

**Hafan Wen
Watery Road
Wrexham
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Inspection Report 2010-2011

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Inspection Date:	Inspection Manager:
7 February 2011	Mr John Powell

Introduction

Independent healthcare providers in Wales must be registered with 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. 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

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 hospital on 7 February 2011 by an inspection manager and one HIW independent healthcare reviewer. 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. 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

As part of the inspection process the registered provider submitted a completed self-assessment form and an extensive range of supporting documentation to demonstrate how they meet the National Minimum Standards for Private and Voluntary Healthcare Services. The inspection focused upon the analysis of a range of documentation including the examination of patient records and discussion with the manager and a range of staff employed at the hospital. In addition, a number of patients were also interviewed and feedback obtained from both patients and staff has been used within this report.

In respect of the main inspection findings, the registered provider had in place:

- A comprehensive statement of purpose and patients' guide.
- A system of care documentation that included: a patient history, contract of care, consent to treatment form, risk assessment, care plan documentation and a discharge summary. In addition, it was documented that all patients had received a physical examination when admitted to the hospital. There was evidence that patients' views about their care and treatment were taken into account including the medication regime and known side effect. In addition, patient notes were integrated into a single multi-disciplinary record.

- An extensive range of policies and procedures with the date of formulation and anticipated review. In addition, staff had begun to sign to confirm that they had read the policies and procedures relevant to their area of work.
- A staff training programme was in place and this covered a range of topics including: child protection, first aid and anaphylaxis, CPR and defibrillator training, fire marshal and the effectiveness of treatment training. However, a number of staff had not attended training in: Protection of Vulnerable Adults (PoVA), anti-discriminatory practice, Mental Capacity Act, what constitutes a complaint and the procedures for dealing with complaints. .
- A range of activities/therapies were on offer including: a range of games, gym, pool, table football and tennis, arts and crafts, information technology, health promotion, acupuncture and relaxation therapy. In addition, there was a *'relapse prevention programme'* in place. Whilst it is acknowledged that there were a range of activities available, feedback from patients was critical of the lack of a structured day and stated that days could be long.
- A number of areas had been subject to audit including; the nursing process, case notes, controlled drugs, environmental, complaints and commendations and clinical governance. However, the audit programmes did not include; the use of comparative information on clinical outcomes and evaluation against research findings and evidence based practice.
- A patient survey had been undertaken in 2010 and there was an analysis of the results available. Generally the results were very positive and following the analysis a number of action points had been identified and there was evidence that these had been addressed.
- There was clear evidence that the management of specific patient conditions took account of the National Institute for Clinical Excellence (NICE) guidelines.

In respect of the other inspection findings patients felt that they were treated with respect and felt safe. A good rapport between patients and staff was observed throughout the inspection visit.

An advocacy service was available and patients had access to a complaints procedure. Prior to the inspection visit an analysis of complaints that had been received was submitted; information included the nature of the complaint, timescales and action taken. A detailed log of complaints was maintained at the establishment. However, no statement regarding patients' rights had been developed by the service.

Admission for alcohol detoxification was usually for two 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 may result in enforced discharge from the unit.

In relation to the area of medicines management a brief overview of the ordering, storage, use and disposal of medicines was undertaken. A range of '*controlled drugs*' were stocked at the establishment, however, medication that had not been used for some time had not been returned to the pharmacy department or routinely checked in line with the policy of the hospital. The establishment must comply with The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008. In addition, medication was administered to a patient in the absence of a prescription chart because this was at the pharmacy department. Ear drops that were being administered did not have a date of opening on them. A British National Formulary (BNF) dated September 2010 was available as a relevant reference source and there was a comprehensive range of policies and procedures in relation to the area of medicines management available at the establishment. Patients did not self-medicate.

Hafan Wen contracted with the Wrexham Maelor hospital for the catering at the establishment. Two hot meals were available during each day and fruit and hot drinks were readily available. Patients were critical of the quality and choice of the food and the temperature at the point of consumption. Hafan Wen had a servery, however this was in the process of a complete refurbishment so that the establishment would undertake its own catering.

In relation to the 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 and there are two communal lounge/dining rooms with snack preparation areas on each floor. The lounges had satellite TV access and staff facilities, offices and doctors consulting rooms are located on the ground floor. In addition, there were a number of therapy rooms for information technology, acupuncture and relaxation. However, a recently created '*relaxation*' room had an electrical box located within the room and the lock was broken and so patients and staff had access to the box. A sign indicated '*Danger 415 volts.*' The manager informed the inspection manager that this situation would be resolved within 24 hours and the lock would be repaired or replaced. In addition, a number of window restrictors at the establishment were broken. In relation to the environment there was no evidence of any risk assessments including ligature risk assessments.

There was no record of staff participation in a fire drill since September 2008 and there was no evidence of fire prevention training.

There was a central list of registered nurse and the PIN numbers maintained, however, there was a lack of a preceptorship and assessment programme in place for newly registered nurses. In addition, there was no documentation to confirm that medical practitioners were registered with the appropriate professional body.

There were no vaccination records available for staff employed within the establishment and therefore it could not be determined whether or not staff had received appropriate vaccinations.

The inspection manager would like to thank the manager, staff and patients for their time and co-operation during the inspection visit.

Achievements and Compliance

Within the previous inspection report ten regulatory requirements had been identified and action plan had been received and seven of the requirements had been addressed. The three outstanding requirements were in relation to the following:

- 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.
- The registered person is required to make provision to protect privacy and dignity for both male and female users of the service.
- 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.

In relation to achievements a full time therapeutic activities co-ordinator had been employed since the previous inspection and this had improved the range of activities available for patients.

Registration Types

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

Description
Independent hospitals with overnight beds providing medical treatment for persons 18 years of age and over requiring treatment for drug and alcohol misuse.

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Conditions of Registration

Condition number	Condition of Registration	Judgement
1.	The total number of persons accommodated at any one time in the hospital must not exceed twenty-five (25).	Compliant
2.	<p>Staffing levels to reflect the care provided at the unit is agreed as follows:</p> <p><u>Monday to Wednesday</u></p> <p>(admission days)</p> <p><u>7.30 a.m. to 5.00 p.m.</u> 3 RMNs, plus 2 Care Assistants (total 5 + Manager)</p> <p><u>5.00 p.m. to 8.00 p.m.</u> 2 RMNs, plus 1 Care Assistant (total 3)</p> <p><u>8.00 p.m. to 7.30 a.m.</u> 1 RMN, plus 2 Care Assistants (total 3)</p> <p><u>Thursday and Friday</u></p> <p>(no admissions)</p> <p><u>7.30 a.m. to 5.00 p.m.</u> 2 RMNs, plus 2 Care Assistants (total 4 + Manager)</p> <p><u>5.00 p.m. to 8.00 p.m.</u> 2 RMNs, plus 1 Care Assistant (total 3)</p> <p><u>8.00 p.m. to 7.30 a.m.</u> 1 RMN, plus 2 Care Assistants (total 3)</p> <p>The Registered Manager is available Monday to Friday, 9.00 a.m. to 5.00 p.m., and is supernumerary to the above.</p>	Not compliant because the unit was not operating at full capacity

Condition number	Condition of Registration	Judgement
	<p><u>Saturday and Sunday</u></p> <p><u>7.30 a.m. to 5.00 p.m.</u> 2 RMNs, plus 2 Care Assistants (total 4)</p> <p><u>5.00 p.m. to 8.00 p.m.</u> 2 RMNs, plus 1 Care Assistant (total 3)</p> <p><u>8.00 p.m. to 7.30 a.m.</u> 1 RMN, plus 2 Care Assistants (total 3)</p>	
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: <i>'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.'</i>	Compliant

Assessments

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. 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, 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 met
C4	Patients are assured that monitoring of the quality of treatment and care takes place.	Standard almost 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
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 almost met
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners.	Standard almost met
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice.	Standard not inspected

Number	Standard Topic	Assessment
C13	Patients and personnel are not infected with blood borne viruses.	Standard not met
C14	Children receiving treatment are protected effectively from abuse.	Standard not inspected
C15	Adults receiving care are protected effectively from abuse.	Standard almost met
C16	Patients have access to an effective complaints process.	Standard almost 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 almost 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 almost 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 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 almost 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
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations.	Standard not inspected
C32	Patients are assured of appropriately completed health records.	Standard met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality.	Standard almost met

Number	Standard Topic	Assessment
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 met
M2	Communication between staff.	Standard met
M3	Patient confidentiality.	Standard met
M4	Clinical audit.	Standard almost met
M5	Staff numbers and skill mix.	Standard almost met
M6	Staff training.	Standard almost met
M7	Risk assessment and management.	Standard almost met
M8	Suicide prevention.	Standard almost 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 not inspected
M13	Care programme approach: Care planning and review.	Standard not inspected
M14	Information for patients on their treatment.	Standard 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 not inspected
M19	Treatment for addictions.	Standard met
M20	Transfer of patients.	Standard not inspected
M21	Patient discharge.	Standard met
M22	Patients' records.	Standard 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 not met
M27	Quality of life for patients.	Standard almost met
M28	Patients' money.	Standard not inspected
M29	Restrictions and security for patients.	Standard met
M30	Levels of observation.	Standard 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 not inspected

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. 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
C4 & M4	16 (1)	<p>Findings</p> <p>The audit programmes did not include the use of comparative information on clinical outcomes and evaluation against research findings and evidence based practice. In addition the area of clinical governance was awaiting a framework and implementation.</p> <p>Action Required</p> <p>The registered person is required to ensure that the audit programmes include; the use of comparative information on clinical outcomes and evaluation against research findings and evidence based practice. In addition, the area of clinical governance must be developed and implemented.</p>	Within three months of receiving this report.
C10	17 (1) (a) & 17 (2) (a)	<p>Findings</p> <p>There was a lack of a preceptorship and assessment programme in place for newly registered nurses.</p> <p>Action Required</p> <p>The registered person is required to ensure that there is a comprehensive preceptorship and assessment programme in place for newly registered nurses.</p>	Within one month of receiving this report.
C11	18 (2) Schedule 2	<p>Findings</p> <p>There was no documentation to confirm that medical practitioners were registered with the appropriate professional regulatory body.</p>	Immediately and on-going.

Standard	Regulation	Requirement	Time scale
		<p>Action Required</p> <p>The registered person is required to ensure suitable documentation is available to confirm that medical practitioners are registered with the appropriate professional regulatory body.</p>	
C15, C16, M5, M6,	17 (2) (a)	<p>Findings</p> <p>A significant number of staff had not attended training in: Protection of Vulnerable Adults (PoVA), anti-discriminatory practice, Mental Capacity Act, what constitutes a complaint and the procedures for dealing with complaints.</p> <p>Action Required</p> <p>The registered person is required to ensure all staff receive training in: Protection of Vulnerable Adults (PoVA), anti-discriminatory practice, Mental Capacity Act, what constitutes a complaint and the procedures for dealing with complaints.</p>	Within 28 days of receiving this report.
C19	24 (4) (c) & (d)	<p>Findings</p> <p>There was no evidence that all staff had participated in a recent fire drill and had attended recent fire prevention training.</p> <p>Action Required</p> <p>The registered person is required to ensure that all staff participate in a recent fire drill and had attended recent fire prevention training.</p>	Immediate and on-going.
C21	14 (7)	<p>Findings</p> <p>Patients were critical of the quality and choice of the food and the temperature at the point of consumption.</p>	Immediate and on-going.

Standard	Regulation	Requirement	Time scale
		<p>Action Required</p> <p>The registered person is required to ensure that the food served is wholesome, nutritious and suitable for the needs of patients.</p>	
C22, M7 & M8	24 (2) (d)	<p>Findings</p> <p>In relation to the environment there was no evidence of any risk assessments including ligature risk assessments.</p> <p>Action Required</p> <p>The registered person is required to ensure that environmental and ligature risk assessments are undertaken.</p>	Within 28 days of receiving this report
M7	24 (2) (d)	<p>Findings</p> <p>In relation to the environment a recently created '<i>relaxation</i>' room had an electrical box located within the room and the lock was broken and so patients and staff had access to the box. A sign indicated '<i>Danger 415 volts.</i>' The manager informed the inspection manager that this situation would be resolved within 24 hours and the lock would be repaired or replaced. In addition, a number of window restrictors at the establishment were broken.</p> <p>Action Required</p> <p>The registered person is required to ensure that all parts of the establishment to which patients have access are so far as reasonably practical free from hazards to their safety.</p>	Immediate and on-going.

Standard	Regulation	Requirement	Time scale
C26	14 (5)	<p>Findings</p> <p>A range of '<i>Controlled Drugs</i>' were stocked at the establishment, however, medication that had not been used for some time had not been returned to the pharmacy department or routinely checked in line with the policy of the hospital.</p> <p>Action Required</p> <p>The registered person is required to ensure that medication is not routinely kept at the establishment when it is no longer required. In addition, the medication must be routinely checked in line with the policies and procedures.</p>	Immediate and on-going.
C34	23	<p>Findings</p> <p>There was no policy in relation to the area of research.</p> <p>Action Required</p> <p>The registered person is required to formulate and implement a policy on research.</p>	This is a long-standing requirement and a policy must be sent to HIW within seven days of receiving this report.
M25	14 (1) (a) & 15 (1)	<p>Findings</p> <p>No statement regarding a patient's rights had been developed by the service</p> <p>Action Required</p> <p>The registered person is required to develop and implement a statement of patients' rights.</p>	Within 28 days of receiving this report
M27	14 (1) (a) & 15 (1)	<p>Findings</p> <p>Patients were critical of the lack of a structured day and stated that days could be long.</p>	Within 28 days of receiving this report

Standard	Regulation	Requirement	Time scale
		<p>Action Required</p> <p>The registered person is required to undertake a review of activities/therapies available at the establishment to ensure that they meet the patients' needs.</p>	

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
C7 & C33	All staff should read the policies and procedures relevant to their area of work and sign a statement to this effect.
C13	Vaccination records should be available for staff employed within the establishment.
C25	Ear drops should have the date of opening on them.

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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