

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

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Date 8th February 2021



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

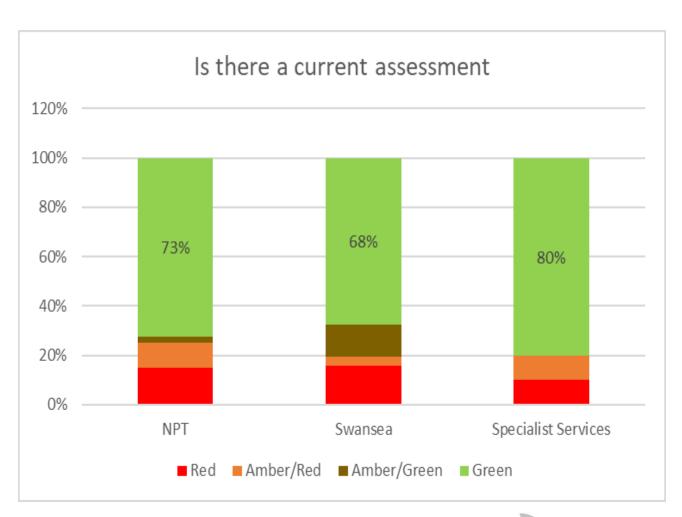
- The areas included were identified by Heads of Nursing/Service Managers within the Localities
- Swansea Locality
 - This was audited in its entirety to include inpatient & community, with the exception of Onnen Ward which was functioning as a SPOA
- Neath Port Talbot Locality
 - Tonna CMHT
 - Neath 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 - Out of date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%



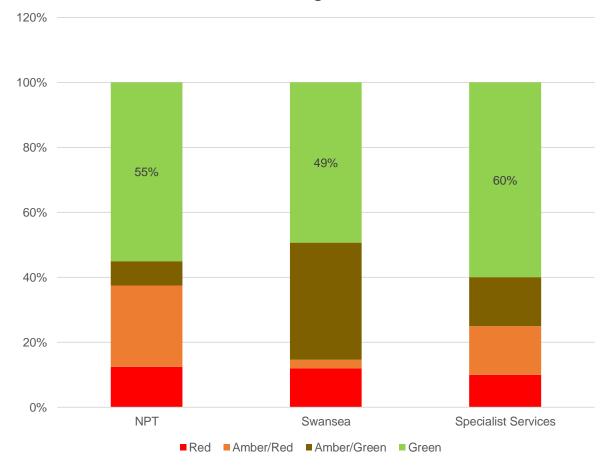


Finding 2 – Consider Needs and Strengths

- Strengths

 120%
- 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%



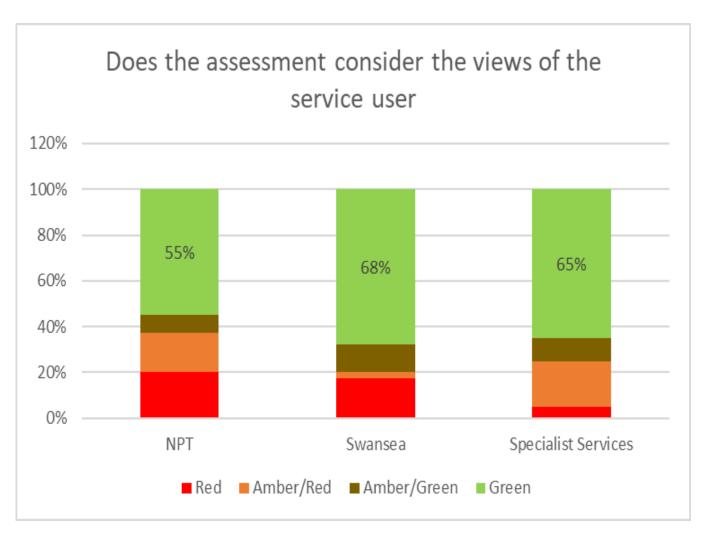
Does the Assessment Clearly Consider Needs &



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%

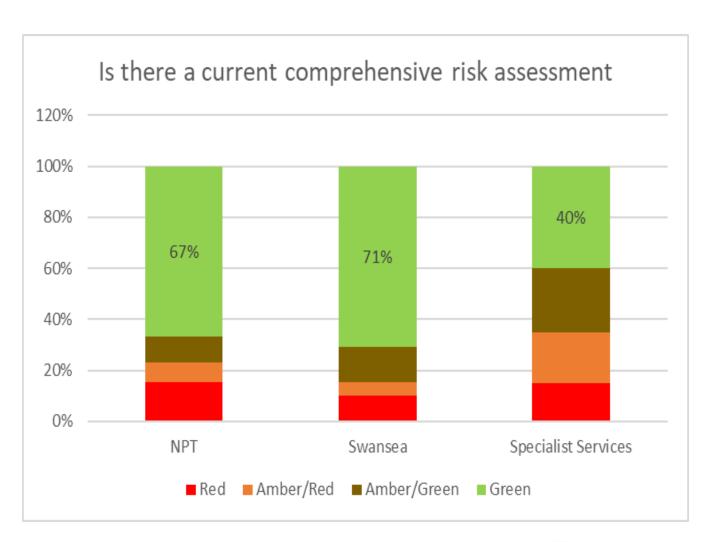




Finding 4 - The Assessment and Management of Risk

- 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%



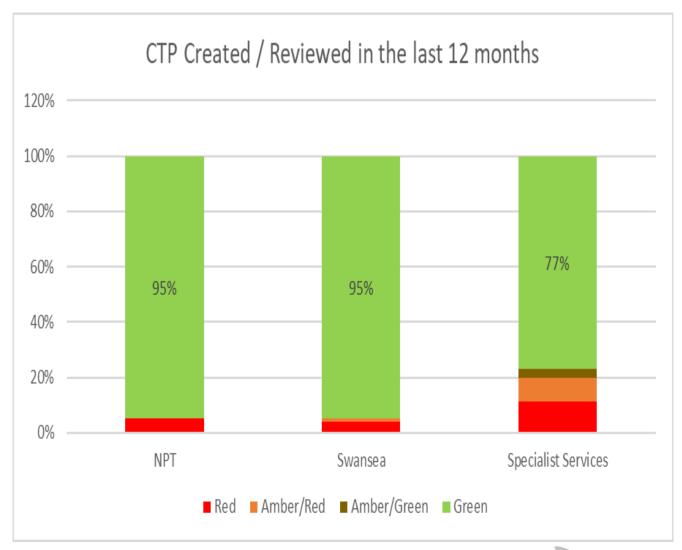


Finding 5 - Care and Treatment Plan Outcomes

- 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

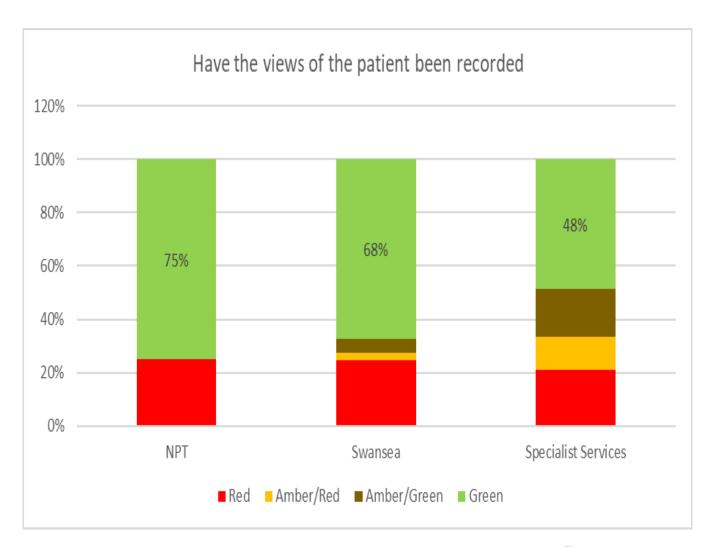




Finding 6 – Views of the person been recorded

- 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

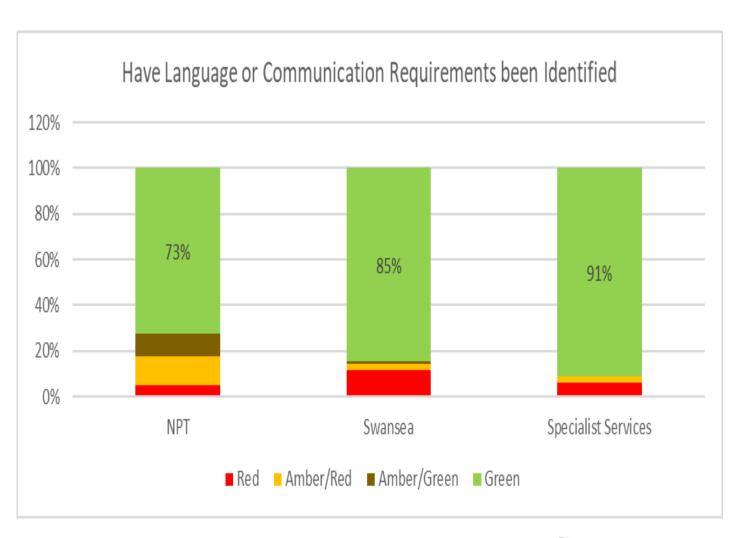




Finding 7 – Language and Communication Needs

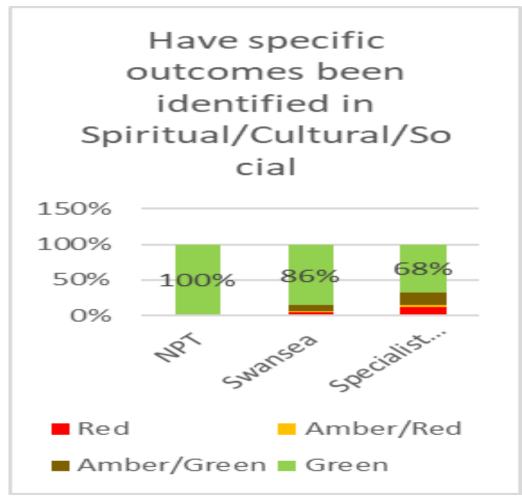
Analysis shows that the vast majority of Service Users had their needs and preferences identified.

NB. Comparatively the DU(2018) review did not identify this component.

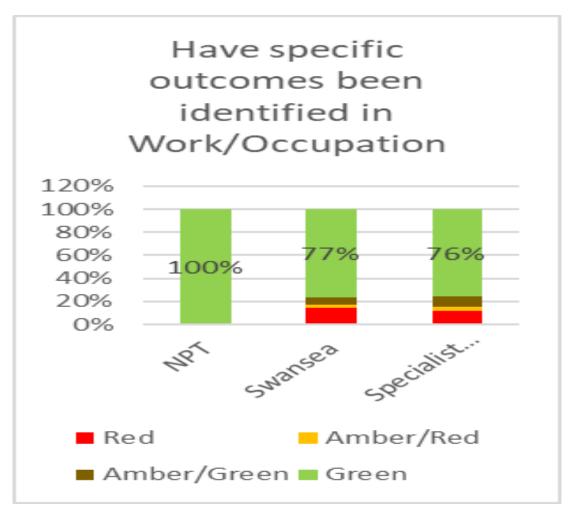




Finding 8 – Outcomes and Care Domains



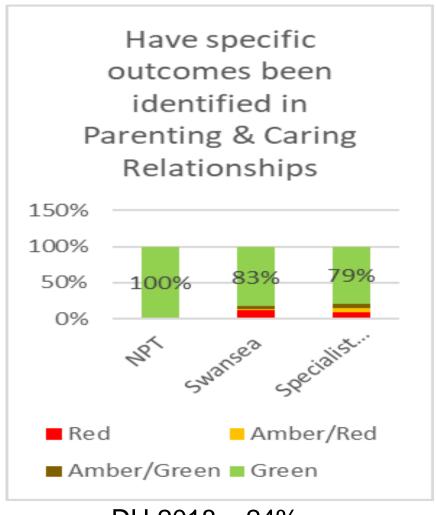
DU 2018 – 35%



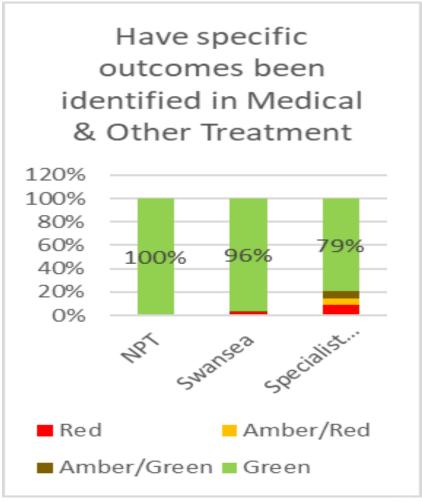
DU 2018 – 31%



Finding 8 – Continued

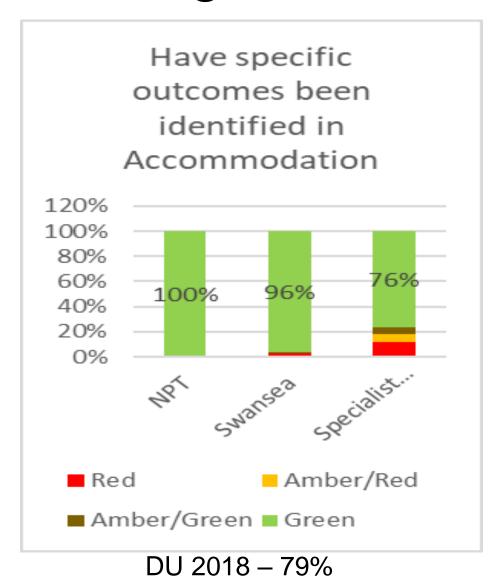


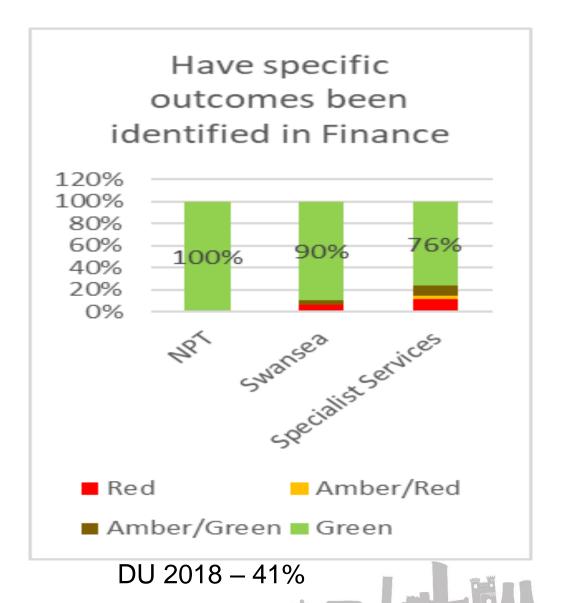
DU 2018 - 24%



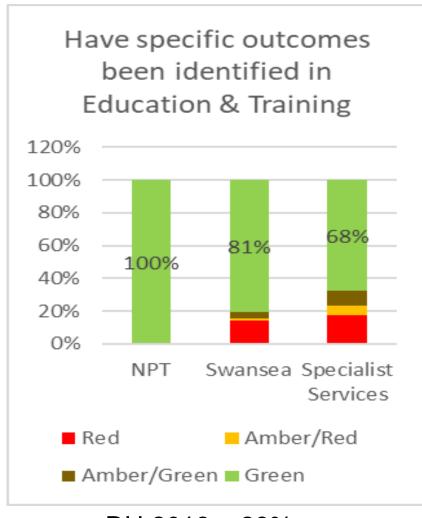
DU 2018 - 29%

Finding 8 – Continued

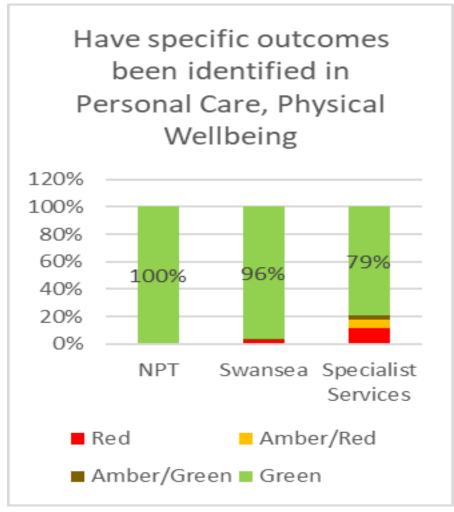




Finding 8 – Continued



DU 2018 - 29%



DU 2018 – 28%

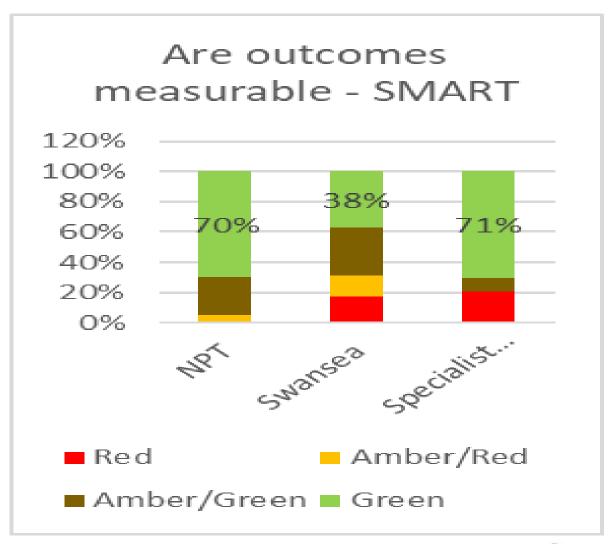


Finding 9 – SMART goals

- 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:

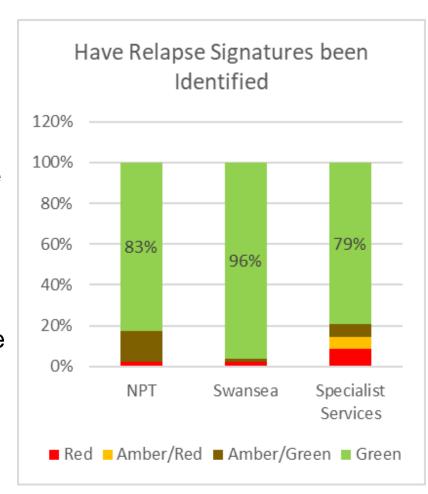
- ➤ measurable 57% Red & Amber/Red
- ➤ Responsible person 89% Green
- ➤ Timescales 55% Green

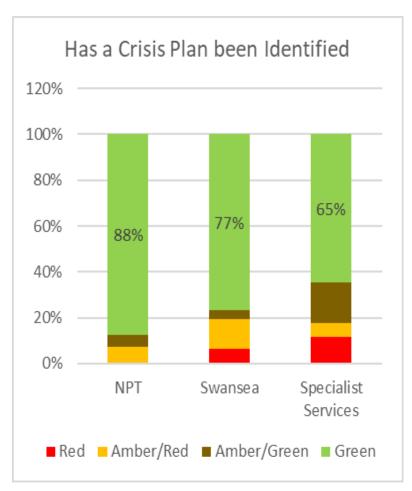




Finding 10 – Relapse/Crisis planning

- 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





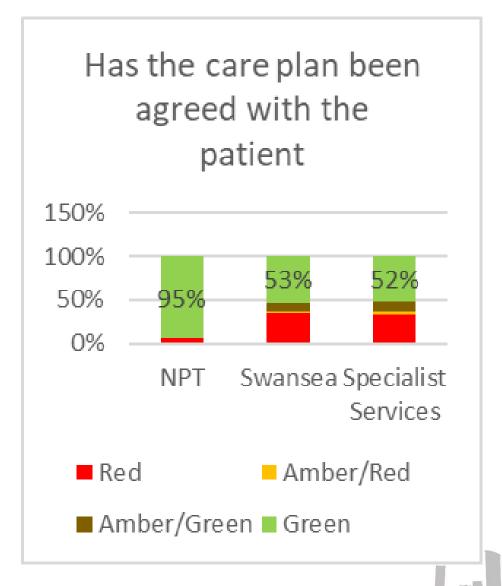
DU 2018 - 80%

DU 2018 – 34%



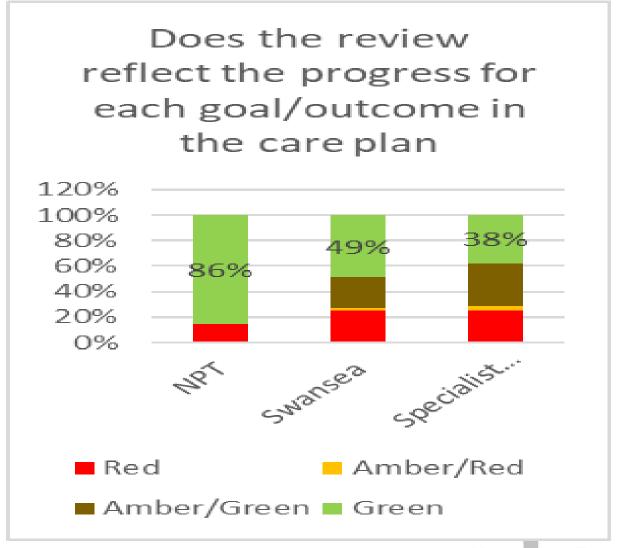
Finding11 – Agreeing CTP with SU

- 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.



Finding 12 – Reviewing the CTP

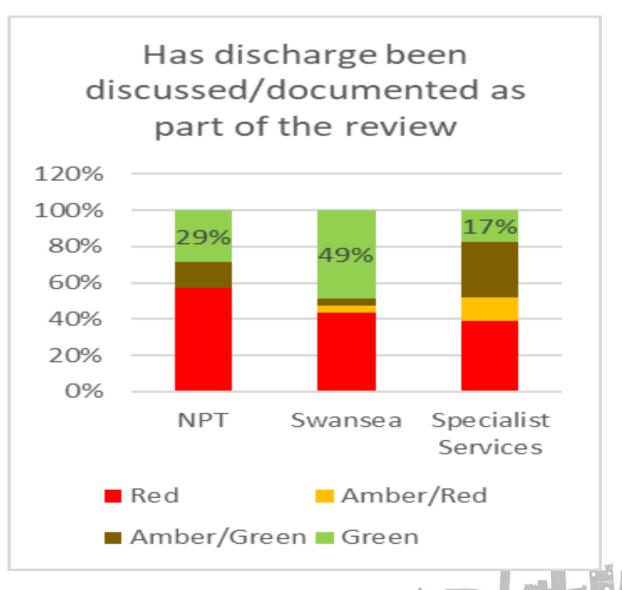
- 4 areas audited:
 - ➤ Date of next review 87%
 - ➤ Views of those involved 54% (2018 22% green)
 - Written within 2 months of review date 68%
 - ➤ Progress for each goal/outcome 58% (2018 10% green)
- Red or Amber/Red did not include substantive discussion re goals and plans





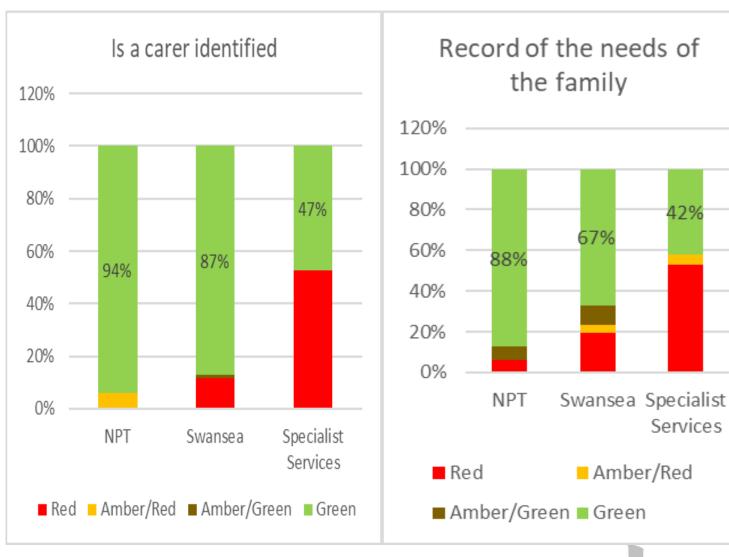
Finding 13 – Planning Discharge

- 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%)



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





Amber/Red

67%

42%

Services

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

