Review
of the Quality of Care and Treatment Planning in Mental Health and Learning Disability Services

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Background and Aims

- 2018 – NHS Wales Delivery Unit All Wales Quality Audit on Care and Treatment planning
- Audit conducted across 3 Inpatient Wards and 3 CMHT's
- Key findings (Good Practice):
  - Person centred approach
  - Good consideration of outcomes
  - Noted use of case formulations in one team
- Key findings (areas of learning):
  - Lack of consistency with the quality
  - CTP's not completed in timely manner
  - Lack of patient voice
  - Lack of SMART objectives
  - Inadequately incorporated risk assessment

Methodology: Audit Standards

- 162 Case notes audited across the 3 localities during September/October 2020

- Data Capture Tool used based on the All Wales Mental Health Measure (Wales) Part 2 Audit

- Review the quality based on 4 rating scale
  - Red: no record/gaps/omissions or evidence in the case file
  - Amber/Red: info but not assured quality is sufficient
  - Amber/Green: info in date but could/should have further detail to inform care
  - Green: info current, informative and provides good and specific details

Methodology: Sample

- The areas included were identified by Heads of Nursing/Service Managers within the Localities

- Swansea Locality
  - This was audited in its entirety to include inpatient & community, with the exception of Onnen Ward which was functioning as a SPOA

- Neath Port Talbot Locality
  - Tonna CMHT
  - Neath OPMH CMHT
  - Cardiff CLDT
  - Bridgend CLDT

- Specialist Locality
  - Rowan House
  - LLwyneryr
  - Meadow Court
  - Gwelfor
  - Cedar Ward Taith

Finding 1- Assessment

- Average of 74% case notes contained a current assessment

- 13.6% did not have a assessment within the case notes

- Common issues for Red rating
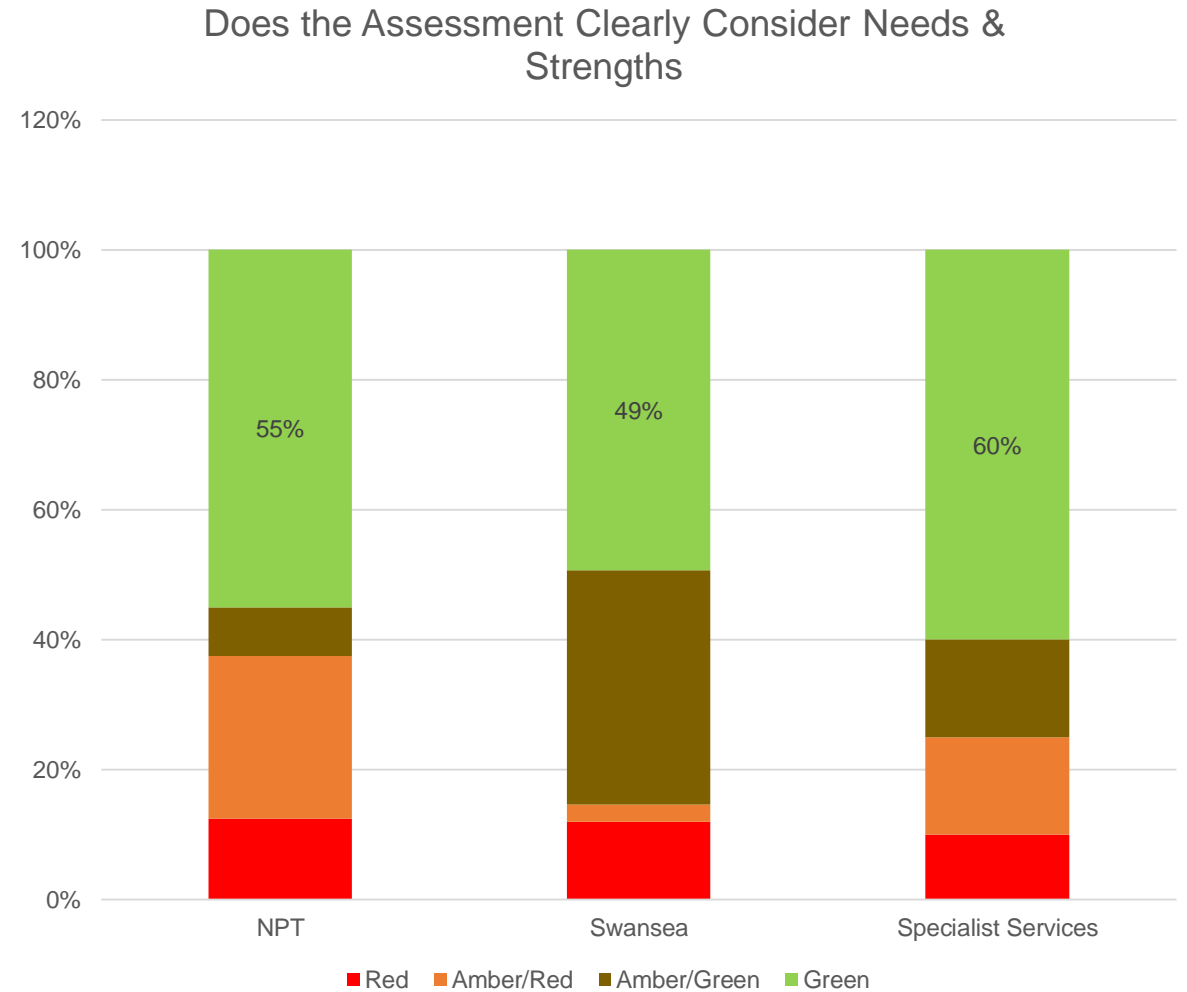 - No assessment
  - Out of date
  - Or filed in wrong volume

NB. Comparatively the DU (2018) finding was 68%
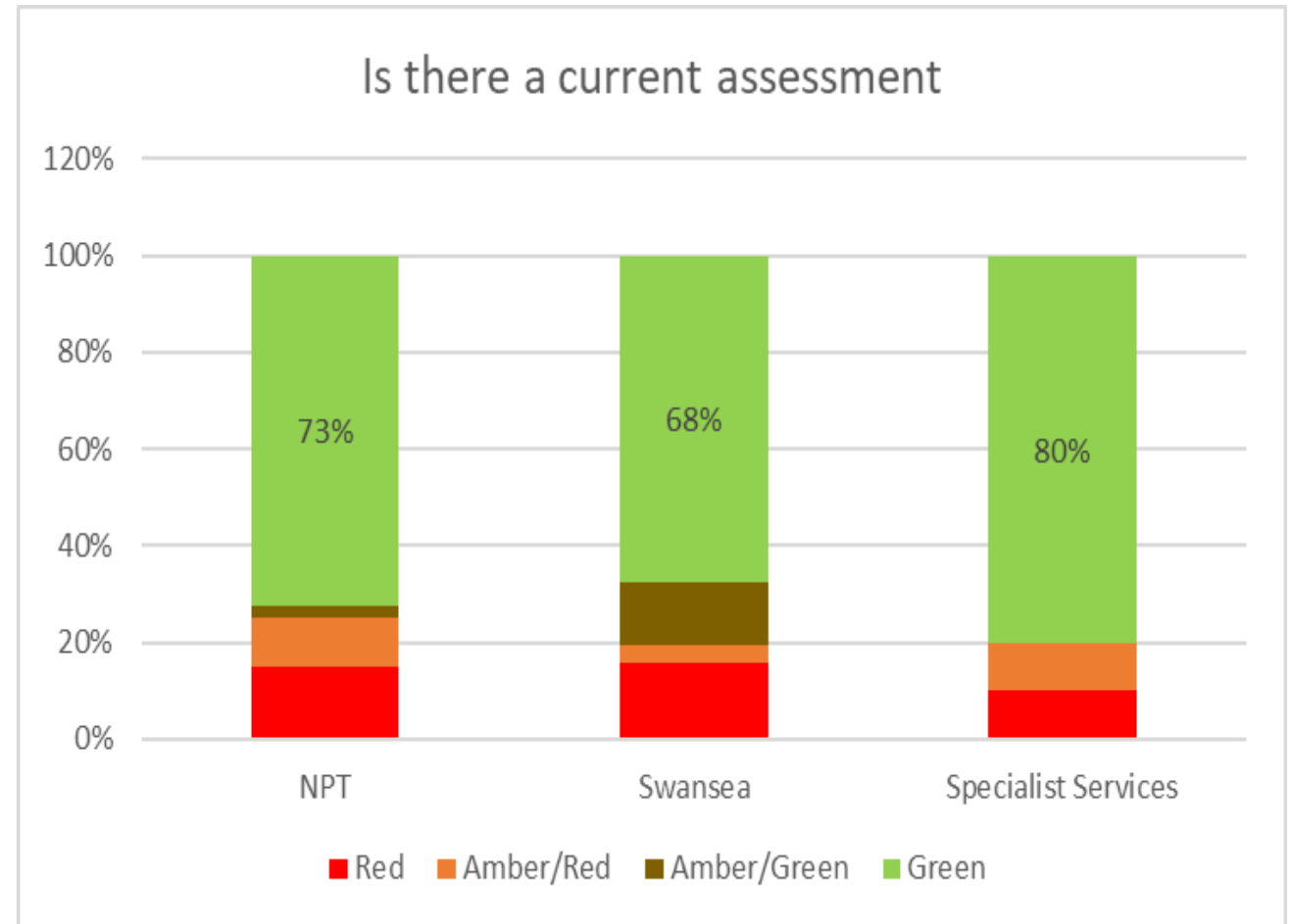
Finding 2 – Consider Needs and Strengths

- Average of 55% clearly considered needs & strengths

- Most common issues
  - Needs had been identified but lacked information about patient strengths
  - 38% (Red & Amber/Red – NPT) incomplete, lacking detail, unclear, requiring update or out of date.

NB. Comparatively the DU (2018) finding was Red & Amber/Red 64%

Does the Assessment Clearly Consider Needs & Strengths

Finding 3 - Involvement of the Person in the Assessment Process

- Average of 63% clearly indicated the views of the service user

- Main issues:
  - Assessment out of date
  - Views not included
  - Assessment incomplete
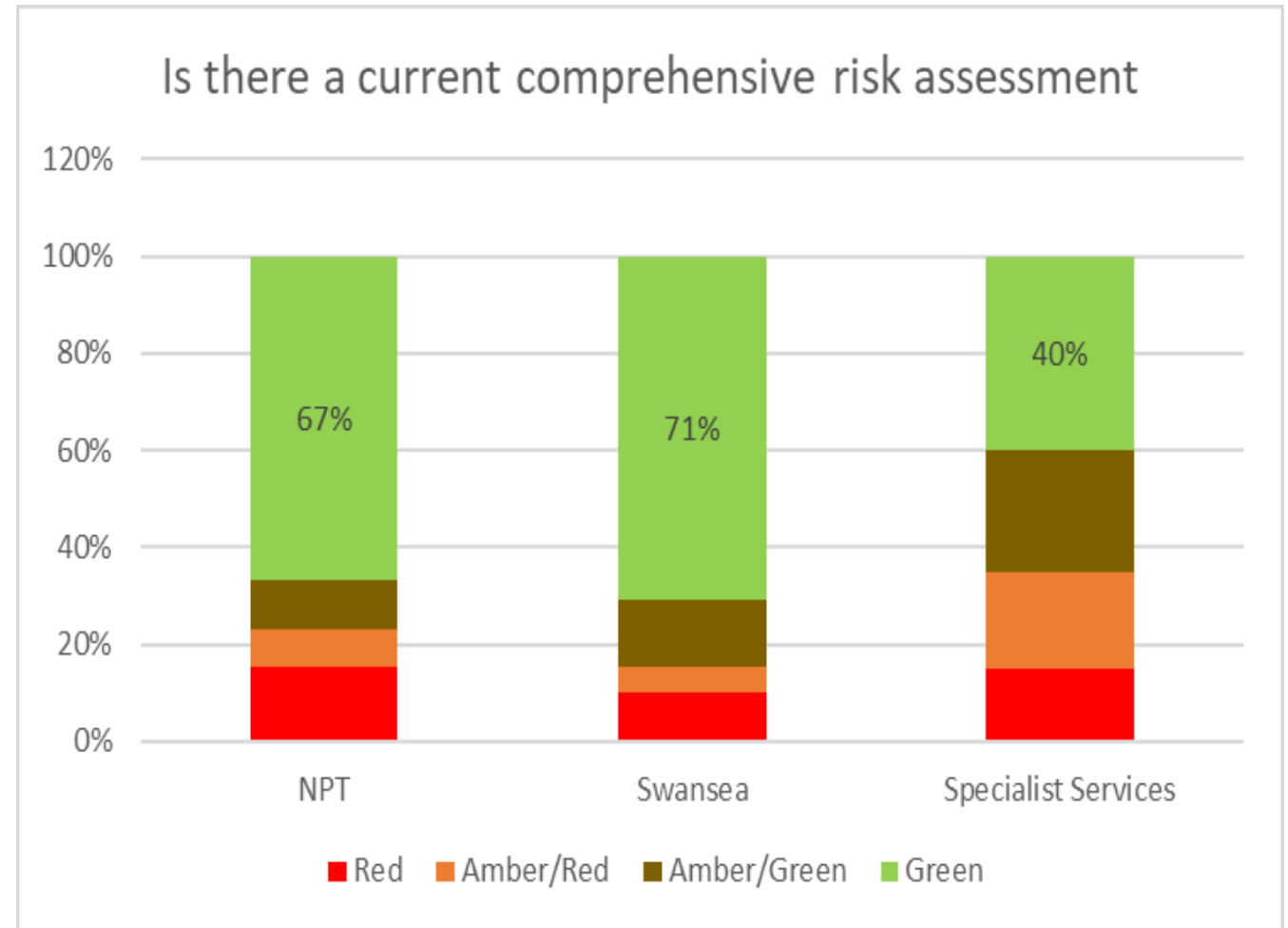 - View of MDT noted but not service user

NB. Comparatively the DU (2018) finding was Green 23%

Does the assessment consider the views of the service user
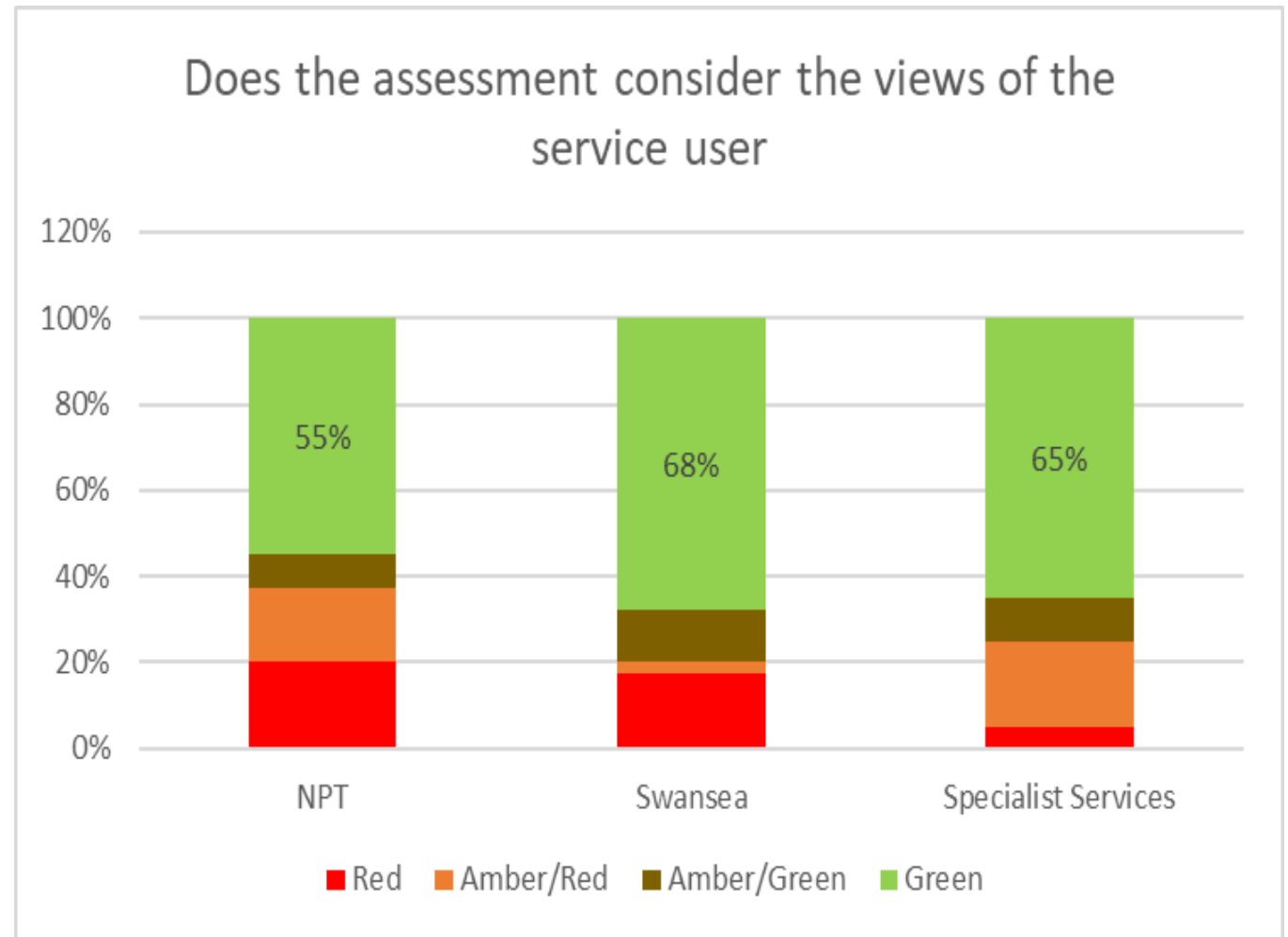
# Finding 4 - The Assessment and Management of Risk

- Average of 59% audited contained a current risk assessment

- Main issues:
  - Out of date
  - Lacked action plans
  - Lacking detail
  - Lack of coping strategies
  - Not reflecting current presentation or risk

NB. Comparatively the DU (2018) finding was Green 90%

Is there a current comprehensive risk assessment

NPT: 67% Green
Swansea: 71% Green
Specialist Services: 40% Green

Legend: Red, Amber/Red, Amber/Green, Green

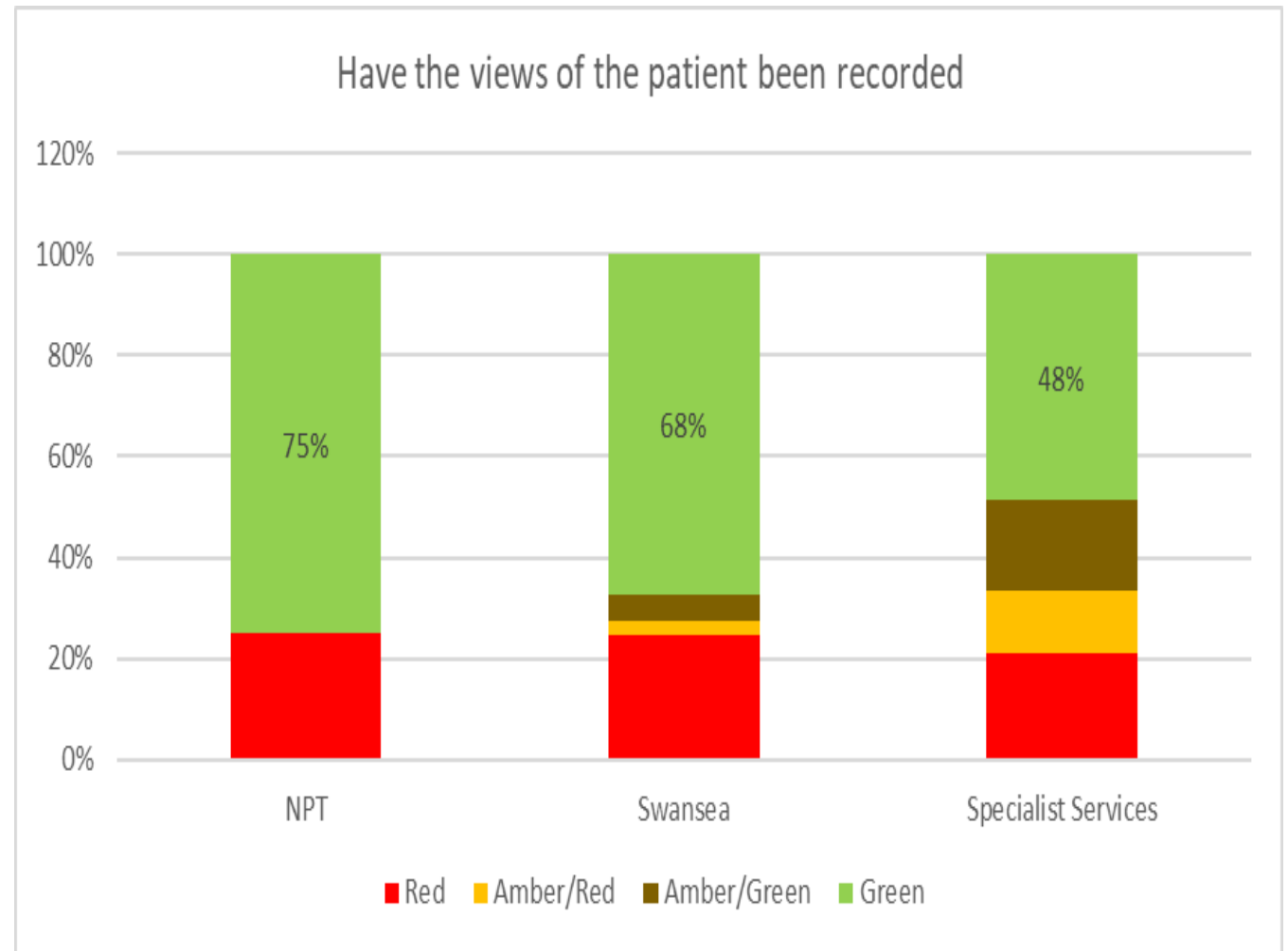# Finding 5 - Care and Treatment Plan Outcomes

- 3 areas audited:
  - ➤ Is there a care coordinator identified
    - 96% green (2018: 99%)
  - ➤ Are contact details included
    - 93% (2018: not recorded)
  - ➤ CTP created and reviewed in last 12 months
    - 89% (2018: 99%)
- Disparity between inpatient and community CTP's
  - ➤ Clarity of who completed CTP while an inpatient

CTP Created / Reviewed in the last 12 months
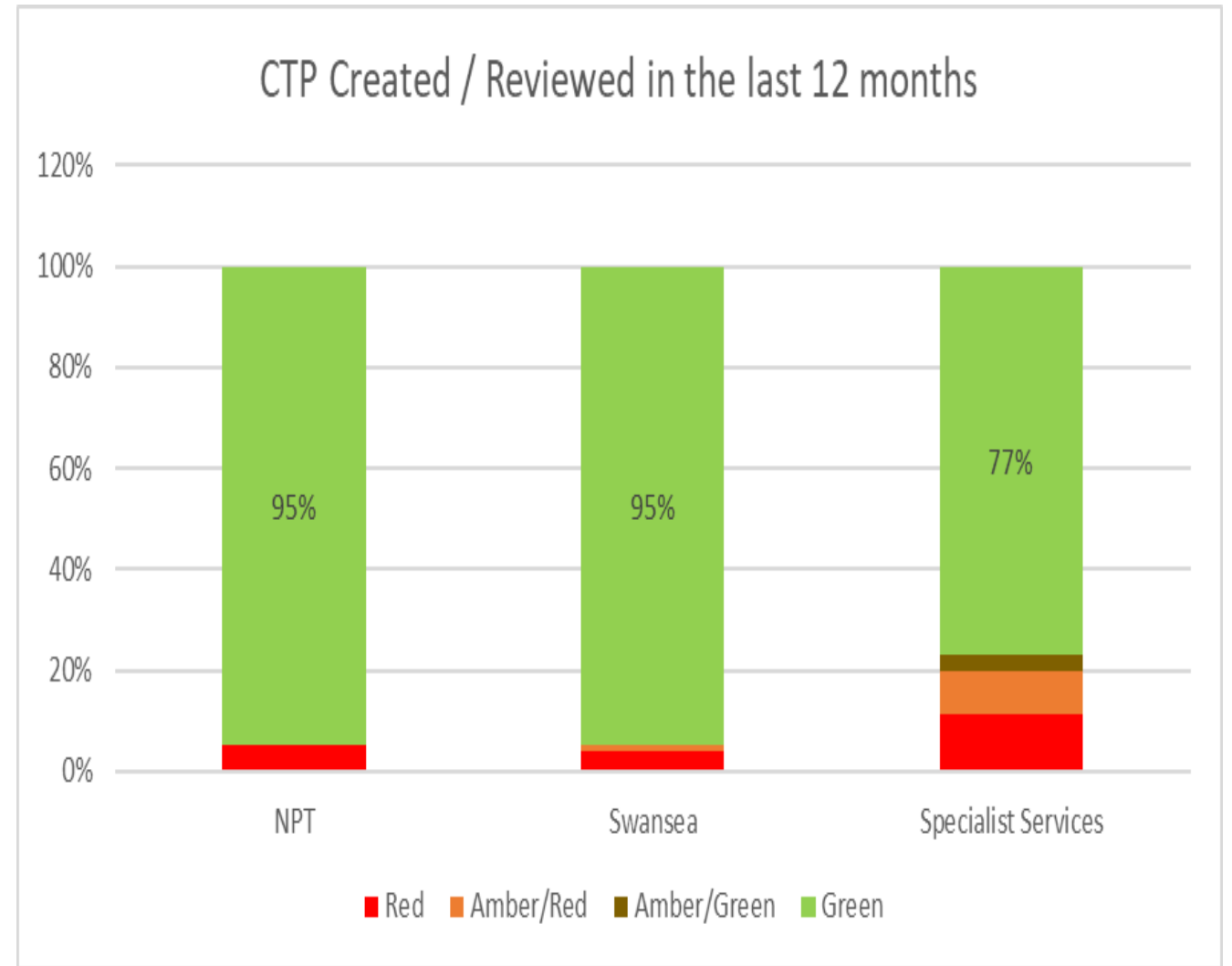
Finding 6 – Views of the person been recorded

- Average of 64% showed the views of the patient

- Main issues:
  - Views not documented
  - Patient did not want to or unable to engage
  - Capacity
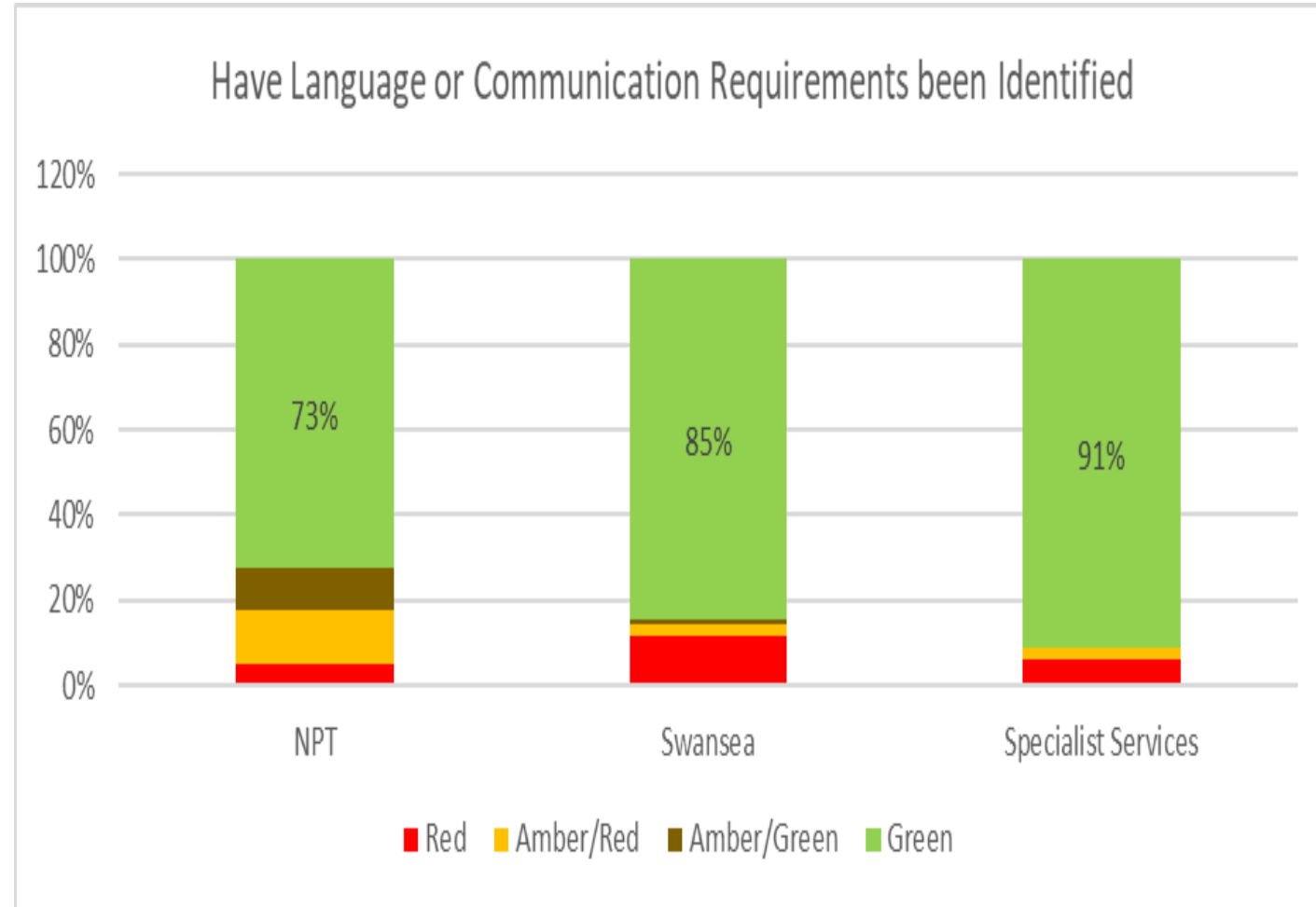 - Views of MDT highlighted in this section but not the patient

NB. Comparatively the DU (2018) finding was 23% green

Have the views of the patient been recorded

	NPT	Swansea	Specialist Services
Green	75%	68%	48%

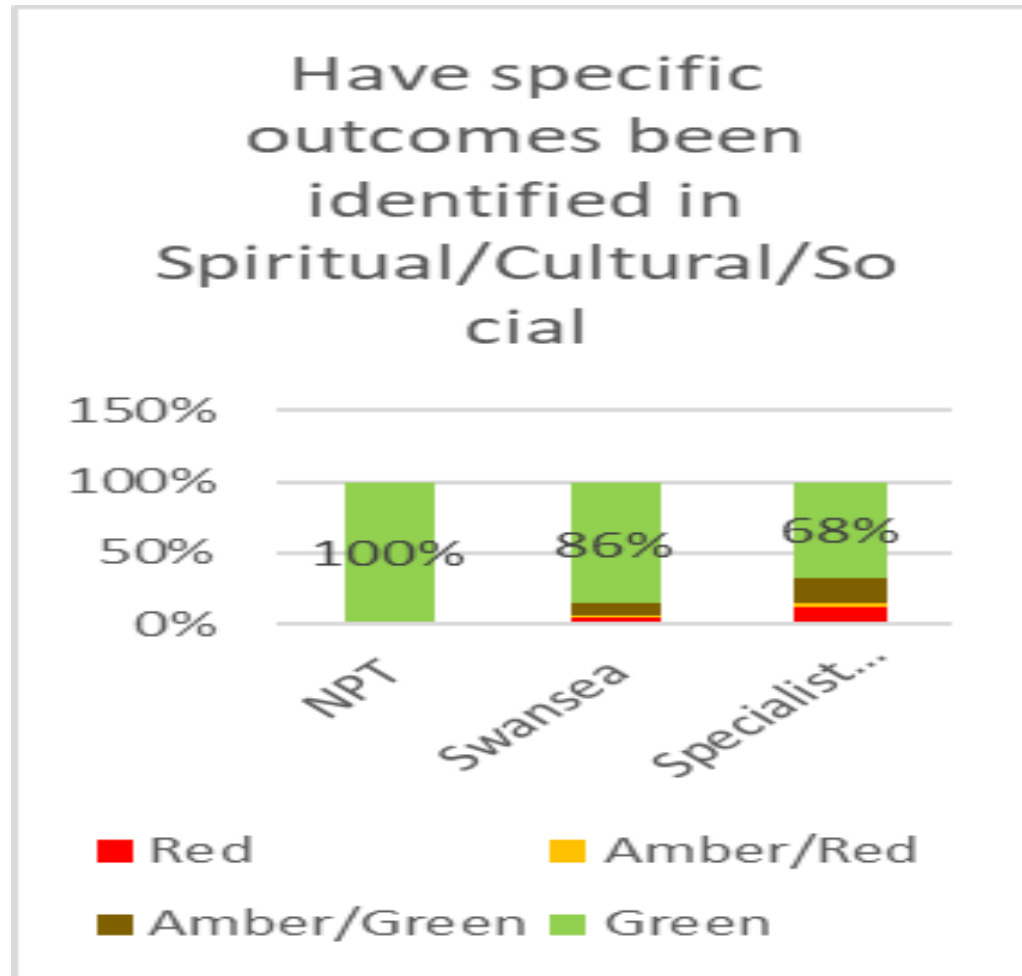Legend: ■ Red ■ Amber/Red ■ Amber/Green ■ Green

Finding 7 – Language and Communication Needs

Analysis shows that the vast majority of Service Users had their needs and preferences identified.
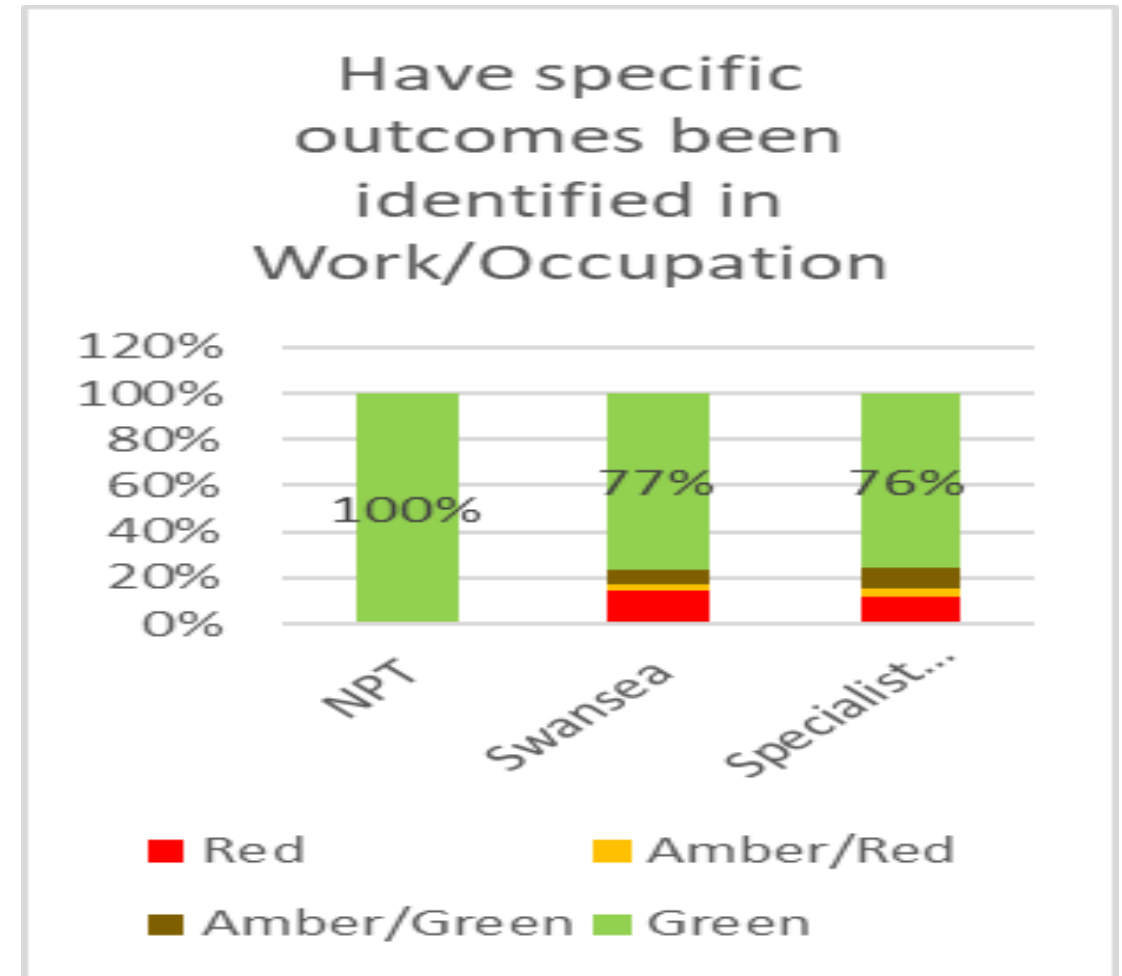
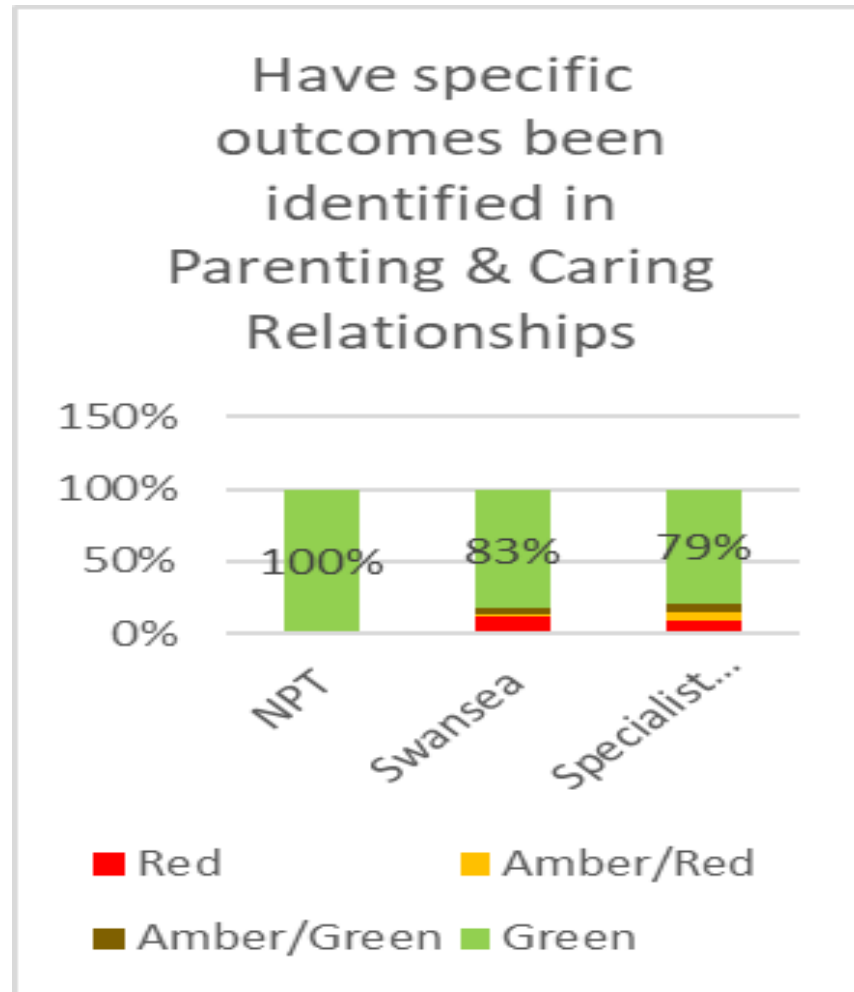NB. Comparatively the DU(2018) review did not identify this component.

Have Language or Communication Requirements been Identified

NPT: 73%
Swansea: 85%
Specialist Services: 91%

Legend: Red, Amber/Red, Amber/Green, Green

Finding 8 – Outcomes and Care Domains

Have specific outcomes been identified in Spiritual/Cultural/Social

NPT 100%
Swansea 86%
Specialist... 68%

Red   Amber/Red
Amber/Green   Green

DU 2018 – 35%

Have specific outcomes been identified in Work/Occupation

NPT 100%
Swansea 77%
Specialist... 76%

Red   Amber/Red
Amber/Green   Green

DU 2018 – 31%

Finding 8 – Continued

Have specific outcomes been identified in Parenting & Caring Relationships

- NPT: 100%
- Swansea: 83%
- Specialist...: 79%

Legend: Red, Amber/Red, Amber/Green, Green

DU 2018 – 24%

Have specific outcomes been identified in Medical & Other Treatment

- NPT: 100%
- Swansea: 96%
- Specialist...: 79%

Legend: Red, Amber/Red, Amber/Green, Green

DU 2018 – 29%

Finding 8 – Continued

Have specific outcomes been identified in Accommodation

DU 2018 – 79%
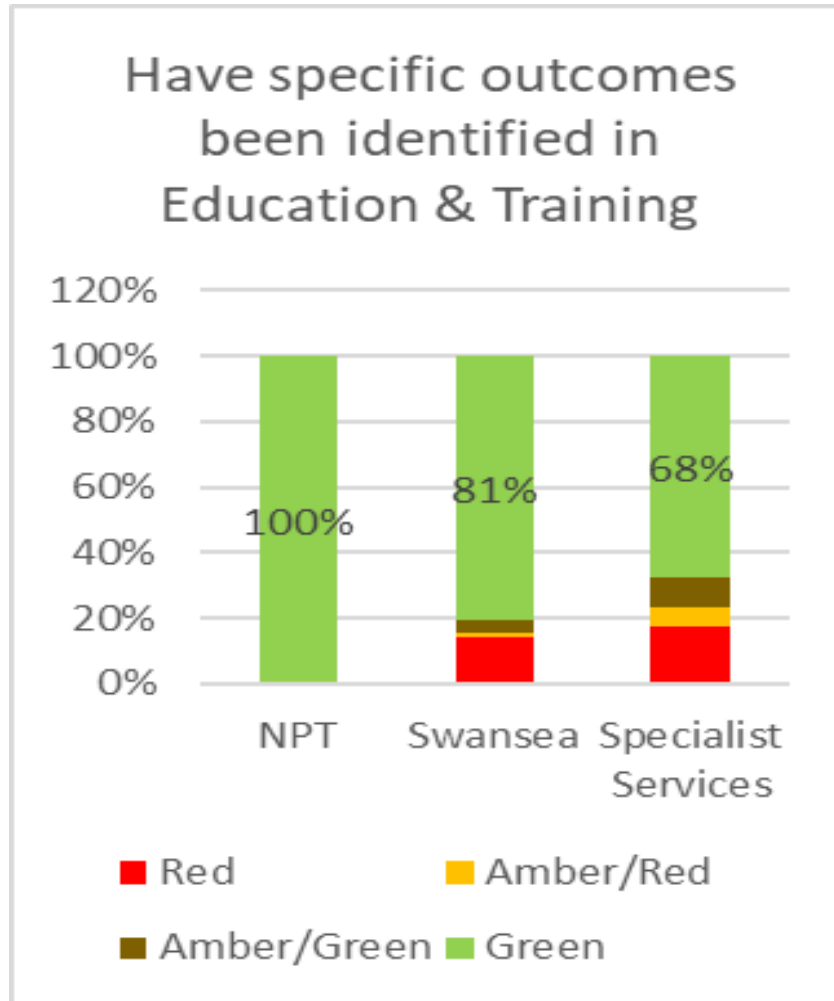

Have specific outcomes been identified in Finance
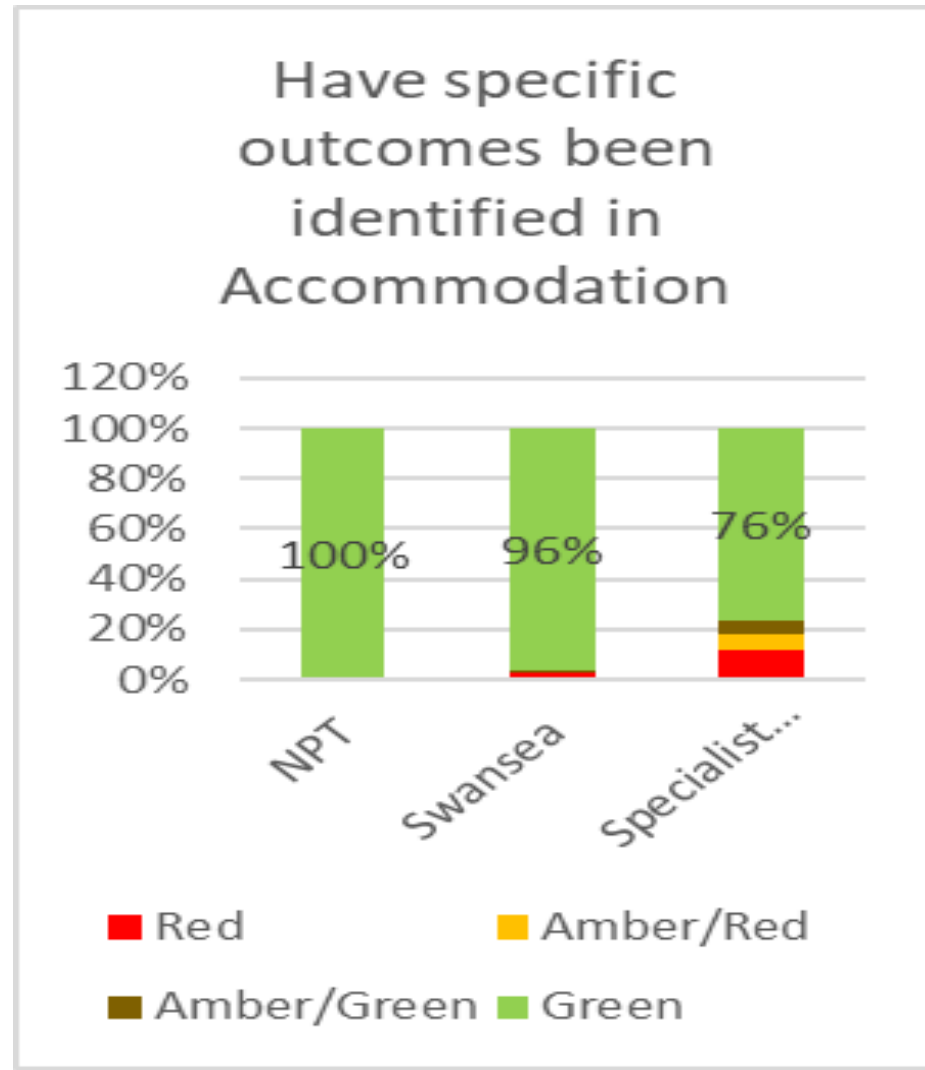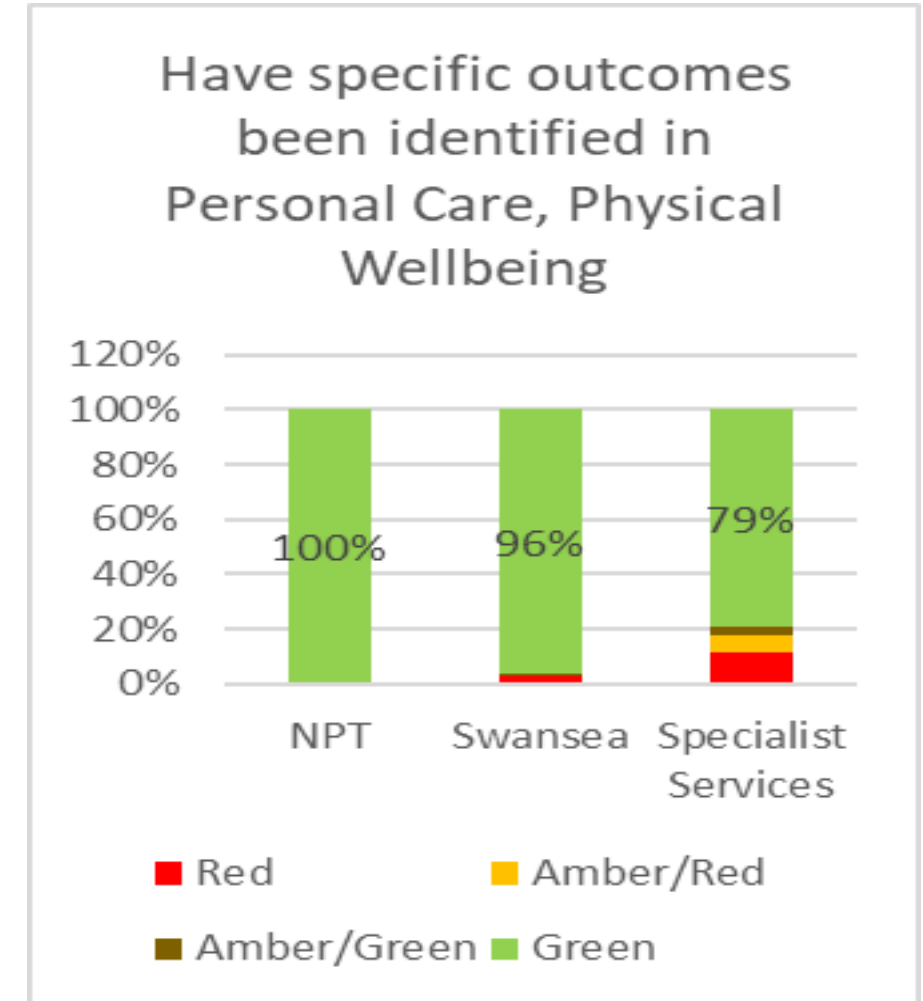
DU 2018 – 41%

Finding 8 – Continued


DU 2018 – 29%

DU 2018 – 28%

Finding 9 – SMART goals

- 3 areas audited for this finding:
  - Are outcomes measurable – 60%
  - Responsible person – 68%
  - Timescales – 54%

- Outcomes usually recorded – lack of detail re timescales and responsible person
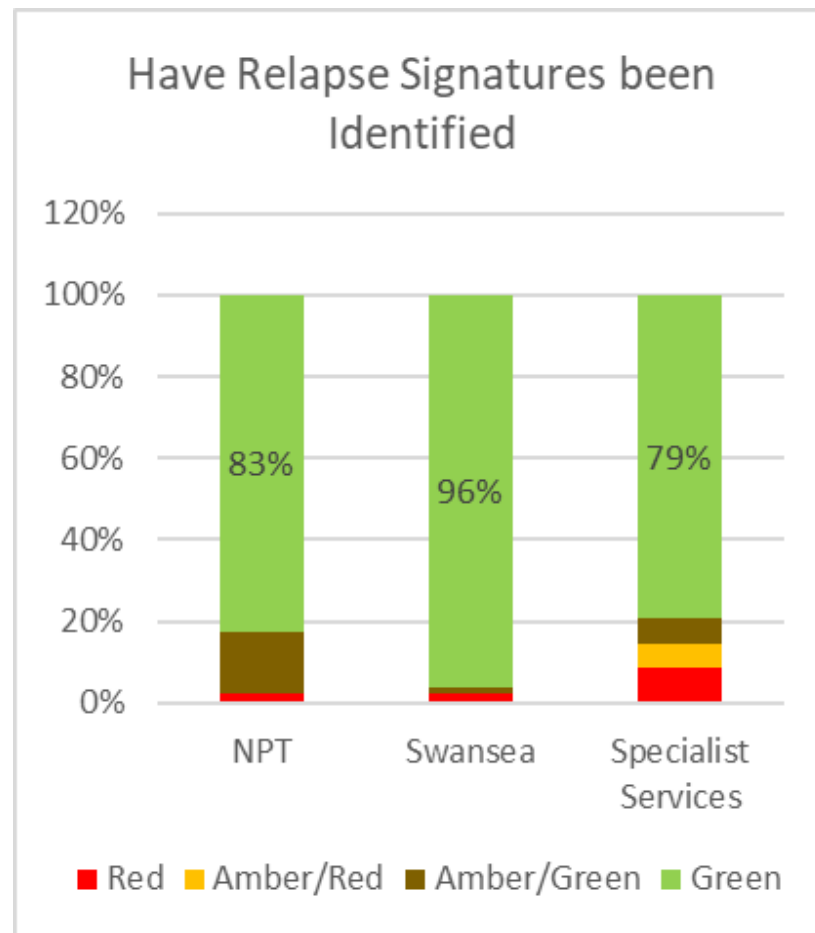
- Use of word "on-going" or "all staff"

NB. Comparatively the DU (2018) finding was:
  - measurable - 57% Red & Amber/Red
  - Responsible person – 89% Green
  - Timescales – 55% Green
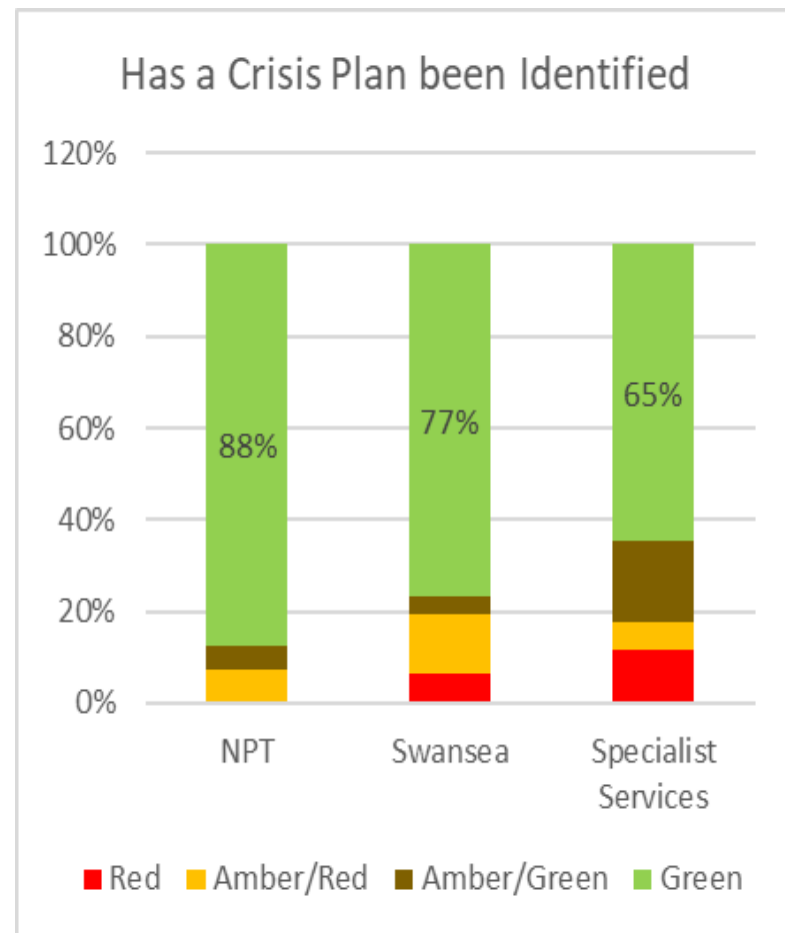

Are outcomes measurable – SMART
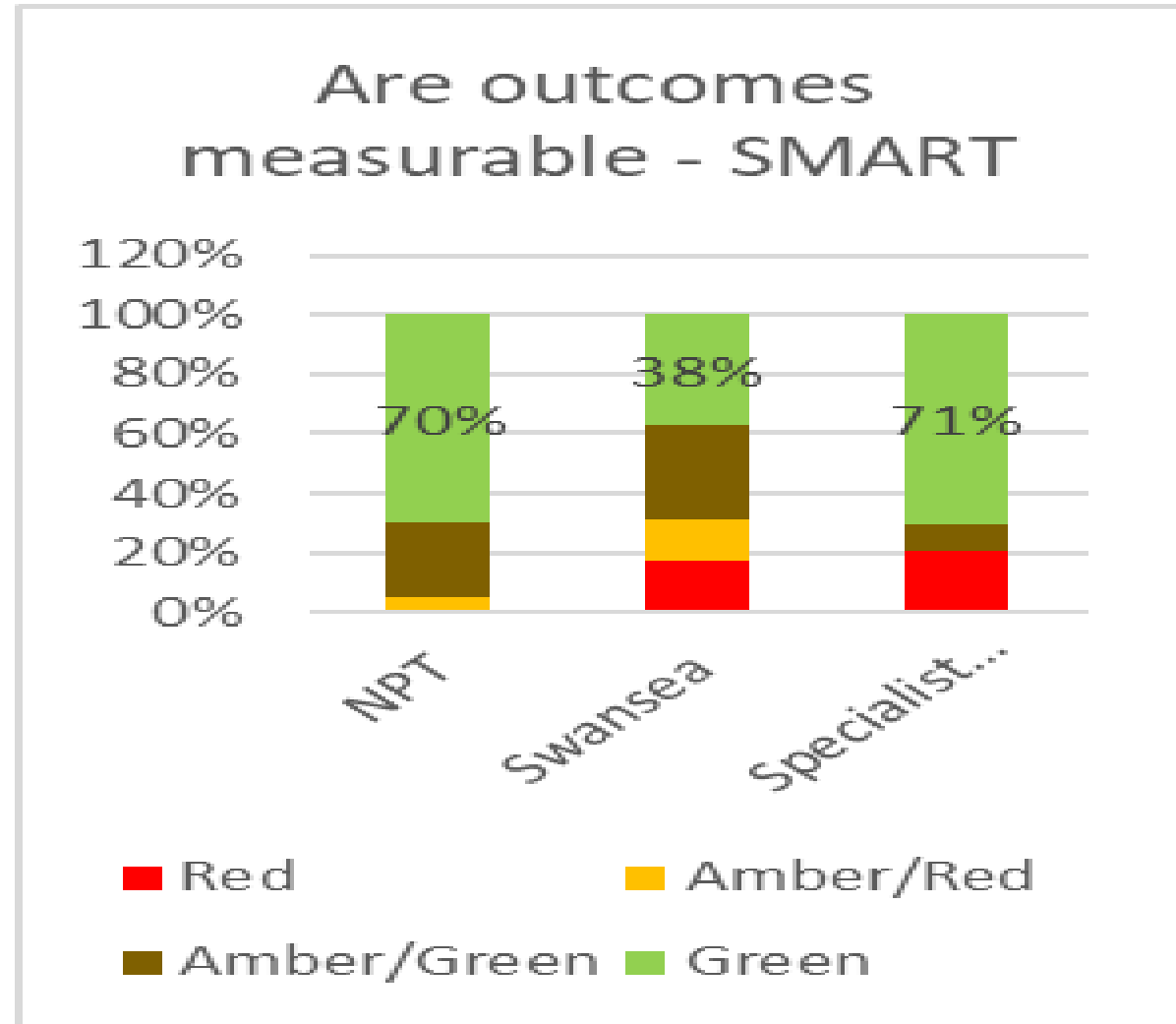
Finding 10 – Relapse/Crisis planning

- Majority scored green

- Demonstrated good evidence of planning

- Red or Amber/red noted lack of meaningful detail – just a list of numbers or contacts

- Average Green - 86% relapse signatures

- Average Green - 77% Crisis plan

Have Relapse Signatures been Identified

NPT: 83%
Swansea: 96%
Specialist Services: 79%

DU 2018 – 80%

Has a Crisis Plan been Identified

NPT: 88%
Swansea: 77%
Specialist Services: 65%

DU 2018 – 34%

Finding11 – Agreeing CTP with SU

- 3 areas audited:
  - ➢ Care plan agreed – 67% (2018 80%)
  - ➢ CTP signed by SU – 48% (2018 53%)
  - ➢ CTP signed by CC – 79% (2018 88%)

- Potentially erroneous Red's for signatures as some of the comments highlighted lack of capacity or refusal.

- Also noted the impact of COVID restrictions & ability to get community plans signed by Service User's.


Has the care plan been agreed with the patient

■ Red	■ Amber/Red
■ Amber/Green	■ Green
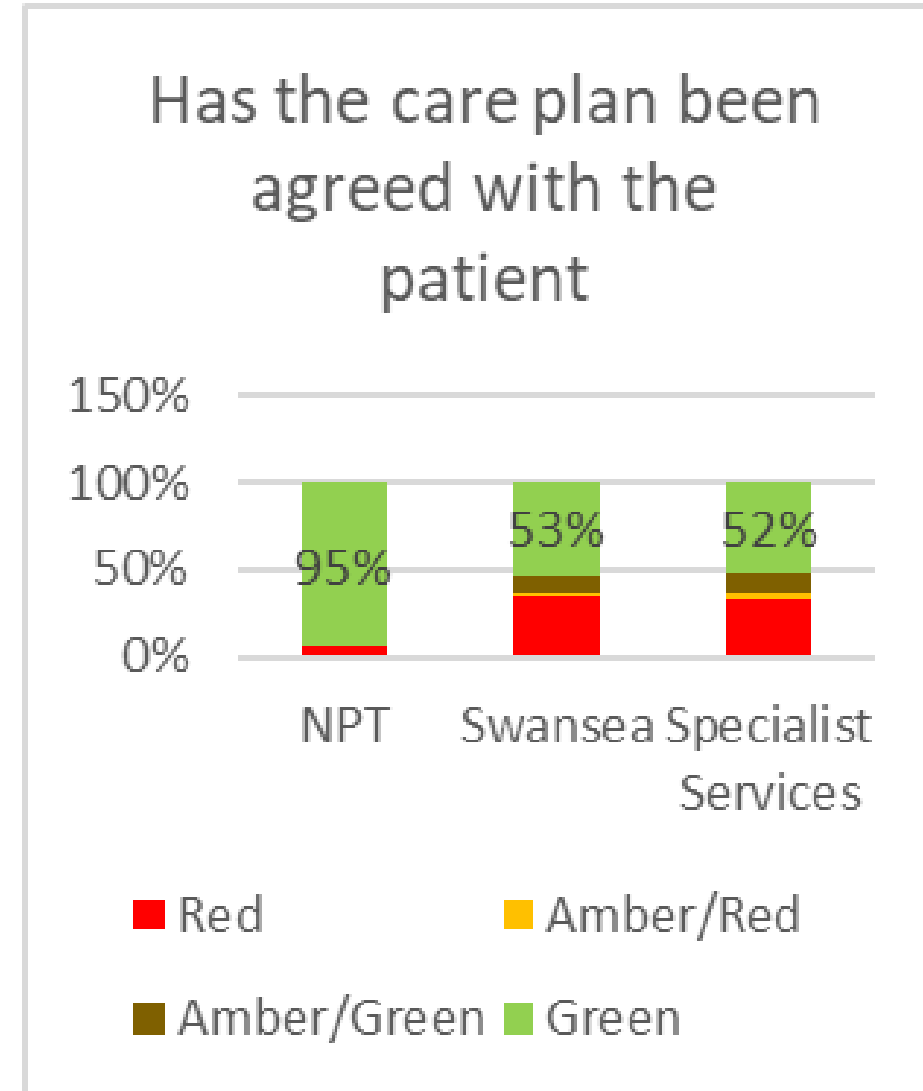
Finding 12 – Reviewing the CTP

- 4 areas audited:
  - ➢ Date of next review – 87%
  - ➢ Views of those involved – 54% (2018 22% green)
  - ➢ Written within 2 months of review date - 68%
  - ➢ Progress for each goal/outcome – 58% (2018 10% green)

- Red or Amber/Red – did not include substantive discussion re goals and plans

Does the review reflect the progress for each goal/outcome in the care plan

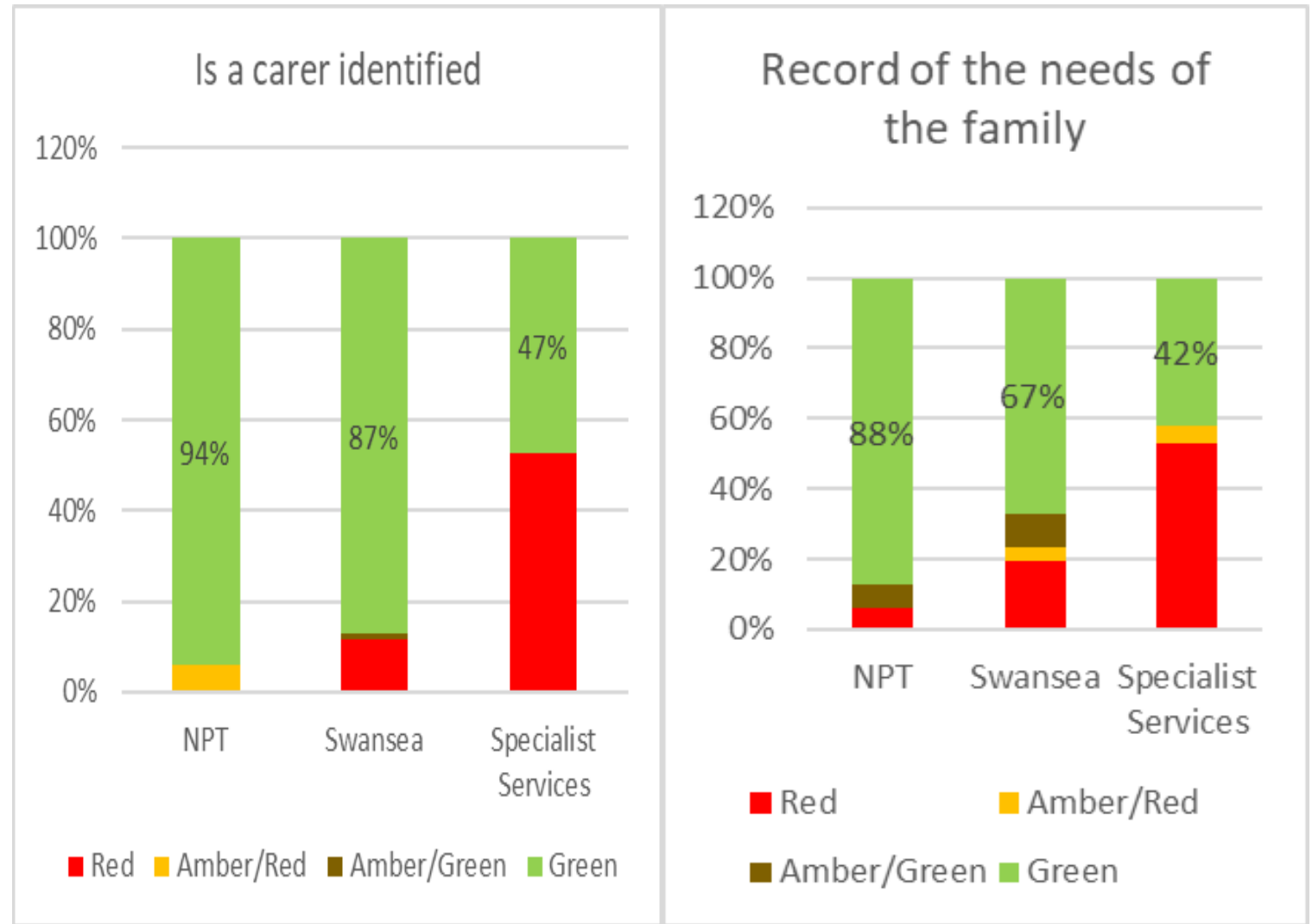Legend: Red, Amber/Red, Amber/Green, Green
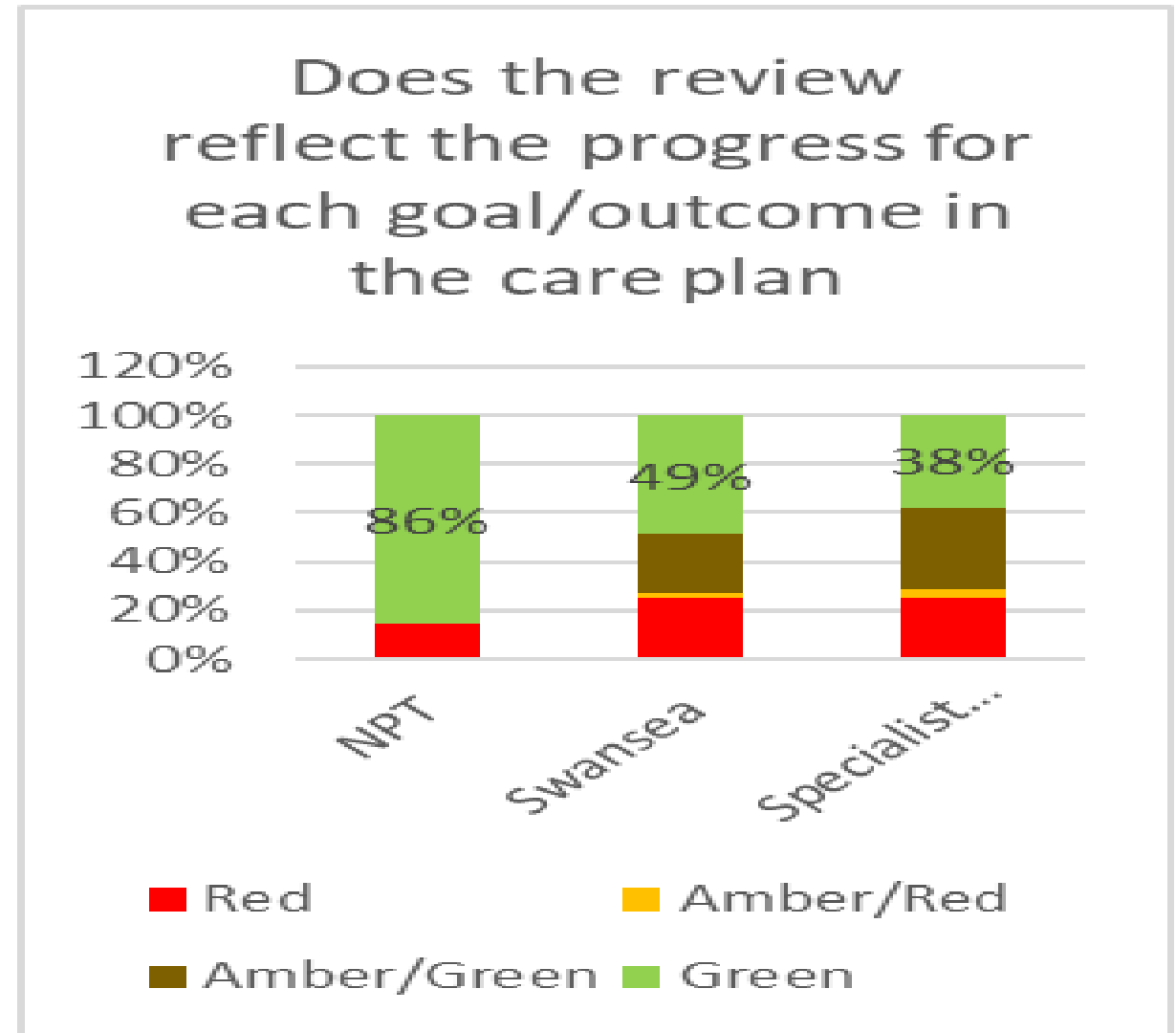
Finding 13 – Planning Discharge

- During the reviews, there was a general lack of discharge discussion across all services – this is also relevant for CMHT's

- Some comments found about limited input re: discharge or pathways

- Green average 32%

- Red average 46% (2018 67%)

Has discharge been discussed/documented as part of the review
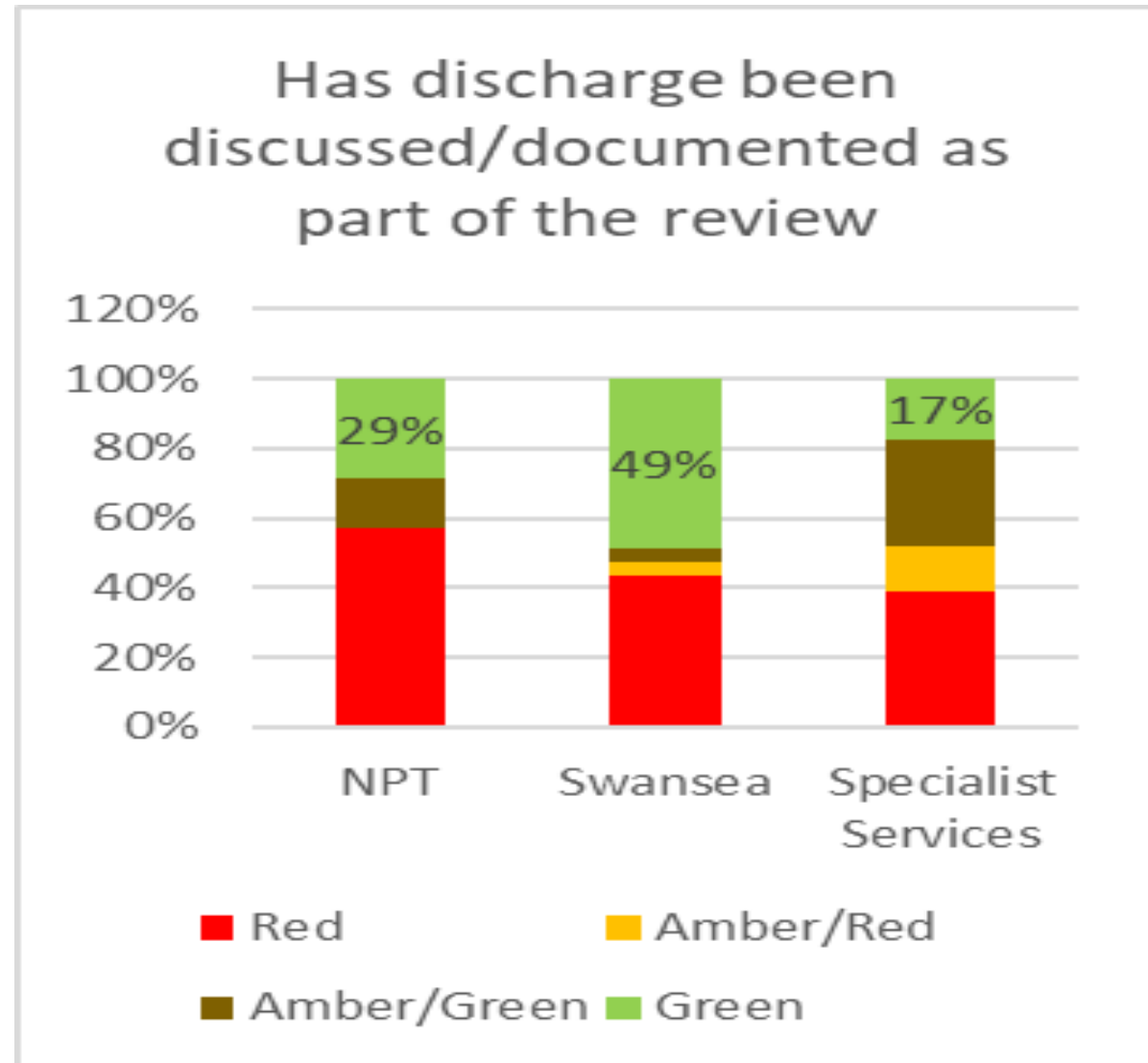
Finding 14 – Carer/Family Needs

- Better engagement with carers and family within community services

- Data Capture shows some issues with interpretation specifically in Specialist Locality

Is a carer identified

NPT 94%, Swansea 87%, Specialist Services 47%

Legend: Red, Amber/Red, Amber/Green, Green

Record of the needs of the family

NPT 88%, Swansea 67%, Specialist Services 42%

Legend: Red, Amber/Red, Amber/Green, Green

Summary of Findings

Areas indicating improvement:

- ➤ CTP present & in date
- ➤ Needs & strengths
- ➤ Views of the Service User included
- ➤ Care Outcomes identified
- ➤ Relapse signatures & crisis planning
- ➤ Discharge planning

Findings continued

Areas with learning identified:

- ➢ Risk assessments
- ➢ CTPs having been completed within the last 12 months
- ➢ SMART – specific person not identified as often.
- ➢ CTP agreed by Service User
- ➢ CTP signed by Service User
- ➢ CTP signed by Care Coordinator