

Community Mental Health Team Inspection (Announced)

Newtown Community Mental Health
Team, Powys Teaching Health Board
Health Board and Powys County
Council

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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 an announced inspection of Newtown Community Mental Health Team within Powys Teaching Health Board and Powys County Council on 01 and 02 October 2024.

Our team, for the inspection comprised of two HIW healthcare inspectors, two CIW inspectors, two clinical peer reviewers, one of which was a Mental Health Act reviewer, and one expert by experience reviewer.

During the inspection we invited service users or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 11 questionnaires were completed by service users or their carers and nine were completed by staff. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Service users spoken with during the inspection were generally satisfied with the care and support that they received. They felt listened to and that their views and wishes were considered during the care planning process.

Service users reported generally satisfactory experiences when accessing services and that they were involved in the assessment and care planning process. However, the care documentation seen did not always reflect the person centred and empowering approach to assessment, care planning and provision, and service users' views were not consistently recorded within care and treatment plans.

We were told that timely access to services had improved since the implementation of the NHS 111 option 2 service. This service enables people of all ages to contact a mental health professional in their area at any time day or night, seven days a week.

In addition, the recently established Single Point of Access (SPOA) service, as the name suggests, enables service users and their carers to access support and advice in a timely and effective way without the inconvenience of being re-directed.

This is what we recommend the service can improve:

- Ensure that the person centred and empowering approach to the provision of care and support is fully embedded across the service and that care documentation consistently reflects service users' views on how they wish to be cared for
- Ensure that all service users and their carers are aware of how to access support and advice outside of normal office opening hours
- Ensure that service users are offered the option of receiving service through the medium of Welsh and that this is consistently recorded within care notes
- Update the CMHT web page in order to ensure that the information reflects the CMHT's current address and contact details.

This is what the service did well:

- Single point of access to services
- Service users involvement in the assessment and care planning process
- Availability of health promotion material to include smoking cessation advice and support.

Delivery of Safe and Effective Care

Overall summary:

We found generally positive evidence that assessment, care planning and review processes were focused on the individual needs of service users and a collaborative approach was taken towards care and treatment planning in most of the cases that we looked at. However, this was not applied consistently in every case. Some of the service user care and support files we looked at did not always reflect the service user's wishes and some lacked evidence of family members/carers involvement in the care planning and assessment process and reviews were not always undertaken in a comprehensive and timely way.

Staff spoken with during the inspection expressed concerns about the availability of local in-patient beds for emergency admissions and availability of transport for timely and secure transfer of service users to hospitals. These issues have been highlighted as areas for improvement during other CMHT inspections in Powys.

We found the Mental Health Act administration process to be effective and robust with accurate record keeping. However, as has been highlighted during other CMHT inspections in Powys, the lack of administrative support to the mental Health Act Administrator requires addressing.

This is what we recommend the service can improve:

- Ensure that the service user's wishes are always reflected in the care and support documentation
- Ensure that carers are always recognised and offered an assessment to support them in their caring role
- The health board must set up formal auditing and review processes for care and support records to ensure accuracy and consistency
- The health board must review the administrative support available to the Mental Health Act Administrator
- Ensure that care and treatment plans and ongoing support arrangements are reviewed within specified timeframes and that all relevant professionals are involved.

This is what the service did well:

- Multidisciplinary approach to the provision of care
- Mental Health Act administration
- Infection prevention and control.

Quality of Management and Leadership

Overall summary:

The health and social care staff were not integrated nor co-located. This has caused some issues with regards communication between the health board staff and local authority team members. Nevertheless, we found that staff were striving to provide a seamless service and that there were generally good, informal and formal working relationships in place between the local authority and health board staff.

Staff views on the culture of the CMHT were variable, with most staff telling us that they were generally satisfied with the working environment and conditions. However, some staff told us that they did not always feel valued and felt that there had been a breakdown of relationships between different disciplines within the CMHT. Two out of the nine staff members who completed the online survey stated they had experienced bullying whilst at work.

There was reliance on agency staff across both the local authority and health board aspects of the team and we were told that staff recruitment was on-going.

This is what we recommend the service can improve:

- Continue to monitor current working arrangements and move forward with the development plan to enhance the service provision and improve joint working practices
- Continue to monitor working arrangements and take appropriate and timely action to ensure that relationships between health board and local authority staff are strengthened, that all staff feel valued and that bullying is eliminated
- The health board must develop a more robust general auditing and reporting framework for quality assurance and to facilitate service development
- Remain focused on staff recruitment and retention to establish a permanent staff team and ensure continuity of care
- Ensure that General Practitioners are fully engaged and supportive of the 'shared care' principles.

This is what the service did well:

- Staff striving to provide a seamless service
- Good staff support, supervision and appraisal processes in place
- Generally 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

Patient feedback

Service users spoken with during the inspection were generally satisfied with the care and support that they received from the team.

HIW also issued online and paper questionnaires to obtain service user views on services carried out by Newtown CMHT. In total, we received 11 responses. Not all respondents completed every question, and responses were generally positive.

Patient comments included:

"The support and care I receive is great from everyone in CMHT. Thank you for all your help and support over all these years. I appreciate all the help."

"I have had the best care and support. That has helped me as I have had a few CMHT that haven't been great for me."

Person centred

Health promotion

Staff supported service users to maintain their physical health. However, this is an aspect of the service that the health board has identified as one requiring further development.

Health promotion material was available, and service users were offered smoking cessation advice and support.

Dignified and respectful care

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

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

Individualised care

Service users spoken with during the inspection said they felt listened to, and that their views and wishes were considered during the care planning process. They also reported satisfactory experiences when accessing services, and that they were

involved in the assessment and care planning process. However, the care documentation seen did not always reflect the person centred and empowering approach to care planning and provision. Service users' views were not consistently recorded within care and treatment plans.

The health board and local authority must ensure that the person centred and empowering approach to the provision of care and support is fully embedded across the service, and that care documentation consistently reflects service users' views on how they wish to be cared for.

Timely

Timely care

We were told that access to services had improved since the implementation of the NHS Wales 111 option 2 service. This service enables people of all ages to contact a mental health professional in their area at any time day or night, seven days a week.

In addition, the recently established Single Point of Access (SPOA) service, as the name suggests, enables service users and their carers to access support and advice in a timely and effective way without the inconvenience of being re-directed.

Most service users who completed the questionnaire told us felt it was very easy to access support when they needed it, and that they knew who to contact in a crisis. All but two respondents said they knew how to access out of hours support.

The health board and local authority must ensure that all service users and their carers are aware of how to access support and advice outside of normal office opening hours.

We found the CMHT internet web page required updating, to reflect the team's current office base. We were told the web page was due to be updated to reference the new address and to include information about the NHS 111 option 2 and SPOA services.

The health board must move ahead with updating the CMHT web page without further delay, to ensure that the information reflects the CMHT's current address and contact details.

The prioritisation and provision of care and support was facilitated through assessment and triage of service user needs.

Half of the service users who completed the questionnaire felt the wait between referral and appointment was under one month, and that the last time they saw someone from CMHT was within the last month.

We were told that only two service users were awaiting allocation of a care co-ordinator at the time of the inspection, and it was envisaged that care co-ordinator allocation for these individuals would be completed within two to three days.

We were informed that there had been a substantial decrease in referrals involving service users with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). This was due to the setting up of a dedicated ADHD service. However, due to the numbers involved, the ADHD service only accepts new referrals. Consequently, the CMHT continues to provide care and support to existing service users with a diagnosis of ADHD.

We were told that there was little delay in service users accessing psychology services. However, there were some delays in accessing psychiatry services.

The health board must ensure that service users have timely access to psychiatry support.

Staff spoken with during the inspection expressed concerns about the availability of local in-patient beds for emergency admissions with service users often having to be placed in services outside of Powys.

The health board must review the availability of in-patient beds for emergency admission, to ensure that the current arrangements are sufficient to meet local demand and to help avoid service users having to be placed outside of the county.

We were also told there were problems arranging transport for timely and secure transfer of service users to hospitals. It is concerning that these issues have been highlighted as areas for improvement during other CMHT inspections in Powys. In addition, we were told there was no formal policy in place around secure transfer of service users. More must be done by the health board to improve on this.

The health board and local authority must formulate a secure transfer/conveyancing policy, and ensure that there are suitable transport arrangements in place for the safe and timely transfer of service users to hospital.

Equitable

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

We were told that staff are encouraged to complete a basic Welsh language course and there are opportunities to further develop Welsh language skills through the health board training department.

One member of staff was bilingual (Welsh/English). We were told that Welsh speaking staff from other CMHTs within Powys could be called upon to assist should the need arise. However, the 'active offer' to receive services through the medium of Welsh was not consistently recorded within service users' care and treatment notes.

The health board and local authority must ensure that service users are offered the option of receiving services through the medium of Welsh and that this is consistently recorded within care notes.

Translation services were also available to aid communication in other languages.

All but one service users who completed the questionnaire felt that staff gave them enough time to discuss their needs and treatment, and respondents felt that staff listened to them carefully when they meet.

Most respondents told us they were offered the support of an advocate. However, the offer of advocacy was not always recorded within individual care and support files. In addition, there was very little information available within the waiting area on how to access advocacy services.

The local authority and health board must ensure that all practitioners understand the importance of offering service users advocacy support and must record this within individual care files. In addition, information on how to access advocacy services should be made readily available within the waiting area.

Rights and equality

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

Service users' capacity to make decisions was assessed when required. However, this was not consistently recorded within their care notes.

The health board and local authority must ensure that the outcome of capacity assessments is consistently recorded within care notes, using a clear and systematic format, demonstrating how the decision has been reached. As a matter of good practice, the criteria relating to patients' capacity to consent to treatment as outlined in the Mental Health Act Code of Practice, should be applied.

The premises were accessible with a ramp provided to enable wheelchair access into the building. However, the signage from the main road through the car park to

the CMHT office base requires improving, and also the signage within the waiting area directing people to reception.

The health board must provide clear signage from the main road through the car park to direct people to the CMHT office base. In addition, provide signage within the waiting area directing people to reception.

All service user accessible areas are located on the ground floor with service users escorted by staff due to the locked doors.

CCTV cameras are located in the waiting area with appropriate signs displayed.

Delivery of Safe and Effective Care

Safe

Risk management

The environment was found to be free of any obvious risk to health and safety.

General and more specific environmental risk assessments were undertaken, and any areas identified as requiring attention were actioned.

We were told that a ligature point risk assessment had been undertaken prior to the team moving to the current location in February 2024, and that service users are never left unattended when at the clinic. However, we were not provided with a copy of this risk assessment.

The health board must provide HIW with a copy of the most recent ligature risk assessment and action plan.

From inspection of care files, we confirmed that service user risk assessments were completed and follow a multidisciplinary team (MDT) approach towards their production and review. It was positive to note that complex risks were escalated through professional forums, with multi-agency input where needed.

Discussions were held with service users about risk management, and these were recorded within care files. Consideration was being given to service users rights to take acceptable risks in accordance with the Mental Capacity Act 2005.

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

Infection, Prevention, Control and Decontamination

There were good infection prevention and control measures in place which were supported by comprehensive policies and procedures.

The whole of the environment was clean and tidy.

Safeguarding of children and adults

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

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

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

The team also worked closely with other professionals and agencies to co-ordinate multi-agency responses to concerns raised, within established safeguarding processes.

There were systems in place to support both Multi Agency Risk Assessment Conference (MARAC), and Multi-agency Public Protection Arrangements (MAPPA).

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

Medicines management

We found medication management processes to be generally safe and robust. There was an appropriate medicines management system in place and staff were aware of the procedures to follow in respect of ordering medication.

We reviewed a sample of medication charts. Staff described clear and comprehensive processes for the prescribing, administration and recording of medication, in line with health board policy.

We noted patient medication was reviewed annually or as required to ensure their continued appropriateness. However, more formal governance arrangements such as regular audits should be implemented.

The health board should introduce a formal governance framework to monitor all aspects of medication management within the CMHT.

A resuscitation kit was available and stored in a location making it easily available in the event of a medical emergency. However, the kit did not include a defibrillator. We were told the nearest defibrillator was located in a public area, a short distance away from the CMHT office base. However, some staff spoken with during the inspection were unaware of the exact location of the defibrillator. This is a risk to patient safety.

The health board should consider implementing a defibrillator within the CMHT office. In addition, ensure all staff are aware of the location of the nearest defibrillator in case of an emergency.

Effective

Effective care

We reviewed the care files of four service users who were subject of Community Treatment Orders (CTO) and nine service users who were supported by means of Care and Treatment Plans (CTP). We found generally positive evidence of an MDT approach towards care and treatment planning.

Assessments, care plans and reviews were generally completed in a comprehensive manner, in line with the Mental Health (Wales) Measure. The records reviewed demonstrated a degree of ownership by service users of their care and treatment. Family / carers were encouraged to have an active role in the care and support process where desired. However, further work needs to ensure carers are always recognised and offered an assessment to support them in their caring role.

The health board and local authority must ensure that carers are always recognised and offered an assessment to support them in their caring role.

Patient records

The care files we reviewed were, in the main, well maintained. There was a joint, electronic recording system in use which facilitated effective information sharing between the health board and local authority staff. This system also ensures effective communication and continuation of care to service users.

The local authority had established auditing processes in place for service user care and support records. However, we found little evidence of regular auditing and review of them from a health board perspective.

The health board must set up formal auditing and review processes for care and support records to ensure accuracy and consistency.

Mental Health Act monitoring

We found Mental Health Act administration records to be generally well maintained. In all cases, the CTOs were legally valid. Conditions were clear and relevant with all supporting documentation correctly completed.

We held discussions over the telephone with the Mental Health Act Administrator, who demonstrated good knowledge in relation to the application of and compliance with the Mental Health Act and associated Code of Practice. They had

an effective operational system in place to ensure all aspects of administering CTOs run smoothly. They were able to demonstrate this by providing evidence in the form of relevant documentation, notifications to professionals, letters to patients and relatives, information on patient rights and advocacy services.

The Mental Health Act Administrator covered the whole of Powys and was expected to attend Mental Health Act Review Panels across the county, in addition to completing audits and delivering training for staff. We were told that meeting the demands of the job could be difficult at times as there was no additional administrative support available. This issue has been highlighted during previous inspections of other CMHTs in Powys and therefore needs addressing promptly.

The health board must promptly review the administrative support available to the Mental Health Act Administrator.

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

There was good evidence of day-to-day communication with the local authority team and collaboration across the wider MDT, to support the delivery of care in line with the Mental Health Measure.

Service user records we reviewed were generally person centred and reflected the domains of the Mental Health (Wales) Measure. This included service users emotional, psychological, and physical health needs. There was a focus on ensuring service users took ownership of their care, with the involvement of relatives where desired. However, the service user's voice and wishes were not always reflected in all the care and treatment plans viewed.

The health board and local authority must ensure that service users' views and wishes are always reflected within the care and treatment plans.

We found evidence of regular reviews of care and treatment plans in most of the files we looked at. However, we found the care provided to one service user, who was subject to ongoing support under Section 117 of the Mental Health Act, had not been reviewed within the specified time frame. In another case, there was little evidence of partnership working between the local authority and health board as part of the Section 117 review process.

The health board and local authority must ensure that care and treatment plans, and ongoing support arrangements are reviewed within specified timeframes, and that all relevant professionals are involved as appropriate.

Quality of Management and Leadership

Staff feedback

In addition to the face-to-face discussions held during the inspection, we invited staff to complete an online survey to reflect their views on the quality of the service and the support they received from the management team. We received nine responses.

Staff responses to the online survey were mixed and are referred to in more detail within the following sections of this report.

Leadership

Governance and leadership

The health and social care staff were not integrated nor co-located. This has caused some issues with regards communication between the health board staff and local authority team members. Nevertheless, we found staff were striving to provide a seamless service and there were generally good informal and formal working relationships in place between the local authority and health board staff.

We were told that senior managers within the health board and local authority had outlined a vision for the future of mental health service in Powys and that a development plan was being formulated.

The health board and local authority must continue to monitor current working arrangements and move forward with the development plan to enhance the service provision and improve joint working practices.

Workforce

Skilled and enabled workforce

We reviewed a sample of staff files and saw there was a formal staff recruitment process in place, with all necessary pre-employment checks undertaken. Issues were highlighted with regards to staff vacancies and a reliance on agency staff, particularly within the local authority team. However, every effort was being made to secure the same agency staff, where possible, in order to maintain continuity of care and support.

The health board and local authority must remain focused on staff recruitment and retention to establish a permanent staff team and ensure continuity of care.

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

We noted there were generally good opportunities for learning and development, with good mandatory training compliance rates. In addition to mandatory training courses, staff are encouraged to undertake service specific training. However, staff told us they would benefit from additional Mental Health Act training for non-clinical staff, Mental Capacity Act training, breakaway training and training on Wales Applied Risk Research Network (WARRN).

The health board and local authority should undertake a comprehensive staff training needs analysis to identify any gaps in current provision and to support staff development.

Culture

People engagement, feedback and learning

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

Staff views on the culture of the CMHT were variable, with most staff telling us they were generally satisfied with the working environment and conditions. However, some staff told us they did not always feel valued and felt there had been a breakdown of relationships between different disciplines within the CMHT. Two out of the nine staff members who completed the online survey stated that they had experienced bullying whilst at work.

Further work is required to ensure that relationships between health board and local authority staff are strengthened and that all staff feel valued. In addition, both the health board and local authority must take robust action to eliminate bullying within the workplace.

The health board and local authority must continue to monitor working arrangements and take appropriate and timely action to ensure that relationships between health board and local authority staff are strengthened. In addition, ensure that all staff feel valued and that bullying allegations are addressed and eliminated.

Information

Information governance and digital technology

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

Learning, improvement and research

Quality improvement activities

There was a formal audit and reporting process in place to drive improvements in the service provision. This process was more developed within the local authority as compared to the health board.

The health board must develop a more robust general auditing and reporting framework for quality assurance and to facilitate service development.

Team Managers attend meetings, where quality issues, themes and concerns are escalated and reviewed. Any actions or learning identified during these meetings are fed back to staff through various internal processes such as MDT team meetings and staff emails.

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

There were numerous posters and leaflets available in reception and within other areas of the CMHT office advising service users and their families on how to provide feedback on the service.

Staff had received formal Duty of Candour training and those spoken with were aware of their responsibilities and were able to explain the process that would be followed on the receipt of a concern or following an incident.

Whole-systems approach

Partnership working and development

We were told that meetings were taking place involving both the health board and local authority managers, to develop and strengthen the links between the two teams.

The team has established links with third sector agencies to help deliver some outcomes for service users that the CMHT may find difficult to achieve on its own. However, seven out of the nine respondents to the online survey told us that partnership working with other agencies required improvement.

The health board and local authority must explore ways to develop and improve partnership working with other agencies.

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

The health board must ensure that General Practitioners are fully engaged and supportive of the 'shared care' principles.

4. Next steps

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

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

The improvement plans should:

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

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

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

The improvement plan, once agreed, will be published on HIW's [website](#)

Appendix A - Summary of concerns resolved during the inspection

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

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

Appendix B - Immediate improvement plan

Service: Newtown Community Mental Health Team

Date of inspection: 01 and 02 October 2024

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

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. No immediate improvements were highlighted during this inspection.					

Appendix C - Improvement plan

Service: Newtown Community Mental health Team

Date of inspection: 01 and 02 October 2024

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

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. The care documentation did not always reflect the person centred and empowering approach to assessment, care planning and provision, and service users' views were not consistently recorded within care and treatment plans.	The health board and local authority must ensure that the person centred and empowering approach to the provision of care and support is fully embedded across the service and that care documentation consistently reflects service users' views on how they wish to be cared for.	Person Centred Care	<ul style="list-style-type: none"> Powys Teaching Health Board (PTHB) - Care & Treatment Planning (CTP) Lead recently appointed in health- who will be auditing and reviewing Mental Health Measure (Wales) (MHM) documentation. PTHB - Providing training on Care and treatment planning. PTHB - Locally the team is working towards a person- 	Service manager. CTP lead & Team lead.	Audits are underway. Training - March 2025

				<p>centred culture within the team, to better reflect patients views and needs - one example of this designing our clinic slots to allow for full multi-disciplinary team (MDT) CTP review to be conducted.</p> <ul style="list-style-type: none"> • PTHB - MDT is being restructured to allow for richer clinical discussions to happen, considering the needs of the patients rather than processes within the service. • Powys County Council (PCC) - Senior Practitioners and Managers will ensure Practitioners have undertaken/refresh their Strengths based/collaborative conversation training. • PCC - have recently updated the CTP 	<p>JT and JR Team Managers</p> <p>JT and JR Team Managers</p>	<p>December 2024</p> <p>December 2024</p>
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				assessment document within WCCIS to be more reflective of the citizens voice and ensure compliance with Social Services & Well-Being Act Wales 2014 (SSWBA).		
2.	Some service users told us they did not know how to access out of hours support.	The health board and local authority must ensure that all service users and their carers are aware of how to access support and advice outside of normal office opening hours.	Timely Care	<ul style="list-style-type: none"> • Redistribute the local & national promotion in public areas and with our partner agencies. • Update both our web pages with information on to access services out of hours. • Ensure our correspondence that is sent out to service users is up to date and has all the relevant information regarding out of hours contacts. • Audit of CTPs to ensure out of hours arrangements are documents and evidence of sharing out of hours. 	Interim Service Manager PTHB & Team Lead Newtown (PTHB). With the support of the Mental Health Partnership Participation Officer & Communication team. PCC - JT and JR Team Managers	December 2024 January 2025 December 2024

						On-going
3.	The CMHT web page required updating to reflect the team's current office base.	The health board must update the CMHT web page without further delay to ensure that the information reflects the CMHT's current address and contact details.		<ul style="list-style-type: none"> Arrange a meeting with digital Communication to support the redesign of the community mental health service internet Page, with the support of Service users. 	Interim Service Manager PTHB & Team Lead Newtown (PTHB). With the support of the Mental Health Partnership Participation Officer & Communication team.	February 2025
4.	There were some delays in accessing psychiatry services.	The health board must ensure that service users have timely access to psychiatry support.		<ul style="list-style-type: none"> Medics are currently reviewing the mental health measure part 1 and part 2 clinic availability - to ensure that clinics can be responsive to service needs. 	Interim Service Manager PTHB & Team Lead Newtown (PTHB) BS Clinical Director (PTHB)	March 2025

5.	There was a lack of local in-patient beds for emergency admissions resulting in some service users having to be placed out of county.	The health board must review the availability of in-patient beds for emergency admission to ensure that the current arrangements are sufficient to meet local demand and to avoid service users having to be placed outside of the county.		<ul style="list-style-type: none"> • We have reinstated a weekly out of county meeting to support the timely & supportive pathway for repatriation back to PTHB inpatient settings. • We have increased the bed capacity in our Local Inpatient unit from 12 beds to 14 beds and we have plans to further increase to 16 beds, plus 2 crisis beds. 	LH Operational Lead (PTHB). LH Operational Lead (PTHB).	Complete December 2025
6.	There was a lack of transport for timely and secure transfer of service users to hospitals and there was no secure transfer/conveyancing policy in place.	The health board and local authority must formulate a secure transfer/conveyancing policy and ensure that there are suitable transport arrangements in place for the safe and timely transfer of service users to hospitals.		<ul style="list-style-type: none"> • The health board completed the all Wales Transport Audit in July this year, to understand current demand, challenges what works well. • We are awaiting the feedback from this audit, so we can consider future 	LH Operational Lead (PTHB) and LK Interim Assistant Director MH & LD (PTHB)	Timescale will be dependant on the national programme; however, we will review the internal process by March 2025.

				<p>opportunities for commissioning improved solutions for Powys.</p> <ul style="list-style-type: none"> In the interim we have conveyance arrangements in place 		
7.	The 'active offer' to receive services through the medium of Welsh was not consistently recorded within patient care and treatment notes.	The health board and local authority must ensure that service users are offered the option of receiving service through the medium of Welsh and that this is consistently recorded within care notes.	Equitable Care	<ul style="list-style-type: none"> PTHB & PCC - Staff to be reminded in their 1:1s and team meetings about the importance of the active offer and to ensure the appropriate recording of this offer. PTHB - Ensure all staff are familiarised & adhere to the Welsh language in the workplace policy. The policy encourages the use of Welsh speakers in the workplace and encourages bilingual literature / signage / offer of therapeutics interventions through the medium of Welsh. 	Interim Service Manager PTHB & Team Lead Newtown (PTHB). JT and JR, Team Managers	<p>Staff reminders and guidance to be issued by December 2024. (All)</p> <p>Bi-lingual signage will be discussed with Estates by March 2025. (PTHB)</p>

				<ul style="list-style-type: none"> • PCC - Quality audits will be completed on a regular basis to ensure compliance 		
8.	The offer of advocacy was not always recorded within individual care and support files. In addition, there was very little information available within the waiting area on how to access advocacy services and	The local authority and health board must continue to ensure that all practitioners understand the importance of offering service users advocacy support and that this is recorded within individual care files. In addition, information on how to access advocacy services should be made readily available within the waiting area.		<ul style="list-style-type: none"> • We will ensure there is appropriate literature in public areas through the Community Mental Health Team (CMHT), regarding the access of advocacy - leaflets & posters. • We have arranged a joint session between the Advocacy service and both MH teams to enhance knowledge. • PCC - Quality audits will be completed on a regular basis to ensure compliance. 	Interim Service Manager PTHB & Team Lead Newtown (PTHB). R H Senior Practitioner, PCC JT and JR Team Managers	March 2025
9.	Service users' capacity to make decisions was not	The health board and local authority must ensure that the outcome of capacity		<ul style="list-style-type: none"> • PTHB - We have recently updated and embedded a new Capacity assessment tool onto Welsh 	Interim Service Manager PTHB &	December 2024

consistently recorded within care notes.	assessments is consistently recorded within care notes, using a clear and systematic format, demonstrating how the decision has been reached. As a matter of good practice, the criteria relating to patients' capacity to consent to treatment as outlined in the Mental Health Act Code of Practice should be applied.		<p>Community Care Information System (WCCIS). This tool helps the practitioner to clearly document the decision-making process in line with the code of practice.</p> <ul style="list-style-type: none"> • PTHB - Further training is available currently on Electronic Staff Record (ESR) (Staff employee portal) for use of this new tool, which all staff will be encouraged to access. • PCC - Quality Audits would help identify any gaps in recording around capacity. • PTHB & PCCC - All CMHT staff will be reminded of the importance of consistent recording of Mental Capacity Act (MCA) & Best Interests (BI) decisions during supervisions and team 	<p>Team Lead Newtown (PTHB).</p> <p>JT and JR Team Managers</p>	
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				meetings and training offer where appropriate.		
10.	The signage from the main road through the car park to the CMHT office base requires improving, so too the signage in the waiting area directing people to reception.	The health board must provide clear signage from the main road through the car park to direct people to the CMHT office base and provide signage in the waiting area directing people to reception.		<ul style="list-style-type: none"> We will liaise with TW (PTHB communications manager) to add the required signage in the waiting area and from the road to the building, ensuring bilingual signage is used. 	Team Lead Newtown (PTHB) & TW Communications Manager (PTHB)	Request made to Estates for review and timescale for delivery of new signage already completed, awaiting response for outcome.
11.	A copy of the most recent ligature point risk assessment and action plan was not made available for inspection.	The health board must provide HIW with a copy of the most recent ligature risk assessment and action plan.	Safe Care	<ul style="list-style-type: none"> The comprehensive ligature assessment and action plan will be formatted on the correct documentation - which represents the discussion held when the relocation was planned. 	Interim Service Manager PTHB	December 2024
12.	There were no formal governance arrangements in place	The health board should introduce a formal governance framework to monitor		<ul style="list-style-type: none"> There are local level arrangements in place - however these need to be 	Interim Service Manager PTHB & Clinical leads	March 2025

	around medication management.	all aspects of medication management within the CMHT.		<p>formalised and adopted across Powys CMHTS.</p> <ul style="list-style-type: none"> The clinical leads across the CMHTS will develop a Standard operational procedure for medication management in the CMHTS. 	across all CMHTS	
13.	The resuscitation kit did not include a defibrillator. We were told the nearest defibrillator was located in a public area away from the CMHT office base. However, some staff spoken with during the inspection were unaware of the exact location of the nearest defibrillator.	The health board should consider the need to have a defibrillator within the CMHT office and, in the interim, must ensure that all staff are aware of the location of the nearest defibrillator in case of an emergency.		<ul style="list-style-type: none"> Staff have been reminded of the location of their nearest defibrillator; signage will be placed around the building to ensure everyone visiting the building is aware of its location. PTHB will consider whether a defibrillator can be placed within the building. 	Team Lead Newtown (PTHB)	Completed
14.	Carers are not always recognised and offered an assessment	The health board and local authority must ensure that carers are always recognised and	Effective Care	<ul style="list-style-type: none"> PTHB - Locally the team is working towards a person-centred culture which will include better recognition 	Team Lead Newtown (PTHB)	Placed on agenda at next Engage to Change

<p>to support them in their caring role.</p>	<p>offered an assessment to support them in their caring role.</p>		<p>and response to carers and their needs - one example of this is:</p> <ul style="list-style-type: none"> • PTHB - The MDT is being restructured to allow for richer clinical discussions to happen, considering the needs of the carers within the service. • PTHB - We will ask CREDU (carers organisation) to come and deliver training/share resources with the team at the monthly business meeting. • PCC - Ongoing regular audits will identify gaps in our support to carers. • PCC - During our team meetings we will continue to highlight our commitment to carers and remind staff of our partnership with CREDU. • PCC - We will investigate the use of Carers self-assessments, that are 	<p>JT and JR Team Managers</p>	<p>Meeting to prioritise this piece of work January 2025</p> <p>February 2024</p>
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				being trialled in other areas of the service, to hear the carer in their own voice and identify how we can support them in a timely manner.		
15.	The local authority had established auditing processes in place for service user care and support records. However, there was little evidence of regular auditing and review of from a health board perspective.	The health board must set up formal auditing and review processes for care and support records to ensure accuracy and consistency.		<ul style="list-style-type: none"> We will continue to implement the new 'Clinical supervision and reflective practice for Therapy, health sciences, midwifery, nursing, social work, and psychology' policy, which includes regular (4 per staff member per year) audits of clinical case notes, peer and managerial. CTP Lead recently appointed in health- who will be auditing and reviewing MHM documentation. To further meet this need, we will, as part of the clinical lead role, scope and review auditing tools 	Interim Service Manager PTHB & Team Lead Newtown (PTHB) AMB CTP lead Team Lead Newtown & Clinical lead (vacant post)	Ongoing, to be completed April 2025

				for use for this purpose and develop an auditing plan ongoing.		
16.	There was no administrative support in place for the Mental Health Act Administrator.	The health board must review the administrative support available to the Mental Health Act Administrator.	Mental Health Act Monitoring	<ul style="list-style-type: none"> Funding has been allocated for administrative support in this role. 	LH Head of mental health Operations	April 2025
17.	The service user's voice was not always reflected in all the care and treatment plans viewed.	The health board and local authority must ensure that service users' views and wishes are always reflected within the care and treatment plans.	Monitoring the Mental Health (Wales) Measure 2010	<ul style="list-style-type: none"> PTHB - Locally the team is working towards a person-centred culture within the team, to better reflect patients views and needs, and MDT is being restructured to allow for richer clinical discussions to happen, considering the needs of the patients rather than processes within the service - discussions of this type will be recorded in WCCIS case notes. PTHB - Supervision records will record and audit this. 	Team Lead Newtown (PTHB)	December 2024

				<ul style="list-style-type: none"> • PTHB - CTP Lead recently appointed in health- who will be auditing and reviewing MHM documentation to ensure good practice. • PCC - Quality audits will be completed on a regular basis to ensure compliance. • PCC - Senior Practitioners and Managers will ensure Practitioners have undertaken/refresh their Strengths based/ collaborative conversation training and ensure the individual's voice is clear within all documentation in line with the SSWBA. 	<p>AMB CTP lead, (PTHB)</p> <p>JT and JR Team Managers</p>	
18.	The care provided to one service user, who was subject to ongoing support under Section 117 of the Mental Health Act, had not been	The health board and local authority must ensure that care and treatment plans and ongoing support arrangements are reviewed within		<ul style="list-style-type: none"> • PTHB & PCC - All Care Co-ordinators to be reminded of their role in identifying and inviting all relevant persons to the individual's CTP review and the timeliness of the review. 	LH Head of mental health Operations	December 2024

<p>reviewed within the specified time frame.</p>	<p>specified timeframes and that all relevant professionals are involved.</p>		<ul style="list-style-type: none"> • PTHB - Locally the team is working towards a person-centred culture within the team, to better reflect patients views and needs, and MDT is being restructured to allow for richer clinical discussions to happen, considering the needs of the patients rather than processes within the service - discussions of this type will be recorded in WCCIS case notes. • PTHB - Supervision records will record and audit this. • PTHB - CTP Lead recently appointed in health- who will be auditing and reviewing MHM documentation to ensure good practice. • PCC - Quality audits will be completed on a regular basis to ensure compliance. 	<p>Team Lead Newtown (PTHB)</p> <p>JT and JR Team Managers</p>	
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				<ul style="list-style-type: none"> PCC - Senior Practitioners and Managers will ensure Practitioners have undertaken/refresh their Strengths based/ collaborative conversation training and ensure the individual's voice is clear within all documentation in line with the SSWBA. 		
19.	<p>The health and social care staff were not integrated nor co-located. This has caused some issues with regards communication between the health board staff and local authority team members.</p> <p>Senior managers within the health board and local authority had outlined a vision for the future of mental health service in Powys and that a development</p>	<p>The health board and local authority must continue to monitor current working arrangements and move forward with the development plan to enhance the service provision and improve joint working practices.</p>	Leadership	<ul style="list-style-type: none"> To continue to work closely across the two organisations keeping the person at the centre of our service delivery. Senior management teams to continue to engage with staff to share the future vision for both organisations to ensure a collaborative and cohesive development plan is formulated and shared across the organisations. Joint workshops are planned and taking place with staff from across the 	<p>Team Lead Newtown (PTHB) & JD Senior Practitioner, (PCC) LH Head of mental health Operation, (PTHB) RW Senior Manager MH & LD, (PCC)</p>	<p>6 weekly meetings between Health Board and PCC are ongoing, the next being December 2024, both Senior Leadership teams have also cemented their commitment to this piece</p>

	plan was being formulated.			CMHT to plan future working practices.		of work within the North Powys Wellbeing Hub workstream.
20.	There were staff recruitment and retention issues and a reliance on agency staff, particularly within the local authority team.	The health board and local authority must remain focused on staff recruitment and retention to establish a permanent staff team and ensure continuity of care.	Workforce	<ul style="list-style-type: none"> • PTHB - Continue to work closely with local authority to ensure no gaps in service provision or quality. • PTHB - Recruitment and workforce plans are in place - all vacant PTHB jobs are out to advert, and we are reviewing agency use on a weekly basis, and we use 'regular' agency staff to fill 'difficult to recruitment to' vacancies to ensure continuity of care for patients. • PCC - We have a recruitment working group to concentrate on hard to 	<p>Team Lead Newtown (PTHB)</p> <p>JT and JR Team Managers</p>	Rolling recruitment programme in place for both organisations

				fill post - all vacant posts are out to advert.		
21.	Staff told us they would benefit from additional Mental Health Act training for non-clinical staff, Mental Capacity Act training, breakaway training and training on Wales Applied Risk Research Network (WARRN).	The health board and local authority should undertake a comprehensive staff training needs analysis in order to identify any gaps in current provision and to support staff development.		<ul style="list-style-type: none"> • PTHB - Staff training review has been completed and a training plan has been submitted by service managers to ensure we meet all training needs. • PTHB - Staff training needs will be reviewed regularly in supervision. • PTHB - A request has been made to breakaway provider to deliver training for the whole building in The Park - awaiting an offer of dates. • PCC - PBM training being rolled out to teams. • PCC - All staff to be reminded that specific MCA can be accessed through the Practice Development team. Managers complete an annual training matrix to 	Interim Service Manager PTHB & Team Lead Newtown (PTHB) PTHB Training providers JJT and JR Team Managers	In progress Training need analysis completed which includes updated legal framework. Request completed awaiting dates of training delivery.

				<p>identify and request any training that is required for the following year.</p> <ul style="list-style-type: none"> • PCC - Over the last six months we have enabled staff to undertake 'Train the Trainer' in respect of WARRN training. We now have three qualified staff who will provide training and disseminate learning to the wider service on an ongoing basis. 		December 2024
22.	Some staff told us they did not always feel valued and felt that there had a breakdown of relationships between different disciplines within the CMHT and two out of the nine staff members who completed the online survey stated that they had experience	The health board and local authority must continue to monitor working arrangements and take appropriate and timely action to ensure that relationships between health board and local authority staff are strengthened that all staff feel valued and that bullying is eliminated.	Culture	<ul style="list-style-type: none"> • Both organisations will continue to work closely to ensure good working relationships at all levels, in all areas/teams. • All staff will be reminded of how to report bullying, and any issues raised will be dealt with appropriately utilising our individual HR policies 	Interim Service Manager PTHB & Team Lead Newtown (PTHB) JT and JR Team Managers	December 2024

	bullying whilst at work.					
23.	There was a formal audit and reporting process in place to drive improvements in the service provision. However, this more developed within the local authority as compared to the health board.	The health board must develop a more robust general auditing and reporting framework for quality assurance and to facilitate service development.	Learning Improvement and Research	<ul style="list-style-type: none"> We will continue to implement the new 'Clinical supervision and reflective practice for Therapy, health sciences, midwifery, nursing, social work, and psychology' policy, which includes regular (4 per staff member per year) audits of clinical case notes, peer and managerial. CTP Lead recently appointed in health- who will be auditing and reviewing MHM documentation. To further meet this need, we will, as part of the clinical lead role, scope and review auditing tools for use for this purpose and develop an auditing plan ongoing. 	Interim Service Manager PTHB & Team Lead Newtown (PTHB) AMB CTP lead, (PTHB)	December 2024

24.	Partnership working with other agencies required improvement.	The health board and local authority must explore ways to develop and improve partnership working with other agencies.	Whole System Approach	<ul style="list-style-type: none"> • PTHB & PCC - As part of the CMHT Transformation programme - NHS Together for Mental Health Delivery Plan, we will invite partner agencies to our MDT/business meeting at a local level (inc. Kaleidoscope, Pont Hafren), ensure they have invites to CTP reviews. Supporting the engagement with the social prescribing model. • Improve joint working with partner agencies by creating an environment that allows opportunities to share resources, skills, and knowledge. • The service/ senior managers will continue to engage strategically with the Partnership 	Interim Service Manager PTHB & Team Lead Newtown (PTHB) JT and JR Team Managers	January 2025
25.	The relationship with the GPs was said to be variable with some	The health board must ensure that General Practitioners		<ul style="list-style-type: none"> • The health board need to work with GPs to develop 	BS Clinical Director PTHB	December 2025

<p>more engaged than others. We were told some GPs were not fully supportive of the 'shared care' process which placed additional pressure on the CMHT.</p>	<p>are fully engaged and supportive of the 'shared care' principles.</p>		<p>shared care arrangements that are agreeable for both organisations</p>		
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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): Kelle Rees

Job role: Interim Service Manager Community Mental Health Service.

Date: 19/11/2024

Service representative: Adult Social Care, Powys County Council

Name (print): Rachel Williams

Job role: Senior Manager, Mental Health and Disability Services

Date: 21/11/2024