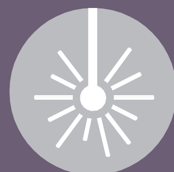
Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

# Independent Healthcare Inspection Report (Unannounced)

## PCP Cardiff, Cardiff

Inspection date: 14 February 2023

Publication date: 17 May 2023



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Digital ISBN 978-1-83504-014-0

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## Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

### Our purpose
To check that healthcare services are provided in a way which maximises the health and wellbeing of people

### Our values
We place people at the heart of what we do. We are:

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

### Our goal
To be a trusted voice which influences and drives improvement in healthcare

### Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

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# 1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our website.

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at PCP Cardiff, Cardiff on 14 February 2023. PCP Cardiff provides residential drug and alcohol detoxification treatment and rehabilitation to private patients.

Our team, for the inspection comprised of one HIW Senior Healthcare Inspector, one clinical peer reviewer and one patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

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

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our website.

# 2. Summary of inspection

## Quality of Patient Experience

Overall summary:
Patients who completed a HIW patient questionnaire provided very positive feedback regarding the service they had received at the establishment.

We found patients were provided with relevant advice and guidance as part of their rehabilitation programme. We also found staff treated patients with respect and kindness and we saw arrangements were in place to protect the privacy and dignity of patients.

This is what the service did well:

- All patients who provided feedback rated the service as 'very good' or 'good'
- Care plans identified clear goals for patients and the plans showed patients had agreed them
- Efforts had been made to make the establishment accessible to patients.

## Delivery of Safe and Effective Care

Overall summary:
Generally, we saw arrangements were in place to provide patients with safe and effective care. However, we did identify improvements were needed, some of which resulted in HIW issuing a non-compliance notice requiring the registered persons to take immediate action to address these.

Non-compliance requiring immediate action:
The registered persons were required to provide HIW with details of the action taken:

- to review and update the written environmental and ligature risk assessments
- to ensure the safe and effective management of medicines.

This is what we recommend the service can improve:

- The registered persons need to take suitable action to address the recommendations made in the inspection certificates for the fire safety equipment.

This is what the service did well:

- The environment was well maintained and furnished to a good standard

- The environment was very clean, and effective arrangements were described in relation to infection prevention and control and decontamination.
- Efforts were made to make mealtimes a positive experience for patients and patients provided very positive feedback about the quality of the food.

## Quality of Management and Leadership

Overall summary:

An experienced manager was responsible for the day-to-day management of the establishment. They were registered with HIW as required by the Regulations. However, our findings suggested they were not spending sufficient time at the establishment to have suitable oversight of the establishment.

Arrangements were described for monitoring the safety and quality of the service as part of the overall governance of the service. However, given our findings from the inspection, the registered persons need to consider whether the arrangements for monitoring progress with improvement plans need to be strengthened.

Staff provided positive feedback across all areas considered including their immediate and senior managers. We found staff were able to access training on a range of topics relevant to their role.

We identified improvements were needed, some of which resulted in HIW issuing a non-compliance notice requiring the registered persons to take immediate action to address these.

Non-compliance requiring immediate action:
The registered persons were required to provide HIW with details of the action taken:

- to support the registered manager to spend sufficient time at the establishment
- to ensure the timely review of incidents
- to ensure a suitably trained and qualified registered nurse is on duty, in accordance with the statement of purpose to coordinate the medical care to patients
- to make available the information and documentation required by the Regulations in respect of staff working at, or on behalf of, the establishment.

This is what we recommend the service can improve:

- The registered persons need to take suitable action to produce reports of visits to the establishment in accordance with the Regulations
- The registered persons are required to consider whether the arrangements for monitoring progress with improvement plans need to be strengthened
- The registered persons need to take suitable action to demonstrate staff have received an appropriate induction, regular supervision and an annual appraisal.

This is what the service did well:

- All staff who completed a HIW staff questionnaire provided positive feedback about their line manager and senior managers
- All patients who provided feedback were aware of the complaint's procedure
- All staff who completed a HIW staff questionnaire told us they felt secure raising concerns and were confident the organisation would address them
- Staff were able to access training on a range of topics relevant to their role.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in Appendix B.

# 3. What we found

## Quality of Patient Experience

**Patient feedback**
During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of six were completed.

When asked to rate the service they had received, four rated the service as 'very good' and two rated the service as 'good'. Patient comments included the following:

> *"Their equality and diversity practice and professionalism has been excellent."*
> *"Exceptional care - I have immediate access to friendly caring, capable people who are interested in my well being."*

We asked what could be done to improve the service. Comments included the following:

> *"Control over heating in bedroom."*
> *"Add a yoga class to the schedule..."*

**Health promotion, protection and improvement**
We found patients were provided with relevant advice and guidance as part of their rehabilitation programme. This focussed on improving their health and wellbeing. We also found patients were encouraged to be as independent as their conditions allowed.

We saw patients had access to both adequate indoor and outdoor space and they could participate in structured group and solo activities as part of their rehabilitation programme.

**Dignity and respect**
We found staff treated patients with respect and kindness.

At the time of our inspection, all patients were accommodated in single rooms, each with ensuite toilet and washing facilities. This allowed for patient privacy to be maintained. We were told all patients had a key to their individual bedrooms and they could lock their room should they wish to do so.

We saw patients had a choice of suitable communal space that could be used for socialising according to their preferences.

All patients who completed a HIW patient questionnaire agreed staff treated them with dignity and respect and measures were taken to protect their privacy.

During the inspection we also used online questionnaires to obtain views and feedback from staff. A total of three were completed. All staff who completed a HIW staff questionnaire agreed patients’ privacy and dignity was maintained.

**Patient information and consent**
We saw patients were provided with a written information pack when admitted to the service. This included useful information about the service provided at the establishment and what patients could expect during their stay.

All patients who completed a HIW patient questionnaire agreed the cost was made clear to them before they received treatment.

All patients admitted to the establishment did so voluntarily. We saw evidence of patients being involved in and agreeing with their care plan within the sample of patient care records we reviewed.

Most patients (4/5) who answered the questions in the HIW patient questionnaire agreed they had been given enough information to understand which treatment options were available and to understand the risks and benefits of the treatment options available.

All staff who completed a HIW staff questionnaire agreed sufficient information was provided to patients about their care.

All patents (5/5) who answered the question in the HIW patient questionnaire agreed they had signed a consent form before receiving treatment. When asked whether staff had listened to them and answered their questions, all patients (5/5) who answered this question in the HIW questionnaire agreed.

**Communicating effectively**
We saw written information for patients was presented in English only. However, we were told should patients require information in a different language this could be arranged.

We were told Fellowships, such as Alcoholics Anonymous, could provide literature in different languages if required. The registered manager also confirmed staff had

access to a translation service to help communication with patients whose first language was not English.

All patients who completed a HIW patient questionnaire told us their preferred language was English.

**Care planning and provision**

The patient admission process was clearly set out within the statement of purpose for the service.

We reviewed the care records for two patients accommodated at the service at the time of our inspection. We found these to be easy to navigate. We saw both patients had been assessed to identify their individual needs and a written plan of care developed.

Responses received in the HIW patient questionnaire showed where patients required assistance, this was provided by staff when needed and staff were kind and sensitive when carrying out care.

We saw clear goals for patients had been identified within the care plans and these had been signed by the patient to demonstrate their agreement with their plans. We found the plans had been reviewed by staff at least weekly.

Most patients (4/5) who answered the question in the questionnaire agreed they were involved as much as they wanted to be in decisions about their care.

All staff who completed a HIW staff questionnaire agreed patients were involved in decisions about their care.

We also found patients had their vital signs monitored and recorded regularly. Where staff identified a patient's physical health was deteriorating, staff were aware of the correct action to take.

In addition, the plans showed evidence of discharge planning and involvement of the patients in this aspect of their care.

All staff who completed a HIW staff questionnaire agreed they were satisfied with the quality of care they provided to patients.

We were told there were arrangements in place for patients to access key primary care services, such as a dentist and optician, during their stay if required. Where patients had known long term health conditions, we were told these were managed by the patient's own GP.

**Equality, diversity and human rights**
We found staff provided care in a way that promoted and protected people's rights. There were some restrictions imposed on patients, such as around the use of mobile phones, and these were clearly described in the information provided to patients when they were admitted.

There was step free access for patients who use wheelchairs, and some of the bedrooms and communal space were located on the ground floor of the building. There was also a bedroom on the ground floor that had an accessible ensuite shower and toilet. This helped make the service accessible to patients.

We also saw an example where reasonable adjustments had been made to meet an individual's specific needs.

**Citizen engagement and feedback**
We found suitable arrangements were in place for patients to provide feedback about their experiences of using the service.

We saw patients were invited to complete a feedback form, which was available in the written information pack provided to patients on admission. We were told patient meetings were held weekly, which provided an opportunity for patients to raise issues that were important to them. We saw minutes of these meetings were kept and displayed for both staff and patients to see. We also saw the minutes listed any agreed actions from the meetings and we were told progress on these actions was followed up at future meetings.

All staff who completed a HIW staff questionnaire told us patient feedback is collected within the organisation and that they receive regular updates on patient feedback. When asked whether feedback is used by the organisation to make informed decisions most staff (2/3) told us it was, and one staff member didn't know.

# Delivery of Safe and Effective Care

**Managing risk and health and safety**
We saw the environment was well maintained and furnished to a good standard. However, we did see water staining on the walls in one of the ensuite shower rooms. We were assured this was not due to water ingress from outside. The registered manager was aware of this and described action was being taken in this regard.

The environment was generally free form obvious hazards. However, we saw portable electric heaters were being used and saw leads trailing, which may have posed a trip hazard. We informed the registered manager of this so that appropriate action could be taken.

We were told a weekly health and safety audit was conducted and we saw evidence demonstrating this process. The audit considered relevant matters relating to the health and safety of patients and staff.

All staff who completed a HIW staff questionnaire told us they were content with the efforts of the organisation to keep both them and patients safe.

We saw written risk assessments had been completed in relation to ligature points and in relation to the general environment. However, it was not clear from these risk assessments whether they had been reviewed and updated where needed. The general risk assessment did not include the date on which the assessment was completed or reviewed. The ligature risk assessment was dated 24 February 2021 and indicated the review date was ongoing. The ligature risk assessment did not include a date on which it had been reviewed. This meant there may have been actual or potential environmental and ligature risks present at the service that had not been appropriately identified, assessed, and managed to reduce the risk of injury to patients, staff and visitors.

We required the registered persons to take immediate action in relation to the risk assessments. This was dealt with under HIW’s non-compliance and enforcement process and is referred to in Appendix B of this report.

A suitable fire risk assessment had been completed and we were told there had been no material changes to the premises that would alter the risk assessment. The registered persons should implement a suitable system to show the fire risk assessment remains current.

Copies of the most recent inspection certificates for the fire safety equipment used at the service were not readily available at the time of our inspection. These were forwarded to HIW within the agreed timescale and included some recommendations around the fire detection equipment and fire extinguishers. At the time of the inspection, it was not possible to confirm whether these had been addressed.

**Infection prevention and control (IPC) and decontamination**

An infection prevention and control policy was in place. This set out procedures for effective hand hygiene, general cleaning, decontamination of equipment and for handling waste, including medical sharps. The paper copy of the policy was not dated so it was unclear when this had been implemented or when it had been reviewed/due to be reviewed. While this information was available on the electronic system where electronic versions of policies were stored, the registered persons should also include this on the document for greater clarity.

We were told the registered manager and unit manager shared the responsibility for ensuring effective infection prevention and control arrangements were in place.

We saw the environment was visibly very clean and furnished to promote effective cleaning. In addition, we saw cleaning schedules were in place and had been maintained.

Most patients (5/6) who completed a HIW patient questionnaire felt the environment was 'very clean' and one patient felt it was 'fairly clean'. When asked whether they felt COVID-19 measures were being followed, where appropriate, half of the patients who completed a questionnaire told us measures were being followed and the other half told us they didn't know or didn't notice.

We found personal protective equipment (PPE) was readily available and we confirmed staff used PPE as appropriate. We saw staff and patients had access to suitable handwashing and drying facilities. Staff we spoke with were aware of their responsibilities in relation to infection prevention and control and confirmed they had the necessary equipment to support effective cleaning.

All staff who completed a HIW staff questionnaire agreed appropriate infection prevention and control arrangements were in place at the establishment. In addition, all staff who completed a questionnaire agreed the organisation had implemented the necessary environmental and practice changes in response to COVID-19, agreed there was a sufficient supply of PPE and agreed there were decontamination arrangements for equipment and relevant areas.

Suitable arrangements were described for the handling of waste generated by the service, and we saw suitable sharps containers were available and being used.

**Nutrition**

Within the sample of patient care records we reviewed, we saw evidence of patients' nutritional needs being assessed. We saw one patient required a specific diet and care records showed how this was being managed.

We found patients were provided with three main meals per day. Drinks and snacks were available throughout the day. We saw weekly mealtime menus were in place, however, patients told us they could choose another option if they did not like the meals being offered on a particular day. We observed the serving of a lunchtime meal and a saw a patient's request for an alternative meal was accommodated. Patients we spoke with told us they provided feedback on the menus and felt this was considered when compiling future menus.

The meals we saw were well presented and appeared appetising. Patients we spoke with made very positive comments about the quality of the food provided at the establishment.

All patients who completed a HIW patient questionnaire agreed they had time to eat their food at their own pace and always had access to drinking water.

**Medicines management**

A medicines management policy was in place, which included reference to the procedures in relation to Controlled Drugs.

We saw medicines were stored securely in lockable cupboards within a designated lockable room. While medicines were stored securely, the record of room temperature checks was not up to date. Therefore, we could not be assured ongoing monitoring of the temperatures of the storage room was being conducted to check and demonstrate medicines were being stored at an appropriate temperature according to the manufacturer's instructions. This posed a risk of patients receiving medication that may not have been stored appropriately and so may not be as effective when used for treatment.

We saw that Controlled Drugs, which have strict and well-defined management requirements, were being stored securely and had been subject to regular stock checks.

We saw medicines and equipment for use in the event of an emergency were stored securely but easily accessible by staff should they be required. We also saw these had been subject to checks as part of the weekly health and safety audit.

We saw electronic medicine administration charts were used. These included individual patient details and we saw they had been completed to show when medication had been prescribed and administered. Where medication had not been administered the reason had been recorded. However, when we reviewed the arrangements for managing incidents, we found medication audits had identified a number of discrepancies in stock levels. These had identified both shortfalls and excesses in physical stock levels compared with the stock levels on the electronic medicines management system.

It was not possible to determine with any certainty the reason for the above discrepancies. However, we were told the discrepancies indicated staff had not recorded when medicines were administered to patients, resulting in a shortfall in physical stock levels. In addition, the incidents may also have indicated staff had recorded medicines were administered to patients when they were not, resulting in an excess in physical stock levels. This meant patients may have received excess doses of medication or, may not have received medication when they required it.

We required the registered persons to take immediate action in relation to the management of medicines. This was dealt with under HIW's non-compliance and enforcement process and is referred to in Appendix B of this report.

**Safeguarding children and safeguarding vulnerable adults**

A suitable safeguarding policy was in place. This included the contact details of the local safeguarding team.

Staff we spoke with were aware of where to access the policy. The paper copy of the policy was not dated so it was unclear when this had been implemented or when it had been reviewed/due to be reviewed. While this information was available on the electronic system where electronic versions of policies were stored, the registered persons should also include this on the document for greater clarity.

The registered manager was the safeguarding lead for the service and was confident staff were aware of the process to follow should they identify a safeguarding concern.

**Medical devices, equipment and diagnostic systems**

We found staff had easy access to medical and monitoring equipment deemed necessary to assess patients as part of their care at the establishment. We also saw evidence of equipment being checked as part of the weekly health and safety audit.

**Safe and clinically effective care**
We saw staff had access to a number of relevant policies and associated procedures to support them in work. Staff we spoke with confirmed they could access these and described a suitable system of being made aware when changes to policies and procedures had been made.

We were told patient safety and advice bulletins relevant to the service were shared with staff as appropriate.

**Participating in quality improvement activities**
The registered manager described a quality assurance audit was conducted quarterly. This considered a range of areas relating to the quality and safety of the service being provided. We were provided with a copy of the audit conducted in January 2023, which demonstrated this process.

**Records management**
We were told records maintained by the service were in electronic format and saw examples of patient care records and staff records saved in this format.

We saw suitable arrangements were in place to restrict access to these records, which required staff to be assigned permission and have individual login details. We were told electronic records were regularly backed up via a secure 'cloud' based system to ensure records could be recovered in the event of equipment failure at the establishment.

# Quality of Management and Leadership

**Staff feedback**
During the inspection we used online questionnaires to obtain views and feedback from staff. A total of three were completed.

Responses from staff were positive across all areas considered.

We asked staff what could be done to improve the service. Staff suggestions included the following:

> *"Factor in physical activity/exercise for wellbeing, mental and physical health of patients."*

**Governance and accountability framework**
We found a management structure was in place and clear lines of reporting and accountability were described. A programme of audit and regular meetings between senior staff were also described as part of the governance arrangements.

The establishment had an experienced manager who was responsible for the day-to-day management of the service and they were registered with HIW as required by the Regulations. The registered manager described being responsible for the management of another service operated by the same registered provider. Our inspection findings suggested the registered manager was not spending sufficient time at the establishment to have suitable oversight of the establishment. This meant the registered manager may not have been able to take action in a timely manner in order to make improvements as appropriate.

We required the registered provider to provide details of the action taken to support the registered manager to spend sufficient time at the establishment to ensure it is managed effectively. This was dealt with under HIW's non-compliance and enforcement process and is referred to in Appendix B of this report.

A responsible individual, who was responsible for overseeing the management of service had also been nominated by the registered provider as required by the Regulations.

All staff who completed a HIW staff questionnaire made positive comments about their line manager and senior managers within the organisation. All staff who completed a questionnaire agreed their immediate manager encouraged teamwork, could be counted upon to help them with a difficult task at work, gave

them clear feedback, asked for their opinion before making decisions that affect their work and is supportive.

All staff who completed a HIW staff questionnaire told us they knew who the senior managers were and agreed they are visible. In addition, all staff who completed a questionnaire agreed communication between senior managers and staff was effective, senior managers try and involve them in important decisions and they act on staff feedback. All staff who completed a questionnaire also told us they felt senior managers are committed to patient care.

The service had produced a statement of purpose and a patient's guide as required by the Regulations.

The statement of purpose contained the information required by the Regulations and we saw it had been subject to regular reviews. However, reference was made to 'Hospital Inspectorate Wales' rather than 'Healthcare Inspectorate Wales' in the document.

The patient's guide needed to be revised to include the following information:

- The amount and method of payment of charges by patients for all aspects of their treatment
- A standard form of contract for the provision of services and facilities
- A summary of the views of patients and others obtained via the quality monitoring arrangements (where available)
- The contact details of HIW
- A copy of the most recent inspection report produced by HIW or information on how this may be obtained (where available).

In addition to the above, the telephone contact number in the patient's guide was not consistent with that in the statement of purpose. The weblink to the Advocacy Services Wales website within both the statement of purpose and the patient's guide was also not working.

Our findings from the inspection confirmed the responsible individual had oversight of the management and operation of the establishment. However, we were told reports on the operation of the service were not being produced in accordance with the requirements of Regulation 28.

The registered manager described quality governance meetings were held every six months. We were provided with the minutes of the meeting held in November 2022. We saw these meetings were attended by senior staff working across the wider organisation and saw a range of topics relevant to the service provision were discussed.

We saw actions had been agreed following audit activity and following the quality governance meetings. While individuals had been clearly identified to be responsible for implementing these actions, timescales for completion were not recorded. Given our findings from the inspection, the registered persons need to consider whether the arrangements for monitoring progress with improvement plans need to be strengthened.

HIW certificates of registration were displayed in a prominent place at the establishment as required by the Care Standards Act 2000.

**Dealing with concerns and managing incidents**

We saw the service had suitable arrangements in place for managing concerns and complaints raised by patients.

A summary of the complaint's procedure was set out with the patient's guide and a copy of the procedure was included in the written information pack. The contact details of HIW were included in the written procedure and we were told patients were provided with the contact details of other organisations who they could contact for help and advice.

All patients (4/4) who answered the question in the HIW patient questionnaire agreed they were given information on how the setting would resolve any concerns or complaints post-treatment.

All staff who completed a HIW staff questionnaire agreed the organisation would act on concerns raised by patients.

We saw records of complaints were maintained on patients' individual care records and were told complaints were also discussed at management meetings. However, the registered persons should consider also maintaining an overall summary of complaints or concerns received to easily identify any themes and trends as part of the service's overall quality monitoring process.

All staff who completed a HIW staff questionnaire told us if they had a concern about unsafe clinical practice, they would know how to report it, they would feel secure raising concerns and they were confident the organisation would address them.

We identified improvement was needed around the management of incidents. We were told staff reported incidents via the electronic system used by the service. The system showed where the status of incidents was 'in progress', 'for review' or when they had been 'closed'. We were told incidents would not be reviewed until the status showed 'for review'.

We identified three open incidents. The registered manager confirmed one of the incidents should have been reviewed much earlier. We were told there was no prompt on the system to prompt a review of those incidents still showing as ‘in progress’ for an extended period of time. This meant incidents may not be reviewed in a timely manner to identify lessons learned and to implement actions required to mitigate risks to patient safety and wellbeing in the future.

We required the registered persons to take immediate action in relation to the system for managing incidents. This was dealt with under HIW’s non-compliance and enforcement process and is referred to in Appendix B of this report.

All staff who completed a HIW staff questionnaire agreed the organisation encouraged them to report errors, near misses or incidents, and the organisation takes action to ensure they do not happen again. In addition, all staff who completed a questionnaire agreed the organisation treats staff involved in an error, near miss or incident fairly and they are given feedback about changes made in response to these.

**Workforce planning, training and organisational development**
A range of staff were employed by the service to meet the needs of patients. These included, a registered manager, a unit manager, a consultant doctor, registered nurses, counsellors, keyworkers and evening recovery workers. In addition, the establishment employed two cooks and a housekeeper.

All staff who completed a HIW staff questionnaire agreed there were enough staff working in the establishment to do their jobs properly. In addition, they agreed their working pattern allowed for a good work-life balance. All were aware of the Occupational Health support available.

All staff who completed a HIW staff questionnaire agreed the organisation took positive action on health and wellbeing matters and were offered full support when dealing with challenging situations.

On the day of our inspection, the number of staff working at the establishment appeared to be suitable to meet the needs of the patients accommodated. However, there was no registered nurse on duty. We were told a full-time post for a registered nurse had become vacant the week prior to our inspection. We were also told the post had been advertised and recruitment was ongoing.

While contingency arrangements were described to promote the wellbeing and safety of patients accommodated at the establishment, this did not include the staffing shortfall being covered by a suitably qualified registered nurse. This meant

there would have been 3-4 days each week where a registered nurse was not on duty to co-ordinate the medical care to patients, which may be detrimental to the health and wellbeing of patients. This was also not in accordance with the staffing arrangements described within the statement of purpose for the establishment.

We required the registered persons to take immediate action in relation to the staffing shortfall of a registered nurse. This was dealt with under HIW's non-compliance and enforcement process and is referred to in Appendix B of this report.

We reviewed the files for three staff working at the establishment at the time of our inspection. Staff files were held electronically. Within two of the files, we saw evidence of staff having completed training on a range of subjects relevant to their role. However, details of training were not recorded on the remaining staff member's file. This meant we could not be assured the staff member had completed the required training for them to perform their role at the establishment.

All staff who completed a HIW staff questionnaire told us they felt they had received appropriate training to undertake their role. In addition, all staff who completed a questionnaire told us they felt their training had helped them to do their job more effectively, to stay up to date with professional requirements and to deliver a better patient experience.

In addition, none of the files had evidence of staff supervision or appraisals being completed. This meant we could not be assured these staff were receiving appropriate support to undertake their roles. It also meant we could not be assured they had opportunities to receive feedback on their work performance and to identify their training and development needs. This had been identified by the registered manager and action was described to address this.

All staff who completed a HIW staff questionnaire told us they had received an appraisal of their work within the last 12 months and where training, learning or development needs had been identified, their manager had supported them to achieve this.

We were told all new staff complete an induction to their role. While we were provided with a copy of the induction checklist, we were told a record of individuals' induction was not maintained. This meant we could not be assured new staff had completed a suitable induction to their role.

**Workforce recruitment and employment practices**

We were told recruitment of staff was coordinated at the registered provider organisation's head office.

Within the sample of staff files we reviewed, none contained a full set of information or documentation required by the Regulations.

The omissions meant HIW was not assured the staff were 'fit' to work at the establishment, which may have put vulnerable adults at risk of harm.

We required the registered persons to take immediate action in relation to the information or documentation that needs to be available in relation to staff working at the establishment. This was dealt with under HIW's non-compliance and enforcement process and is referred to in Appendix B of this report.

In addition, it was not clear who was responsible for conducting follow up checks to confirm whether healthcare professionals held a current registration with their relevant regulatory body, such as the Nursing and Midwifery Council (NMC) for qualified nurses. This meant we could not be assured there was a suitable system in place to ensure healthcare professionals had a current registration to practise, which may put patients at risk of harm.

# 4. Next steps

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

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

The improvement plans should:

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

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

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

The improvement plan, once agreed, will be published on HIW's website.

# Appendix A – Summary of concerns resolved during the inspection

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

| Immediate concerns Identified | Impact/potential impact on patient care and treatment | How HIW escalated the concern | How the concern was resolved |
|---|---|---|---|
| Portable electrical heaters were being used and leads were trailing on the floor. | This presented a potential trip hazard to patients, staff and visitors | HIW escalated this to the registered manager | The registered manager confirmed action would be taken to minimise the risk of the potential trip hazard posed by the trailing wires. |
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# Appendix B - Immediate improvement plan

**Service:** PCP Cardiff, Cardiff

**Date of inspection:** 14 February 2023

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

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
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| The registered persons must provide HIW with details of the action taken to:<br><br>• review and update (where needed) the written risk assessments to identify and assess actual or potential environmental and ligature risks at the establishment<br><br>• mitigate any identified risks to the health, welfare and safety of patients, staff and visitors. | Regulation 19(1)(b) | Moving forward every time the risk assessments are reviewed or changed, they will be reviewed, and any changes made on the system which will automatically create a reviewed on and by date and any changes made will be highlighted within the document. There is also the facility to create a reminder for the next review date, which is highlighted to the person who has changed the document and the SMT, which ensures another layer of security for risk reviews to be reviewed and updated in a timely fashion and in accordance with Regulation 19 | Deborah Griffiths<br><br>Darren King | Changes to process to be completed and risk reviews on the system and updated by 1/3/23 |

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| The registered persons must provide HIW with details of the action taken to ensure a suitably trained and qualified registered nurse is on duty at the establishment, in accordance with the statement of purpose, to coordinate the medical care to patients. | Regulation 15(1) | Recruitment has already begun for a second registered nurse with interviews occurring this week and next.it was unfortunate that on the day we had an inspection we did not have a nurse [REDACTED], however we had not had an admission since [REDACTED]. In the meantime, we are accessing agency nurses to cover any days there is not a nurse on the premises if an admission is planned. If there is no nurse on site, to carry out the assessment and safe admission process then we will not be admitting patients. | Deborah Griffiths /Perry Clayman | 1 month for a full-time nurse to be in post agency nursing as required for admission ongoing until nurse is in place |
| The registered provider is required to provide HIW with details of the action taken to support the registered manager to spend sufficient time at the establishment to ensure it is managed effectively.<br><br>(Should the intention be for the registered manager to manage the | Regulation 12(3) | RM letter uploaded to Objective Connect<br><br>*The Registered Provider can confirm that the Registered Manager of PCP Cardiff will be on-site in Cardiff for 3 days per week. The RM is currently and will continue to be always available and on-call. Whilst the RM is not present at PCP Cardiff, the day-to-day running of the service will be done by the Deputy Manager, DK, who is vastly experienced in Management and addiction treatment. DK is being mentored by the current RM and has enrolled on a Health* | | 22/2/23 |

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| two establishments, HIW requires written confirmation of the anticipated amount of time they will spend at PCP Cardiff, the arrangements to contact the registered manager and the arrangements to cover the day-to-day management of PCP Cardiff when the manager is not on site.) | | *and Social Care Diploma, Level 5 - the longer-term intention is that DK will take over from DG as RM once he is qualified.DK plans to apply to register with HIW and Social Car Wales to support DG as the second registered person on site until such times as he ready to take over complete responsibility* | | |
| The registered persons must provide HIW with details of the action taken to ensure the timely review of incidents by the registered manager or other suitable nominated person. | Regulation 19(2)(c) | We have now changed the incident reporting on the system so that the incident is flagged up to the registered manager on the day the incident is filled in by a staff member and we have changed the format so that the RM is required to investigate mitigating circumstance to get a first-hand picture to address outcomes and lessons learnt. This is already in motion | James Peacock | Completed 17/02/23 |
| The registered person must provide HIW with details of the action taken to ensure the safe and effective management of | Regulation 15(5) | The incident reporting system has been changed so that the RM can identify a problem much faster. Daily counts are now taking place of medication to identify any issues in a timely fashion. Ongoing KIPU training is being rolled out to all staff who administer medication. | Deborah Griffiths + Darren King | Completed 20/2/23. |

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| medicines used at the establishment. | | Annual medication competencies are carried out and on occasion sooner if it is identified that staff require training and review.<br><br>Staff are now asked to record PRN medication in the patients notes as well as on the system, so if there is an error in recording on the system by staff we can track back if medication has been given by looking in the individual notes, as medication audits show that homely remedies appear to be the area of concern and theme in the incidences.<br><br>The medication room is already covered by a camera and the door is locked the medications are located in three separate cabinets all of which have separate keys located in the three drop down key boxes.<br><br>Medication audits are carried out monthly, which are reviewed by the registered and unit manager areas of concerns or themes are to be discussed at the SMT meetings and staff team meetings.<br><br>This system is also audited in the Quality Assurance quarterly audit. | | Ongoing |

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| --- | --- | --- | --- | --- |
|  |  | Staff have all been made aware that the recording of temperatures must occur daily in line with managing medicines safely regulations and there is now a clip board on the wall with temperature charts to be filled in daily and this is audited in the medication audit.<br><br>At weekly staff team meetings any discrepancies with medication are discussed with the team and a solution sought and lessons any changes required implemented and relayed to others in the daily handovers.<br><br>[REDACTED] the last three medication counts have reflected a correct number of stock medication and homely remedies on site. |  |  |
| The registered persons must provide HIW with details of the action taken to make available for inspection by HIW the information and documentation required by the Regulations in respect of those staff currently working at or on behalf of the establishment. | Regulation 21(1), (2)(c) and Schedule 2 | The RM has addressed all areas in the staff files inspected and obtained the missing information which is now uploaded to their files. All staff now have a photo on their file. A staff file audit has been carried out and any missing information is being addressed and uploaded.<br><br>Senior management team have discussed and agreed a new procedure for the | Deborah Griffiths | Some of this work has been completed on the 20/2/23 and ensuring files are complete before employment can start will be on going |

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| In addition, HIW requires details of the action taken to ensure the information and documentation required by the Regulations will be available in respect of staff working at or on behalf of the establishment in the future. | | assurance of completed recruitment files which is then audited before the staff member starts work on the premises. Registered Manager is responsible for obtaining all documents required by the regulations before the staff are on the rota to start work on the premises | | |

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):** **DJ Griffiths**

**Job role:** **Registered Manager**

**Date:** **22/02/23**

# Appendix C - Improvement plan

**Service:** PCP Cardiff, Cardiff

**Date of inspection:** 14 February 2023

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

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|---|---|---|---|---|
| The registered persons are required to provide HIW with an update on the action taken in relation to the water staining in the ensuite shower room of the bedroom on the ground floor. | Regulation 26(2)(b) | Decoration completed | Darren King | Completed Photographs included |
| The registered persons are required to provide HIW with details of the action taken to address the recommendations described in the inspection certificates for the fire safety equipment dated 09/02/23 and the fire extinguishers dated 17/02/23. | Regulation 26 (4)(a) | Quotes for the works have been sourced and sent to RI for signing off on the works, and then will be actioned will be completed asap | Darren King | Within 2 months |

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| The registered persons are required to provide HIW with details of the action taken to include timescales for completion within action plans developed in response to audit activity. | Regulation 19 (1)(a), (b) | These are discussed every Monday at the SMT meeting and are now added to an internal service risk register and then discussed with other senior member of staff at the Tuesday morning meeting to action | Deborah Griffiths | Every Monday and Tuesday weekly<br><br>New risk register included in documentation |
| The registered persons are required to provide HIW with details of the action taken to strengthen the arrangements for monitoring progress with improvement plans. | Regulation 19 (1)(a), (b) | The risk register is now updated weekly discussed at both the Monday and Tuesday meeting and risk register updated. The improvement plan will also be monitored during the SMT meeting | Deborah Griffiths<br><br>Perry Clayman | On going every Monday |
| The registered persons are required to provide HIW with details of the action taken to revise the statement of purpose and the patient's guide to ensure the contact telephone number is correct in both documents, the weblink to Advocacy Services Wales is correct and reference to 'Hospital Inspectorate Wales' in | Regulation 8(a) | Telephone numbers have been corrected in both documents as have the Advocacy services and Healthcare Inspectorate Wales in the statement of purpose | Deborah Griffiths | Completed document included |

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| the statement of purpose is corrected to 'Healthcare Inspectorate Wales'. | | | | |
| The registered persons are required to provide HIW with details of the action taken to revise the patient's guide so that it contains all the information required by the Regulations. | Regulation 7(1) | All information has now been included and the patients guide now meets the regulations. | Deborah Griffiths | Completed document included |
| The registered persons are required to provide HIW with details of the action taken to produce reports in accordance with Regulation 28. | Regulation 28(4)(c) | The Responsible person will visit the site in March and September they will speak with staff and patients and walk around the premises, to gain a good insight into how the service is functioning, and what improvements could be made, they will then compile a report which they will send to the Registered manager who will then submit it to HIW if requested to do. | Perry Clayman | Report will be produced after the RI's next visit in September |
| The registered persons are required to provide HIW with | Regulation 20(2)(a) | A new induction is in place and all staff must complete | Deborah Griffiths | On going when staff are recruited |

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| details of the action taken to demonstrate staff have completed appropriate training necessary for them to perform their role. | | mandatory training which is audited by the SMT .RM will check registered bodies for certification and confirmation of staff who are registered | | |
| The registered person is required to provide HIW with details of the action taken to demonstrate staff have received:<br>• an appropriate induction<br>• regular supervision<br>• an annual appraisal | Regulation 20(2)(a) | All staff have now received an annual appraisal, which is held on their digital staff files. Senior management team have diarised quarterly supervisions and are responsible for auditing the process and ensuring they have occurred; A new induction process has been devised for all new staff which is signed off by the RM/UM | Deborah Griffiths<br><br>Darren King | Appraisals now all completed in March 23 next supervisions June 23 |
| The registered persons are required to provide HIW with details of the action taken to demonstrate initial and follow up checks to confirm healthcare professionals hold a current registration with their relevant regulatory body. | Regulation 21(2)(d)<br><br>Schedule 2<br><br>Regulation 23(3)<br><br>Schedule 3, Part II | Registered manager will check the registration with the regulatory body, and this is now part of the new recruitment check list, which is signed off by the RM and a member of the SMT before a staff member can start | Deborah Griffiths<br><br>James Peacock | On going when a new member of staff is recruited, recruitment check list included |

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative**

**Name (print): Deborah -Jane Griffiths**

**Job role: Registered Manager**

**Date: 18/04/2023**