

**Drug and Alcohol
Detoxification Inspection
[Unannounced]**

**CAIS Ltd: Hafan Wen
Hospital, Hafan Wen unit**

26 – 28 January 2015

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

1.	Introduction	2
2.	Methodology.....	3
3.	Context and description of service	4
4.	Summary.....	5
5.	Findings	7
	Core Standards	7
	Monitoring the Mental Health Measure.....	14
6.	Next Steps	15
	Appendix A.....	16

1. Introduction

Hafan Wen is contracted to provide detoxification beds for drug and alcohol to the NHS in North Wales and some of the Drug and Alcohol Teams in the North West Region of England. There is also spot purchasing of the service by the NHS across the rest of Wales and at times, privately funded clients.

Inspection visits are a key aspect of our assessment of the quality and safety of mental health and learning disability services in Wales.

During our visits Healthcare Inspectorate Wales (HIW) ensures that the interests of the clients are monitored and settings fulfil their responsibilities by:

- Monitoring the compliance with the Mental Health Act 1983, if applicable, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards
- Complying, as applicable, with the Welsh Governments National Minimum Standards in line with the requirements of the Care Standards Act 2000 and the Independent Health Care (Wales) Regulations 2011.

The focus of HIW's mental health and learning disability inspections is to ensure that individuals accessing such services are:

- Safe;
- Cared for in a therapeutic, homely environment;
- In receipt of appropriate care and treatment from staff who are appropriately trained;
- Encouraged to input into their care and treatment plans;
- Supported to be as independent as possible;
- Allowed and encouraged to make choices;
- Given access to a range of activities that encourage them to reach their full potential;
- Able to access independent advocates and are supported to raise concerns and complaints; and
- Supported to maintain relationships with family and friends where they wish to do so.

2. Methodology

The inspection model HIW uses to deliver the mental health and learning disability inspections includes:

Comprehensive interviews and discussions with clients, relatives, advocates and a cross section of staff, including the Responsible Clinician, Occupational therapists, psychologists, educationalists and nursing staff.

- Interviews with senior staff including board members where possible.
- Examination of care documentation including the multi-disciplinary team documentation.
- Scrutiny of key policies and procedures.
- Observation of the environment.
- Scrutiny of the conditions of registration for the independent sector.
- Examination of staff files including training records.
- Scrutiny of recreational and social activities.
- Consideration of the implementation of the Welsh Measure (2010)¹.
- Examination of restraint, complaints, concerns and Protection of Vulnerable Adults referral records.
- An overview of the storage, administration, ordering and recording of drugs including Controlled Drugs.
- Consideration of the quality of food.
- Implementation of Deprivation of Liberty Safeguards (DOLS).

HIW uses a range of expert and lay reviewers for the inspection process. These inspections capture a snapshot of the standards of care clients receive.

¹ The Measure is primary legislation made by the National Assembly for Wales; amongst other matters it makes provision in relation to assessment, care planning and coordination within secondary mental health services.

3. Context and description of service

HIW undertook an unannounced visit to Hafan Wen hospital, Wrexham on the evening of the 26th January and all day on the 27th and 28th January 2015.

The hospital was first registered in January 1997 and is currently registered to take 25 clients over the age of 18 years for detoxification from drug or alcohol addiction.

Hafan Wen is operated by CAIS Limited; the establishment is situated within the grounds of the Wrexham Maelor Hospital and is easily accessible by car, bus or on foot.

All clients admitted to Hafan Wen are referred from Community Drug and Alcohol teams and remain clients of that team through out their stay. The unit does not make provision for detention of individuals under the Mental Health Act 1983, there are however many personal restrictions due to the nature of the service. Clients are fully informed of these constraints and are required to consent to them as part of the terms and conditions of admission. This includes restricted visiting and restricted leave from 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 of the hospital and the outbuildings.

4. Summary

Our visit to Hafan Wen highlighted a number of noteworthy practices as well as areas that require improvement. We noted the positive way staff engaged with the inspection process, but more importantly the positive rapport we observed between clients and staff. All the clients we spoke too throughout our visit were complimentary regarding all staff at Hafan Wen.

The majority of staff we spoke with told us of good working relationships throughout the hospital and this included professional opinions sought via multi disciplinary team meetings. As there was no psychologist in post at the time of our visit, we were concerned about the limited input of psychology at the unit and this needs to be addressed. The use of volunteers for a variety of initiatives, specifically Full Circle² is to be commended.

The cleanliness throughout Hafan Wen was noted as good and elements of redecoration and refurbishment confirmed the commitment of Cais Limited to provide suitable facilities and accommodation to a unit that has a very high turn over of clients. Some areas did have stained carpets and consideration should be given to utilising flooring that can be easily cleaned and maintained.

The designated male and female lounge areas combined with two mixed gender lounges provided clients with sufficient space to mix with either gender. In addition, the recreational and social activity areas were well used and valued by all those we spoke too. The designated smoking area during our visit appeared unkempt and required attention.

The administration of medicines was used as an opportunity to engage with clients in therapeutic interactions. However, a review of the controlled drugs registers identified a number of significant issues. These issues are expanded upon in more detail later in this report.

² Service users at Hafan Wen have the benefit of being offered advocacy, support and guidance throughout their stay in treatment in the form a dedicated ex service User Group, Full Circle. Comprising of six ex-Hafan Wen service users across all counties of North Wales who are actively involved in community based recovery groups, sharing experience of recovery, exploring apprehensions and anxieties a service user may be experiencing. For more information: http://www.explore-cais.co.uk/?page_id=170

Our review of client care and treatment plans highlighted areas that required attention. Care plans lacked sufficient detail and robust strategies for dealing with issues the client presented with. When further client problems/issues had been identified no care plan had been formulated to address the issue. Admission assessments were not signed or dated by registered nurses and the risk assessments reviewed failed to capture pre-admission assessment information.

The review of staff files identified a lack of employment information, specifically evidence that employees had the necessary skills and experience for their roles. A file note stated it was not good practice to contain this information on file, therefore, we were unable to comment on this area. The issue of staff supervision arrangements required attention because the current system was not fully embedded. Supervision needs to be delivered on a regular basis for all staff. An improved system for the recording and monitoring of staff training is required to ensure it provides compliance rates.

5. Findings

Core Standards

Ward Environment

Hafan Wen is a two-storey building with lift access to the first floor. There are 25 single bedrooms with en-suite shower and toilet facilities. Upstairs has two lounge/dining areas specifically for male and female clients. The lounge/dining areas have snack preparation areas in which clients could make drinks, snacks and breakfast for themselves. Each of the lounges had a TV and we were assured that new seating had been ordered. At the time of our visit the seating was well worn and in need of replacing.

A number of therapy rooms are situated upstairs and include the Art/Information Technology (IT) suite and the relaxation room. The Art/IT suite contains five computers for clients to use and was well stocked with art supplies, with clients work displayed on the walls and shelves. The relaxation room was brightly decorated, with murals on the wall as well as chairs, a music system and a fish tank.

On the ground floor a nursing office, doctors consulting room and staff facilities and other offices were situated. A mixed sex lounge was also available and situated near the designated smoking area. The smoking area at the time of our visit was unclean and would benefit from a thorough clean and some attention.

Within the grounds of the hospital is a therapy and activities centre called 'The Hut'. The Hut is used daily for morning client meetings and client therapy groups. The Hut is also the base for external meetings and groups including Alcohol Anonymous and Narcotics Anonymous. Recreational activities take place at the Hut including darts, pool, table tennis and there is also a gym available. Clients have access to the Hut during evenings and weekends.

The hospital had been redecorated in 2014 therefore the environment appeared fresh and bright. In addition, the Hut had received new carpet and blinds.

The carpet in the clinic was stained and would benefit from having flooring which is more suitable and washable for the clinic..

Recommendation

The Hospital needs to provide HIW with an update and confirmation that new seating for the lounges has been purchased and delivered.

The Hospital needs to review the smoking area for clients to ensure it is clean and appropriate.

The Hospital should review the flooring in the clinic room and consider replacing the stained carpet with flooring that is more suitable for this area.

Safety

All the clients we spoke to during our visit confirmed they felt safe at the hospital. Staffing levels by day consisted of three registered nurses supported by one student nurse and two healthcare assistants. During our night visit staffing levels consisted of one registered nurse and 2 healthcare assistants. The majority of staff we spoke to said staffing levels were adequate, however some did say that if a member of staff phones in sick it can result in staff shortages.

Staff did not wear or carry a personal alarm whilst on duty. We were told that the hospital operates a bleep system, whereby the nurse in charge allocates a pager to selected staff. If an incident occurs, the pager alerts the staff member so they can provide assistance. On the first night of our visit, one of the pagers was left on the table in the staff room. Therefore had an incident occurred the staff member who had been allocated the pager would not have been able to respond because they did not have the pager with them. The hospital manager confirmed that the hospital operates using exclusion criteria; if clients have violent and/or aggressive behaviours then that client will not be admitted. Hafan Wen is reliant on other authorities providing this type of information prior to any admission.

The multi-disciplinary team

All the staff we spoke to commented positively on the multi disciplinary team (MDT) working. Staff stated that MDT meetings take place on a weekly basis and all disciplines are represented including the doctor, nurses, occupational therapist and a community worker is also invited to attend. The psychologist had left a couple of months ago and it was unclear whether the post was going to be filled. Staff told us that during MDT meetings that professional views and opinions from all disciplines are sought and staff felt respected by each other.

Hand-over meetings take place daily between each change of shift ensuring all staff on duty have up to date information regarding the service and clients. Staff told us that the attitude of staff had changed since our last visit. There used to be lots of conflicts, staff members talking about other staff members and other unprofessional behaviour. However, this seems to have disappeared

because some staff had left and management are more effective in dealing with these issues. As a result staff spoke of a more professional approach, with staff enjoying and benefitting good team dynamics.

Privacy and dignity

All the clients we spoke to told us they felt safe at Hafan Wen. Many of the clients we spoke to had never been on a detoxification programme before and stated the positive experience they were receiving at Hafan Wen despite the anxiety they had initially felt.

Clients spoke positively of all the staff at the hospital, stating they were approachable and caring. All the clients confirmed that when they were first admitted they were shown around the hospital and staff explained to them what was going to happen during their stay.

Every client had their own room and was given a key to lock it. None of the clients raised any issues regarding privacy and dignity, stating that staff knock on the door before entering their room.

It is Hafan Wen's policy not to allow visits from family and friends in order for clients to focus on their treatment and recovery during their short period of stay. There were systems in place that allow clients contact with their family and friends and these included a payphone and access to the office phones. Clients could also use their own mobile phones. The Art/IT suite had computers with internet access which could be used under supervision.

Client therapies and activities

Hafan Wen provides a mandatory therapy agenda for clients which forms part of their treatment programme whilst at the hospital. A range of activities are also recommended to clients and include access to the gym, pool table, darts and table tennis. In the main hospital, art, clay modelling and computer work are offered. The Hut provides the setting for the majority of therapies and activities that take place at Hafan Wen.

At the time of our visit we observed three clients using the Art/IT suite; one client was completing his first painting. The clients were all in conversation with the art therapist and we were shown a portfolio of past creations including clay work and drawings. We spoke to a number of clients who told us how valuable these facilities were; some clients had not painted for many years and rekindled a new love for the activity.

It is a requirement for all clients, unless very poorly, to attend the morning meeting at the hut. Staff and clients told us that this meeting is used to discuss everything including a plan for the day. Staff and clients also use the morning meeting to celebrate those clients who have completed their detoxification programme by awarding certificates.

We observed a group therapy session during our visit. The session was delivered by a Hafan Wen colleague who set the mood by referring to his own rehabilitation experiences. The clients listened and then contributed their opinions. Some positive ideas were discussed for helping clients when they leave the hospital. In addition, clients watched a presentation and the therapeutic lead gave additional information regarding the content. A hand-out was provided to clients when the session had finished. It was noted that the group session was large and too big for personal interventions; therefore the discussions were one dimensional and would benefit from smaller groups.

The Full Circle group is an initiative at Hafan Wen which had positive comments from clients and staff. The group comprises of ex service users who had received treatment at the hospital and had gone full circle with regards to their treatment and progress. The group provides support to clients at the hospital regarding advocacy and peer support. Full Circle gather information from clients and provide the hospital with feedback in order to improve services.

Clients told us that an advocate visits on a weekly basis. Appointments to see the advocate are communicated to clients in the morning meetings.

General healthcare

A review of the controlled drugs registers identified a number of significant issues and included:

- Inappropriate alterations that made the original entry impossible to understand
- A number of errors for individual client medication appeared to have been entered prior to administration
- A number of drug balance errors had been continued

Recommendations

All the areas highlighted under the general healthcare section, covering controlled drugs must be addressed. Specifically:

- ***Any alterations to the controlled drugs register need to be made so the original entry can be identified. This will ensure better understanding for those persons who audit the information.***
- ***Entries into the controlled drugs register must not be made prior to any administration***
- ***The Balance of medication needs to be reviewed and corrected to ensure the stock level is accurate.***

Food and nutrition

Discussions with clients and staff highlighted the overwhelmingly positive feedback regarding the food and chef at Hafan Wen. Food used to be prepared and delivered to Hafan Wen from Wrexham Maelor hospital; however the recruitment of their own chef and the fact that food was now cooked at Hafan Wen had greatly improved feedback regarding this area. Portion sizes, choice and the quality of the food was commented upon favourably by all those we spoke to.

Clients prepared their own breakfast, which consisted of cereal and toast. Lunch and evening meal choices were made via a menu in which clients tick their preferred option. Two choices were provided, however if a client had a specific dietary requirement the chef would accommodate that request. Sandwiches were prepared and pre-packed and offered to clients in the evening by the night staff.

Clients had the opportunity to buy and store their own snacks and a vending machine was available, selling items including crisps and cans of soft drinks. A bowl of fruit was available by the kitchen and clients had access to tea and coffee making facilities.

Training

We reviewed nine staff files and noted the neat layout of each file. Dividers were used to separate specific information and an index on the front of each file identified what each section contained. This enabled easy navigation through the file. Employee files were not held and maintained at Hafan Wen, but at the Head Office, however it was appreciated that the files requested were delivered for the inspection.

The review of the staff files highlighted a lack of employment information, specifically evidence that the employee had the necessary qualification, skills and experience required for their post. One out of the nine files reviewed contained an application form and one file had pre interview questions on file.

All the other files contained a file note which stated it was “not good practice to place interview notes on employees file. Interview notes retained separately.” As we did not have access to the separate information, evidencing the suitability of employees was difficult.

All files reviewed contained a job description and a contract of employment, and all files had evidence that a Disclosure Barring Service (DBS) check had been undertaken for the employee. One out of the nine files did not contain any references. The file note stated they were “no longer available.” Another two files did not contain hard copies of any references, only a listing with the names of referees.

Appraisal and supervision records were recorded and maintained on the Hafan Wen site. At the time of our visit, appraisals were being carried out for all staff in order to meet the organisations deadline of the end of February. The staff we spoke to confirmed they had received an appraisal in the last twelve months and some stated they were due to have one.

Staff supervision was not taking place on a regular basis and the system had not embedded fully at the hospital. We were told that clinical supervision used to be conducted by the psychologist. However, the psychologist had left a couple of months previous and Hafan Wen was waiting for the Cognitive Behavioural Therapist (CBT) to start a programme of reflective practice.

Management supervision was reportedly taking place on a three-monthly basis, however, there was little evidence to confirm that this was the case and there was no system in place that could evidence current levels of compliance. Staff we spoke to varied in their opinions that regular supervision was taking place. The deputy manager confirmed that a schedule is issued so that staff can identify the next date and time their supervision was due. Inspectors were informed that some staff were resistant to being supervised, however, some staff we spoke to stated they would like to receive more supervision. It was evident from our discussions that this area requires immediate attention and a system of regular staff supervision needs to be developed, embedded and documented.

A mandatory training programme was in place at Hafan Wen for all staff. Since our last visit in January 2014 a training log had been developed, which captured the name of the staff member, the training course attended, the date attended and a note section when that course requires updating. HIW had difficulty in reviewing the data and determining an overall compliance rate for each course. The log was not able to show which training area was fully compliant and which course/s required attention and improved attendance.

It is a regulatory requirement that the registered provider must undertake visits to the hospital and report on their findings to HIW. HIW have not received any reports, therefore it is a requirement that the registered provider undertakes the necessary visit covering the areas specified under Regulation 28³.

Recommendations

Regulation 28 visits must be undertaken every six months and a copy of the report submitted to HIW

The training log requires improvement for recording and monitoring overall compliance figures for staff training.

A system for regular staff supervision must be implemented and recorded, including a system that can record compliance rates.

Staff files need to be reviewed and updated to ensure consistency of the information contained.

An updated Statement of Purpose is required including a date to show when it was last reviewed and the next review date. An updated section regarding qualifications and experience of staff is required to accurately reflect Hafan Wen's current expectations in this area.

³ Regulation 28 – Requires the registered provider to visit the establishment and report on a number of areas including the environment, complaints and interviews with staff and clients to form an opinion of the standard of treatment and other services.

Monitoring the Mental Health Measure

We reviewed care and treatment planning documentation for four clients and identified the following:

- Clients had generic care plans in place that lacked sufficient detail and robust strategies for dealing with the issues identified
- When a client had a further identified problem/issue, no care plans were formulated to address the problem/issue
- The risk assessments reviewed failed to capture the pre-admission assessment information
- Admission assessments were not signed or dated by the registered nurse

Recommendations

Care plans are required to include sufficient detail and robust strategies for dealing with the issues that each client had

Risk assessments need to capture the pre-admission assessment information

Registered nurses must sign and date all admission assessments

6. Next Steps

Hafan Wen is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit its Improvement Plan to HIW within two weeks of the publication of this report.

The Improvement Plan should clearly state when and how the findings identified at Hafan Wen hospital will be addressed, including timescales.

The Improvement Plan, once agreed, will be published on Healthcare Inspectorate Wales' website and will be evaluated as part of the on-going mental health/learning disability inspection process.

Appendix A

Drug and Alcohol Detoxification: Improvement Plan

Health Board: Betsi Cadwaladr University Health Board

Practice: Hafan Wen

Date of Inspection: 26 – 28 January 2015

Page Number	Recommendation	Regulation	Hafan Wen Action	Responsible Officer	Timescale
7	The Hospital needs to provide HIW with an update and confirmation that new seating for the lounges has been purchased and delivered.	26 (2) (b) & (c)	New seating was on order at the time of the inspection. Seating has now been delivered and placed in the four patient lounge areas.	Hospital Manager	Completed
8	The Hospital needs to review the smoking area for clients to ensure it is clean and appropriate.	26 (2) (a)	Present arrangement of twice monthly jet wash of smoking shelter now increased to weekly. Staff member identified as	Hospital Manager	Completed

Page Number	Recommendation	Regulation	Hafan Wen Action	Responsible Officer	Timescale
			responsible for ensuring regular checks on cleanliness.		
8	The Hospital should review the flooring in the clinic room and consider replacing the stained carpet with flooring that is more suitable for this area.	26 (2) (a)	As part of on-going refurbishment, the carpet in the clinic room will be replaced with flooring that can be easily kept clean.	Hospital Manager	By 1 st of May 2015
10-11	<p>All the areas highlighted under the general healthcare section, covering controlled drugs must be addressed. Specifically:</p> <p>Any alterations to the controlled drugs register need to be made so the original entry can be identified. This will ensure better understanding for those persons who audit the information.</p> <p>Entries into the controlled drugs register must not be made prior to any administration</p> <p>Balance errors need to be</p>	15 (5) (a) & (b) & 19 (1) (a) (b)	<p>Procedure for the Management of controlled Drugs at Hafan Wen has been reviewed and updated. The draft procedure is awaiting ratification by CAIS board of directors. A copy of the procedure will be sent to HIW once ratified.</p> <p>Audit of controlled drugs by the nurse in charge on night duty is conducted on a daily</p>	Deputy Manager	<p>Next Board meeting 1st June.</p> <p>New procedure to be implemented once approved by the board.</p>

Page Number	Recommendation	Regulation	Hafan Wen Action	Responsible Officer	Timescale
	reviewed and corrected to ensure the stock is accurate.		basis. A monthly report will be compiled and fed back as part of Hafan Wen quality feedback loop at monthly quality team meetings		
13	Regulation 28 visits must be undertaken every six months and a copy of the report submitted to HIW	28 (1) (2) (a) (b) (c) (3) (4) (a) (b) (c) (5) (a) (b) (c)	A Registered Provider – Inspection report will be conducted every six months and a copy submitted to HIW.	Nominated person to be identified from within CAIS services.	April 13th 2015
13	The training log requires improvement for recording and monitoring overall compliance figures for staff training.	19 (1) (a)	Training log has been reviewed and a new training matrix is being developed.	Hospital Manager IT tutor	May 1 st 2015
13	A system for regular staff supervision must be implemented and recorded, including a system that can record compliance rates.	20 (2) (a)	Supervision framework to be reviewed. Proposal for a 'lead nurse' post is with CAIS directors, and awaiting response. Proposal is for lead nurse to co-ordinate,	Hospital Manger Deputy Manager Deputy Manager	July 1st 2015 Immediate and on-going

Page Number	Recommendation	Regulation	Hafan Wen Action	Responsible Officer	Timescale
			<p>facilitate, and record regular group supervision sessions.</p> <p>Individual management supervision to be implemented and recorded on a regular basis.</p>		
13	Staff files need to be reviewed and updated to ensure consistency of the information contained.	20 (2) (a) (b) (c)	<p>Current interview process now ensures interview notes for all candidates are recorded on separate documentation, and placed in the staff files.</p> <p>Old policy of destroying references has now been reviewed, and references kept on file.</p> <p>All Hafan Wen Staff will be asked to complete an updated</p>	Hospital Manager HR	July 1 st 2015

Page Number	Recommendation	Regulation	Hafan Wen Action	Responsible Officer	Timescale
			CV to demonstrate qualifications relevant to roles.		
13	An updated Statement of Purpose is required including a date to show when it was last reviewed and the next review date. An updated section regarding qualifications and experience of staff is required to accurately reflect Hafan Wen's current expectations in this area.	8 (a) (b)	Hafan Wen Statement of Purpose to be reviewed and updated.	Tier 4 Services Director Hospital Manager Deputy Manager	July 1 st 2015
14	Care plans are required to include sufficient detail and robust strategies for dealing with the issues each client present	15 (1) (a) (b) (c) & 19 (1) (a) (b)	Care plan process under review. Proposal for a lead nurse post is with CAIS directors, and awaiting response. Proposal is for lead nurse to conduct nursing process audit on a regular basis, and report to be fed back as part of Hafan Wen	Hospital Manager Deputy Manager All Registered nurses at Hafan Wen	June 1 st 2015

Page Number	Recommendation	Regulation	Hafan Wen Action	Responsible Officer	Timescale
			quality feedback loop at monthly quality team meetings		
14	Risk assessments need to capture the pre-admission assessment information	15 (1) (a) (b) (c) & 19 (1) (a) (b)	Care plan process to include risk assessment based on referral information. Care plan process to include risk management plans.	Hospital Manager Deputy Manager All Registered Nurses at Hafan Wen	June 1 st 2015
14	Registered nurses must sign and date all admission assessments	15 (1) (a) (b) (c) & 19 (1) (a) (b)	Nurse in charge to ensure all admission assessments are signed and dated on day of admission.	All qualified nurses at Hafan Wen	Immediate and on-going