time whilst trying to fill them. It was positive to note that the health board were supporting staff to gain qualifications in an attempt to help address their recruitment issues. A concern to the team was the retirement of the psychiatrist within the team. We were told that a long term locum had been sourced whilst a recruitment process was ongoing.

Staff we spoke with told us that they were able to access mandatory and other service specific training and the training records we viewed confirmed this.

Staff spoke positively about the range of services that service users have access to. These include some third sector provisions.

Improvement needed

The health board and local authority should consider strengthening and formalising communication and governance channels to ensure there are robust procedures in place that support integrated working.

The process for staff supervision must be robust to ensure all staff receive meaningful supervision in a timely and consistent way.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect community mental health teams

Our inspections of community mental health teams are announced. The service receives up to 12 weeks notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how CMHTs are meeting the [Health and Care Standards 2015](#), [Social Services and Well-being Act \(Wales\) 2014](#) comply with the [Mental Health Act 1983](#) and [Mental Capacity Act 2005](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within community mental health teams.

Further detail about how HIW inspects [mental health](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: North Ceredigion Community Mental Health Tam

Ward/unit(s): Insert name

Date of inspection: 20 - 21 November 2018

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
No immediate assurance issues were identified on this inspection.					

Appendix C – Improvement plan

Service: North Ceredigion Community Mental Health Team

Ward/unit(s): Insert name

Date of inspection: 20 - 21 November 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
Quality of the patient experience					
The health board and local authority must continue to make provisions for advocacy services for service users.	5.1 Timely access; SSWBA Code of Practice 10	Continue with the current arrangements to Spot purchasing.	Head of Clinical Innovation and Strategy, MH&LD (Health Board)	Head of Clinical Innovation and Strategy, MH&LD (Health Board)	Complete
The health board must ensure that Section 12 doctors are		Undertake a comprehensive review of funding for advocacy services across Hywel Dda.	Head of Clinical Innovation and Strategy, MH&LD (Health Board)	Head of Clinical Innovation and Strategy, MH&LD (Health Board)	28/02/20
				Head of Service, Adult	

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
available in a timely manner.	5.1 Timely access;	Directorate to reinforce to staff the process for escalation of concern when Section 12 doctors are not available in a timely manner, including the requirement to use the Datix system to report incidents where there has been a significant delay in securing a Section 12 Doctor for the purpose of undertaking a MHA assessment.	Consultant Psychiatrist, CAMHS (Health Board)	MH (Health Board)	28/02/19
The health board and local authority must ensure that transporting service users to/between hospital sites is done in a timely way.	5.1 Timely access; SSWBA Code of	Undertake transporting service pilot consisting of two staff members utilising an existing Health Board vehicle to transport patients. This will improve the availability of	Deputy Director of Operations (Health Board)	Head of Clinical Innovation and Strategy, MH&LD (Health Board)	30/05/19

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
	Practice 3	appropriate transport and inform the mapping out of the current and future transport need.			
The health board should review the availability of psychology support and look at ways of reducing waiting times and how service users should be actively supported during the waiting period.	6.1 Planning Care to promote independence;	<p>The vacant Clinical Psychologist for Adult MH post to be re-advertised and if recruitment is unsuccessful consideration will be given for alternative psychological intervention e.g. CBT Therapist.</p> <p>Implement process for all clients who are waiting a psychology intervention to be contacted by phone or letter at 26 weeks and again at 12 week intervals including an information leaflet regarding Psychology AMH service and contact details.</p>	<p>Head of Service SCAMHS & Psychological Therapies (Health Board)</p> <p>Head of Service SCAMHS & Psychological Therapies (Health Board)</p>	<p>Head of Acute Psychology</p> <p>Head of Acute Psychology</p>	<p>30/04/19</p> <p>Completed-process in place</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		The Psychology Service to be integrated with the Psychological Therapies Service enabling all clients to receive evidence based psychological therapy based on assessed need in order to meet the 26 week standard for treatment following referral.	Head of Service SCAMHS & Psychological Therapies (Health Board)	Head of Acute Psychology	31/07/19
		Develop an information leaflet to be provided to all clients outlining available local support services and how to make contact with the service should their circumstances change.	Head of Service SCAMHS & Psychological Therapies (Health Board)	Head Acute Psychology Services	31/03/19
Delivery of safe and effective care					
HIW must be provided with an action plan detailing the refurbishment work to be undertaken on the exterior and interior of the building.	2.1 Managing risk and promoting health and safety	Estates/maintenance to submit an emergency capital bid for the exterior of the building	Head of Service, Adult MH (Health Board)	Assistant Site Operational Manager (Hard FM, Estates Department)	Complete

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		<p>Subject to approval of emergency capital bid, exterior works to be completed.</p> <p>Estates Department maintenance and property teams to work with the Aberystwyth 24/7 project group to develop and agree brief to address priority internal condition issues.</p> <p>The Estates Department via the Property & Design teams to submit Capital Bid for internal refurbishment work.</p> <p>Subject to approval of Capital bid, internal refurbishment</p>	<p>Head of Service, Adult MH (Health Board)</p> <p>Head of Service, Adult MH (Health Board)</p> <p>Head of Service, Adult MH (Health Board)</p>	<p>Head of Property Performance (Health Board)</p> <p>Head of Property Performance (Health Board)</p> <p>Head of Property Performance (Health Board)</p>	<p>30/04/19 - Subject to approval of emergency capital bid</p> <p>Complete</p> <p>28/02/19</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
<p>Ligature point risk assessments must be undertaken and measures set in place to eliminate or mitigate any risks identified.</p>		work to be completed	Head of Service, Adult MH (Health Board)	Head of Property Performance (Health Board)	Subject to approval of capital bid for 2019/20. If funding approved works to be completed over 25 week project programme.
		MH service and Estates to undertake on site audits to identify high risk areas and develop point of ligature action plan.	Head of Service, Adult MH (Health Board)	Building Officer, Estates Department	Complete
		Design and Cost point of ligature action plan	Head of Service, Adult MH (Health Board)	Building Officer, Estates Department & Ceredigion Service Manager, Adult MH (Health	complete
		Place order for replacement clinic bed			

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
The tear in the clinic bed must be repaired or replaced to ensure effective infection control measures are in place.			Head of Service, Adult MH (Health Board)	Board) Building Officer, Estates Department & Ceredigion Service Manager, Adult MH (Health Board)	31/03/19
The health board must confirm to HIW the timescales in relation to setting up a clozapine clinic and finalisation of the policy.	2.6 Medicines Management	<p>Completion date for clozapine clinic anticipated January 2020</p> <p>Advertise for Advanced pharmacist role, to include setting up clozapine clinic (Personnel anticipated to be in post by 31/08/19)</p> <p>Specialist Training to be undertaken by staff for use of</p>	<p>Head of Service, Adult MH (Health Board)</p> <p>Head of Service, Adult MH (Health Board)</p> <p>Head of Service, Adult MH (Health Board)</p>	<p>MH Lead Pharmacist (Health Board)</p> <p>MH Lead Pharmacist (Health Board)</p> <p>MH Lead Pharmacist</p>	<p>31/01/20</p> <p>Complete – in recruitment process</p> <p>31/10/19</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
<p>The health board must ensure that medication information leaflets are readily available for service users.</p> <p>A risk assessment should be carried out to determine whether resuscitation equipment is required in the event of a patient emergency and acted on as appropriate.</p>		specialist equipment.	Board	(Health Board)	
		Develop and approve clozapine guidelines.	Head of Service, Adult MH (Health Board)	MH Lead Pharmacist (Health Board)	31/08/19
		Develop implementation plan for Health Board wide use of clozapine guidelines.	Head of Service, Adult MH (Health Board)	MH Lead Pharmacist (Health Board)	30/09/19
		Multidisciplinary team members to provide medication information leaflets to service users during appointment.	Interim Head of Nursing, Mental Health & Learning Disabilities (Health Board)	Ceredigion Service Manager, Adult MH (Health Board)	Immediate action taken Complete
	Complete Risk assessment.		Interim Head of Nursing, Mental Health & Learning Disabilities	Senior resuscitation Officer (Health Board)	Complete

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		<p>Action plan to be progressed to allow resuscitation equipment being made available, with actions being monitored via the Quality Safety governance structure.</p> <p>Staff to be provided with training on Immediate Life Support (ILS)</p>	<p>(Health Board)</p> <p>Interim Head of Nursing, Mental Health & Learning Disabilities (Health Board)</p> <p>Interim Head of Nursing, Mental Health & Learning Disabilities (Health Board)</p>	<p>Senior resuscitation Officer (Health Board)</p> <p>Senior resuscitation Officer (Health Board)</p>	<p>Complete</p> <p>31/08/19</p>
<p>Consideration should be given to ensure that both health board and local authority staff have access to the same electronic recording systems.</p>	<p>3.4 Information Governance and Communications</p>	<p>Directorate Informatics group to discuss interim arrangement for Approved Mental Health Practitioners (AMHP's) to have access to Care Partner as part of the out of hours AMHP</p>	<p>Director of Planning, Performance and Commissioning (Health Board) (Service</p>	<p>Directorate Support Manager, MH&LD (Health Board)</p>	<p>31/03/19</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
	Technology; SSWBA Code of Practice 8	responsibilities (MHA assessment), with agreed actions arising from discussion to be monitored and progressed via the Informatics group Subject to Board approval, the Health Board will implement the Welsh Community Care Information System (WCCIS) for Integrated Teams within Ceredigion, allowing Health Board and local authority staff to view a shared record for their patients.	Manager, MH (Ceredigion County Council) Director of Planning, Performance, Informatics and Commissioning (Health Board)	Assistant Director of Informatics (Health Board)	March 2020, subject to Board Approval
All service users must be given a copy of their care and treatment plan.	3.5 Record keeping; SSWBA Code of Practice 2 and 3	Issue all service users with a copy of their care and treatment plan (CTP). Reminder to staff through	Interim Head of Nursing, Mental Health & Learning Disabilities (Health Board)	Ceredigion Service Manager, Adult MH (Health Board) Ceredigion	Immediate - action Complete 28/02/19

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale	
Measures must be set in place to		Team Meeting that all service users to be issued with copy of CTP following review.	Interim Head of Nursing, Mental Health & Learning Disabilities (Health Board)	Service Manager, Adult MH (Health Board)	Completed with ongoing monitoring	
		Seek assurance through CTP monthly audit that CTP has been issued during regular staff individual caseload supervision meetings with team leader.	Interim Head of Nursing, Mental Health & Learning Disabilities (Health Board)	Service Manager, MH (Ceredigion County Council)		28/02/19
		I nclude service user's social needs within the CTP.	Interim Head of Nursing, Mental Health & Learning Disabilities (Health Board)	/ Service Manager, Adult MH (Ceredigion County Council)		28/02/19

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
ensure that service users' social needs are completely met by the services provided through the CMHT.		Monitor compliance that service user's social needs are included in CTP and take appropriate action via monthly CTP audit and regular individual caseload supervision.	Interim Head of Nursing, Mental Health & Learning Disabilities (Health Board)	Board)	
Quality of management and leadership					
The health board and local authority should consider strengthening and formalising communication and governance channels to ensure there are robust procedures in place that support integrated working.	Governance , Leadership and Accountability; SSWBA Code of Practice 8	Continue with joint monthly meetings. Health and Local Authority Service Managers to attend	Head of Service, Adult MH (Health Board) Head of Service, Adult MH (Health	Ceredigion Service Manager, Adult MH (Health Board) Service Manager, MH (Ceredigion County Council) Ceredigion Service Manager, Adult	Complete 01/03/19

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		<p>CMHT team meetings bi-monthly</p> <p>Health and Local Authority Service Managers to complete facilitation of MDT action learning sets with a focus on integrated working.</p>	<p>Board</p> <p>Head of Service, Adult MH (Health Board)</p>	<p>MH (Health Board)</p> <p>Service Manager, MH (Ceredigion County Council)</p> <p>Ceredigion Service Manager, Adult MH (Health Board)</p> <p>Service Manager, MH (Ceredigion County Council)</p>	<p>31/03/19</p>
<p>The process for staff supervision must be robust to ensure all staff receive meaningful supervision in a timely and consistent way.</p>	<p>7.1 Workforce; SSWBA Code of Practice 8</p>	<p>Develop a standardised supervision template that will meet the requirements of Health and Social Care staff.</p>	<p>Interim Head of Nursing, Mental Health & Learning Disabilities (Health Board)</p>	<p>Ceredigion Service Manager, Adult MH (Health Board)</p> <p>Service</p>	<p>30/04/19</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		Develop and implement supervision guidelines for directorate to include standardised supervision template, frequency and type of supervision.	Interim Head of Nursing, Mental Health & Learning Disabilities (Health Board)	Manager, MH (Ceredigion County Council) Ceredigion Service Manager, Adult MH (Health Board) Service Manager, MH (Ceredigion County Council)	31/08/19

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): Nadine Morgan

Job role: Interim Head of Nursing for Mental Health and Learning Disabilities

Date: 07/02/19

