

HEALTHCARE INSPECTORATE WALES

Care Standards Act 2000

**INSPECTION REPORT
Private and Voluntary Healthcare**

**Hafan Wen
Watery Road
Wrexham
LL13 7NQ**

Date of Inspection

23 November 2006

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INSPECTION REPORT

Inspection Episode: **April 2006 to March 2007**

Healthcare Provision:	Hafan Wen – Independent Hospital
Contact telephone number:	01978 313903
Registered Provider:	CAIS Ltd 12 Trinity Square, Llandudno, Conwy, LL20 2RA
Responsible Individual:	Mr Aneurin Owen, Director – CAIS
Registered Manager:	Mr Scott Hammons
Number of places:	25 (from 24/12/2004).
Category:	Independent Hospital for persons aged 18 years and over requiring treatment for drug and alcohol misuse.
Date of first registration:	13 January 1997
Date of publication of this report:	3 rd October 2007
Date of previous published report:	18 May 2006
Lead Inspector:	Helen Nethercott
Specialist Inspectors/Advisors:	Dr Julie Hales – Pharmacist

GUIDELINES ON INSPECTION

INTRODUCTION

This report has been compiled following an inspection of the service undertaken by Healthcare Inspectorate for Wales (HIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The report contains information on the process of inspection and records its outcomes. The report is divided into nine distinct parts reflecting the broad areas of the National Minimum Standards. An overall conclusion of the service's compliance with Private and Voluntary Healthcare (Wales) Regulations 2002 is recorded.

HIW's Inspectors are authorised to enter and inspect healthcare establishments at any time. At each inspection episode or period there are visit/s to the service in addition to a range of other activities, self- assessment and the use of questionnaires. HIW try to find the best way of capturing the experience of patients, their relative/representatives and staff employed within the service.

At any other time throughout the year visits may also be made to the service to investigate complaints and in response to changes in the service. Inspection enables HIW to satisfy itself that continued registration is justified. It ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The setting's own statement of purpose.

Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate. The National Minimum Standards are also very detailed and some are technical in nature and the HIW does not look in depth at all aspects of these standards on each visit.

The report clearly indicates the requirements that have been made by HIW. This includes those made by HIW since the last inspection report which have now been met, requirements which remain outstanding and any new requirements from this recent inspection.

The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

If you have concerns about anything arising from the Inspector's findings, you may wish to discuss these with HIW or with the registered person.

Healthcare Inspectorate Wales is required to make reports on registered facilities available to the public. The report is a public document and will be available on the HIW web site: <http://www.hiw.org.uk/>

OVERALL VIEW OF THE HEALTHCARE SETTING

Hafan Wen is a 25 bedded independent hospital, providing inpatient detoxification treatments for adults with a drug or alcohol addiction. This registered service is currently unique within Wales and is provided by CAIS Ltd. The establishment is situated within the grounds of Maelor NHS Trust Hospital in Wrexham, and is easily accessible by car, bus or on foot. There is ample parking available on the perimeter of the site.

Hafan Wen is contracted to provide detoxification beds for drugs and alcohol to the 6 North Wales Local Health Boards, Liverpool Drug and Alcohol Team and Sefton Drug and Alcohol Team. There is also spot purchasing of the service by the NHS across Wales. A change in the contracting arrangements is expected over the forthcoming 12 months to secure commissioning for the majority of beds.

All patients admitted to Hafan Wen are referred from statutory service Community Drug and Alcohol teams and remain patients of that team through out their stay.

Hafan Wen is a two storey modern building with passenger lift access to the first floor. There are 25 single bedrooms with ensuite shower and toilet. There are communal lounge/dining rooms with snack preparation areas on both floors. The lounges have satellite TV access. Staff facilities, offices and doctors consulting rooms are located on the ground floor.

Patients admitted for drug detoxification programmes occupy ground floor rooms and patients admitted for alcohol detoxification treatments occupy first floor rooms. There is a landscaped rear garden with pond, and a greenhouse that patients can use if they wish. The environment is, in general well maintained.

Hafan Wen does not cater for the needs of those with acute physical or psychiatric problems, and will refer/ transfer to the appropriate service if necessary.

The unit does **not** make provision for detention under the Mental Health Act. There are however many personal restrictions, due to the nature of the service that patients are fully informed of and are required to consent to as part of the terms and conditions of admission. This includes restricted visiting and restricted access beyond the premises. The unit is secure requiring staff controlled access in and out of the building. CCTV cameras enhance the security of the building and are situated on the exterior only.

Admission for alcohol detoxification is for up to three or four weeks, and admission for drug detoxification between two and three weeks. Extended admissions are at the consultant's discretion. Priority for admission is given to any females who are pregnant, and the admission period is extended. All patients' medical detoxification treatments are prescribed and they remain under the care of the NHS consultant psychiatrist for the duration of their admission, accessing regular medical reviews at the unit. Aggressive short-term treatments are not prescribed at Hafan Wen. Treatments include commencing, reducing and stabilising pharmacological detoxification programmes.

Patients are required to submit to daily urine or breathalyser testing during admission to monitor detoxification progress and compliance with programmes. Test results that indicate continued substance misuse result in enforced discharge from the unit.

During their stay, patients are expected to participate in a variety of therapeutic activities and groups as part of their treatment programme. These include relapse prevention

groups, health education groups, alternative therapy sessions including acupuncture and relaxation training, and a suitably equipped gym and activities room. An art trainer is employed at the home for 18 hours weekly, and individuals are also able to complete an accredited IT foundation via the open college network.

At discharge, patients are invited to evaluate a self assessment undertaken at admission to determine whether objectives and expectations have been met.

On the day of inspection there were there were 18 people accommodated at Hafan Wen. The premises was staffed by the registered manager, 4 registered nurses, 2 healthcare support workers, and an information technology / art tutor.

Over the weekends the hospital is staffed by 2 registered nurses and 2 healthcare support workers, and at night by a registered nurse and 2 healthcare support workers.

There are contractual arrangements with the North East Wales NHS Trust for the provision of medical, pharmaceutical, maintenance, domestic cleaning and catering services.

Hafan Wen does not have its own catering department. There is a contract with North East Wales NHS Trust to provide cooked meals. The previous report noted some concerns with the meal provision. These have been addressed with the contractor and significant improvement was reported in the food by staff and users of the service.

The previous inspection report also recommended an Inspection by the local Environmental Health Department as this has never been undertaken. The Inspector has discussed this with the relevant Environmental Health Department, whose view is that the NHS Trust is inspected regularly and is the source of the prepared food, as such they do not identify a need for a separate inspection.

METHODOLOGIES USED IN THIS INSPECTION

The main inspection process was undertaken over the course of one day, with the Inspections Manager gathering information. The registered manager of the establishment was involved throughout this process and was open and professional in approach.

Incorporated within this report are the findings of the pharmacist inspector, who inspected the establishment on the same day for compliance with the National Minimum Standards for ordering, storage and administration of medicines.

Information was collated via analysis of documentation made available prior to and during the inspection, discussion with the staff team, a tour of the establishment and discussion with a number of patients who were present and attendance at a 'service user meeting'.

A number of the care plans were scrutinised. Other aspects of methodology used during the inspection included direct observation of care and other practices.

A physical viewing of the premises and grounds was undertaken, and an examination of policies, procedures, information leaflets, maintenance certificates and records. The viewing included, by the agreement and invitation of occupants, the general condition of individual rooms. Communal areas, the laundry, bathroom and lavatory areas were also viewed.

The premises were inspected primarily against the Private and Voluntary Health Care (Wales) Regulations 2002, in addition to the core National Minimum Standards for Private and Voluntary Healthcare services. These standards were also supplemented by the service specific standards for mental health establishments where they were relevant to the service provided.

INFORMATION PROVISION

Inspector's findings:

Statement of Purpose

A statement of purpose is available in brochure format. The document had been updated following the last inspection. The Manager described plans for a major review of the Statement of Purpose from January 2007.

Changes to the Statement of purpose will include information and a revised approach to

1. Testing for drugs of abuse
2. Visiting policy
3. Unescorted leave policy
4. Referral and admission criteria

The patient guide will need to be updated once the revised statement of purpose has been completed. HIW will need to be notified of any changes to the service.

Patient Guide

A copy of the Patient Guide is provided to all patients prior to admission, this clearly sets out the rules and boundaries for the service.

There is a comprehensive Patient Guide in a folder available for each service user in their room. This is colourful and informative. A summary of reports (Regulation 6 (1) g) and recent consultation with patients and representatives (Regulation 6(1) e) is not available in the guide. Patients are advised in the guide that copies of these reports are available from the office.

Information outlining Hafan Wen's confidentiality policy is available within a variety of documents. Policies and procedures guide staff practice in relation to confidentiality.

Notice Boards

A daily programme of group work and activities are displayed using a white board in the reception area. However a group of patients consulted during the inspection said they rarely looked at this board, and said they might attend more sessions if they were aware of what was on offer. Communication of activities and group work to the patient group could be improved.

Arrangements for visiting.

Visiting arrangements are limited due to the nature of the service provided. However information on visiting and other restrictions in place during the detoxification treatment programme are provided to users of the service prior to admission.

Requirements made since the last inspection report, which have been met:

Action Required	When Completed	Regulation Number
The registered providers address should be included in the Statement of Purpose	Feb 2006	Regulation 5(1)
The Patient Guide should include a summary of the Statement of Purpose,	Feb 2006	Regulation 6(1)

the terms and conditions of services provided, a standard form of contract, a summary of the complaint procedure, a summary of the most recent quality of service / treatment review and information as to how the most recent inspection report can be provided.		
Within all documentation any reference to Care Standards Inspectorate for Wales should be replaced by reference to Healthcare Inspectorate Wales.	Feb 2006	Regulation 6(1)f

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
1). Information on daily groups to be communicated in a more effective manner to patients.	30 September 2007	Regulation 15(1) Standard C1

QUALITY OF TREATMENT AND CARE

Inspector's findings:

Clinical Governance

A recently developed Clinical Governance framework is in place. The Clinical Governance Committee comprises the Manager, Deputy Manager, Consultant Psychiatrist and CAIS Clinical Manager who is also the lead for clinical governance.

The service provided at Hafan Wen takes account of guidance issued by the National Treatment Agency for Substance Misuse the Drug and Alcohol National Service Framework, and the Specialist Clinical Addiction Network – Consensus Project on Inpatient treatment of drug and alcohol misusers in the NHS (2006)

A quality-monitoring framework has been developed and is due to commence from beginning of December 2006. Within this the Manager described the development of a 'Feedback Loop' as part of quality improvement processes.

This describes the communication systems between:

1. Monthly team meetings – every 3rd month the agenda will focus on quality.
2. Quarterly quality / clinical governance committee meetings – held the week before 'quality team meeting'.
3. Weekly house meetings- to be attended alternate weeks by Manager.
4. Monthly Service User Involvement meetings.
5. Monthly Service integration meetings.

This will be reported upon in subsequent inspection reports.

A clinical governance report is produced annually. HIW received the report for 2006 at the end of January 2007. This is a well prepared document that includes the clinical governance arrangements and plan, accidents and incidents, feedback on group sessions, 06/07 training plan, complaints, compliments and comments, and service user feedback.

Clinical audit

Hafan Wen can clinically evidence individuals progress via urine testing. Baseline levels of intoxicants present in the patients system are taken on admission and regular testing thereafter evidences, in the majority of cases, compliance with the detoxification process.

Policies and procedures

A range of policies and procedures has been prepared and were available in the manager's office. Members of staff interviewed during the inspection were able to identify where they would locate the policies if required. A list of signatures is maintained at the front of the policy procedure file of those who have read the policies, however the list is not complete. The registered person must ensure that all members of staff have sufficient knowledge of the policies and procedures to be able to implement them effectively.

Patient Centred Care

All patients admitted to Hafan Wen are referred from statutory services / Community Drug and Alcohol Teams (CDAT) and remain patients of that team throughout their stay.

Medical treatment at Hafan Wen is prescribed by NHS Consultant and administered and monitored by Hafan Wen staff. Under the clinical governance framework a multidisciplinary group has been established that reviews the service provided at Hafan Wen against published best practice.

Treatment programmes are based on relevant National Service Frameworks, relevant NICE and other published guidance as referred to above.

Patients are involved in care planning, and are offered regular sessions with their keyworkers in private, at which confidential issues may be discussed. Keyworkers are allocated with reference to the needs to the patient and skills of the keyworker. Should a patient express their dissatisfaction or feel they cannot talk to their keyworker, an alternative keyworker is allocated.

During their stay patients are expected to participate in a variety of therapeutic activities and groups as part of their treatment programme. There are relapse prevention groups, health education groups such as hepatitis C and sexual health groups, alternative therapy sessions including acupuncture and relaxation training, and a gym and activities room. An art trainer is employed at the establishment for 18 hours per week, and individuals are also able to complete an accredited IT foundation course via the open college network.

Patient Views

Patient views are obtained and used to inform the provision of treatment and the service. Service user feedback questionnaires are handed to patients on the day of discharge, and the results of which are collated into an annual report.

Requirements made since the last inspection report, which have been met:

Action Required	When Completed	Regulation Number
None		

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
2). The registered person must ensure that all members of staff have sufficient knowledge of the policies and procedures to be able to implement them effectively.	30 October 2007	Regulation 8 Standard C7.1

MANAGEMENT AND PERSONNEL

Inspector's findings:

Registered Manager

The Manager has extensive experience in drug and alcohol services and is the Registered Manager with Healthcare Inspectorate Wales.

Responsible Individual

Mr Aneurin Owen the Responsible Individual from CAIS undertakes the visits as required under Regulation 25 - Voluntary Health Care (Wales) Regulations 2002. Copies of these reports must be submitted to HIW at least every 3 months.

Staffing – Skill Mix

The manager reported a low turnover of staff. When vacancies occur, recruitment is generally from newly qualified nurses, who were previously on placement as part of training at Hafan Wen.

During the summer the Responsible Individual had noted some staff shortages. This was due to one member of staff on sick leave and another on maternity leave. The level of staffing at the time of the inspections was appropriate for provision of the service.

The staffing complement is generally 60:40 registered to unregistered nurses. There are always male and female members of staff on each shift. Evidence of this was observed on the duty rotas.

A service level agreement is in place between CAIS Ltd and North East Wales NHS Trust for the provision of

1. Medical staff
2. Pharmacy
3. Catering
4. Cleaning
5. Maintenance – including plumbing, electrical,

There are designated staff in the Trust to provide the cleaning services, and these staff members are incorporated into the team at Hafan Wen. A number of cleaning staff have been successful in moving to healthcare support worker posts as vacancies have become available.

Training

A training plan has been produced as part of the clinical governance framework and the manager reported a broad range of training opportunities that had taken place since the last inspection. There have been internal management training days, the Manager has completed a supplementary prescribing course, and plans to attend further training April 2007. This will then allow him full prescribing, rights. Other courses accessed by staff include substance misuse counselling skills (3 staff), group therapy course (2 staff), a management diploma (1 staff member), and relapse prevention workshops.

It was reported the majority of support workers either already have or are working towards National Vocational Qualifications (NVQ) 2/3 following completion of their probationary period. The NVQ 3 in substance misuse is accessed with through links with the Trust. There was evidence that 5 healthcare support workers undertaking are NVQ 3, with 3 having already attained this level.

First aid training is planned for January 2007 and will be provided by the Ambulance Service. The training is planned to cover basic cardio-pulmonary resuscitation (CPR), use of oxygen and ambu-bag, as this is the resuscitation equipment held on site

There is a Protection of Vulnerable Adult (POVA) training plan in place provided through Wrexham Social Services, all staff will have attended by end of 2007. A revised POVA policy has been developed by CAIS Ltd and was awaiting ratification at the time of inspection.

Annual updates on child protection training are provided with the next one organised for 15th December 2006.

Supervision & Appraisal

An annual appraisal takes place in December for all staff. The training plan for the subsequent year is then developed based on feedback.

Supervision has generally been viewed as an informal process for individual staff members to access if they identify the need. The manager stated that clinical supervision is available from the Clinical Manager who visits Hafan Wen on a weekly basis. However, a staff member might also be referred for supervision if performance issues were identified through appraisal.

The manager reported plans to incorporate supervision at end of monthly staff meetings to gain a more formalised approach to supervision.

Practising privileges are in place for doctors, however the Continuous Professional Development (CPD) for these individuals had not yet been forwarded to CAIS.

Requirements made since the last inspection report, which have been met:

Action Required	When Completed	Regulation Number
None		

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
a). Obtain all documentation determined within Schedule 2 of the Private and Voluntary Health Care Wales Regulations (2002). Staff files should contain proof of identity, a recent photograph and evidence of reference to an enhanced CRB disclosure.	18 June 2006	Regulation 18(2)d Schedule 2
b). The registered persons should obtain confirmation from the NHS employer that contracted staff have undergone necessary recruitment safeguards in accordance with Reg 18 (2) d and Schedule 2.	18 June 2006	Regulation 18(2) Schedule 2

c). The registered person should obtain evidence from the relevant NHS employer of continuing professional development of medical staff not directly employed by CAIS Ltd.	18 June 2006	Regulation 18(1)c Regulation 18(2)d Schedule 2
d). The registered person should introduce a system of formal one to one staff supervision that is implemented on at least a two monthly basis or more frequently if needed.	18 June 2006	Regulation 17(2)a

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
3). Copy of CRB checks to be supplied to HIW.	30 September 2007	Regulation 18(2), Schedule 2. Standard C9
4). Copy of NMC PIN nos. to be supplied to HIW.	30 September 2007	Regulation 17 (1) a Standard C 10.1

COMPLAINTS MANAGEMENT

Inspector's findings:

Number of Complaints

There had been one complaint made since the previous inspection. A copy of the report following this complaint was available. It was evident that lessons had been learned and processes put in place as a result of the complaint that would assist in determining a body of proof if a similar complaint were to be made in the future.

A further complaint was being dealt with through the POVA procedures at the time of the inspection.

A complaint was raised by a patient during the inspection regarding the attitude of a member of staff. This was immediately passed to the Registered Manager with the consent of the patient, and will be investigated in line with the complaints policy in the first instance.

The inspections manager met with a group of users of the service, they stated that they all felt able to approach a member of staff if they had any complaints, concerns or worries. It was explained that in general complaints are dealt with at an early stage as they are raised in the service user meeting, which is held at regular intervals. They did however complain that the child-visiting area was cold and that the toys were generally broken with many parts missing. This was fed back to the manager.

Information on complaints

Information about complaints process is in the patient guide to services folder which is in each bedroom.

There was evidence of a whistle-blowing procedure in place in the organisation.

Requirements made since the last inspection report, which have been met:

Action Required	When Completed	Regulation Number
None		

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
5). Provide a report to HIW on the outcome of the investigation of complaints raised at the time of the inspection.	15 October 2007	Regulation 22(6) Standard C16.2, C16.6

PREMISES, FACILITIES AND EQUIPMENT

Inspector's findings:

Maintenance

A planned preventative maintenance programme is in place that includes day to day general maintenance and repairs, redecoration, refurbishment and annual servicing.

The required servicing and safety certificates were available and up to date with the exception of the Electrical Wiring Inspection Certificate and PAT testing Certificate. A copy was requested to be forwarded to Healthcare Inspectorate Wales.

The Manager reported that the building is due to complete redecoration over the Christmas period 2006 as this is a quieter time for the service. Replacement of furniture and furnishings has taken place since the last inspection. The overall condition of premises was satisfactory.

The radiators have all been replaced since the last inspection, and are now those with a 'cool surface' to prevent burns from prolonged contact.

The lock on the door to the administrative section of the building where all patient notes are kept was not in operation at the time of inspection. The estates department had been notified and were due to attend to the matter.

Recording

A sample of hot water temperatures were tested. Whilst initially the water ran hot, after a few minutes it was much cooler. There were no records of water temperature tests at Hafan Wen. Regular testing of water temperatures should be implemented on a weekly basis for a minimum period of 2 months. A record of testing must be maintained within the hospital. If it can be established after this period that hot water temperatures are stable, a risk assessment should inform the future frequency of hot water testing.

A log had been commenced of refrigerator temperatures since the last inspection, however these had not been maintained. The temperature of the refrigerator in the main kitchen had not been recorded for several months. Refrigerator temperature monitoring should be reintroduced, maintained and a record kept and for all refrigerators in the establishment.

Facilities

There is a separate area for visiting children, this is located in an outbuilding which also houses a gym. CCTV can monitor this area from the main building.

A number of other activity rooms are located within the main building.

All bedrooms have en-suite shower facilities. There are bathrooms available on each floor if required.

All patients manage their own money. A small safe accessed by a combination lock is provided in each bedroom for safe storage of valuables. Staff have the ability to open the safe with a key should the need arise.

Each floor has an open plan communal area, which incorporates lounge, dining and snack making facilities. Main meals are served from the kitchen hatchway, which is in the entrance foyer and is some distance from these areas. In practice it means that all plated

meals must be carried back to these areas for consumption.

This practice has potential risks as those who are going through a detoxification programme are more likely to be unsteady on their feet. The distribution of hot meals must be reviewed and risk assessed to look at alternative practices that minimise the spectrum of risks in relation to patient safety and food handling.

Catering

Hafan Wen does not have its own catering department. There is a contract with North East Wales NHS Trust to provide all meals. The previous report noted some concerns with the meal provision. These have been addressed with the contractor and significant improvement was reported in the food by staff and users of the service. Catering audits are undertaken every 3 months and satisfaction has improved significantly.

Records of temperature checks of the food delivered to Hafan Wen were observed and noted to be within the required range.

The previous inspection report recommended an Inspection by the Environmental Health Department as this has never been undertaken. It is the view of the Environmental Health Department, that the NHS Trust is inspected regularly and is the source of the prepared food, as such they do not identify the need for a separate inspection. It was agreed that a visit to Hafan Wen would be included in the next Trust inspection by the department.

Fire

There was a record of fire drills. These take place regularly with a full evacuation in the summer. However as the average length of stay is about 1 month the frequency should be reassessed as part of the fire risk assessment.

Equipment

The equipment used to test urine for misused substances is serviced 3 monthly as part of the contract. Whilst this machine continues to work effectively there are plans to replace with an updated machine early in 2007.

Requirements made since the last inspection report, which have been met:

Action Required	When Completed	Regulation Number
Undertake remedial work to the window restrictors discussed/ identified at the inspection visit.	October 2006	Regulation 24 (2) d
Ensure all doors are free from obstruction / wedges.	Ongoing	Regulation 24(4)a
Provide water at temperatures close to (+/- 2°C) to 44°C; discontinue use of bathroom until work is completed.	Ongoing	Regulation 24(2)d
The registered persons should ensure that systems are in place to ensure safe temperatures of the refrigerators on each unit – testing of temperatures and appropriate recording systems should be introduced.	Ongoing	Regulation 14(6)
The registered persons must ensure	October 2006	Regulation 14(7)b

that food served to the patients at Hafan Wen is served at safe temperatures (63°C minimum) at all times.		
The registered persons should confirm to Healthcare Inspectorate Wales the outcome of discussions with the contracted catering department regarding the future provision of services to Hafan Wen	October 2006	Regulation 14(7)
Undertake redecoration of areas Identified at the inspection visit and Replace items of furniture where Indicated.	October 2006	Regulation 24.-(1)(a)
The registered persons must ensure That the fire log book is up to date at all Times.	October 2006	Regulation 24.-(4)(e)
Undertake remedial work to the heated Towel rails identified at the visit, and Ensure safe access to ensuite Bathrooms in the short term.	October 2006	Regulation 24.-(2)(a)(d)
All hot pipe-work should be suitably guarded to a height of two metres.	October 2006	Regulation 24.-(2)(a)(d)

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
6). Hot water temperature found to be less than 42°C in at least 2 areas. Water temperatures to be checked regularly to ensure within safe range. Arrangements to be put in place for weekly checks of water temperatures, records of which must be kept on site at Hafan Wen.	15 October 2007	Regulation 24 (2) d Standard c 19.8
7). A copy of 5 year electrical certificate to be supplied to HIW.	15 October 2007	Regulation 24 (2) a, d C23.3
8). A copy of PAT testing certificate to be supplied to HIW once received.	15 October 2007	Regulation 24 (2) a, d C23.3
9). Daily checks of all fridge temperature to be completed, recorded and available for inspection at Hafan Wen.	Immediately and ongoing.	Regulation 24 (2) d Standard C21.1

10). The frequency of fire drills and evacuation procedures must be reassessed as part of the Fire Risk Assessment.	15 October 2007	Regulation (4) d & e. Standard C19.3
11). Review and risk assess the provision of meals to minimise the distance travelled and method of transportation of food from the heated trolley to the dining table. Produce an action plan for HIW on arrangements to be implemented	30 October 2007	Regulation 15(1) Regulation 24(1) Standard C21.1

RISK MANAGEMNT

Inspector's findings:

Risk Management Policy

There is a risk management policy in place. Risk assessments are updated in July each year.

In the event of a critical incident it is reported internally using specific documentation. A review is then held to identify learning points. The health and safety officer reviews incidents quarterly and reports to CAIS Board. Recommendations from the review are then fed into the clinical governance report and an action plan.

Identified risks in relation to patient management continue to be recorded in each patient's care plan.

An emergency nurse call system is not fitted but all staff are issued with panic alarms.

It was noted during the inspection that a member of staff had left their keys unattended in the open door from the kitchen to the garden area. Whilst there is limited access to the kitchen, the garden is not secure and anyone in the garden area could remove the keys compromising security and confidentiality. The registered manager was advised that security of staff keys must be maintained at all times. HIW received written confirmation that all staff had been reminded of their responsibilities in relation to security of keys on 4 December 2006.

Violence and aggression

Hafan Wen operates a zero tolerance policy on terms of violence and aggression. Patients are advised of this on admission and in the Patient Guide. Staff are not trained in restraint techniques. It is the policy of the establishment that behaviour which causes dysfunction, intimidation or is aggressive will result in discharge. In situations where there is an immediate threat of violence the police are contacted. The Manager described a very good working relationship with the local police and commented on the excellent response times on the occasions when they have been asked to attend the establishment.

COSHH

It was reported that washing powders and liquids appear to be used more quickly than expected. The registered manager was advised of the requirement to store all COSHH substances securely to prevent misuse.

Infection Control

Due to the nature of the service provided at Hafan Wen there are low risks of cross infection.

Universal precautions are adopted by staff in all risk procedures. Hafan Wen has adopted the infection control policies from North East Wales NHS Trust. Established procedures are available to reduce risks associated with urine testing and injection techniques as staff are made aware of the Trust's infection control manual that guide practice when dealing with blood and body fluids.

The staff are able to consult with an NHS infection control nurse if required who undertakes an annual visit. An Infection control audit was undertaken in July 2006.

First Aid

All staff are trained in emergency first aid techniques including CPR. This is updated annually. A policy to guide response to emergency situations and a sudden death procedure are in place. An out dated suction machine was observed in the clinic room. The Registered Manager agreed to remove this from operation. This was confirmed to HIW in writing on 4 December 2006

Contracts Monitoring

Contracts for Hafan Wen are monitored and reviewed in March each year.

Medicines Management

Compliance against the National Minimum Standards for medicines management were assessed by the pharmacy inspector and a report is provided below.

During the inspection the keys to the refrigerator in the clinic room were observed to be left in the door. The Registered Manager was advised these must be attached to the drug keys and stored securely. It was confirmed to HIW the following day that the keys were being managed appropriately.

As a result of the inspection the Registered Manager agreed to review the risk assessment for transportation of drugs to and from pharmacy.

HIW - Report on Provision of Pharmaceutical Services

STANDARD C24 – MEDICINES MANAGEMENT

Standard: Where there is no pharmacy department on site, the responsibility for safe medicines systems for the hospital rests with a registered senior nurse or doctor.

*Inspector's Findings: **This standard is fully met.***

Inspector's Comments:

STANDARD C25 – ORDERING, STORAGE, USE AND DISPOSAL OF MEDICINES

Standard: Medicines are handled according to the requirements of the Medicines Act 1968 and the Misuse of Drugs Act 1971; nursing staff follow the UKCC Guidelines for the Administration of Medicines, October 2000, or the current published professional guidelines from the Nursing and Midwifery Council (NMC).

*Inspector's Findings: **This standard fully met (see comments below).***

Inspector's Comments:

The setting works very closely with the trust pharmacy located just a few hundred metres away from the unit. Waste medicines are currently returned to the pharmacy for disposal. This is strictly speaking illegal according to the new waste management regulations 2005. As the unit is treated like a hospital ward by the pharmacy and is situated in the grounds of the NHS trust hospital, I consider that it is safer and, therefore, acceptable for the waste to be removed from the unit by the trust pharmacy.

I would prefer that all waste schedule 2 and 3 controlled drugs are denatured (using the specifically designed kits) on the unit premises. This means that waste CDs are not transported across the site in any form other than when rendered irretrievable.

I was extremely impressed by the way in which the ordering and use of methadone is recorded in the unit. The unit only stocks 100ml bottles of sugar free methadone meaning that they are unable to record the use

of this is the same way as they do regular methadone. I advised that SF methadone is available in the 500ml size (e.g. as the branded Physeptone).

STANDARD C26 – CONTROLLED DRUGS

Standard: *Controlled drugs (CDs) are handled in compliance with the requirements of the Misuse of Drugs Act 1971 and its regulations.*

Inspector's Findings: *This standard is fully met.*

Inspector's Comments:

STANDARD M10 – RESPONSIBILITY FOR PHARMACEUTICAL SERVICES

Standard: *The establishment, through an appropriate senior pharmacist, has access to up-to-date legislation and guidance relating to the safe and secure handling of medicines.*

Inspector's Findings: *This standard is fully met.*

Inspector's Comments:

STANDARD M17 – ADMINISTRATION OF MEDICINES

Standard: *There is a policy to include consent to treatment and administration to patients sectioned under the Mental Health Act. A copy of the current Certificate of Consent to Treatment (form 38) or Certificate of Second Opinion (form 39) – and if relevant s.61 Review of Treatment/MHAC 1 – is attached to the patient's medicine card and checked by the nurse each time the relevant medication is administered. The written policy on consent to treatment includes clear guidance.*

Inspector's Findings: *This standard is fully met.*

Inspector's Comments:

STANDARD M18 – SELF-ADMINISTRATION OF MEDICINES

Standard: *There is a written policy and procedure for self medication, which conforms to the duty of care inherent in the relationship of the hospital and the patient.*

Inspector's findings: *This standard is not applicable to this setting.*

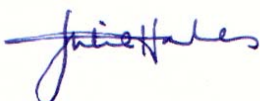
Inspector's Comments:

STANDARD M19 – TREATMENT FOR ADDICTIONS

Standard: *There are written policies and procedures, reviewed at least every three years, for the management of patients who may be abusing alcohol or drugs.*

Inspector's Findings: *The standard is fully met.*

Inspector's Comments:



J A Hales BSc PhD MRPharmS

Requirements made since the last inspection report, which have been met:

Action Required	When Completed	Regulation Number
None		

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
12). Keys for fridge in clinic room left in situ. Keys to be securely kept with the rest of the drug keys.	Immediate and ongoing	Regulation 14 (5) Standard C25.6
13). Washing liquids in laundry room – to be stored securely to comply with COSHH and to prevent misuse.	30 September 2007	Regulation 24 (2)d Standard C23.3
14). Remove outdated suction machine from clinic room.	30 September 2007	Regulation 14 (2)b Standard C20
15). Staff keys to be kept secure at all times.	Immediately and ongoing.	Regulation 8(1) c,e Standard C22
16). The risk assessment for transportation of drugs to and from the pharmacy must be reviewed.	30 October 2007	Regulation 14(5) Standard C25

RECORDS AND INFORMATION MANAGEMENT

Inspector's findings:

Data Protection Act & Confidentiality

A disclosure policy protecting patient confidentiality guides staff practice and patients are assured of their confidentiality via the statement of purpose. It was reported that all records are stored securely in the administrative part of the building where the offices are located and to which patients and visitors do not have access.

A digi-lock restricts access to this part of the building from the main reception area. On the day of inspection the digi-lock was broken, so that whilst the door remained closed and monitored by staff the security of the area was compromised. The registered manager was formally notified of the requirement to rectify the situation and written confirmation was received at HIW on 4th December that this had been done.

Due to the sensitive and confidential nature of services provided by Hafan Wen, information is provided directly to the patient. Family involvement is only with the permission of the patient and this is undertaken via the NHS Community Drug and Alcohol Teams.

Patient Records

A sample of patient records were inspected. Typical file content included admission form, consent forms, a bedroom inventory, a property disclaimer, nursing assessment, assessment of physical needs, drug screening, continuation notes and care plans. Some loose sheets were noted in the case notes. All sheets need to be stored securely in the relevant file. A number of standard care plans are in use as length of stay is typically 18 – 21 days.

Registered nurses are responsible for recording patient information and care planning with the patients. Care plans were targeted to the needs of individuals, but advice was given to the registered manager on the need to make the care plans SMART (Specific, Measurable, Achievable, Relevant, Timescales).

The registered manager audits case notes. This monitors compliance that records are appropriately signed and dated with the designation of the author. The audit should be extended to include those aspects referred to above.

Medical notes are kept separately and were not reviewed on this inspection.

Discharge continues to be planned with the NHS community team prior to admission. GPs are informed of all admissions to prevent abuse of prescribed medications.

On discharge, GPs are informed by telephone and advised of prescribed medication. The NHS Consultant sends a summary of treatment letter within seven days of discharge. The patient's key worker in the community team is also provided with a discharge summary.

Staff Records

A sample of staff records were inspected for compliance with the National Minimum Standards and Schedule 2 of the Private and Voluntary Health Care (Wales) Regulations 2002. It was reported that references are destroyed after 6 months as were therefore not in evidence. One record required update of appraisal and others required photographs to comply with requirements.

On the day of inspection Nursing and Midwifery Council registrations and Criminal Records Bureau (CRB) checks were not available in the establishment. The registered manager was formally notified of the requirement to rectify the situation and the required evidence was received the following day at HIW. A copy of this information should be available on site for the Registered Manager and for inspection.

Requirements made since the last inspection report, which have been met:

Action Required	When Completed	Regulation Number
None		

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
17). Digi-lock on door to administrative area where all patient records stored was not working. Must be in working order.	30 September 2007	Regulation 20(2)a Standard C 31.5
18). HR policies must be updated to ensure compliance with Standard C9, and in particular to ensure references are retained.	30 October 2007	Regulation 18 (2) Standard C9.1
19). NMC & CRB information not available during the inspection. Must be available on the premises for inspection.	15 October 2007	Regulation 18(2) Schedule 2 Standard C10.1

RESEARCH

Inspector's findings:

There was no evidence of research at the time of the inspection and the Registered Manager reported that none had taken place since the last inspection report.

Any future research that may involve patients or information from the treatment of patients at Hafan Wen should be in line with the Welsh Assembly Government Research Framework.

Hafan Wen should prepare a policy that states whether or not research is carried out in the establishment. This should take account of circumstances such as research in pursuit of professional qualifications, and research undertaken by healthcare professionals contracted from the Trust where information from treatment of patients at Hafan Wen might be used.

Requirements made since the last inspection report, which have been met:

Action Required	When Completed	Regulation Number
None		

Requirements which remain outstanding from previous inspection activity:

Action Required	To have been completed by	Regulation Number
None		

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
20). The registered person should ensure a policy is in place that refers to the Welsh Assembly Research Governance Framework, and takes account of circumstances where research may be undertaken by healthcare professionals in pursuit of professional qualifications or by healthcare professionals employed within the Trust.	30 September 2007	Regulation 8 (1) j Standard C34.1

Good practice Recommendations:

None

ACTION PLAN FROM REPORT

Inspector's findings:

The focus of the inspection and report for this year has been to report on compliance with the requirements made previously in the context of the compliance with standards and regulations made under the Care Standards Act 2000.

Submission of a detailed action plan in relation to the 4 outstanding and 21 new requirements is required as a result of this report as set out below.

New requirements from this inspection:

Action Required	When Completed	Regulation Number
21. HIW requires the submission of an action plan addressing all the requirements made this year and those carried forward in this report. The action plan must clearly identify 1. the requirement, 2. the action to be taken, 3. person responsible, 4. due date for completion, 5. and a status report as of the day of the action plan. 6. The plan must be reviewed 2 monthly, and a copy submitted to HIW on the last day of the second month until all requirements have been met.	30 September 2007 and 2 monthly thereafter.	Section 31 (1) Care Standards Act 2000 <i>The registration authority may at any time require a person who carries on or manages an establishment or agency to provide it with any information relating to the establishment or agency, which the registration authority considers necessary or expedient to have for the purposes of its functions under this Part.</i>

Inspector's name: Helen Nethercott

Date: 3rd October 2007

Inspector's signature:

Helen Nethercott

Regulatory Requirements November 2006 Inspection HIW

Hafan Wen – Action Plan

- **Regulation 15(1), Standard C1-** Completed. Information regarding daily groups, improved communication. Action plan implemented January 2007.
- **Regulation 8, Standard C7.1-** Completed. All staffed continue to have access to policies, policies discussed in appraisal session and new Policy/Procedure board implemented in staff room.
- **Regulation 18(2)d, Schedule 2-** a) Completed. Available for inspection.
 - o **Regulation 18(2), Schedule 2-** b) Completed. Available on next inspection.
 - o **Regulation 18(1) c, Regulation 18(2)d, Schedule 2-** c) Completed. In personnel files available at next inspection.
 - o **Regulation 17(2)a-** d). Supervision structure and delivery is currently under company review. HIW involvement will be sought for advice to new procedures and structures. To be forwarded to HIW on completion.
 - Completion 3 months.
- **Regulation 18(2) Standard C9-** Completed. Copies now on record and available at Hafan Wen.
- **Regulation 17(l)a, Standard C10.I-** Completed. Copies now on record and available at Hafan Wen.
- **Regulation 22(6) Standard c16.2.-** Completed. Report on outcome of complaint attached.
- **Regulation 24(2)d, Standard c 19.8-** Completed policy now implemented, evidence available on inspection.
- **Regulation 24(2)a,d, Standard 23.3-** Currently being commissioned. Certificate to be forwarded to HIW on completion.
 - o Completion by 15/10/07.
- **Regulation 24(2)a,d, Standard 23.3.-** Completed. Copy sent previously to HIW.
- **Regulation 24(2)d, Standard C21.1-** Completed. New procedure implemented, evidence available on inspection.
- **Regulation 4d,e, Standard C19.3-** Completed. Fire risk assessment updated and tests now carried out weekly, evidence available on inspection.
- **Regulation 14(5) Standard C25.6-** Completed.
- **Regulation 24 (2)d, Standard C23.3-** Completed.
- **Regulation 14 (2)b, Standard C20-** Completed.
- **Regulation 8(1)c,e, Standard C22-** Completed.
- **Regulation 1495) Standard C25-** Review in process with Ysbyty Maelor pharmacy department. Completed assessment to be forwarded to HIW on completion.
 - o Completion by 30/10/07
- **Regulation 20(2)a, standard C31.5-** Completed.
- **Regulation 18(2) standard C9.1-**Completed. Changes made to policy document and implemented.
- **Regulation 18(2) Schedule 2-** Completed. Now available on site.

- **Regulation 8 (1)j, Standard 34.1-** Working towards, Policy document to be forwarded to HIW upon completion.
 - o Completion by 30/10/07.

Review date 20th November 2007.