

**Hafan Wen  
Watery Road  
Wrexham  
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**Inspection 2009/2010**

**Healthcare Inspectorate Wales**

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Inspection Date:	Inspection Manager:
<b>14 &amp; 15 September 2009</b>	<b>Helen Nethercott</b>

## Introduction

Independent healthcare providers in Wales must be registered with the Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. The HIW tests providers' compliance by assessing each registered establishment and agency against a set of *National Minimum Standards*, which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at: [www.hiw.org.uk](http://www.hiw.org.uk).

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

## Background and main findings

An unannounced inspection was undertaken to Hafan Wen on 14 and 15 September 2009 by an Inspection Manager and two HIW reviewers. The hospital was first registered in January 1997 and is currently registered to take 25 patients over the age of 18 years for detoxification from drug or alcohol addiction.

Hafan Wen is operated by CAIS Ltd, the establishment is situated within the grounds of the Wrexham Maelor Hospital and is easily accessible by car, bus or on foot. There is ample parking available on the perimeter of the site.

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

Prior to the inspection the registered manager submitted a comprehensively completed pre inspection questionnaire and supporting documentation. The inspection focussed on the analysis of a range of documentation including the examination of patient records and discussion with the staff and patients.

Hafan Wen is a two-storey building with lift access to the first floor. There are 25 single bedrooms with ensuite shower and toilet. There are 2 communal lounge/dining rooms with snack preparation areas on each floor. The lounges have satellite TV access.

Staff facilities, offices and doctors consulting rooms are located on the ground floor.

There are contractual arrangements with the North East Wales NHS Trust for the provision of medical, pharmacy, maintenance, domestic cleaning and catering services. Hafan Wen does not cater for the needs of those with acute physical or psychiatric problems and will refer/ transfer to the appropriate service if necessary.

The unit does **not** make provision for detention under the Mental Health Act 1983. There are however many personal restrictions due to the nature of the service. Patients 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 access beyond the premises. The unit is secure requiring staff controlled access in and out of the building. CCTV cameras enhance the security of the building and are situated on the exterior and outbuildings. A number of blind spots were noted in relation to CCTV coverage and it was recommended these were addressed. Options were also discussed to manage the wall to the smoking area which had been subject to intruders. To maintain security all windows should have mechanisms to prevent intruders from entering the building especially on the ground floor.

Admission for alcohol detoxification was for two to three weeks and admission for drug detoxification between three and four weeks. Extended admissions were at the consultant's discretion. Priority for admission is given to any females who are pregnant, and the admission period is extended. All patients' medical detoxification treatments were prescribed and they remain under the care of the NHS consultant psychiatrist for the duration of their admission, accessing regular medical reviews at the unit. Treatments include commencing, reducing and stabilising pharmacological detoxification programmes.

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

Staff reported that the amount of information provided at the time of referral was not always sufficient for an accurate assessment of risk. Observations within the first 24 hours of admission were limited and review and strengthening of this policy was recommended as part of better risk management for those entering the service.

A variety of therapeutic activities and groups were on offer as part of the treatment programme. These included relapse prevention groups, health education groups, alternative therapy sessions included acupuncture and relaxation training. An art trainer was employed and individuals are also able to complete an accredited IT foundation via the open college network. Patients are able to 'opt in' to the programme but many do not. Some of the patients interviewed on the day of inspection complained of boredom, access to recreational activities appeared to be limited as the football was flat and the board games and puzzles were incomplete. The registered provider should make every effort to engage patients in the therapeutic programme on offer as there is a narrow window of opportunity to deliver harm reduction messages which is important for those using such a service.

There was little management of the communal areas in relation to maintenance of privacy and dignity for each gender. One patient commented that it would have been beneficial if there had been some items available such as a dressing gown as she came from a hostel with very few belongings.

The bathroom was not in use at the time of the inspection, there had been plans to decommission this room, due to some of the assessed risks; however the importance of a choice in the use of a bath or shower was emphasised and it was agreed that facility be brought back into use with suitable management plans for the identified risks.

Nutritional requirements were not noted in the assessments and there was no formal monitoring of dietary intake. Due to the distance between the dining area and the serving hatch staff assist patients who cannot manage however this is an aspect of the service that needed to be addressed in any refurbishment.

It was noted that patient details were displayed on a white board which could be seen from the outside of the building, a number of options were discussed to maintain confidentiality of this information. The digi-lock on the door between the staff area and the main reception area was also noted not to be in use. The registered manager was advised that the staff area must be secured due to the storage of patient information.

The records included a variety of assessments the results of which were not being used in a purposeful way. On reviewing the care plans and records there were separate nursing and medical records. The registered manager had since reported that a single nursing and medical record was used for the duration of the patient's admission to Hafan Wen, that was separated on discharge.

The registered manager reported that a records audit showed that 100% of patients had been involved in developing their care plans and had signed their care plans, however the sample of records viewed on the day of inspection did not reflect this. It was noted that patients were invited on discharge to evaluate a self-assessment undertaken on admission to determine whether objectives and expectations had been met.

The need for policies in relation to use of medical gases and management of the fridge and its contents should it be found to be operating outside the acceptable temperature range were identified.

It was noted that medicines to be taken internally were stored with those for external use only. These medicines should be stored separately. A new cupboard in the clinic room also required to have a lock fitted.

A training and supervision programme was in place. Discussions with staff members identified limited knowledge in relation to capacity to consent, informed consent and the Mental Capacity Act.

The environment was generally clean and tidy. It was however noted that the laundry room needed a deep clean especially behind all the machines and some of the drains were noted to be smelling which required further investigation.

The Inspections Manager would like to thank the staff and patients for their time and cooperation during the inspection visit.

## **Achievements and compliance**

Within the previous inspection report 15 regulatory requirements had been identified which included 12 new requirements and 3 outstanding from previous inspection episodes.

All but 3 of the requirements for action have been completed. The outstanding requirements relate to the development of a research policy and assessments of patients to determine their level of comprehension in terms of literacy and numeracy so that they can be provided with information appropriate to their individual needs. New dates for completion for these are set below.

**0607/20. The registered person should ensure a policy is in place that refers to the Welsh Assembly Research Governance Framework, and takes account of circumstances where research may be undertaken by healthcare professionals in pursuit of professional qualifications or by healthcare professionals employed within the Trust.**

**31 December 2009**

**0809/01 There must be information available for patients with lower levels of literacy skills in a format that assists them in understanding the information.**

**31 December 2009**

## **Registration Types**

This registration is granted according the type of service provided. This report is for the following type of service

Description
<b>Independent Hospital service type:</b>
<b>Independent hospitals with overnight beds providing medical treatment for persons 18 years of age and over requiring treatment for drug and alcohol misuse.</b>



Condition number	Condition of Registration	Judgement
	8.00 p.m. to 7.30 a.m. 1 RMN, plus 2 Care Assistants (total 3)	
3.	The registered provider shall, having regard to the size of the hospital, the statement of purpose and the number and needs of the service users: "ensure that at all times suitably qualified, competent, skilled and experienced persons are working at the hospital in such numbers as are appropriate for the health and welfare of service users."	Compliant

Action required where a condition is judged as either not complied with or there is insufficient assurance to make that judgement.

Condition number	Findings and action required	Time scale
2	<b>Findings:</b> <b>The admission pattern has changed so that patients are not now only admitted Monday – Wednesday each week.</b> <b>Action required:</b> <b>The conditions of registration are to be updated. Patient admissions are restricted in the mean time.</b>	30 November 2009

## Assessments

The Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. The Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, the Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: A self assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection

## Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number.

- Core standards
- Service specific standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate.

The Hafan Wen is not a mental health hospital, however many of the National Minimum Standards for mental health hospitals particularly in relation to the management of risk are appropriate to the service.

### Core standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment	Standard met
C2	The treatment and care provided are patient - centred	Standard met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Standard almost met
C4	Patient are assured that monitoring of the quality of treatment and care takes place	Standard met
C5	The terminal care and death of patients is handled appropriately and sensitively	Standard not inspected
C6	Patients views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients	Standard met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services	Standard almost met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clear line of accountability for the delivery of services	Standard met

Number	Standard Topic	Assessment
C9	Patients receive care from appropriately recruited, trained and qualified staff	Standard met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively	Standard met
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners	Standard met
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice	Standard not inspected
C13	Patients and personnel are not infected with blood borne viruses	Standard met
C14	Children receiving treatment are protected effectively from abuse	Standard met
C15	Adults receiving care are protected effectively from abuse	Standard met
C16	Patients have access to an effective complaints process	Standard met
C17	Patients receive appropriate information about how to make a complaint	Standard met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice	Standard met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment	Standard almost met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition	Standard met
C21	Patients receive appropriate catering services	Standard met
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately	Standard met
C23	The appropriate health and safety measures are in place	Standard not inspected
C24	Measures are in place to ensure the safe management and secure handling of medicines	Standard almost met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner	Standard almost met
C26	Controlled drugs are stored, administered and destroyed appropriately	Standard met
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard met
C28	Patients are not treated with contaminated medical devices	Standard met
C29	Patients are resuscitated appropriately and effectively	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality	Standard met

Number	Standard Topic	Assessment
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations	Standard almost met
C32	Patients are assured of appropriately completed health records	Standard almost met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality	Standard almost met
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects	Standard not met

**Service specific standards - these are specific to the type of establishment inspected**

Number	Mental Health Hospital Standards	Assessment
M1	Working with the Mental Health National Service Framework	Standard not inspected
M2	Communication Between Staff	Standard met
M3	Patient Confidentiality	Standard almost met
M4	Clinical Audit	Standard met
M5	Staff Numbers and Skill Mix	Standard met
M6	Staff Training	Standard almost met
M7	Risk assessment and management	Standard almost met
M8	Suicide prevention	Standard met
M9	Resuscitation procedures	Standard met
M10	Responsibility for pharmaceutical services	Standard met
M11	The Care Programme Approach/Care Management	Standard not inspected
M12	Admission and assessment	Standard met
M13	Care programme approach: Care planning and review	Standard not inspected
M14	Information for patients on their treatment	Standard almost met
M15	Patients with Developmental Disabilities	Standard not inspected
M16	Electro-Convulsive Therapy (ECT)	Standard not inspected
M17	Administration of medicines	Standard met
M18	Self administration of medicines	Standard met
M19	Treatment for Addictions	Standard met
M20	Transfer of Patients	Standard met
M21	Patient Discharge	Standard met
M22	Patients' records	Standard not met
M23	Empowerment	Standard met
M24	Arrangements for visiting	Standard met
M25	Working with Carers and Family Members	Standard not inspected
M26	Anti-discriminatory Practice	Standard met
M27	Quality of Life for Patients	Standard almost met
M28	Patient's Money	Standard not inspected
M29	Restrictions and Security for Patients	Standard met
M30	Levels of observation	Standard almost met
M31	Managing disturbed behaviour	Standard met
M32	Management of serious/untoward incidents	Standard met
M33	Unexpected patient death	Standard met
M34	Patients absconding	Standard not inspected
M35	Patient restraint and physical interventions	Standard met

## Schedules of information

The schedules of information set out the details of what information the registered person must provide, retain or record, in relation to specific records.

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose	Compliant
2	Information required in respect of persons seeking to carry on, manage or work at an establishment	Compliant
3 (Part I)	Period for which medical records must be retained	Compliant
3 (Part II)	Record to be maintained for inspection	Compliant
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services	Not Applicable
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital	Not Applicable

## Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the 'registered person' who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. The Healthcare Inspectorate Wales will request the registered person to provide an 'action plan' confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Requirement	Time scale
C19, C31, C32, C33, M3, M7	24(1) 8(1)c & f	<p><b>Findings</b> There were parts of the building that could be accessed by intruders which was a risk to security of persons, belongings and information.</p> <p><b>0910/1 Action Required</b> The registered person is required to review the security of the building and information stored within the building to ensure appropriate security measures are in place.</p> <p><i>It has since been reported that window retainers have been fitted to all windows and records are stored securely.</i></p>	30 November 2009
C3, M30	8(1)e 14(1)a	<p><b>Findings</b> Referral information to assess risk has been inadequate at times. The observation policy for the initial period on admission appeared to be insufficient to identify risks.</p>	15 November 2009

Standard	Regulation	Requirement	Time scale
		<p><b>0910/2 Action Required</b> The registered person is required to review the arrangements, policies and procedures for the assessment and management of risks in relation to referral and admission to the service.</p>	
M27	15(1)&(4) 24(2)b	<p><b>Findings</b> The management of communal areas does not take account of issues of privacy and dignity issues for both male and female patients.</p> <p><b>0910/3 Action Required</b> The registered person is required to make provision to protect privacy and dignity for both male and female users of the service.</p>	30 November 2009
C19	24(2)c	<p><b>Findings</b> The establishment was generally clean and tidy, however the laundry room required a deep clean and some drains were noted to be smelling.</p> <p><b>0910/4 Action Required</b> The registered person is required to ensure all areas are clean tidy and free from noxious smells.</p> <p><i>It has since been reported that contractors will clean the laundry room regularly and the drains have been dealt with by plumbers from the Trust's Estates Dept.</i></p>	30 November 2009
C7, C24, C25,	14(5)	<p><b>Findings</b> Policies were not in place for some aspects of medicines storage and administration.</p> <p><b>0910/5 Action Required</b> The registered person is required to prepare and implement a policy</p> <ul style="list-style-type: none"> <li>• for the safe storage and use of medical gases</li> <li>• management of the fridge and its contents should the temperature be outside acceptable limits.</li> </ul>	15 November 2009

Standard	Regulation	Requirement	Time scale
		<i>It has since been reported that policies for use of oxygen and fridge temperature management is in place.</i>	
C3, M27	8(1)c&e 15(3) 24(2)d	<p><b>Findings</b> The bathroom was due to be decommissioned because of some risk issues.</p> <p><b>0910/6 Action Required</b> The registered person is required to provide the choice of a bath or shower for patients undergoing detoxification whilst ensuring that suitable arrangements are in place to manage the identified risks.</p>	30 November 2009
C3, M27	14(1)	<p><b>Findings</b> Patients complained of being bored despite offering a good therapeutic programme of activities patients being offered. Recreational facilities were limited and not in very good order.</p> <p><b>Action Required</b> The registered person is required to make every effort to engage patients in therapeutic programmes.</p> <p><i>The manager has reported that staff make attempts to engage patients and a register is being maintained of those who accept or decline activities.</i></p>	Ongoing
M6	17(2) 8(2)	<p><b>Findings</b> Knowledge of the Mental Capacity Act and its relationship to gaining informed consent was limited in the staff group.</p> <p><b>Action Required</b> The registered person is required to include training on the Mental Capacity Act and gaining informed consent as part of the training programme for staff.</p>	31 December 2009

## Recommendations

Recommendations may relate to aspects of the standards or to national guidance. They are for registered persons to consider but they are not generally enforced.

Standard	Recommendation
M12	Assessments should be streamlined and the results purposefully as part of the detoxification programme for the individual patient.

The Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector.

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