

# Inspection Summary Report

PCP Cardiff, Cardiff

Inspection date: 14 February 2023

Publication date: 17 May 2023



This summary document provides an overview of the outcome of the inspection



Patients provided very positive feedback about their experiences of using the service provided at PCP Cardiff.

We found patients were treated with respect and kindness by the staff team and arrangements were in place to promote their privacy and dignity.

Generally, we saw arrangements were in place to provide patients with safe and effective care. However, we did identify improvements were needed around reviewing risk assessments and medicines management. We saw the environment was very clean, well maintained and furnished and decorated to a good standard.

Arrangements were described for monitoring the quality of the service. However, our findings indicated the system for monitoring progress with improvement plans needed to be strengthened. We also identified improvement was needed around the review of incidents and around staffing. Staff provided positive feedback regarding the leadership and management of the service.

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



## 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.

This summary version of the report is designed for members of the public.

A full report, which 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 can be found on our [website](#).



# 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.

## What we found this 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.

### Patients told us:

*“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. Patients told us:

*“Control over heating in bedroom.”*

*“Add a yoga class to the schedule...”*

# 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.

## Where the service could improve

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

## What we found this 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.

## Where the service could 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.

## What we found this 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.

## 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 appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition, we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask service to provide documented evidence of action taken and/or progress made.

