

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

Bridgend North CMHT, Maesteg
Community Hospital, Cwm Taf
Morgannwg University Health Board

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW) completed a joint announced community mental health inspection (CMHT) of Bridgend North Community Mental Health Team based at Maesteg Community Hospital on 13 and 14 December 2022. This service is delivered by Cwm Taf Morgannwg University Health Board and Bridgend County Council

Our team for the inspection comprised of two HIW Healthcare Inspectors, a CIW local authority Inspector, two clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and a patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

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

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Service users were provided with a person centred and dignified experience. The feedback we received from service users and their relatives / carers was overall positive about the care they receive from their care co-ordinators and the wider CMHT team.

This is what we recommend the service can improve:

- The health board / local authority must ensure that the offer of, and decision making relating to, advocacy services is clearly documented.

This is what the service did well:

- Service users told us that they felt listened to and had enough time to discuss their care, support and treatment with CMHT staff
- Service users told us that they had timely access and communication with their allocated care worker and the right care provided at the right time
- Staff felt empowered to try new ideas and initiatives to support the care and overall wellbeing of service users.

Delivery of Safe and Effective Care

Overall summary:

We found that the CMHT provided service users with overall safe care, treatment and support. Assessments, care plans and reviews were completed in a comprehensive manner, in line with the Mental Health (Wales) Measure and Social Services and Wellbeing Act.

This is what we recommend the service can improve:

- The health board must ensure sufficient and timely access to one to one psychology sessions
- The health board and local authority must explore how pathways with local primary care services can be strengthened.

This is what the service did well:

- Assessments, care plans and reviews demonstrated ownership by service users, which included forward looking and balance positive risk taking
- There was evidence of good physical health monitoring
- There were clear processes in place for the management and escalation of issues related to service user risk.

Quality of Management and Leadership

Overall summary:

We found the service to be overall well led, with care and treatments delivered by professional and committed staff team. There was evidence of cohesive working team working and staff expressed enjoyment in their roles.

This is what we recommend the service can improve

- The health board and local authority should reflect on the staff feedback within this report.

This is what the service did well:

- Staff overall commented positively on the supported provided by local management
- There were good opportunities for learning and development.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

During the inspection we used paper and online questionnaires to obtain views and feedback from service users. A total of 12 were completed. We also spoke with three service users and relatives / carers over the telephone. Service user comments included the following:

“We look forward to [name anonymised] coming. [Name anonymised] is being well looked after by the team. I ... find that [name anonymised] helps me to cope and anything that has to be done, we can count on [name anonymised] and team.”

“The people on my care team are all absolute diamonds. They genuinely care about what they are doing and have gone above and beyond in showing their care and kindness for me.”

“[Name anonymised] and the team have very good to me.”

Additional service user responses are included under the relevant sections within this report.

Care, engagement and advocacy

All service users provided positive comments relating to their care and engagement with the service through their allocated care co-ordinator.

All told us that they know how to contact their care co-ordinator or the service when needed. Without exception, service users told us that they feel carefully listened to and all but one responded positively that their care co-ordinator gives them enough time to discuss their care and other needs.

All but one service users told us that they had been offered the services of an advocate. We noted that an advocacy service was contracted to provide services to the CMHT and that access remained available throughout the pandemic. In the service user records that we reviewed, we found evidence to support that these service users were capable of advocating for themselves. However, **we recommend that the health board ensures that the offer and acceptance / refusal of advocacy services is clearly documented in service user records to evidence that advocacy has been considered.**

The service had established partnerships with the community and third sector as an effective means of engaging service users in support of their personal

wellbeing. Successful initiatives we were told about included a local Wellness Retreat and the Assisting Recovery in the Community (ARC) service.

It was positive to note that staff felt empowered to try new ideas, including group activities, as a further means of promoting the care and wellbeing of service users. We noted positive occupational therapist input, which was closely aligned to the service and its multidisciplinary processes.

All service users who responded to the question told us that they were able to engage with the service in their preferred language. However, two service users told us that they feel unable to access the right care at the right time. One comment provided included:

“This was difficult during the pandemic”

This service is advised to reflect on this feedback as it continues to deliver its services post-pandemic. No service users indicated that they had faced discrimination when accessing this service on the grounds of a protected characteristic.

Access to service

We found access to the service and the referral process to be overall well managed. Access to services were managed through a single point of access, which was not formally reviewed as part of this inspection. However, in the records that we reviewed, we found referrals were assessed in a timely manner according to their level of urgency. Access to the community mental health nursing team was also available on weekends and bank holidays.

The CMHT service located at Maesteg Community Hospital, which provides facilities for service users to wait for and attend appointments, including one-to-one consultations and group therapies. Clinics are held at the local district general hospital and home visits are provided where required.

The waiting area provided a quiet and comfortable space and was overseen by administrative staff. There was a range of patient information displayed in this area, including health promotion materials and information about the service.

All service users told us that they had seen someone from the service within the last month and that they find it easy to access support from service when needed. All service users told us that they are seen about the right number of times by the service.

When asked about access to out of hours or crisis support, all service users told us that they know how to access the service out of hours and that they have received the help needed. When asked if they have contacted the service in a crisis in the last 12 months, all but one service user who indicated they had received the help needed. In addition to the questionnaire responses, one service user told us verbally that there is sometimes a delay in receiving support in a crisis. The health board is advised to monitor this to ensure consistently and timely access.

Delivery of Safe and Effective Care

Managing risk and promoting health and safety

We found appropriate processes in place to identify, manage and escalate risks associated with the service user care and the service.

We confirmed that service user risk assessments are completed and follow a multidisciplinary team approach towards their production and review. It was positive to note that complex risks are escalated through professional forums for health and local authority staff, with multi-agency input.

There was a lone working policy in place and staff told us that they were aware of its contents. We confirmed that home visits are not undertaken until risk assessments are completed and all initial visits are undertaken by two staff members.

We found a small number of incident reports submitted by the service. We reviewed these and found that they had been reviewed and closed within an appropriate timeframe. Where learning has been identified, we noted that this is fed back to staff through staff meetings and through MDT meetings.

Medicines Management

We found overall safe medicines management processes in the areas we reviewed.

We were unable to review a sample of medication charts, as there were stored at the relevant clinic at the local district general hospital. Despite this, staff described clear and comprehensive processes for the prescribing, administration and recording of medication, in line with health board policy.

There was an appropriate medicines management system in place and staff were aware of the procedures to follow in respect of ordering medication. Staff also described a positive working relationship with the pharmacy team.

We noted that patient medication was reviewed annually or as required to ensure their continued appropriateness. All but one patient told us that they had received all the information they would like regarding any side effects associated with their medication and we noted that staff access to medication leaflets was readily available.

Ambient medication held on site was securely stored and in-date. However, **we recommend that the health board implements a signing in and out book to ensure an appropriate audit trail of medication stock.**

No controlled drugs were held on the CMHT premises.

Assessment, care planning and review

We reviewed six service user records when considering the quality of assessment, care planning and review. Overall, we found positive evidence of a person centred and multidisciplinary approach towards care and treatment planning.

Assessments, care plans and reviews were completed in a comprehensive manner, in line with the Mental Health (Wales) Measure and Social Services and Wellbeing Act. The records reviewed demonstrated an ownership by service users of their care and treatment and we observed service users being supported to take forward looking and balanced positive risks. Family / carers were encouraged to have an active role where desired and were appropriately supported by CMHT staff.

The majority of service users told us that they felt very involved in the development of their care plan and that they were given the opportunity to receive a copy of this. Most service users told us that they felt involved in discussions and decisions made about their on-going care and support, with the opportunity to challenge any aspects of their care that they disagreed with.

We found evidence of effective MDT working. The MDT meeting that we observed was well led and followed a clear agenda. There was good attendance and engagement from all professions. All but one staff member responded to the HIW questionnaire telling us that the CMHT encourages teamwork and all agreed that the CMHT acts on concerns raised by service users.

The service placed emphasis on working in partnership with other health board and local authority services to provide service users with the most appropriate care and treatment for their needs. This included engagement with and referrals to national specialist services, such as for eating disorders or personality disorders, where clinically necessary.

Service users were complementary of the psychology care provided. However, we noted that there were excessive waiting times for one to one sessions. The service had attempted to mitigate this risk by providing access to group therapies, nurse therapist access and low level interventions from other staff members. **The health board must ensure that there is sufficient and timely access to one to one psychology services.**

Whilst staff and patients told us that there was good medical input from psychiatry staff, we noted that the staff in these positions were not substantive appointments. **The health board must ensure that substantive medical staff are appointed as far as possible to ensure continuity of care.**

There was evidence that physical health needs were assessed and reviewed on a regular basis in all but one of the records that we reviewed. There were notable processes in place for the recoding, monitoring, and flagging of clinical concerns. It was positive to see that physical health monitoring form was linked to national guidelines and staff were prompted to act when necessary.

When asked if support was needed for any physical health needs in the last 12 months, six service users told us they did and all agreed that they service supported them with these needs as appropriate.

Overall we found care records systems and documentation was accessible and easy to navigate in the sample we reviewed. However, some staff expressed that not all teams can always access relevant forms and care documentation in a seamless and timely manner. **The health board / local authority should reflect on this to ensure that staff can access documents and systems as needed.**

Patient discharge arrangements

We found evidence of overall good discharge planning arrangements. In the sample of records we reviewed, service users had overall been appropriately supported by the relevant care co-ordinator and wider multidisciplinary team to enable a well-rounded and effective discharge.

We noted that the service had identified the need to further strengthen pathways relating to service users who no longer met the requirements for secondary care, but who required additional support above that which is provided by GP services. We found evidence of this in two of the records that we reviewed. To ensure that service users can access the right services at the right time, **the health board and local authority must explore how these pathways can be strengthened in partnership with local primary care services.**

The service maintained good relationships with other health board services, third sector partners, such as Mind, and other local authority services. This included supporting and providing early intervention and relapse prevention services to help prevent deterioration or inpatient admission.

When asked to what extent:

- Accommodation needs have been met by the service, all but one of those who responded stated that their needs had been completely or partially met
- Employment needs had been met by the service, those who responded stated that their needs had been completely or partially met
- Educational needs have been met by the service, those who responded stated that their needs had been completely met
- Social needs had been met by the services provided through the CMHT, all agreed that their needs had been completely or partially met.

We confirmed that service users had been provided with information and advice on how to refer themselves back to the service if necessary. All but one service user told us that they had been given information and contact details for the CMHT and crisis teams and information relating to their condition.

Safeguarding

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

Staff we spoke with were aware of their responsibilities towards safeguarding matters and were able to describe the process. Staff told us that they felt comfortable raising any issues, including at weekly multidisciplinary team meetings, which we observed during the inspection.

In the sample of records that we reviewed, we found that safeguarding risks had been identified, acted upon, and were appropriately recorded. We noted that care documentation and associated risk assessments were completed in a comprehensive manner.

We confirmed that appropriate training had been provided to staff and completion compliance was good. However, we noted that refresher MARAC training for medical staff was required. **The health board must ensure that medical staff complete this training in a timely manner.**

Compliance with specific standards and regulations

Mental Health Act Monitoring

We reviewed one record of a service user who was subject to a Community Treatment Orders (CTO). Whilst we identified record keeping omissions in historic CTO paperwork related to this individual, we found overall good compliance by the

health board related to the authorisation, service user engagement and on-going monitoring and review of the current CTO.

To fully strengthen compliance with the Act, **the health board must ensure that the following information is recorded in CTO documentation:**

- Reasons for the conditions
- A record that the conditions (and reasons) have been explained to the service user
- The conditions have been explained to other concerned parties
- Approved mental health professional (AMHP) views on the CTO are recorded.

We reviewed two records of patients who were detained under the Mental Health Act. We found these records to be generally compliant with the Mental Health Act Code of Practice. However, the scope of our review of these records was limited, as paper records were held with the patients who were admitted to an inpatient unit at the time of the inspection.

We spoke with the Mental Health Act Administrator who demonstrated a good knowledge in relation to the application of and compliance against the Act and associated Code of Practice. Mental Health Act administration staff were also part of the All Wales Administrator Forum, which further enables the sharing and implementation of good practice.

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

There was evidence of effective joint working within the health board team and collaboration across the wider multidisciplinary team to support the delivery of care in line with the Mental Health Measure.

Service user records that we reviewed reflected the domains of the Mental Health Measure in an overall comprehensive manner. This included service users emotional, psychological, and physical health needs. There was a strong focus on ensuring that service users took ownership of their care, with the involvement of relatives where desired.

Compliance with Social Services and Wellbeing Act

There was evidence of effective joint working within the local authority team and collaboration across the wider multidisciplinary teams to support the delivery of safe and effective care.

Service user records that we reviewed reflected the domains of the Social Services and Wellbeing Act in an overall comprehensive manner. There was clear evidence

that the service user voice was central to assessment, care planning and on-going review.

Overall, patients who indicated that they were in receipt of social services input were happy with the care and social provisions arranged by their care co-ordinator, and of the provisions available from local authority services when accessed.

Quality of Management and Leadership

During the inspection, we distributed online questionnaire to obtain views and feedback from staff. We received 17 responses in total. Responses from this questionnaire are included within the section below.

Leadership, management and governance arrangements

We found the service to be well led and with care and treatments delivered by a professional and committed staff team. We observed cohesive team working and staff expressed positive views in relation to the working environment. All but one staff member recommended their CMHT as a good place to work and agreed that their job is not detrimental to their health.

There were positive comments from staff relating to local management. All but one staff member agreed that their immediate manager can be counted on to help with a difficult task, that they provide clear feedback on their work, and is supportive in a personal crisis. However, there were less favourable responses in relation to senior managers, notably almost half of respondents told us that communication between senior management could be strengthened.

In relation to service user care, all staff felt they were able to meet all the conflicting demands on their time at work, were satisfied with the quality of care and support they provide and would be happy with the care provided by their CMHT for themselves or friends and family.

All staff told us that their CMHT encourages them to report errors, near misses or incidents and all but one told us that action would be taken to ensure that they do not happen again. All staff noted that they would feel secure raising concerns.

We found a low number of vacancies at the time of the inspection. However, we noted that there were recruitment exercises underway in light of planned retirements and to ensure a substantively employed workforce. The majority of staff felt there are enough staff for them to do their job properly.

We noted that there were generally good opportunities for learning and development. When asked if current training options helped them to do their job more effectively, stay up to date with professional requirements, and help delivery a better patient experience, all but one agreed. Staff told us the following training would be useful:

“Working with individuals with other conditions such as ASD, Learning disabilities”

“How to complete application for funding”

“A recognised and accredited CBT course”

“Drug and Alcohol”

When asked how else the service could improve, staff told us:

“Better IT systems to communicate between health and social services especially out of hours...”

“Additional appropriate offsite consultation room provision for service users who cannot get to Maesteg or Princess of Wales Hospital.”

Whilst the feedback provided was largely positive, the health board and local authority is encouraged to reflect on the feedback provided by staff.

4. Next steps

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

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

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

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

Appendix B - Immediate improvement plan

Service:

Date of inspection:

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate improvements were identified				

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):

Appendix C - Improvement plan

Service: Bridgend North CMHT (Maesteg Community Hospital)

Date of inspection: November 2022

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.

The areas will be RAG rated to monitor progress.

Not yet started	In Progress	Completed
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Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The health board and local authority must ensure that the offer and acceptance / refusal of advocacy services is clearly	MHM part 3 Wales	Acceptance/refusal of advocacy services is clearly noted in the new CTP assessment and CTP review form documents. The old documents do identify advocacy but they are not as clear and concise as the new documents (the old forms have been discontinued).	Team Manager	Completed (See Appendix 1)

documented in service user records to evidence that advocacy has been considered.		All clients are given an advocate information leaflet at least yearly.	Team Manager	Completed (See Appendix 2)
		An annual CTP audit is completed which includes advocacy checks.	Team Manager	Completed (See Appendix 3)
		Compliance of audits will be monitored through the Clinical Service Group QSRE meetings.	Senior Nurse	28/04/2023
The health board must implement a signing in and out book to ensure an appropriate audit trail of medication stock.		Depot medication is now recorded in a stock check form. Paliperidone and Abilify are individual patients own medication and each one has their own sign in and out sheet.	Team Manager	Completed (see Appendix 4,5)

		Spot checks to be completed by the Senior Nurse to monitor compliance	Senior Nurse	28/04/2023
		Audit of medication to take place. CTMUHB Homecare visited the team on 20 th January 2023 and they have agreed to attend the CMHT monthly for three months and then three monthly to audit and help with stock management checks. The home care team only audit Polar Speed medication (Abilify and Paliperidone). For all other depot medication staff who order these medication will audit at the same time.	Home Care/ Team Manager	28/04/2023 (See Appendix 6)
The health board must ensure that substantive medical staff are appointed as far as possible to ensure continuity of care.		The health board will continue in its attempts to recruit substantively into the consultant post. This is against a background of higher demand for posts than the supply of senior medical staff to fill them.	Service Group Manager	31/08/2023 (see Appendix 7)

The health board and local authority should reflect on comments from staff relating to access to care documents and systems		A locum Consultant continues to support the service (extended until June 2023) within this period whilst efforts continue to recruit to a substantive consultant position.	Service Group Manager / Clinical Director	Completed (see Appendix 7).
		This is reviewed in monthly performance review meetings with the Senior Team which includes a table on the status on all medical positions in the locality. Progress on recruitment is discussed and there is a focus on having Royal College of Psychiatry Approved Job Descriptions ready for advertisement should a vacancy appear.	Service Group Manager	31/08/2023 (see Appendix 8, 8a)
		The local authority use a different IT system to store care records in comparison to the health board. Whilst CTM await the role out of WICCIS, an interim measure has been sought. If immediate access to notes from LA or health teams are required, an emailing process is in place to safely share information. All social workers that update a care and treatment plan, review or risk assessment are to email the local CMHT admin staff who will store in the health system. This helps obtain up-to-date records when the CMHT work out of hours.	Team Manager / Social Services Service manager	Completed (see Appendix 9)
		A business case for WICCIS implementation has been written and requires Executive sign off for funding. The Mental Health Care Group have allocated a Project Manager.	WICCIS project manager CTMUHB	31/07/2023

			/ Service Manager	(See Appendix 10)
The health board and local authority must explore how these pathways can be strengthened in partnership with local primary care services.	MHM Wales 2010 part 3. MHM Wales 2010 part 1.	The CMHT are invited to attend 2-4 weekly team's meetings with the Wellbeing Retreat to discuss referrals, service provision, quality improvement ideas and quality assurance.	Service Group Manager	Completed (See Appendix 11)
		Staff attend the Assisted Recovery in the Community (ARC) meetings if required to discuss primary care intervention for new referrals or discharge from secondary care.	Team Manager	Completed (See Appendix 12)
		Local Primary Mental Health Support Service (LPMHSS - Part 1 MHM Wales) have open invites to the CMHT weekly multi-disciplinary team meetings to discuss referrals to CMHT or for advice.	LPMHSS Team Manager	Completed (See Appendix 13)

		Weekly discussions take place in the MDT meetings if required around pathways/thresholds/support.	Team Manager	Completed (See Appendix 14)
The health board must ensure that medical staff complete all safeguarding related refresher training in a timely manner		All medical staff to attend 'Safeguarding People' Day.	Clinical Director / Lead Consultant	28/04/2023 (See Appendix 15)
The health board must ensure that Community Treatment Order (CTO) documentation contains all of the required detail	MHA 2007	The two compulsory conditions for a CTO is in the patients' rights. The care coordinator will read these rights to the patient and if agree or have capacity will be asked to sign. A letter of confirmation is sent to the patient with the conditions stated.	Team Manager / Mental Health Act team leader	Complete (See Appendix 16, 16a)

		<p>All Approved Mental Health Professionals will circulate the appropriate actions when being detained.</p> <p>https://www.gov.wales/sites/default/files/publications/2022-10/Form-CP-1-Mental-Health-Act-1983-section-17A-community-treatment-order.pdf</p>	CMHT Team Leader / Social Services Service manager	Completed (see Appendix 17)
		<p>The MHA team propose to develop an audit tool for CTO MHA statutory documentation and to conduct a CTM wide audit of detention papers for those patients subject to a Community Treatment Order.</p> <p>Compliance will be monitored through our QSRE meetings.</p>	MHA team leader	31/08/2023
		<p>We have asked our IMHA provider and South Wales Advocacy to obtain feedback on our service from patients on a community treatment order (CTO). The MHA team and South Wales Advocacy are working collaboratively to develop a questionnaire. The health boards MHA operational group and Mental health act monitoring committee will be kept up to date on progress.</p>		28/04/2023 (see Appendix 18)

The health board and local authority should reflect on the staff feedback comments provided in this report.		A debrief session has been arranged to reflect on the HIW inspection and feedback comments provided in the report.	Lead Nurse	21/02/2023 (See Appendix 19)
		The inspection findings will also form part of our local QSRE meetings standard agenda to maintain monitoring of the review.	Senior Nurse/Lead Nurse	28/04/2023

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): S Bassett
Job role: Lead Nurse
Date: 15/02/2023

