

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

Llanelli Community Mental Health
Team, Hywel Dda 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 people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

Care Inspectorate Wales (CIW)

Our purpose

To regulate, inspect and improve adult care, childcare and social services for people in Wales

Our values

Our Core values ensure people are at the heart of everything we do and aspire to be as an organisation.

- Integrity: we are honest and trustworthy
- Respect: we listen, value and support others
- Caring: we are compassionate and approachable
- Professional: we are skilled, knowledgeable and innovative
- 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 Llanelli Community Mental Health Team within Hywel Dda University Health Board on 03 and 04 December 2019.

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

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

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

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

2. Summary of our inspection

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

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

We found that a multidisciplinary approach was in place for the assessment, care planning and review and that service users and their families were involved, where appropriate, in the process.

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

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

This is what we found the service did well:

- Service user and carer engagement
- Link with other agencies and signposting
- Out of hours provision
- Mental Health Act Administration
- Approved Mental Health Professionals hub
- Multidisciplinary working
- Staff support and supervision

This is what we recommend the service could improve:

- Ensure that Care and Treatment Plans are person centred in format

- Ensure that a strength based approach to assessment and care planning is promoted
- Psychology waiting times
- Access to consulting rooms
- Service user feedback process
- Review of procedures
- Operational Policy
- Provide panic/emergency button in consulting rooms and other clinical areas
- Provide further training on Social Services and Well-being Act for health board staff
- Implement an integrated records management system
- Ensure that service users' language needs are always recorded

3. What we found

Background of the service

Llanelli Community Mental Health Team, provides community mental health services at Brynmair Clinic, 11 Goring Road, Llanelli, Carmarthenshire, SA15 3HF, within Hywel Dda University Health Board and Carmarthenshire County Council.

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

Brynmair has 335 patients under Care and Treatment planning (CTP) and 15 patients on Community Treatment Orders (CTO). This was the highest number of patients under CTP and CTO in the Carmarthenshire area. The team also has the highest referral rate within the same area.

The staff team includes 12 Community Psychiatric Nurses (including team lead), one Occupational Therapist, one Occupational Therapist Clinical Lead, one Occupational Therapist Technician, four Healthcare Support Workers and three doctors, including a Consultant Psychiatrist. Psychology staff are also co-located at Brynmair clinic. The Social Care Team at Brynmair clinic is made up of a Team Manager, Senior Social Work Practitioner, six Social Workers (one currently being recruited to and one subject to long term sickness absence). There is also a Social Work Assistant in the team and a Business Support Officer. Including the Team Manager and Senior Practitioner, there are four Approved Mental Health Professionals (AMHP) within the team, one of whom is a Forensic Mental Health Practitioner, working in the main with conditionally discharged restricted patients.

At the time of the inspection, the CMHT had a full complement of Community Psychiatric Nurses, Occupational Therapists and Health Care Support Workers. Several members of the team were newly recruited as a result of a number of retirements over the past 12 months.

The social care staff based at Brynmair clinic also provided a social care service to the CMHT in Ammanford.

The team had recently gained an Investing in Carers bronze award.

Quality of patient experience

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

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

The service users who took part in the inspection process were generally positive about the services they received. Service users felt included and respected by the choices they were given.

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

The majority of respondents rated the CMHT as either excellent or very good. One respondent rated the service as fair and one rated it as poor.

Care, engagement and advocacy

We found the quality of patient care and engagement to be generally good.

All service users who completed a questionnaire said that their preferred language was English, and that they were always able to speak to staff in their preferred language. Most told us that staff treat them with dignity and respect, though one service user said they did not.

We were told that service users are able to access Independent Mental Capacity Advocates (IMCA) and Independent Mental Health Advocates (IMHA). Although staff told us that service users were always offered advocacy services as part of the assessment process, this was not always recorded in the care notes. Around half of the service users who completed a questionnaire said that they had been offered the support of an advocate and around a third said they had not.

Around a third of respondents said they had needed support for physical health needs in the last 12 months. All the respondents who asked the CMHT for help or advice with finding support for their physical health needs said they received it.

The team ensured that carers are actively involved in all aspects of patient care. Care Co-ordinators were encouraged to talk to carers and families to gather information but also to gather their views on treatment. Most questionnaire respondents said that the CMHT involved a member of their family, or someone else close to them, as much as they would have liked.

Around half of respondents said they had been given information (including written) by the CMHT. One respondent said they were not provided with information, but would have liked to receive it.

The team had close links with third sector agencies such as LINKS¹, MIND, The Wallich², housing and benefits agencies. Many of these services were jointly funded by Hywel Dda University Health Board and Carmarthenshire County Council. Recently, a successful bid was made to Welsh Government to provide an out of hours, twilight sanctuary in Llanelli, which provides assistance to people who are experiencing issues that do not require an acute admission to hospital, but if left without help could potentially decline into further crisis. The development is hosted by Llanelli Mind, in partnership with Hafal³, and operates Thursday to Sunday from 6pm until 2am. A project Board/Team oversees the progress of the service and this includes participation of key CMHT and Crisis Resolution and Home Treatment Team (CRHT) personnel. The project is staffed by support workers, and there is provision if necessary to transport a person home should they need it after the immediate crisis has subsided.

¹ LINKS is a unique to Llanelli Mental Health Charity providing support and learning opportunities to those within our community who have or are experiencing mental ill-health. LINKS aims to help people to build their self confidence and self esteem by offering a range of accredited and non accredited supported creative learning opportunities.

² <https://thewallich.com>

³ <https://www.hafal.org/about>

Improvement needed

The health board and local authority must ensure that:

- The offer of advocacy services is recorded in service users' care notes
- That service users are provided with all relevant information about the care and support provided and about other available services.

Access to services

Brynmair Clinic, within which the CMHT is based, was accessible to people with mobility problems. There is a car park adjacent to the clinic with ramped access to the main entrance.

The whole of the accommodation was in need of some refurbishment, both externally and internally. However, the waiting area and consulting rooms were clean and tidy with furniture and fixtures in a good state of repair. The availability of consulting rooms was an issue due to demand from other services.

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

We found access to the service and the referral process to be variable. Half of the service users who completed a questionnaire told us that it took them up to one week to be seen by the CMHT following their referral with approximately a third stating that it took four weeks or longer.

Most respondents said it was easy to access support from the CMHT when they need it, and one answered not at all easy. Comments included:

“They have been brilliant; all of them. They have helped me to get better and I am very grateful to them all.”

“They are all very good.”

The majority of service users who completed a questionnaire said that they felt they were seen by the CMHT about the right amount of times, though one respondent said they were not seen enough when needed.

We found that referrals were, in the main, received via general practitioners (GPs). However, referrals were also accepted from various sources such as other health or social care professionals or police. Around half of the service users who completed a questionnaire told us that they were referred to the CMHT by their

GP, one referred themselves, following discharge from an inpatient ward, and around half told us that they were referred through other means. We were told that a new referral form had been created for GPs to refer into the service and that this was about to be rolled out in the near future.

All appointment letters are sent out with the offer of carer involvement in the assessment process. However, we were told that there was a waiting list of over two months for carers' assessments. A Social Work Assistant had recently been employed to undertake carers' assessments and it was envisaged that the backlog would be cleared by December 2019.

Out of normal office working hours, the local authority provided an emergency duty response for dealing with Mental Health Act requests.

The majority of service users who completed a questionnaire said they knew how to contact the CMHT out of hours service. However, nearly a third said they did not. Three respondents told us that they had contacted the CMHT out of hours service in the last 12 months with only one stating that they received the help they needed.

The majority of respondents said they know who to contact in the CMHT if they had a crisis, although two respondents said they did not. Of those who needed to contact the CMHT in a crisis in the last 12 months, a majority said they did not get the help they needed. Comments included:

“You tell them your problems then they say ok, when you know where we are if you need me, increases stress. Fobbed off with a lorazepam, frustrating”

There was a caseload supervisor based in the CMHT and they met with staff on a four to six weekly basis to discuss caseload and other relevant issues.

There was no waiting list for Social Worker allocation, and cases were allocated to the best person / match for that individual service user, taking into account gender, language etc. into consideration. Staff told us that, although capacity to meet demand could sometimes be challenging, the current caseloads were generally manageable at around 25 to 30 service users per care co-ordinator.

A weekly multidisciplinary team meeting (MDT) is held every Monday afternoon. The CMHT manager, CPN's, Social workers and Psychology staff attend the MDT to feedback on routine assessments, funding packs and any clinical or duty issues. A business meeting is held weekly to feedback any service updates and action plans from any serious incident reviews. This meeting is attended by both health board and local authority staff. In addition, members of the CMHT meet every morning to discuss any issues relating to caseloads, any potential admissions to hospital and to discuss staff availability and staff sickness. Local

authority staff also hold a separate weekly meeting, usually held on a Tuesday, to discuss team allocations and internal local authority business that is not directly relevant to the wider CMHT. This includes, but is not limited to, allocation of Social Services and Well-being Act (SSWA) Assessments and annual Section 117 reviews.

There was a duty system in place which was staffed by health authority team members. Daily screening of referrals was carried out by the duty officer, and any urgent referrals are dealt with within four hours of receipt. Routine referrals were discussed at screening meetings which take place every Thursday morning. We were informed that waiting time for routine, generic assessment was running at around 28 days.

The CMHT had close links to other agencies such as Dyfed Drug and Alcohol Service (DDAS) and the Community Drug and Alcohol Team (CDAT), and there are occasions when the CMHT will jointly assess cases with other agencies. If a joint assessment is necessary this would be discussed at the screening meeting and then the relevant agency will be contacted to see if they feel that this is appropriate.

CPNs were allocated as link workers to local GP surgeries, and met with the Local Primary Mental Health Service link worker to discuss referrals and any other queries. We were told that some of the work with Local GP surgeries was challenging due to the large number of Locum GPs, who were, at times, reluctant to engage with the link working arrangements. However, there were plans in place to address this issue with the CRHT team leader, CMHT team leader and service manager to meet with the GP leads.

The CMHT had an allocated member of staff who took part in Multi Agency Risk Assessment Conference (MARAC)⁴ meetings on a six weekly basis. The Health Team manager met with CDAT and DDAS team managers once a month to discuss service users who may be involved in both services but also any issues that may arise between the services. Staff members from the CRHT attend the

⁴ A Multi Agency Risk Assessment Conference (MARAC) is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk cases are discussed. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety.

CMHT MDT meeting on a weekly basis and the CMHT send a representative to the weekly CRHT MDT meeting.

Over the past 12 months, the local authority had piloted a County wide AMHP Hub during daytime hours, which was centralised in Brynmair clinic. This system had provided the local authority with a more efficient system for organising its response to Mental Health Act requests. The system provided a central hub for triaging all Mental Health Act requests, deciding if a Mental Health Act assessment needs to take place or if other alternatives are more appropriate. Where an assessment is required, the hub would undertake all Section 136⁵ assessments and also upgrades for detained patients (i.e. from Section 2⁶ to Section 3⁷). Hub staff also co-ordinated the arrangements for community assessments, ensuring doctors and other key agencies are secured before passing the assessment to the community on call AMHP for action.

We were told that some AMHPs undertook additional out of hours duty and then came into work the next day, which could be challenging. However, the management team were sympathetic to this and would allow AMHPs to come into work later in the day if necessary.

The AMHP service was supported through local and regional forums within which issues of concern such as local and regional bed availability, Section 12 doctors⁸ and conveyancing of service users are discussed.

There was consistent medical cover in place with the current consultant psychiatrist having been in post for just over five years.

Staff and managers told us that there was a delay of up to two years in service users being able access psychology services after they were assessed as requiring them. The impact of this delay for service users was at best to hamper

⁵ Section 136 of the Mental Health Act 1983, gives the police the power to remove a person from a public place, when they appear to be suffering from a mental disorder, to a place of safety.

⁶ Section 2 of the Mental Health Act 1984, provides for someone to be detained in hospital under a legal framework for an assessment and treatment of their mental disorder.

⁷ Section 3 of the mental health Act 1984, allows for the detention of the service user for treatment in the hospital based on certain criteria and conditions being met.

⁸ Section 12 approved doctor, is a doctor trained and qualified in the use of the Mental Health Act, usually a psychiatrist.

their recovery and could lead to service users' relapse. The health board should review the availability of psychology and psychotherapy support and look at ways of reducing waiting times, and how service users should be actively supported during the waiting period.

Improvement needed

The health board and local authority must ensure that:

- The accommodation is maintained to an acceptable standard both externally and internally
- Sufficient numbers of consulting rooms are available to ensure timely access to services
- Service users are assessed in a timely fashion following referral
- Carers' assessments are undertaken in a timely fashion following referral
- All service users are made aware of how to contact the CMHT out of hours
- All service users get timely access to the help and support they need when they contact the CMHT in a crisis
- The waiting times for psychology input is reduced.

Delivery of safe and effective care

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

There was a multi-disciplinary approach to assessment, care planning and review. Service users were involved in the development of the care and treatment plans and relevant people such as family members or carers were also involved where appropriate.

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 highlighted some issues in relation to medication management systems which were dealt with under our immediate assurance process.

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.

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

During the inspection we highlighted concerns in relation to Disclosure and Barring Service (DBS) checks and aspects of medication management. Our concerns were dealt with under our immediate assurance process. This meant that we wrote to the health board and local authority immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

Managing risk and promoting health and safety

The environment was found to be free of any obvious risk to health and safety. However, there was no emergency call system in place within the consulting rooms and other clinical areas.

General and more specific environmental risk assessments were undertaken and any areas identified as requiring attention were actioned. We were informed that there was a ligature point risk assessment in place. However, we were not provided with a copy of the most recent risk assessment.

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

Staff told us that positive risk management was part of service planning and delivery. All staff are trained in the Wales Applied Risk Research Network (WARRN)⁹ risk management framework.

Staff told us that the weekly multidisciplinary meetings afforded them the opportunity to discuss and escalate any concerns. In addition, regular discussions between consultant medical staff and care coordinators promoted the escalation and documented of identified risks. Monthly supervision sessions, led by the team managers also enabled discussions around risk and escalation if required.

Improvement needed

The health board and local authority must:

- Consider installing an emergency call system within the consulting rooms and other clinical areas
- Provide HIW with a copy of the most recent ligature risk assessment.

Medicines Management

We found the management processes to be generally safe and robust. However, we found that a service user had been administered Depot by injection, every four weeks. The last prescription date recorded on the patient's care file was 14/01/19. We could not find evidence that the medication had been reviewed since last prescription date. The administration of the Depot was recorded within the patient's care notes but not on the medication administration chart. This

⁹ <http://www.warrn.co.uk/>

matter was dealt with under our immediate assurance process, and is referred to further in Appendix B of this report.

We inspected the clinic room and found it to be clean and tidy with all cupboards kept locked. The ordering of medication was undertaken by one of the nurses.

There had been no pharmacy input to the team for two years. However, we were informed that a pharmacist would be joining the team shortly.

There was no Depot clinic or Clozapine policy available. We were told that these were in the process of being drafted by the pharmacy department.

Assessment, care planning and review

Service users who completed a questionnaire said that the CMHT staff usually give them enough time to discuss their needs and treatment, though a third of respondents said they did not.

The majority of the service users who completed a questionnaire felt involved in the development of their care plan and that they received, or were given an opportunity to have a copy of their care plan.

Most respondents said they had a formal meeting or review with their care coordinator to discuss how their care was working in the last 12 months and one respondent said they had not.

Around half of respondents said they were given the opportunity to challenge any aspect of their care and treatment plan that they disagreed with during their formal meeting or review, and one said they were not.

There was a multi-disciplinary approach to assessment, care planning and review. We were told that service users were involved in the development of the care and treatment plans and relevant people such as family members or carers were also involved where appropriate. However, the care and treatment plan documentation did not always reflect this. Care and treatment plans were, in the main, medically focused rather than strength based. There was very little documented evidence of service user engagement or views in development of care and treatment plans with little focus on service users' desired outcomes.

Staff told us about the challenge of working with two separate database systems. Local authority staff highlighted difficulties in printing off Care and Treatment Plans (CTP) as they do not have the necessary permissions and have to ask health board colleagues to do this for them. We were also told of delays in newly appointed local authority staff able to access the electronic records management system.

Improvement needed

The health board and local authority must ensure that:

- Service users are given enough time to discuss their needs and treatment
- Care and treatment plans are person centred and strength based with documented evidence of service user engagement in the process.

Patient discharge arrangements

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

Staff were confident in making decisions around patient care with discharge planned right from the beginning so that patients know that the aim is for them to progress and hopefully recover fully. Dialogue and challenge are encouraged as part of bringing different perspectives in identifying solutions.

One service user, in response to the questionnaire, said that their accommodation needs had partially been met by the services provided through the CMHT and one said they had not been met at all.

In relation to employment needs, two respondents said their employment needs had been completely met by the services provided through the CMHT and two said they had not been met.

Where respondents said they had education needs, around a third said they had not been met by the services provided through the CMHT and one said have been completely or partially met.

Around half of respondents said their social needs (such as being able to go out when they want) have been met by the services provided through the Community Mental Health Team and none said they had not.

Of the two respondents who said the option to receive direct payments to help meet their care and support needs was relevant to them, both said that option had been discussed with them.

Improvement needed

The health board and local authority must put in place a system to ensure that service users' social, accommodation, employment and education needs are fully met by the services provided through the CMHT.

Safeguarding

The local authority had a centralised safeguarding team based in Carmarthen. The CMHT had good links with the safeguarding team and there were clear policies and procedures in place for staff to follow and the training information provided confirmed that staff had received adult and child safeguarding training.

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

The team had key link workers for both MARAC, and Multi-agency Public Protection Arrangements (MAPPA)¹⁰ within the safeguarding arrangements.

Compliance with specific standards and regulations

Mental Health Act Monitoring

We reviewed the statutory documents of five service users who were the subject of Community Treatment Orders (CTO) being cared for by Llanelli CMHT.

We found the record keeping to be good and 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 told us there were formal systems in place for the effective distribution of documentation to the team. The

¹⁰ MAPPA stands for Multi-Agency Public Protection Arrangements and it is the process through which various agencies such as the police, the Prison Service and Probation work together to protect the public by managing the risks posed by violent and sexual offenders living in the community.

Mental Health Act Administrator who was complimentary of the team and the way they managed the process.

We identified comparatively high use of CTOs across the health board area with 15 patients supported by the Llanelli team subject to CTOs at the time of the inspection. The Consultant Psychiatrist was monitoring the use of CTOs. The numbers of service users with a history of drug and alcohol issues supported by the team were given as the main reason for the high number of CTOs.

A standard letter template was in use when a service users became subject to a CTO. The service is given a copy of this letter which outlines their rights, and who their care co-ordinator and responsible clinician is. A copy of the letter, together with details of any medication prescribed, is sent to the service user's GP.

We found good evidence of service user involvement in the CTO process with attached conditions being proportionate.

The numbers of service users being recalled when in breach of a CTO were very low with emphasis placed on continuing to support service users' in the community.

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

We reviewed the Care and treatment Plans (CTP) of a total of seven service users.

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

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

We found consistency in the tool used to assess service users' needs and found this addressed the dimensions of life as set out in the Mental Health Measure and the domains set out in the Social Services and Well-being (Wales) Act 2014, in most cases.

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

As previously mentioned service users were involved in the development of the care and treatment plans and relevant people such as family members or carers were also involved where appropriate. However, the care and treatment plan documentation did not always reflect this. Care and treatment plans were, in the

main, medically focused rather than strength based. There was very little documented evidence of service user engagement or views in development of care and treatment plans with little focus on service users' desired outcomes.

Issues were highlighted around the availability of Section 12 Approved doctors for Mental Health Act assessments during office hours. We were told that, in Carmarthenshire, approximately 60% of such assessments took place out of hours. This was in the main due to lack of Section 12 Doctors during the day.

Improvement needed

The health board must take steps to ensure adequate Section 12 Approved doctors cover during day time hours.

Compliance with Social Services and Well-being (Wales) Act 2014

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

It was evident from the care documentation seen, and from service users' responses to the questionnaire, that their views and wishes were the main focus of the work conducted by the CMHT. Service users told us that they felt involved, included and consulted in the planning of the support services. We saw examples where some service users had positively engaged in 'what matters'¹¹ conversations.

We were told that the team were able to meet service users' Welsh language requirements with a number of Welsh speaking staff employed. However, service users' language needs were not always reflected in the assessment and care documentation.

¹¹ A structured conversation between professionals and service users to determine what they value most and how they wish to be cared for.

Staff had been provided SSWBA training. However, it was highlighted that some staff employed by the health board would benefit from further training to enhance their understanding of their roles and responsibilities under the SSWBA.

Improvement needed

The health board and local authority must ensure that:

- Service users' language needs are reflected in the assessment and care documentation
- Staff employed by the health board receive further training to enhance their understanding of their roles and responsibilities under the SSWBA.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards and the Social Services and Well-being Act.

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

Staff were positive about working in the team. They spoke highly of their colleagues and team managers and said they felt well supported.

Staff we spoke with told us that they were able to access mandatory and other service specific training and the training

Leadership, management and governance arrangements

The team was managed jointly by the local authority and health board under separate management streams. The day to day management of the team rested with two team managers, one employed by the local authority and one by the health board. Although there was no integrated management arrangement in place, staff told us that there was a commitment by both the local authority and health board staff within the Llanelli CMHT to work effectively together.

There was a strategic development plan in place for transforming mental health services, with the local authority and health board taking a collaborative approach over three to four years, as part of the wider service transformation agenda. The work undertaken to date had been recognised by the Royal College of Psychiatry in an award ceremony in London in November 2018.

There were policies and procedures in place to support the delivery of care and the general management of the services. However, many of these policies and procedures had not been reviewed within the past 12 months.

There was no CMHT operational policy in place and we recommended that such a policy be drawn up.

We spoke with available staff, the majority of whom were positive about working in the team. They spoke highly of their colleagues and team managers and said they felt well supported. Some staff commented that they would benefit from being more involved in the decision making process and that some aspects of internal staff communication and information technology could be improved.

There was a formal complaints procedure in place which was compliant with Putting Things Right¹² and the local authority's formal complaint process. Information about how to make a complaint was posted in the reception/waiting area.

Staff told us that emphasis was placed on dealing with complaints at the source in order for matters to be resolved as quickly as possible, as well as to avoid any further discomfort to the complainant and any need for escalation. All complaints are brought to the attention of the team managers who addressed them in line with relevant local authority and health board policies. Although there were two separate complaints processes in place, there was evidence of joint complaint investigation and reporting. Staff also told us that serious untoward incidents and concerns were recorded on the Datix¹³ system, and discussed at weekly meetings and any learning disseminated to the team through the health board's quality, safety and experience group.

We confirmed that there was a formal staff recruitment process in place with evidence of required background checks being undertaken. Newly appointed staff followed an induction process and were supported by more experienced colleagues and their line manager. The local authority had a robust induction policy for their staff that required sign off by management once completed after 3 months. The induction process for health board staff required formalising with

¹² Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

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

the introduction of an induction checklist and maintenance of individual induction records.

There was a formal staff support and supervision process in place with regular one to one meetings being held between staff and their line managers. In addition to one to one meetings, staff told us that they received day to day, informal support from their line managers who were reported as being very accessible.

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

Staff we spoke with told us that they were able to access mandatory and other service specific training and the training record we viewed confirmed this. We distributed HIW questionnaires to staff during the inspection to obtain their views on the standard of care and working conditions.

We received 11 completed questionnaires from a full range of staff. Respondents said they had been in their current role from a few months to over 10 years. The majority of respondents had been in post less than two years.

The majority of staff who completed a questionnaire told us that they had undertaken joint social services / health board training in the last 12 months.

Nearly all respondents said they had undertaken training in Fire Safety, the Mental Capacity Act 2005, Mental Health Act 1983, Risk Assessment and Management, Health and Safety, Safeguarding Adults and Safeguarding Children. Around half of respondents said they had undertaken training in Deprivation of Liberty Safeguards and the Mental Health (Wales) Measure 2010, with a minority of respondents stating that they had undertaken training in Liberty Protection Safeguards. No respondents had undertaken training in CBT/ DBT or Family Therapy.

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

All respondents said they had an appraisal, annual review or development review of their work in the last 12 months. Nearly all said their learning or development needs were identified, and nearly all told us that their manager supports applications for specialist training / additional training.

Nearly all staff who completed a questionnaire said they were able to make suggestions to improve the work of the team with around half telling us that they involved in deciding on changes introduced that affect their work area.

Around a quarter of respondents said that they were unable to meet all the conflicting demands on their time at work with around half of stating that they had adequate materials, supplies and equipment to do their work.

Most respondents told us that there were enough staff within the team to enable them to do their job properly.

All respondents told us that they were satisfied with the quality of care and support they are able to give to service users and all agreed that the service users were informed and involved in decisions about their care.

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

All staff who completed a questionnaire said that the organisation encourages teamwork and was supportive. All respondents agreed that front line professionals who deal with patients were empowered to speak up and take action when issues arise in line with the requirements of their own professional conduct and competence. Comments included:

“The manager has been supportive in me settling in to a new part of Wales and allowing me time to adjust to my case load”

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

All respondents thought the team had access to the right information to monitor the quality of care across and that they were able to access the databases/ ICT systems they need to provide good care and support to service users.

All respondents agreed the team acted on concerns raised by service users. Nearly all agreed they would recommend the organisation as a place to work and that they would be happy with the standard of care provided by the CMHT if a friend or relative needed support.

A few respondents said that service user experience feedback (e.g. patient surveys) was collected within the CMHT, and a similar proportion said it was not. A minority of staff said they receive regular updates on the service user experience feedback and that feedback is used to make informed decisions within the team.

All the staff members who completed a questionnaire agreed that their immediate line manager encourages those who work for them to work as a team, and that

they could be counted on to help them with a difficult task at work. Comments included:

“Brilliant manager, 10/10, approachable, understanding, supportive, willing to and does stand his ground when dealing with higher management”

“I have found my manager excellent to work with... Since being here I have had 2 lots of feedback on written work and verbal feedback in supervision.”

“Very approachable and supportive manager.”

Nearly all respondents said that they knew who the senior managers were, with most stating that there was effective communication between senior management and staff.

Around half of respondents said that senior managers try to involve staff in important decisions. A minority of staff told us that management act on staff feedback.

Most respondents said senior managers are committed to patient care.

The majority of staff who completed a questionnaire were of the view that their job was good for their health with most confirming that their immediate manager takes a positive interest in their health and well-being. Nearly all respondents told us that their current working pattern/off duty allows for a good work life balance and none disagreed. All said they are aware of the Occupational Health support available to them.

Most agreed that, in the event of challenging situations, they are offered full support by management.

All respondents told us that duty arrangements were well-planned.

Most respondents told us that management treat staff who are involved in an error, near miss or incident fairly and that they are encouraged to report errors, near misses or incidents.

Half of the respondents told us that they are informed about errors, near misses and incidents and that they are given feedback about changes made in response to such errors, near misses and incidents. Comments included:

“Errors and learning are fed back either in MDT or Business Meetings (once per week)”

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

Most respondents said that the organisation acted fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. One member of staff who completed a questionnaire reported having experienced discrimination by service users, their relatives or other members of the public. The respondent said it had been on grounds of gender.

Improvement needed

The health board and local authority must ensure that:

- Policies and procedures are reviewed regularly and at least every 12 months
- An operational policy is drawn up for the CMHT
- The health board induction process is formalised
- The internal staff communication and information technology systems are improved and that staff are fully involved in decision making processes
- All staff are able to meet the conflicting demands on their time at work
- Service user experience feedback is collected on a regular basis and that staff receive updates on the actions taken as a result of service user experience feedback.

4. What next?

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

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

The improvement plans should:

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

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

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

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

5. How we inspect community mental health teams

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

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Service: Llanelli Community Mental Health Team

Date of inspection: 03 and 04 December 2019

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
<p>During the inspection, we found that three members of staff employed by the health board, and working at the Brynmair Clinic, did not have a current Disclosure and Barring Service (DBS) certificates in place.</p> <p>This meant that we could not be assured that the staff members were suitable to work with vulnerable adults.</p>	2.7 and 7.1	<p>To undertake ID check and apply for DBS check for three members of staff</p> <p>To update ESR when DBS certificates issued.</p> <p>With advice and input from the central Resourcing Team, to undertake an audit of the DBS status of all staff within the MH&LD Directorate.</p>		<p>Service Manager</p> <p>Business Manager MH&LD Directorate</p> <p>Director MH&LD</p>	<p>Application completed.</p> <p>When outcome of DBS received</p> <p>17/01/20</p>

Immediate improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
<p>We consider the above practice to be unsafe and increases the risk of harm to patients.</p> <p>Improvement needed</p> <p>The Health board must ensure all staff (where applicable), have DBS checks completed with a record of completion kept on file.</p>		<p>Working in conjunction with the Resourcing Team, to review findings of the audit and agree action plan and time scale.</p>		<p>Director MH&LD</p>	<p>31/01/20</p>
<p>During the inspection, we found that a patient was administered Depot by injection, every four weeks. The last prescription date recorded on the patient's care file was 14/01/19. We could not find evidence that the medication had been reviewed since last prescription date. The administration of the Depot was recorded within the patient's care notes but not on the medication administration chart.</p>	<p>2.1 and 2.6</p>	<p>To ensure that the medication error is reported on Datix.</p> <p>To undertake an incident investigation of the medication error and ensure appropriate improvement and learning put in place.</p> <p>To undertake immediate actions with Llanelli CMHT to ensure safe administration of medication including:</p>		<p>Service Manager/ CMHT Manager</p> <p>CMHT Manager</p> <p>Pharmacy lead/ CMHT Manager</p>	<p>Completed</p> <p>31/12/19</p>

Immediate improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
<p>This meant that we could not be assured that medication was being administered safely.</p> <p>We consider the above practice to be unsafe and increases the risk of harm to patients.</p> <p>Improvement needed</p> <p>The health board must ensure that the Depot prescription is reviewed regularly and medication charts are completed each time medication is administered.</p>		<p>To discuss with nursing staff the safe administration of Depot medication.</p> <p>To send Medication Policy to all staff in Llanelli CMHT.</p> <p>To provide nursing staff training</p> <p>To agree process for a weekly audit of prescription charts</p> <p>To undertake a review of the system management of depot prescription charts in the Depot Clinic</p>			<p>Completed</p> <p>Completed</p> <p>06/01/20</p> <p>06/01/20</p> <p>06/01/20</p>

Appendix C – Improvement plan

Service: Llanelli Community Mental Health Team

Date of inspection: 03 and 04 December 2019

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

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
Quality of the patient experience					
The health board and local authority must ensure that the offer of advocacy services is recorded in service users' care notes.	1.1 Health promotion, protection and improvement	Head of Service to send a communication brief to all CMHT staff to remind them they must record the offer of advocacy services in service users electronic record.	Health	Senior Nurse AMH	31 st March 2020
	Social Services and Well Being Act (Wales) 2014 Part 2 Code of Practice	To use staff meetings and supervision to ensure staff are reminded of this.		Senior Nurse AMH	31 st March 2020
		To send a communication briefing to staff reminding them that they	Social Services'	Service Manager	31 st March 2020

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
The health board and local authority must ensure that the accommodation is maintained to an acceptable standard both externally and internally.	5.1 Timely access; Well-being priority 1	Estates to email Head of Service a maintenance schedule of works. Head of Service to review schedule to monitor works undertaken and agree work required.	Health	Operations Assistant	31 st March 2020
The health board and local authority must ensure that sufficient numbers of consulting rooms are available to ensure timely access to services.	Social Services and Well Being Act (Wales) 2014 Part 2 Code of Practice (General Functions) Social Services and	Head of Service to review current usage of rooms in conjunction with merger plans.	Health	Senior Nurse AMH	31 st March 2020

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
The health board and local authority must ensure that service users are assessed in a timely fashion following referral.	Well Being Act (Wales) 2014 Part 3 Code of Practice (assessing the needs of individuals)	To put in place system to process urgent and routine referrals.	Health and Social Services	Senior Nurse AMH Service Manager	Complete
The health board and local authority must ensure that carers' assessments are undertaken in a timely fashion following referral.	Social Services and Well Being (Wales) Act 2014 Part 4 Code of Practice (Meeting Needs) Social Services and Well Being	Local Authority to review the performance on a quarterly basis.	Social Services	Service Manager	Complete

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
The health board and local authority must ensure that all service users are made aware of how to contact the CMHT out of hours.	(Wales) Act 2014 Part 8 Code of Practice on the Role of the Director of Social Services (social services functions)	<p>CMHT do not operate out of hours.</p> <p>Service Users are advised to contact their local Crisis Team out of hours.</p> <p>Service Users to contact Delta Wellbeing for access to Local Authority out of hours.</p> <p>To explore providing all Relevant Patients with contact details using a card system.</p>	Health and Social Services	<p>Senior Nurse, AMH</p> <p>Service Manager</p> <p>Senior Nurse AMH</p> <p>Senior Nurse AMH</p>	<p>Complete</p> <p>Complete</p> <p>September 30th 2020</p> <p>Complete</p>
The health board and local authority must ensure that all service users get timely access to the help and support they need when they contact the CMHT in a crisis.		To ensure all urgent referrals are allocated via the duty systems and service users are assessed within four hours.	Health and Social Services		Complete

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
The health board and local authority must ensure that the waiting times for psychology input is reduced.		<p>To continue with ongoing service reviews via psychology lead.</p> <p>To put in place a process for regular review of the waiting list.</p> <p>To put in place a process for review of staff job plans.</p> <p>To put in place a process to allow for prioritisation of client workload.</p> <p>To put in place a process to redeploy staff to higher demand areas.</p>	Health	<p>Head of Psychology</p>	<p>Complete and ongoing</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p>
The health board and local authority must ensure that service users are given enough time to discuss their needs and treatment.	6.1 Planning Care to promote independence	To confirm that thirty minutes is currently allocated for all CTP reviews.	Health	Senior Nurse, AMH	Complete

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
<p>The health board and local authority must ensure that care and treatment plans are person centred and strength based with documented evidence of service user engagement in the process.</p>	<p>Social Services and Well Being Act (Wales) 2014 Part 2 Code of Practice (General Functions)</p>	<p>To ensure that all Service users are offered a CTP pre review meeting, this will ensure that CTPs are allocated adequate time for the review on an individual basis.</p>	<p>Health</p>	<p>Senior Nurse, AMH</p>	<p>30th September 2020</p>
	<p>Social Services and Well Being Act (Wales) 2014 Part 3 Code of Practice (assessing the needs of individuals)</p>	<p>The Health Board has an audit process in place which measures this requirement for health and local authority and which produces an action plan when required. CTP training session to be completed with the team.</p>		<p>Head of Service AMH Head of Service AMH</p>	<p>Complete September 30th 2020</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer		Timescale
The health board and local authority must put in place a system to ensure that service users' social, accommodation, employment and education needs are fully met by the services provided through the CMHT.	Social Services and Well Being (Wales) Act 2014 Part 4 Code of Practice (Meeting Needs)	All of these areas are identified in the assessment and Care and Treatment planning process in conjunction with the CTP audit.	Health and Social Services	Senior AMH	Nurse	Complete
Delivery of safe and effective care						
The health board and local authority must consider installing an emergency call system within the consulting rooms and other clinical areas.	2.1 Managing risk and promoting health and safety Social Services and Well Being Act (Wales) 2014 Part 3 Code of Practice (assessing	To complete a risk assessment of the consulting rooms and clinical areas to determine any requirement for an emergency call system. To act on the results and recommendations.	Health	Senior AMH Senior AMH	Nurse Nurse	30 th June 2020 30 th September 2020

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
The health board and local authority must provide HIW with a copy of the most recent ligature risk assessment.	<p>the needs of individuals)</p> <p>Social Services and Well Being (Wales) Act 2014 Part 4 Code of Practice (Meeting Needs)</p>	To send ligature risk assessment to HIW.		Head of Service AMH	30 th June 2020
The health board must take steps to ensure adequate Section 12 Approved doctors cover during day time hours.	Application of the Mental Health Act	<p>MH/LD directorate reflects the national picture in terms of ensuring Section 12 approved doctor cover. This is reflected within the MHL D Risk Register. The availability of Section 12 Doctors within the directorate is reviewed through the established job planning process.</p> <p>Challenges regarding the availability of Section 12 doctors are reviewed within the MH/LD</p>	Health	Clinical Director	Complete

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		Mental Health Legislation Scrutiny Group which is held on a quarterly basis. This is a multi-agency meeting where possible solutions to the ongoing challenge are discussed and mitigating actions decided which are subsequently reflected through the MH/LD risk register.			
<p>The health board and local authority must ensure that service users' language needs are reflected in the assessment and care documentation.</p> <p>The health board must ensure that staff employed by the health board receive further training to enhance their understanding of their roles and responsibilities under the SSWBA.</p>	<p>Social Services and Well-being Act</p> <p>Active Offer - More than Just Words Strategic Framework (2012) Strategic</p>	<p>To confirm that the current system is in place for this in the assessment and CTP process.</p> <p>Refresher training session to be arranged.</p>	<p>Health and Social Services</p> <p>Social Services</p>	<p>Senior Nurse AMH / Service Manager</p> <p>Service Manager</p>	<p>Complete</p> <p>30th September 2020</p>

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
	Framework for Welsh Language Services in Health, Social Services and Social Care				
Quality of management and leadership					
The health board and local authority must ensure that policies and procedures are reviewed regularly and at least every 12 months.	Health and Care Standards - Governance, Leadership and Accountability ; Social Services and Well-being (Wales) Act - Part 8	The MH/LD directorate are compliant with the HB written control document procedure. There is a process in place for the reviewing of WCD through the MH/LD Written Control Document Group which is chaired by the Head of Nursing.	Health	Interim Head of Nursing	Complete

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
The health board and local authority must ensure that an operational policy is drawn up for the CMHT.	Social Services and Well Being Act (Wales) 2014 Part 2 Code of Practice (General Functions)	There is a CMHT Service Specification which has been approved by the Written Document Control Group	Health	Service Manager	Complete
The health board must ensure that the staff induction process is formalised.	Social Services and Well Being (Wales) Act 2014 Part 4 Code of Practice (Meeting Needs)	To produce a staff induction check list in line with LA.	Health	CMHT Manager	30 th June 2020
The health board and local authority must ensure that the internal staff communication and information technology systems are improved.		All staff within integrated teams use care partner electronic patient record. Approved mental Health Practitioners also have access to Care Partner. Review levels of access to care partner to understand the	Health and Social Services	CMHT Manager / Team Leader Social Services	30 th June 2020

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
<p>The health board and local authority must ensure that staff are fully involved in decision making processes.</p>		<p>implications of widening access to local authority staff who are not within integrated teams.</p> <p>Send communication brief to LA practitioners within integrated teams reminding them that Care Partner is to be used as the patient record for those patients under CTP.</p>	Health and Social Services	CMHT Manager / Team Leader Social Services	Complete
<p>The health board and local authority must ensure that all staff are able to meet the conflicting demands on their time at work.</p>		<p>Business meetings held on a monthly basis. Staff have the opportunity to raise issues and influence decision making process.</p>	Health and Social Services	CMHT Manager / Team Leader	31 st March 2020
<p>The health board and local authority must ensure that service user experience feedback is collected on a regular basis and that staff receive updates on the actions taken as a</p>		<p>There are also directorate wide forums as follow: Ward Managers' forum, safeguarding delivery group, CIRG, locality quality assurance meetings, all team leaders and ward managers are</p>		Team Leader Social Services / CMHT Manager	Complete

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
result of service user experience feedback.		<p>expected to have a local communication strategy.</p> <p>Monthly management supervision completed, where workloads and demands are reviewed and adjusting if needed.</p> <p>Feedback to be available in reception for all service users and carers.</p> <p>Feedback to be discussed with team in monthly business meetings and identified actions implemented.</p>			<p>Complete</p> <p>Complete</p> <p>Complete</p>

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): Kay Isaacs

Job role: Head of Adult Mental Health

Date: 20th of March 2020