Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Independent Healthcare Inspection (Unannounced)

CAIS Ltd., Hafan Wen, Wrexham

Inspection Date: 7 and 8 February 2017

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an unannounced inspection of Hafan Wen, Wrexham on the 7 and 8 February 2017.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

Further details about our approach to inspection of independent services can be found in Section 6.

2. Context

CAIS Ltd. is registered to provide an independent hospital at Hafan Wen, Wrexham. The service has 25 beds and offers in-patient detoxification for adult men and women. The service was first registered on 13 January 1997.

The service employees a staff team which includes a registered manager, deputy manager, registered nurses, healthcare support workers, a therapeutic co-ordinator, therapeutic workers, administration staff and catering staff.

3. Summary

Overall, we found evidence that systems were in place to keep patients safe and to provide care that was effective.

This is what we found the service did well:

- Patients we spoke to told us that they had opportunities to discuss their care and that staff had been kind to them
- We saw that efforts had been made to make written care plans individual to each patient
- Patients were provided with training on how to administer Naloxone[1]
- We found effective multi-disciplinary team working
- The staff team presented as friendly and we found an inclusive approach to managing the service.

This is what we recommend the service could improve:

- Recording of relevant assessment information within patients' records
- Arrangements for cleaning the environment
- Demonstrating improvement action from clinical audits
- Training (updates) for staff and the availability of recruitment information and documentation required by the regulations

We identified regulatory breaches during this inspection regarding recording within patients' care records, cleaning arrangements, demonstrating quality improvement, updating the statement of purpose and including information within the patients' guide, updating staff training and the availability of information and documentation with staff recruitment files. Further details can be found in Appendix A. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

[1] Naloxone is a medication that can reverse the effects of an overdose of some types of drugs (opioids).

4. Findings

Quality of patient experience

We found that arrangements were in place to support patients to improve their health and wellbeing. Patients we spoke to told us that they had opportunities to discuss their care and that staff had been kind to them. We saw staff treating patients with respect and arrangements were in place to protect patents' privacy and dignity as far as possible.

We saw that efforts had been made to make written care plans individual to each patient, however, we did identify that improvement was needed around ensuring relevant assessment information was recorded.

Patients were able to provide feedback on the service they had received with the aim of the unit making improvements as appropriate.

Health promotion, protection and improvement

We found that arrangements were in place to support patients to adopt and improve their health, wellbeing and independence.

Through speaking with staff and patients and looking at patients' care records, we found that care was planned to include the input of doctors, nurses and therapeutic staff. The care aimed to support patients safely through detoxification and to improve their health and wellbeing.

Patients we spoke to told us that the staff team were kind and provided encouragement and motivation to help them through their detoxification. Patients also told us that they had developed friendship groups and these were also a source of help and motivation during their stay at the unit.

A number of health promotion leaflets and details of support organisations were available within the reception area of the unit.

Dignity and respect

We saw that the unit had arrangements in place to promote patients' privacy and dignity. We saw staff treating patients with respect.

The unit's statement of purpose clearly set out the aims for respecting patients' privacy as far as possible. It also described that the ethos of unit was to treat patients with respect.

The arrangements for respecting privacy included:

- All patients had their own bedroom with ensuite toilet and washing facilities
- Patients were issued with a key to lock their bedroom according to their wishes
- Keeping confidential information secure in lockable cabinets

The unit had lounges designated for use by male or female patients only, together with mixed gender lounges that patients could use according to their preferences and wishes. The layout of the service also allowed for male and female patients to be accommodated in single sex accommodation areas (in separate wings of the building). Staff told us they would, wherever possible, ensure that patients were accommodated in single sex areas to promote patient dignity.

We saw staff treating patients with kindness and respect throughout our inspection.

Patient information and consent

We found that patients were provided with information and had opportunities to discuss their treatment options and care with the staff team.

Information about the unit was clearly set out with the statement of purpose and patients' guide. Together, these described how patients could be referred for care and treatment, the arrangements for admission and how care and treatment would be planned.

Through looking at patients' care records and speaking to staff and patients, we found that arrangements were in place for patients to discuss any aspect of their care during their stay. Patients we spoke to confirmed that they had opportunities to speak to staff about their care.

Care planning and provision

We found that the unit had an established care pathway in place that included arrangements for the referral, admission, assessment, care provision and discharge of patients. We identified that improvement was needed around aspects of patient assessment.

The care pathway was outlined within the unit's statement of purpose and patients' guide. The unit accepted patients living within the local health board locality and from neighbouring 'out of county' areas in England. An established care pathway was described from the point of a patients' referral to the unit through to discharge. All patient referrals were managed via the organisation's commercial manager.

We looked at a sample of four patients' care plans and found that efforts had been made by the staff team to make these individualised to each patient. We found, however, that key information from pre-admission assessment documentation (completed by community healthcare teams) had not always been recorded onto the documentation used within the unit. Recording this information would demonstrate that care had been planned with the aim of promoting patients' safety and wellbeing. We also found that that some entries within the written care records had not been signed, in accordance with professional standards for record keeping. In addition we saw that one patient with a medical condition did not have a written care plan to inform and direct staff on the care needed. A recognised nutritional assessment tool was not being used (please see Nutrition section on page 11).

Improvement needed

The registered persons must make suitable arrangements for all relevant information to be included within patients' care records, including risk assessments and care plans.

Records must be completed in accordance with the registered persons' policies and professional standards for record keeping.

Patients were encouraged to complete a recovery pathway journal during their stay at the unit, setting out their progress. We identified this as noteworthy practice, however, we saw that these had not always been completed and found that patients did not always understand the purpose of the journals. The registered persons should explore ways to encourage the use and completion of these by patients as part of their recovery programme.

Equality, diversity and human rights

The unit recognised its responsibilities around equality, diversity and human rights.

The unit provided care and treatment to adult patients. This was in accordance with the conditions of its registration with HIW. The statement of purpose clearly described the circumstances where the unit would not be able to provide services to patients. Whilst restrictions were placed on patients receiving visitors and smoking within the premises, these were clearly stated within the statement of purpose. Staff told us that in certain circumstances patients could see family members off site. This would need to be agreed as part of the individual's care plan.

We found that patients were afforded choice in their day to day routines according to their assessed needs and wishes.

The unit could be accessed by patients who use wheelchairs and those with mobility difficulties. There was level access to the main building and a passenger lift serviced

both floors. Rooms were available that made access easier for those patients who use wheelchairs. Staff we spoke to suggested that further changes could be made to the environment to make it easier to use moving and handling equipment for those patients who were less mobile and who required assistance to move. The registered persons should therefore explore what changes could be made in this regard.

Citizen engagement and feedback

The unit had arrangements in place for patients to provided feedback on their experiences of using the service.

A suggestion box was located in the reception/foyer. This could be used by patients to post suggestions and comments about their experience of using the service. We also saw that the service had sought the views of patients following discharge with the aim of identifying and making improvements as appropriate.

We found that a quality monitoring visit had been made to the service within the last six months as required by the regulations. We saw that the views of staff and patients had been sought and a written report produced, which included an action plan to make improvements.

Delivery of safe and effective care

We found that systems were in place to keep patients safe and to provide care that was effective.

We saw that the unit was generally well maintained and provided a safe environment for patients to stay. We did identify that improvement was needed to the cleaning arrangements to keep the unit suitably clean. Meals were prepared on site and patients told us that they enjoyed the food provided.

Clinical treatment was led by a psychiatric consultant and we found effective multi-disciplinary team working.

Environment

The unit appeared well maintained and arrangements were in place to keep patients safe. Facilities at the unit allowed patients to spend time in private or to socialise with other patients and participate in therapeutic activities according to their needs and wishes. We found that improvements were needed around cleanliness.

The unit was organised over two floors and consisted of individual bedrooms (each with ensuite toilet and washing facilities), communal space (including areas designated for male or female use), an art/computer room, a relaxation room, a kitchen, a laundry room and administration offices. There was also a separate building located near the main unit that was used for patients' therapeutic activities and group meetings. All the areas we saw appeared well maintained and suitably decorated. At the time of our inspection, redecoration work was taking place and safety precautions were in place to protect patients whilst the work was being undertaken. Security systems were in place to prevent unauthorised access into and within the unit. During a tour of the unit, we did not identify any obvious hazards to patient or staff safety.

As described earlier, the unit could be accessed and used by patients who use wheelchairs and those with mobility difficulties.

We found all areas to be suitably heated, ventilated and lit. The unit had its own outside garden areas that patients could use supported by staff. There was also a designated, outdoor smoking area adjacent to the unit, which patients could use.

Staff explained that the turnover of patients admitted to the unit had increased over the years. This appeared to be presenting challenges in keeping the unit adequately clean. We were told that cleaning services were provided via contract by external cleaners. Whilst we saw that the unit was generally clean and tidy, we did identify that improvements were needed around the cleanliness of the relaxation room, the

bathroom and the lounge/dining areas. The registered persons must, therefore, review the arrangements for cleaning to ensure that the unit is kept suitably clean at all times.

Improvement needed

The registered persons must review the arrangements for cleaning to ensure that all areas of the unit can be kept suitably clean.

Nutrition

We found that consideration was given to the patients nutritional needs and that a choice of meals was provided. Implementing an evidence based nutritional screening tool should be considered. Patients told us they enjoyed the food provided at the unit.

Staff told us that patients' dietary requirements and preferences were identified when patients were admitted to the unit. We were also told that patients were weighed on admission and that advice on health eating was provided to them according to their assessed needs. No evidence based screening/assessment tool was used, however, and the registered persons should consider implementing this to strengthen the existing physical assessment process.

Improvement needed

The registered persons should consider implementing a suitable, evidence based nutritional screening/assessment tool.

We saw that meals were prepared and cooked on site. Patients we spoke to told us that they enjoyed the food and that meal choices were available. We also saw that a choice of menu was available at breakfast, lunch and dinner. Hot and cold drinks, together with snacks were available throughout the day and alternatives to the menu were also available should a patients not like the menu options available.

Medicines management

The unit had arrangements were in place for the safe management of medicines. We did, however, identify two issues related to medication prescribing and administration where improvement was needed. When brought to their attention, senior staff took immediate action to promote the safety and wellbeing of patients.

There was a written policy available to guide staff on the safe storage, prescription and administration of medicines used at the unit. Staff working at the unit had access to help and advice on medication related matters via the local health board's pharmacist.

Medication was kept within lockable cupboards with the unit's clinical room, which was clean and tidy. We saw that medication was securely stored. We also saw that arrangements were in place for the safe storage, checking and recording of controlled drugs, where additional checks are required. We received a comment that indicated that the timeliness of administering medication could be improved by allocating an additional staff member to administer medication. The registered persons should, therefore, explore whether any improvements can be made in this regard whilst at the same time ensuring patient safety and well being.

We looked at a sample of medication administration records (MARs) and found that the majority had been completed correctly. We did, however, identify from the MARs two issues; one relating to how a prescription had been recorded on the MAR and one around a medicine not being administered as prescribed (medication error). We brought these to the attention of senior staff immediately. Before the end of our inspection, we were assured that these had not resulted in any harm to the patients involved and that immediate corrective action had been taken. We also followed up on the wider action taken by the registered persons to prevent similar issues from happening again. We were assured that learning had been identified and action was being taken as a result to promote patient safety and wellbeing.

There was a separate room that could be used by patients to have their observations (pulse, blood pressure and respiration rate) checked and to discuss with healthcare staff any concerns they may have around withdrawal[2]. We considered this arrangement as noteworthy practice.

Patients were provided with training on administering Naloxone prior to being discharged. Naloxone is a drug which can temporarily reverse the effects of an opiate overdose, providing more time for an ambulance to arrive and treatment to be given. We identified providing this training to patients as noteworthy practice.

Resuscitation equipment was available for use in the event of a patient emergency (collapse). We saw records demonstrating that staff had checked this weekly to ensure it was safe to use. Staff also had access to equipment and medication, stored separately from the resuscitation equipment, that may be used should a patient experience a seizure. We were told this was not checked regularly and arrangements should be made to do this.

[2] Withdrawal refers to symptoms that patients may experience when they are dependent on a substance (such as alcohol and drugs) and then drastically reduce or suddenly stop taking the substance.

Improvement needed

The registered persons should make suitable arrangements to regularly check the equipment and medication that may be used should a patient experience a seizure.

Safe and clinically effective care

We found that care and treatment at the unit was based upon evidence based practice.

Clinical treatment at the unit was led by a consultant psychologist and we were told that the detoxification protocol that was being used had been developed together with the local health board. Supportive links with community teams and the local health board were described and demonstrated. We saw that the staff team used a recognised tool (CIWA) with the intention to assess and safely manage those patients withdrawing from alcohol.

The therapeutic programme that aimed to support patients through detoxification was led by therapeutic workers. A range of evidence based psychosocial approaches were described such as cognitive behavioural therapy, mindfulness and acceptance and commitment therapy.

Senior staff explained that staff had recently been recruited that included registered nurses with experience of physical health conditions. They explained that this approach had been beneficial in improving and broadening the skillset of the team.

Quality of management and leadership

A management structure was in place and clear lines of reporting and accountability were described. An inclusive management approach was demonstrated.

We found a staff team that was friendly and committed to providing patients with safe and effective care. We were able to confirm that opportunities were available for staff to attend training relevant to their role. We did identify that some improvement was needed around ensuring staff were up to date with training.

We saw that efforts had been made to assess the suitability of staff to work at the unit. The registered persons must, however, make arrangements to ensure staff files include all information and documentation required by the regulations.

Governance and accountability framework

The unit was operated by CAIS Limited, a registered charity and company limited by guarantee. In accordance with the regulations, a responsible individual and registered manager were in post. The registered manager had responsibility for the day to day management of the unit. The responsible individual, together with other management staff, had a wider management role within CAIS. Clear lines of delegation, accountability and reporting within the unit and the wider organisation were described and demonstrated.

A system of quality improvement activity was described and we saw examples of clinical audits that had been conducted. These included audits of patients' medication administration records and care records. Whilst we saw audits had been completed, it was not always clear what action had been taken as a result to make improvements and the registered persons need to address this.

Improvement needed

The registered persons must make suitable arrangements to demonstrate what improvement action has been taken, if any, as a result of clinical audit activity.

We saw that quality monitoring visits were conducted as required by the regulations. Systems were in place for patients to provide feedback on their experiences of using the service and to raise concerns (complaints) about their care and treatment. These could identify where changes could be made, with a view to making improvements as appropriate, together with areas of patient satisfaction and appreciation that could be shared with staff teams.

The service had a statement of purpose and patients' guide as required by the regulations. Together, these set out the services that could be provided, the arrangements for providing these services and other information for patients on the unit's facilities. The statement of purpose was due to be reviewed in April 2016. Senior staff explained that it was being reviewed at the time of our inspection. The registered persons must ensure that arrangements are made to review the statement of purpose regularly.

Improvement needed

The registered persons must make suitable arrangements to review and update the statement of purpose regularly.

Dealing with concerns and managing incidents

The unit had a complaints (concerns) procedure as required by the regulations.

Information on how patients could make a complaint was displayed within the reception area. The procedure to follow, including the contact details of HIW, was also included within the statement of purpose as required by the regulations. A summary of the complaints procedure also needed to be included within the patients' guide.

Improvement needed

The registered person must make suitable arrangements to include a summary of the complaints procedure within the patients' guide.

Senior staff told us that the unit aimed to respond to complaints (concerns) in a timely way. They also confirmed that records of complaints were maintained and described a process for acknowledging, investigating and responding to complaints. For complex complaints, which make take longer to investigate, senior staff described a process for keeping complainants informed of the progress on responding to their complaints.

Senior staff described a system for reporting, recording and investigating incidents. We were told that learning from incidents would be shared with staff at weekly meetings.

Workforce planning, training and organisational development

We found the staff team to be friendly and committed to providing safe and effective care to patients. Arrangements were in place for training and developing staff.

Staff we spoke to indicated that they enjoyed their work and felt that they worked well as a team. They also indicated that they had opportunities to attend training. We were able to confirm that new staff felt adequately supported in their roles.

We looked at the training log that had been developed to provide an overview of training attended by staff working at the unit. We saw evidence that staff had attended training relevant to their role; however improvement was needed in this regard to ensure all staff were up to date with training. Examples included that around using a defibrillator, anaphylaxis, suicide and self harm and infection control.

Improvement needed

The registered persons must make suitable arrangements to ensure staff training is kept up to date.

Whilst a training log had been developed, we discussed ways to make it easier to identify when training was due to be repeated. Senior staff agreed to explore options to assist them in this regard. We saw evidence that staff had received an appraisal of their work within the last year.

A system of weekly clinical group supervision was described by senior staff. We were told that 1:1 management support supervision had recently commenced and was due to take place monthly. HIW requires an update on progress in this regard.

Improvement needed

The registered persons must provide HIW with an update on progress around the implementation of 1:1 management supervision.

Workforce recruitment and employment practices

We saw that efforts had been made to check that staff were qualified and suitable to work with patients at the unit. The registered persons must, however, ensure that a full employment history is obtained and recorded on file.

We looked at a sample of five staff recruitment files. With the exception of one member of staff (who had worked at the unit for many years), we saw that two references had been obtained. All staff within the sample we considered had a Disclosure and Barring Service (DBS) check. These are required by the regulations and help demonstrate that staff are suitable to work at the unit. We also saw evidence of relevant qualifications for staff as required by the regulations. Full employment histories as required by the regulations, were not available for all staff and the registered persons need to make arrangements to obtain these and keep a record on file.

Improvement needed

The registered persons must make suitable arrangements to ensure that staff recruitment files include all the information and documentation required by the regulations.

5. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state how the improvement identified at Hafan Wen will be addressed, including timescales.

The actions taken by the service in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the improvement plan remain outstanding and/or in progress, the service should provide HIW with updates, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

6. Methodology

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales[3].

We conduct both announced and unannounced inspections of independent healthcare services and we inspect and report against three themes:

- **Quality of the patient experience:**
  We speak with patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.

- **Delivery of safe and effective care:**
  We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.

- **Quality of management and leadership:**
  We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the National Minimum Standards and Independent Health Care (Wales) Regulations.

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment

[3] The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. http://www.hiw.org.uk/regulate-healthcare-1

- Information within the service's statement of purpose, patient's guide and website (where applicable)
- HIW patient questionnaires completed prior to inspection.

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice[4]. Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

[4] As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's compliance process is available upon request.

Appendix A

Improvement Plan

Service: CAIS Ltd., Hafan Wen, Wrexham

Date of Inspection: 7 and 8 February 2017

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
6	The registered persons must make suitable arrangements for all relevant information to be included within patients' care records, including risk assessments and care plans. Records must be completed in accordance with the registered persons' policies and professional standards for record keeping.	23	• Amend Case Note Audit tool to include audit of the management & inclusion of relevant referral information into patient care records. • Case note audit frequency to be increased to weekly & non-compliance to standards addressed in line management supervision.	Amie Ashworth – Lead Nurse Amie Ashworth – Lead Nurse	1st June 2017 1st June 2017 & on-going

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			• Review risk assessment tool. • All Health Care Support Workers to complete 'Appropriate Record Keeping' training.	Mel Garbutt – Deputy Manager Liz Jones - Manager	1st June 2017 September 2017
Delivery of Safe and Effective Care					
10	The registered persons must review the arrangements for cleaning to ensure that all areas of the unit can be kept suitably clean.	26(2)(a)	1. Develop action plan to; • Review the current contracted cleaning service with an aim to achieve Improvement in current provision; • Increase level of cleaning provision at Hafan Wen to ensure the unit cleanliness is maintained to a high standard; • Consider alternative	Liz Jones – Manager	September 2017

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			contractual cleaning arrangements. 1. Audit cleanliness at the unit on Monthly basis & report improvements required to cleaning contractor.	Liz Jones - Manager	Commence 01/06/2017 & On-going
10	The registered persons should consider implementing a suitable, evidence based nutritional screening/assessment tool.	9(a)	The evidenced based nutrition screening tool – MUST is considered appropriate for use at Hafan Wen. Implement MUST in line with patient risk assessment and care plan process.	Mel Garbutt – Deputy Manager	01/06/2017
12	The registered persons should make suitable arrangements to regularly check the equipment and medication that may be used should a patient experience a seizure.	15(5)(a)	Develop audit tool for weekly check of seizure kit. Check to be completed every	Mel Garbutt – Deputy Manager Nurse in	01/06/2017

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			Wednesday by Nurse in Charge – Night Shift.	Charge – Night shift.	07/06/2017 & On-going
Quality of Management and Leadership					
13	The registered persons must make suitable arrangements to demonstrate what improvement action has been taken, if any, as a result of clinical audit activity.	19(1)(a)(b)	All clinical audits completed will be reviewed by lead nurse. Improvements and actions will be addressed by means of an action plan. Action plan will identify staff responsibilities and timescales for completion. Clinical audit outcomes to be reviewed and reported to unit managers in line with the Hafan Wen Clinical Governance Framework.	Amie Ashworth – Lead Nurse	Immediate and on-going.
14	The registered persons must make suitable arrangements to review and update the statement of purpose regularly.	8(a)	Statement of Purpose to be reviewed in line with service developments. Amended Statement of Purpose to be communicated with HIW. Annual review (if no amendments) 1st April and communicate with HIW. Amended copy sent to HIW on 22/05/2017	Liz Jones - Manager	Immediate and On-going.

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
14	The registered persons must make suitable arrangements to include a summary of the complaints procedure within the patients' guide.	7(1)(d)	Patients guide has been reviewed to include a summary of the complaints procedure. New service user's guides have been published, and electronic guide updated. Amended guide communicated to HIW 22/05/2017	Sarah Pattern- Admissions Manager	Completed
15	The registered persons must make suitable arrangements to ensure staff training is kept up to date.	20(2)(a)	Improve the current Excel training Matrix to ensure indication of when a staff members training courses require to be updated. Cells within the training matrix are to include a colour scheme which will inform management of the status of training requirement. e.g. out of date, expired, not required to re-train.	Liz Jones - Manager	To be completed 31st July 12017
15	The registered persons must provide HIW with an update on progress around the implementation of 1:1 management supervision.	20(2)(a)	• Framework for management supervision in place at Hafan Wen. • Review written templates to include action and learning for staff. • Review structure of	Liz Jones – Manager / Mel Garbutt – Deputy Manager / Amie Ashworth – Lead Nurse	Commence date 01/06/2017 Completion date for implementation

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			supervision facilitation to include; staff supervisor responsibilities e.g. senior staff to provide line management supervision to subordinates, and supervision appointments communicated to all staff. • Provide training in use of process to senior staff. • Collate outcomes and develop action plan. • Review Action plan in quality review meetings. • Communicate activities via Clinical Governance feedback loop	(all actions)	01/07/2017
16	The registered persons must make suitable arrangements to ensure that staff recruitment files include all the information and documentation	21(1)(a), 21(2)(d)	CAIS Head Office Human Resource Dept., Hafan Wen managers will ensure that all successful employment applications have a full employment history.	Rosemary Hunter & Katie Sanders – Human	Immediate & on-going

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	required by the regulations.		Checklist of regulatory requirements developed and implemented by Human Resource officers, and placed in personnel files for all future new employees.	Resource Officers	

Service Representative:

Name (print): **ELIZABETH JONES.....**

Title: **SERVICE MANAGER.....**

Date: **22/05/17.....**