

Quality Check Summary

Alcohol Treatment Wales Ltd

Activity date: 26 January 2021

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Alcohol Treatment Wales Limited as part of its programme of assurance work. Alcohol Treatment Wales offers bespoke treatments to adult patients suffering with addiction and or chemical dependence to substances, including alcohol and opioids.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Care Standards Act 2000, Independent Health Care (Wales) Regulations 2011 and other relevant regulations. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality Checks are a snapshot of the standards of care within healthcare settings. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to inspections can be found [here](#).

We spoke to the registered manager and the prescribing doctors on 26 January 2021 who provided us with information and evidence about their setting. We used the following key lines of enquiry:

- How are you ensuring that all patients (including vulnerable/at risk groups) are able to access services appropriately and safely? In your answer please refer to both the practice environment and processes to enable patients to access appointments
- What changes have you implemented in light of COVID-19 to ensure infection prevention and control standards are maintained?
- How has the clinic and the services it provides adapted during this period of COVID-19?

Environment

During the quality check, we considered how the service has designed and managed the care to keep it as safe as possible for patients and staff. We questioned the setting on the changes they have made in response to COVID-19 to maintain safety and patient dignity.

The following positive evidence was received:

There are no physical premises to maintain for Alcohol Treatment Wales. The service operates from an office base, with no requirement for patients to attend in person. Consequently, the suitability of the environment was not considered during this quality check.

Patients initially access the service via telephone or an online enquiry form via the service's website. All patients who then require face to face services at their home address or at a rehabilitation centre are screened for symptoms of COVID-19 and are required to self-isolate before their appointment. Each patient receives a detailed risk assessment and screening via a video call prior to any clinical intervention.

The manager confirmed that the service has remained open throughout the COVID-19 pandemic.

No improvements were identified.

Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. We considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe. We reviewed infection control policies, cleaning and hygiene regimes and access to training.

The following positive evidence was received:

We saw evidence of an up to date policy for the prevention and control of infection. The policy has been amended to reflect the management of COVID-19 and staff are informed of any updates by email and via team meetings.

We saw that the service had developed their own guidance to follow should staff have to self-isolate due to COVID-19. Staff had also received a detailed COVID-19 risk assessment¹ to

¹ 'This Risk Assessment Tool has been developed to help people working in the NHS and Social Care in Wales to see if they are at higher risk of developing more serious symptoms if they come into contact

assess the risks to them personally of continuing to carry out their role during the COVID-19 pandemic.

We were told that the use of personal protective equipment (PPE) has been optimised with adequate stocks sourced and monitored on a weekly basis. The registered manager checks stock levels with staff during their weekly team meetings which are conducted over Microsoft Teams.

We were told that there have been no confirmed cases of COVID-19, or any other infectious diseases reported from staff or patients.

We were told that patients and staff have been receiving regular COVID-19 updates. Staff receive weekly updates via Microsoft Teams by one of the clinical directors, who is also the responsible individual. Staff ensure all patients receive the latest update as part of their assessment and screening. Regular communication between staff and patients has ensured everyone has up to date advice and guidance on COVID-19.

No improvements were identified.

Governance / Staffing

As part of this standard, HIW explored whether management arrangements ensure that staff are suitable in their roles and are appropriately trained in order to provide safe and effective care. We reviewed recent risk assessments and questioned the setting on the changes they have made in response to COVID-19 to maintain safe practices.

The following positive evidence was received:

The registered manager was very clear and knowledgeable about their role and had a good understanding of their responsibilities. We found the service to have very good leadership and clear lines of accountability.

We were provided with a copy of the statement of purpose which conformed to the Independent Health Care (Wales) Regulations 2011.

We looked at a sample of policies and procedures the service had in place, such as; lone working, self-isolating, safe participation at home visits and infection prevention and control policy. We saw that these policies had been reviewed and updated to reflect the management of COVID-19. The policies and procedures also contained review dates and / or were version

with the COVID-19 virus.

We want to help you understand whether you may be at greater risk and to help you and your line manager to choose the right actions for you based on your level of risk'.

controlled.

We were told that there are no current staff sicknesses and there are no current vacancies at the service.

We were provided with most recent responsible individual report as required by The Independent Health Care (Wales) Regulations 2011². The report evidenced the way the quality of the services provided is being managed and assessed to ensure that they met the requirements of the regulations and standards. This report was shared and discussed with the registered manager and with the directors of Alcohol Treatment Wales. The latest quality report revealed that the feedback received from patients was positive. One staff member, who was consulted as part of the responsible individual's quality assessment process, confirmed that she was happy with the governance, safety and transparency of the organisation. The staff member also confirmed that she has undergone a COVID-19 risk assessment and feels adequately protected against the risks of COVID-19 whilst providing support to patients.

The following areas for improvement were identified:

We were provided with mandatory training statistics for the clinical team which showed a compliance rate of 70%. The comparatively low compliance is due to the changes in the ways of working and difficulties in securing the services of training providers due to COVID-19 restrictions. The service should consider all options to address the risks of staff not being up to date with mandatory training. This should include continuing to source internal or external providers to deliver face to face training when this mode of delivery has been assessed as safe and appropriate. If this is not achievable, then the service should explore whether the training can be delivered via digitally enabled means such as webinars³, video conferencing or e-learning programmes. The registered manager confirmed that any mandatory training for staff which is due to be renewed will be updated promptly.

The registered provider must provide HIW with a copy of the updated mandatory training plan and, within three months of this quality check, provide HIW with a further update in relation to mandatory training completion rates.

² <https://www.legislation.gov.uk/wsi/2011/734/body/made>

³ A webinar is a virtual event that's hosted and broadcasted by an organization. It offers one way communication to attendees and is interchangeable with webcasts, online events, and web seminars. The speaker delivers a presentation, slideshow, documents, or another visual element to share new information. The purpose is to educate attendees on new topics

What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it should:

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

As a result of the findings from this quality check, the service should:

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

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

Improvement plan

Setting: Alcohol Treatment Wales

Date of activity: 26 January 2021

The table below includes improvements identified during the Tier 1 Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard / Regulation	Service Action	Responsible Officer	Timescale
1	The registered provider must provide HIW with a copy of the updated mandatory training plan and, within three months of this quality check, provide HIW with a further update in relation to mandatory training completion rates.	The Independent Health Care (Wales) Regulation 2011, Section 20(2)(a)	Engagement of new Clerical Assistant team member whose administrative function will now be incorporated on a regular basis to support the Directors with responsibility for collating and checking Mandatory Training compliance. All outstanding required Mandatory Training is available via online course material. We intend to ensure that compliance will be maintained	Dr Jake Hard and Adele Carini	No later than 26 th April 2021

		above 90% for the whole team, including Directors.	
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Name: Dr Jake Hard

Date: 10/02/2021