



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

Nant y Glyn Community Mental
Health Team, Betsi Cadwaladr
University Health Board and
Conwy County Borough Council

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

Our purpose

To check that people in Wales 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 Nant y Glyn within Betsi Cadwaladr University health Board and Conwy County Borough Council on 6 and 7 November 2018.

Our team, for the inspection comprised of two HIW inspectors, two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and two Care Inspectorate Wales (CIW) inspectors. 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 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 generally spoke positively about the support they received. However, advice and information about advocacy services was not provided in a consistent manner.

We found that access to the service and the referral process had improved over the past two years. All referrals received by the team are screened through the Single Point of Access (SPoA) process. We found that information shared between professionals was generally responded to in a timely manner.

The quality of record keeping was variable with some evidence of good record keeping seen, and others where improvement was needed.

We found that a multidisciplinary, person centred approach was in place for the assessment, care planning and review and that service users and their families were involved, where appropriate, in the process. However, the approach to provision of care tended to focus on service users' needs rather than strengths.

We found discharge arrangements to be satisfactory, in general, and tailored to the wishes and needs of service users. We identified that a more formal approach was needed to follow up on those patients who do not meet the threshold for referral to Single Point of Access and Vulnerable adults teams and are signposted to other organisations for support.

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:

- Positive feedback from service users
- Person centred approach with service users' involvement in the planning and delivery of care
- Improved access to service
- Application of Mental Health Act and Mental Health Measure (2010)
- Link with MHA administrator
- Auditing, reporting and escalation processes
- Accessible and supportive team managers

This is what we recommend the service could improve:

- Environment
- File management and consistency of record keeping
- Access to psychology and psychotherapy services
- Some aspects of care planning
- Some aspects of risk management
- Staff recruitment
- Ligature risk assessment
- Contact with local Authority Single Point of Access and Vulnerable Adult teams
- Advocacy offer and provision of information in written format
- Integrated information technology system and access to electronic records

3. What we found

Background of the service

Nant y Glyn provides community mental health services at Nant Y Glyn Mental Health Resource Centre, 10 Nant Y Glyn Road, Colwyn Bay, Conwy, LL29 7RB within Betsi Cadwaladr University Health Board and Conwy County Borough Council.

Historically, the team was one of two community mental health teams covering the Conwy local authority area. However, both teams were amalgamated recently to enable a more co-ordinated county approach to the provision of services. The main office is Nant y Glyn with a satellite office at Roslin, Nant y Gamar Road, Llandudno, where service users residing in the Llandudno and Dyffryn Conwy area continue to access services.

The team provides services to approximately 730 adults with mental health needs. The team receives approximately 25 referrals a day, mainly from local General Practitioners. Some of these referrals related to patients already known to the team.

The staff team includes a County manager, four team managers, eight social workers, 22 community psychiatric nurses, four intervention support workers, four local authority healthcare support workers, two health board healthcare support workers, occupational therapists, psychologists and three full time psychiatrists.

The team is supported by the Home Treatment Team which is based in the Ablett Unit at Ysbyty Glan Clwyd.

The team had experienced some difficulties during the previous 18 months or so with concerns raised in relation to management oversight by the health board. High sickness levels and vacancies within the staff team had also resulted in large case loads which had a negative impact on staff morale. The situation had also resulted in a significant increase in the numbers of service users waiting for assessment and support. At the time of the inspection, the situation had improved considerably with better management oversight by the health board and the production and implementation of an improvement plan with clear objectives and timeframes. The overall impression was that of a developing service with improving governance and management oversight and improved relationships between the local authority and health board leading to

more effective joint working. This, in turn, has resulted in a reduction in the number of service users on the waiting list and improved staff morale.

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 patients we spoke with were generally positive about the services they received. They described the accessibility of the people who work within the team. Patients felt included and respected by the choices they were given.

During our inspection we distributed HIW questionnaires to service users to obtain their views on the service provided. In total, we received 12 completed questionnaires.

Service user feedback in the questionnaires was generally positive. Some service users did raise the issue of the difficulties they face through transition when key workers change at the CMHT, such as Community Psychiatric Nurses and Psychiatrists. This is referred to further in the body of this report.

We also spoke to service users over the telephone during the inspection, all of whom spoke positively of the services and support provided by the CMHT.

Care, engagement and advocacy

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

The majority of service users who 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 in discussions around the provision of treatment, care and support.

More than a half of service users who 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 were told that service users are able to access Independent Mental Capacity Advocates (IMCA) and Independent Mental Health Advocates (IMHA). However, we did not find evidence of a consistent approach in the files to demonstrate that service users were routinely offered an advocate.

Around a third of service users who completed a questionnaire said that they had not been given information (including written) by their CMHT, but would have liked this.

The office was accessible to people with mobility problems, with a ramp leading up to the main entrance and electronically operated door. There were toilet facilities available adjacent to the waiting area.

The waiting area was clean and tidy and well maintained. Health promotion leaflets and posters were available within the waiting area together with magazines for people to read whilst waiting to be seen.

The whole of the accommodation was in need of extensive refurbishment. Of significant concern was the poor condition of the kitchenette which formed part of the conference room. This had been partitioned off with plastic sheeting as part of the ceiling had collapsed due to water ingress.

The majority of the furniture throughout the building was also in a poor state and in need of replacement.

The former occupational therapy kitchen was being used as an interview room. The room contained kitchen units a cooker and a fridge and was unsuitable to be used as an interview room.

The exterior of the building was also in need of attention.

The poor state of the exterior and interior of the building did not present a positive image of the service and did not enhance the wellbeing of service users who attend, or staff who work at the service.

Improvement needed

Staff must ensure that advocacy services are offered and that this is recorded on care files.

The health board and local authority must provide HIW with an action plan detailing the refurbishment work to be undertaken on the exterior and interior of the building.

The health board must conduct an audit of the furniture within Nant y Glyn and repair or replace all broken or tarnished items.

The use of the former occupational therapy kitchen as an interview room should be reviewed and more appropriate arrangements made.

Access to services

Service users who completed a questionnaire had been receiving a service from the CMHT for a time period ranging from less than a year to more than 10 years. The majority of service users who completed a questionnaire had last seen someone from the CMHT in the last month.

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

A Community Psychiatric Nurse had been responsible for organising care and services for the majority of the service users who completed a questionnaire. Only two service users who completed a questionnaire told us that they didn't know how to contact this person if they had a concern about their care.

Almost all service users who 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 who completed a questionnaire told us that the service provided by the CMHT either completely met their needs, or met most of their needs.

The majority of service users who completed a questionnaire told us that they had been referred to the CMHT by their GP. The length of time it took them to be seen by the CMHT following referral ranged from about one week to about four weeks or longer. We found that, whilst waiting for an appointment to be seen by the CMHT, some people were re-referred to the service by the GP due to a deterioration in their condition. This resulted in the team having to arrange for these service users to be seen by the duty officers at short notice, which in turn affected planned work.

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

We found access to the service and the referral process to be good. Referrals were dealt with appropriately, with staff striving to limit any delays in addressing service users' needs. At the time of the inspection, there were 17 service users on the waiting list awaiting further support or intervention. All these service users had been seen and assessed by a member of staff at Nant y Glyn and were considered to be low dependency.

All referrals to the team are screened through the Single Point of Access process (SPoA). Multi-disciplinary meetings, held to review referrals take place each morning and are attended by members of the multidisciplinary team. We observed one of these meetings during the inspection and found that information was shared and responded to in a considered and mostly timely manner. However, we were informed that psychology staff were rarely able to attend the multi disciplinary meetings.

Urgent referrals are dealt with by the duty officer, of whom there were normally two on duty daily. Service users were usually seen 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 Act 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 are 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. Opportunities for signposting to the local authority Single Point of Access service and Vulnerable Adults teams were underutilised and we found that these service users were not formally followed up to ensure that they were in receipt of services.

Where appropriate, people with caring responsibilities were offered carer assessments under the requirements of the Social Service Well-being (Wales) Act and were referred to Hafal¹, for additional support and advice.

Staff and managers told us that there was a delay of approximately two years in service users being able access psychology and psychotherapy 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 psychotherapy support and look at ways of reducing waiting times and how service users should be actively supported during the waiting period. It is concerning that the delay in accessing psychology support was highlighted as an area for improvement during an inspection, in 2017, of another CMHT managed by the health board.

Staff told us that the process of allocating care co-ordinators was effective. This was a team effort that identified the most appropriate person to work with particular service user.

Local authority staff had access to the social services electronic case management system. Health board staff did not have direct access to this system. The lack of an integrated electronic case management system hampered multi-disciplinary access to records. However, consideration was being given to developing a joint electronic case management system.

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

Almost all service users who completed a questionnaire also said that they knew how to contact the CMHT if they had a crisis. However, three service users who had contacted the CMHT in a crisis in the last 12 months told us that they didn't get the help they needed.

¹ Hafal is a charitable organisation managed by the people they support: individuals whose lives have been affected by serious mental illness.

Improvement needed

Measures should be set in place to ensure that Psychology staff are able to attend the multi disciplinary meetings.

Service users who are signposted to other organisations for support should be routinely followed up to ensure that they are receiving that support.

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.

The health board and local authority should continue to explore the development of a joint electronic case management system.

The health board and local authority must continue to monitor referrals from service users who are in a crisis to ensure that they receive timely responses and intervention.

Delivery of safe and effective care

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

There was a multi-disciplinary, person centred approach to assessment, care planning and review. 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.

The medication management processes were generally good.

There was a safeguarding of children and vulnerable adults policy in place. Also, staff had completed training in this subject.

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

Discharge arrangements were generally satisfactory.

Record keeping was generally good and in accordance with the requirements of the Mental Health Act. However, some areas for improvement were identified.

Managing risk and promoting health and safety

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 were not being carried out.

Improvement needed

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

Medicines Management

The medication management processes were generally good.

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

However, there was no sink in the clinic room with staff having to wash their hands in the sink located in the toilet opposite the clinic.

Improvement needed

A hand wash basin should be provided in the clinic room to reduce the risk of cross infection.

Assessment, care planning and review

Almost all service users who completed a questionnaire felt either very, or quite, involved in the development of their care plan. Only one service user who completed a questionnaire told us that they didn't receive a copy of their care plan.

The majority of service users who 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 who 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.

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. However, we suggested that service user involvement could be better evidenced by including direct quotes from service users as to decisions made and what their wishes were.

Some of the care files we viewed were difficult to navigate and bulky. We suggested that out dated statutory documents and other associated paperwork be removed from the files, archived and replaced with a summary sheet, at the front of the files, to aid tracking of historical applications of Community Treatment Orders (CTO)s² etc. We also suggested that key documents such as care plans and most recent referrals etc be made available at the front of the file for ease of reference.

We found documents relating to two other service users on a service user file.

The quality of documented notes and records varied between files. Some files contained more detailed information about services whilst others were not as informative and lacked clarity regarding the reason for referral and the outcomes desired by the service user. Some records were undated and not in chronological order. Language and communication needs were not always identified and evidence of unmet needs were not recorded on all files. There was no evidence of capacity assessment on some files. Nearest relative/ carer details were not fully completed on some files.

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

Where applicable, just over a half of service users who completed a questionnaire said that the option to receive direct payments to help meet their care and support needs had never been discussed with them by the CMHT.

Some of the staff spoken with told us that, although there is some provision already in place, the team's management and oversight of service users'

² A Community Treatment Order (CTO) is a legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.

physical care needs could be improved. This is something that the health board and local authority should explore further.

The management team must continue to audit notes and records to ensure completeness and consistency.

Service users' involvement in care planning and provision could be better evidenced by including direct quotes from service users as to decisions made and their desired outcomes.

Measures must be set in place to ensure that documents are stored on the correct service users' files.

Measures must be set in place to support service users' to access education and employment.

Measures must be set in place to ensure that the option to receive direct payments to help meet their care and support needs is discussed with service users.

Consideration should be given to further developing the team's management and oversight of service users' physical care needs.

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, in the main was service user-led and managed in accordance with service users' requirements.

Safeguarding

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

The training information provided confirmed that staff had received adult and child safeguarding training.

Compliance with specific standards and regulations

Mental Health Act Monitoring

We reviewed the statutory documents of four service users who were the subject of Community Treatment Orders (CTO) being cared for by Nant y Glyn 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. As previously mentioned, nearest relative/ carer details were not fully completed on some files. There was also clear documentation relating to reviews of the CTO and clear recording of circumstances where the CTO was revoked or discontinued. The language used within the documentation was appropriate, person centred and respectful.

In relation to the CTOs, we saw comprehensive risk assessments were in place reflecting both service users' known and anticipated risks.

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 at Nant y Glyn.

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

We reviewed the Care and Treatment Plans (CTP) of a total of 11 service users.

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.

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 relevant people such as family members or carers were also involved where appropriate. In some cases, as required, the extended needs of the service users and carers were clearly identified for example housing or accommodation needs, financial support, learning needs. However, as previously mentioned, nearest relative/ carer details were not fully completed on some files.

Overall, we found that the assessment of service users' needs was proportionate and appropriate. However, we found that one service user had not been re-assessed when their care was transferred to the CMHT.

Care plans were generally well structured and person centred and reflected service users' emotional, psychological and general health and wellbeing needs. However, the care plans tended to be problem rather than strength based.

Entries within the case files were contemporaneous with all members of the team documenting their involvement/interventions within one file. However, progress notes did not always link to the individual elements of identified need within the care plans.

We found the process of identifying, assessing and managing risk to be adequate with some files demonstrating a higher calibre of recording than others. We found that risk assessments mostly informed the interventions identified in the service user's care plan.

Improvement needed

Measures must be set in place to ensure that all service users are re-assessed when their care is transferred to the CMHT.

Care plans should be reviewed in order to ensure that they take into account service users' strengths as well as needs.

Measures must be taken to ensure that the progress notes reflect the individual elements of identified need within the care plans and the outcomes to be achieved.

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. We saw examples where

some service users had positively engaged in 'what matters'³ conversations. However, the application of the 'what matters' conversation was inconsistent. As previously mentioned, the quality of documented notes and records differed between files with some files containing more detailed information about service users whilst others were not as informative.

³ A structured conversation between professionals and service users to determine what they value most and how they wish to be cared for.

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 evidence of good management and leadership with staff generally commenting positively on the support that they received from their line managers.

Staff told us that they were generally treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the senior management structure within the organisation and that the communication between senior management and staff was generally effective and had improved of late.

We found that there were improving 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 county manager whose substantive post was within the health board. We found that there was good internal communication in and improving joint overview and governance by both the local authority and health board senior management teams.

A community service model was being developed with detailed county improvement and team development plans in place, outlining actions and objectives.

Weekly performance reports were being presented to the local authority and health board senior managers.

Team meetings were taking place on a weekly basis. These meetings were minuted and copies shared with team members. The senior leadership team

also met on a regular basis and make themselves available to team members through visits to the office.

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 Right⁴ 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 county manager who addresses them in line with relevant local authority and health board policy. Although there were two separate complaints processes in place, there was some evidence of joint complaint investigation and reporting. Health board employed staff also told us that serious untoward incidents and concerns were recorded on the Datix 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. The staff interviewing process was competency based with record of the interview retained on staff files. Formal contracts and job descriptions were issued to staff by the health board or the local authority respectively. Newly appointed staff followed a formal induction process and were supported by more experienced colleagues and their line manager.

⁴ 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.

We reviewed a sample of six staff supervision files (three employed by the health board and three employed by the local authority). We saw that there was a formal staff support and supervision process in place with regular one to one meetings being held between staff and their line managers. In addition to one-to-one meetings, staff told us that they received day to day, informal support from their line managers who were reported as being very accessible.

There were formal annual appraisals in place, managed under respective health board or local authority systems. Formal supervision was not as regularly forthcoming for team managers themselves, although they emphasised that advice and guidance was always readily available from service managers despite seeing them rather infrequently.

At the time of our inspections, the team was carrying some vacancies and were heavily dependant on locum psychiatrists. Despite this, staff told us that they strived to ensure that service users received a responsive and effective service by absorbing the additional workload. In addition, every effort was being made to secure the services of the same psychiatrists so as to maintain a level of continuity of care. A proposed new model had recently been drawn up to redistribute consultant coverage for Conwy county, with one primary care consultant covering the whole of Conwy supported by three secondary care consultants covering mid, West and East of the county respectively. The effectiveness of this new model was being evaluated at the time of the inspection. In the meantime, the health board and local authority should continue in their efforts to recruit permanent staff to vacant posts with special emphasis on the recruitment of psychiatrist.

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.

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 must continue in their efforts to recruit permanent staff to vacant posts with special emphasis on the recruitment of psychiatrist.

The health board and local authority must take further steps to communicate with staff and involve them in the decision making process.

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 during the inspection.			

Appendix B – Immediate improvement plan

Service: Nant y Glyn Community Mental Health Team

Ward/unit(s): Insert name

Date of inspection: 6 and 7 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 highlighted during this inspection.					

Appendix C – Improvement plan

Service: Nant y Glyn Community Mental Health Team

Ward/unit(s): Insert name

Date of inspection: 6 and 7 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					
Staff must ensure that advocacy services are offered and that this is recorded on care files.	1.1 Health promotion, protection and improvement	Advocacy services to be invited to attend the Conwy CMHT Business meeting on March 18 th 2019 to highlight service awareness and education. Compliance will be subsequently monitored during monthly supervision.	Health Board and Social Services Leads	County Manager (Health).	31/03/19
	SSWBA Code of Practice 10	In addition, www.dewis.wales will be promoted as an online source of information and advice where people can find		Team Managers QS Managers	30/09/19

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		out about other advocacy services within the community. Further evidence of information, advice and assistance to access advocacy services will be monitored via Social Care Quality Assurance Reviews in 2019/20.		(LA)	
The health board must provide HIW with an action plan detailing the refurbishment work to be undertaken on the exterior and interior of the building.	4.1 Dignified Care	Business case has been approved by the HB and is progressing to improve the decoration in NYG. The Local Authority offer of accommodation at Coed Pella is being progressed by a Task and Finish Group.	Health Board Lead	Head of Operations & Service Delivery (Health).	31/08/19
The health board must conduct an audit of the furniture within Nant y Glyn and repair or replace all broken or tarnished items.		Audit all furniture in patient areas and use charitable funds to replace.	Health Board Lead	County Manager & Business Support Manager (Health).	30/04/19

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
The use of the former occupational therapy kitchen as an interview room should be reviewed and more appropriate arrangements made.		Refurbishment of this room is included in the estate business case. In the interim this room will not be routinely used for patient contact.	Health Board Lead	County Manager (Health).	Complete
Measures should be set in place to ensure that Psychology staff are able to attend the multi disciplinary meetings.	3.2 Communicatin g effectively	Recruitment has commenced 1 x wte for Psychology; 1x 8a 1wte, 1 x 0.5 Band 7, 1 x 1wte Band 4.The aim will be to attend weekly MDT and SPOA	Health Board Lead	County Manager & Psychology Lead (Health).	30/06/19
Service users who are signposted to other organisations for support should be routinely followed up to ensure that they are receiving that support.	5.1 Timely access Code of Practice 2 timely and proportionate	A flow chart is being developed to ensure that this is being addressed. Signposting to other organisations is a theme within the work of the local authority SPOA services and subject to regular Quality Assurance Review. A review of CMHT case files will be undertaken by	Health Board and Social Services Leads	County Manager (Health). Team managers QS Managers (LA).	22/03/19 30/9/19

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		the LA team managers in order to evidence signposting and follow up support for service users.			
The health board and local authority 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.		The Division has commissioned a review of Psychology provision across all tiers.	Health Board and Social Services Leads	Divisional Directors (Health).	30/09/19
		Locally, joint working practices have been reviewed to improve communication and integration which will reduce waiting times. Recruitment to psychology service will impact waiting times and improve support during the waiting period.		County Manager & Psychology Lead (Health).	30/06/19
The health board and local authority must continue to monitor referrals from service users who are in a crisis to		The Duty process has been streamlined with clear roles and responsibilities. The crisis calls will be recorded electronically and monitored	Health Board and Social Services Leads	County Manager (Health).	25/02/19

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
ensure that they receive timely responses and intervention.		daily by the safety huddle.			
Delivery of safe and effective care					
Ligature point risk assessments must be undertaken and measures set in place to eliminate any risks identified.	2.1 Managing risk and promoting health and safety	Risk assessment for all patient areas will be undertaken and actioned accordingly.	Health Lead	Board County Manager (Health).	28/02/19
A hand wash basin should be provided in the clinic room to reduce the risk of cross infection.	2.4 Infection Prevention and Control (IPC) and Decontamination	A hand wash basin will be in place by March 31 st 2019.	Health Lead	Board Service Manager (Health).	31/03/19
The health board and local authority should continue to explore the development of a joint electronic case management system.	3.4 Information Governance and Communications Technology	Both organisations are working towards the implementation of WCCIS however; they are both at different stages of the process. The BCU project Team continue to work with the National Team to ensure that required changes are	Health and Services Leads	Board Social Divisional Directors (Health and LA).	31/12/19

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		submitted within deadlines. The mobile app also requires revision before it can be accepted, as this application is key to the use of the system within community settings. CCBC have now signed and agreed their business case for WCCIS and have commenced their initial start-up meetings. As of 31.01.19 Conwy now have received approval to sign the Deployment order.			
The management team must continue to audit notes and records to ensure completeness and consistency.	3.5 Record keeping SSWBA Code of practice 3 SSWBA Code of practice 2 and 3 assessment	During monthly supervisions a minimum of two files are audited and results submitted to the County Manager for assurance and action if required. There will also be regular quality assurance reviews of case file records to include;	Health Board and Social Services Leads	County Manager (Health). Team Managers QS Managers	Commenced and will be an ongoing process.

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		themes from the HIW Action Plan be planned and undertaken in 2019.		(LA).	
Service users' involvement in care planning and provision could be better evidenced by including direct quotes from service users as to decisions made and their desired outcomes.		As from 1 st April 2019 a rolling program of in house training will be implemented and CTP care planning will be a priority session.	Health Board and Social Services Leads	County Manager (Health).	01/04/19
		All Mental Health Practitioners will be offered the opportunity to attend the Collaborative Conversations: Outcome Focused Approach Training – which commences in April 2019 – January 2020.		Service manager (LA).	30/9/19
Measures must be set in place to ensure that documents are stored on the correct service users' files.		This was addressed immediately and will be monitored as part of the continuous reviewing and auditing of case notes.	Health Board and Social Services Leads	County Manager (Health).	Complete

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
Measures must be set in place to support service users' to access education and employment.		As from 1 st April 2019 a rolling program of in house training will be implemented .CTP care planning will be a priority session. The CMHT will also promote the Lets Get Working Programme letsgetworking@conwy.gov.uk . a support service available for individuals who face significant barriers to work.	Health Board and Social Services Leads	County Manager (Health).	31/08/19
Measures must be set in place to ensure that the option to receive direct payments to help meet their care and support needs is discussed with service users and recorded.		As from 02.19: a new Direct payments awareness training programme is being devised and will be offered by the Local Authority. Direct Payments officers are able to attend team meetings and produce regular reports on uptake of active offers for direct payments. To be monitored and reviewed with the CMHT in 2019/20	Health Board and Social Services Leads	Local Authority Direct Payments Lead.	31/08/19
Consideration should be given to		'My physical health check'	Health Board and	County	31/08/19

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
further developing the team's management and oversight of service users' physical care needs.		programme is in place for all patients in secondary care. Training for this has been included in the local training plan.	Social Services Leads	Manager (Health).	
Measures must be set in place to ensure that all service users are re-assessed when their care is transferred to the CMHT.	Monitoring the Mental Health Measure Codes of Practice 2 and 3	All transfers to CMHT are discussed as part of MDT or SPOA to ensure accurate up to date information received. Assessments take place timely and appropriate fashion for all patients. This will be monitored during supervision and file audit. Snapshot has been taken which has not highlighted any deficits.	Health Board and Social Services Leads	County Manager (Health).	11/02/19 Complete
Care plans should be reviewed in order to ensure that they take into account service users' strengths as well as needs.		This will be implemented in the CTP strength based training.	Health Board and Social Services Leads	County Manager (Health).	31/08/19

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		Regular quality assurance reviews of case file records to include; themes from the HIW Action Plan be planned and undertaken in 2019.		Team Managers QS Managers (LA).	
Measures must be taken to ensure that the progress notes reflect the individual elements of identified need within the care plans and the outcomes to be achieved.		Supported via Local training on record keeping and monitored via supervision file audit.	Health Board and Social Services Leads	County Manager (Health).	31/08/19
Quality of management and leadership					
The health board and local authority must take further steps to communicate with staff and involve them in the decision making process.	Governance, Leadership and Accountability	Mechanisms are already in place for staff to attend monthly Conwy Improvement Plan (CIP), attend monthly business meeting and weekly MDT. Minutes for all meetings are distributed. Staff will be further encouraged to continue to attend and participate in	Health Board and Social Services Leads	County Manager.	Ongoing process

Improvement needed	Standard	Service action	Health/Social Services Lead	Responsible officer	Timescale
		meetings in place.			
The health board and local authority must continue in their efforts to recruit permanent staff to vacant posts with special emphasis on the recruitment of psychiatrist.	7.1 Workforce	Both Local Authority and Health Board have recruitment policies in place. Clinical Director and County Manager will ensure all recruitment commences as soon as required. This is monitored through the weekly managers meetings and CIP.	Health Board and Social Services Leads	County Manager.	Ongoing process

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): Gaynor Kehoe

Job role: Head of Operations and Service Delivery (Central)

Date: