Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

CAIS Limited, Hafan Wen

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Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Hafan Wen as part of its programme of assurance work. CAIS Ltd is registered to provide independent hospital services at Hafan Wen, Watery Road, Wrexham. Hafan Wen provides a range of drug and alcohol detoxification programmes to both NHS and private patients.

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 Director of Residential Services on 19 January 2021 who provided us with information and evidence about the setting. Also present were the Director of Clinical and Therapeutic Services (Responsible Individual) and the CAIS Nurse Prescriber. We used the following key lines of enquiry:

- How do you ensure that there are sufficient numbers of appropriately trained staff in the setting to provide safe and effective care?
- How do you ensure that the risk of infection is assessed and managed to keep patients, visitors and staff safe?
- How do you ensure that the setting environment is safe and protects patients from harm, and how do you ensure that patient dignity is maintained?

Environment

During the quality check, we considered how the service had designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors. We reviewed recent risk assessments, incident reviews and any pressure or tissue damage which has occurred. We also questioned the setting on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

The changes that had been made to the environment due to COVID-19 were described. We were told that there were posters on the wall and stickers on the floor to ensure social distance and to manage staff movements. Additionally there were posters relating to hand hygiene. Limits were also placed on the number of staff and patients allowed in each room.

The self-assessment provided, stated that the care environment was always free from clutter to facilitate effective cleaning; well maintained; in a good state of repair; and routinely cleaned in accordance with the National Standards for Cleaning in Wales[1]. Clean linen was stored in a clean, appropriately maintained designated area, which was enclosed.

We were provided with evidence of the CAIS Annual Building Risk Assessment Form that was up to date and covered all areas of the setting. The form also stated that there was excellent housekeeping and signage. We were told that staff were aware of health and safety and its importance and that regular health and safety checks were carried out by the setting manager. This included the garden area that was well maintained and all patients were risk assessed prior to being permitted to go into the garden.

We were told that the standard operating procedure (SOP) for the setting was co-produced with the local health board. The SOP highlighted defined protocols and procedures in relation to maintaining a safe environment and donning and doffing personal protective equipment (PPE). As a result of a patient questionnaire following isolation, televisions have now been installed in every room and the wifi bandwidth (amount of data that can be sent and received at a time) has been improved. In addition to the medical element of the detoxification pathway there was also an evidence based therapeutic programme. Therapeutic activities were provided via workbooks, one to one, and group interventions which support clients through detoxification. The adapted therapeutic programme was now largely being delivered via virtual platforms. The therapeutic interventions drew from evidence based therapeutic principles such as Cognitive Behavioural Therapy[2] (Cognitive and Motivational techniques), Mindfulness Acceptance[3] and Commitment Therapy[4].

[1] http://www.wales.nhs.uk/sites3/documents/254/Cleaning%20Standards2009ed.pdf
[2] https://www.nhs.uk/conditions/cognitive-behavioural-therapy-cbt/
[3] https://mindfulnessbasedhappiness.com/practice-acceptance-for-mindfulness-the-easy-way/
[4] https://en.wikipedia.org/wiki/Acceptance_and_commitment_therapy

Staff stated that, before the start of the pandemic, the setting had invested over £250k on refurbishment that included new flooring, windows and blinds throughout the setting. Additionally, there was a refurbishment of the gym, communal areas and the grounds were improved to account for any patient mobility issues. Staff felt that the use of better quality furnishings, artwork and inspiring quotes had helped provide a better quality of environment that was less clinical and therefore more homely and comfortable for clients. The setting had engaged with commissioners and key workers, using technology, to ensure patients were not isolated on the recovery journey. The setting were also proud that it had been included in the development of the Intelligent Fingerprint Drug Screening System[5]. This was a non-invasive system using fingerprint sweat rather than urine analysis, to improve patient dignity.

In order to further maintain patients' dignity, we were told that identifying patients' characteristics on pre admission and to have an extensive knowledge of the history of patients including religion, was important. This assessment of need also identified mental health issues, physical issues, social issues, drug and alcohol history. There was also a detailed assessment of the current drug and alcohol pattern of use and quantities in addition to the level of dependence based on the service user's experiences of withdrawal.

Prior to COVID-19, we were informed, that patients used a communal dining area and they collected their medicines from the clinic room. Since the pandemic, meals and medicines were being delivered to patients, by staff. Staff and patients formed various therapeutic "bubbles" (a wider group of people who can interact and communicate together), the deliveries were then made by staff to the patients in their bubbles.

We were told that visitors were not currently allowed due to the pandemic and visitors were rarely allowed pre COVID-19, other than in exceptional circumstances. Professional visits were completed remotely. Patients had full and unrestricted access to mobile phones. Part of the education of the setting involved the positive use of social media and to signpost patients to various agencies to assist them in their path to recovery.

The staff we spoke to said that the setting developed a COVID-19 risk assessment, to identify patient needs during the initial period of self-isolation. Mental health needs were met with qualified staff through video communication. Care plans were based on the five ways to wellbeing[6]. The setting had good links with local faiths. The setting also engaged with Shropshire Recovery Partnership[7] and Red Rose Recovery[8], to provide further help and support to anyone experiencing issues with drugs or alcohol throughout the COVID-19 outbreak.

We were provided with a number of up to date risk assessments. These included ligature

[5] https://www.intelligentfingerprinting.com/fingerprint-drug-test-cais
[6] https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/
[7] https://shropshire.gov.uk/shropshire-choices/i-need-help/care-and-support-for-different-conditions/drugs-and-alcohol-shropshire-recovery-partnership-srp/
[8] https://www.redroserecovery.org.uk/

point risk assessments for all areas of the setting with relevant actions to reduce the risk of any ligature points and environmental risk assessments.

No improvements were identified.

Infection prevention and control (IPC)

During the quality check, we considered how the service had responded to the challenges presented by COVID-19. We considered how well the service managed and controled the risk of infection to help keep patients, visitors and staff safe. We reviewed infection control (IC) policies, infection rates and risk assessments.

The following positive evidence was received:

We were told that several changes had been implemented in light of COVID-19 to ensure IPC standards were maintained. There were detailed COVID-19 patient and staff risk assessments written. There was also a dedicated COVID-19 IPC policy, referencing other IC policies in the setting operating procedures.

The self-assessment provided described that:

- The potential for transmission of infection or infectious agents was assessed prior to and on admission of a patient to the service and was continuously reviewed throughout their stay
- Hand hygiene, with associated guidance and instructions in key areas was promoted reducing the transmission of infectious agents, including Healthcare Associated Infections (HCAI), when providing care
- Respiratory hygiene and cough etiquette was encouraged to contain respiratory secretions to prevent transmission of respiratory infections
- The setting had access to an extensive PPE stockpile which ensured adequate protection to staff and patients against the risks. This included the use of face fitted masks in the event of an outbreak
- Clinical audits of the clinical areas were undertaken to ensure no equipment was contaminated with blood or other bodily fluids
- The setting manager coordinated a dedicated team of contracted health board cleaners to ensure that the service was safe for practice and this included environmental cleanliness and maintenance.

The setting believed that IPC went beyond any policy by making sure these practices were second nature to staff and patients. To keep up to date with changes in guidance, the setting

received daily Welsh Government updates and amended guidance in line with the electronic manual from Public Health Wales. Staff were aware that these documents were on the shared information technology area, but also hard copies were on file that staff signed and dated to show that they had read the information. The guidance supplied by the National Institute of Clinical Excellence (NICE)[9] was also included.

We were told of a strong relationship with the local health board that included collaborative working and input from the clinical leads, who recently assisted with the recruitment of a setting manager. There was also a multi-disciplinary team meeting every week between the health board clinical staff and the setting manager to discuss issues with the patients.

Staff were shown how to appropriately use the PPE through a mixture of guidance at the setting and online videos. There were also posters at PPE stations, on donning, doffing and disposal of this equipment once used. Every member of staff at the setting now wear surgical scrubs, with additional sets of uniform supplied to allow for daily cleaning.

We were told that staff had access to appropriate IPC training, which ensured that they understood and applied the principles of IPC and understood their responsibility for their own practice. In addition, staff were encouraged to maintain their competence, skills and knowledge in IPC. They were encouraged to do this through virtual attendance at education events and completion of online training modules.

We saw evidence of the COVID-19 outbreak tool that is used to ensure that data and information related to COVID-19 was accurate and reported on a timely basis. We were also provided with evidence of the COVID-19 admission guide in response to the outbreak and UK Government guidance. Staff and patients were tested weekly and a record was maintained at the setting head office. The setting remained open during the pandemic with no cases of COVID-19 at Hafan Wen or any of their other facilities. It was noted that the setting continued to pay staff whilst they were self-isolating, to reduce the possibility of staff failing to self-isolate due to financial worries.

The setting stressed the importance of their workplace risk assessment to identify staff and patients that needed to be shielded. The setting kept in contact with these throughout the pandemic, they were also supported by head office staff. The setting had also identified a team of staff who were prepared to stay at the setting in the event of a setting lockdown.

All patients had their own rooms with ensuite bathrooms, this meant that they could self-isolate in their own rooms. Patients were told of the need to self-isolate on admission and there was a procedure to allow staff to nurse at the door, unless otherwise required.

We were provided with copies of a number of policies and procedures that aimed to embed the importance of IPC into everyday practice and to reduce variation and standardise care processes. The policies also aimed to improve the application of knowledge and skills and

[9] NICE provides national guidance and advice to improve health and social care.

help to reduce the risk of HCAI particularly cross-infection and contamination.

No improvements were identified.

Governance

As part of this standard, HIW explored whether management arrangements ensured that there were sufficient numbers of appropriately trained staff at the setting to provide safe and effective care. We reviewed staffing and patient levels, staff training and absences, management structures, functions and capacity, incidents and a variety of policies (such as escalation).

The following positive evidence was received:

In order to ensure there were sufficient numbers of staff at the setting, we were told that management reviewed workforce plans on a quarterly basis. Staffing levels were assessed against minimum requirements. We saw evidence of the minimum staffing levels depending on patient numbers. We were told that the staffing levels for 25 patients were maintained, whilst the maximum capacity for patients was limited to 14 during the pandemic.

Regarding staff vacancies against the establishment, we were told that, the setting had access to a dedicated bank of four qualified nurses and eight support workers. They were deployed as necessary to maintain appropriate cover and ensured continuity of care on all shifts. In the event that staff members were taking maternity leave, the setting offered short term employment contracts to ensure appropriate staffing levels could be maintained. The setting had difficulty in attracting qualified staff despite increasing the salary and advertising with the Royal College of Nursing and their database of staff. The setting also tried to attract staff through social media campaigns and liaised with nursing colleges to attempt to attract final year nurses. We were told that the three support worker staff vacancies would be filled in due course.

We were also told that there was capacity within the setting staffing models that ensured the number of people in post, matched anticipated service. This also took account of the demand and estimated absence of each team member across the year (annual leave, training, and average sickness). A mixture of full-time and part-time staff were employed to provide flexibility for part-time staff to increase their hours (if they wished) in times of increased demand or absence.

The self-assessment provided also showed that, at an operational level, the publication of staff rotas allowed staff to see their duty hours well in advance. In turn, this enabled individuals to plan ahead, whilst helping the manager to identify possibilities where staffing may be reduced due to absences.

The arrangements and initiatives that had been introduced to support the wellbeing of staff

due to COVID-19 were described. The setting believed the key item was communication and encouraging staff to question. The Chief Executive of CAIS completed a weekly webinar[10], aimed at staff questions and concerns. Staff could also self refer to an independent wellbeing company contracted by the organisation. The nurse prescriber also offered one to one support to staff both formally and informally.

We were provided with evidence of the way the setting regularly assessed and monitored the quality of the services provided to ensure that they met the requirements of the regulations and standards. This feedback was reported to management as part of the quarterly quality report. The latest quality report showed that the feedback received showed high satisfaction outcomes. Staff that were named, in the feedback for their good work, were also commended personally for their service. Additionally, we were told that, on a quarterly basis a report was provided to the board of trustees, including all the information on patient satisfaction and performance monitoring.

We were provided with evidence of recent incident reports and were told of the incident reporting procedure. If an incident occurred, a form was completed, that the setting manager would review and any lessons learned or changes to procedures would be made known to staff. The incidents were also reviewed by the Clinical Governance Committee.

We were told that clinical supervision occurred monthly and that staff meetings were normally every six weeks, but these had been impacted by the pandemic. Supervision, both clinical and line management supervision, was conducted in line with minimum care standards, including opportunities for reflective practice.

Prior to the pandemic we were told that the responsible individual would normally visit the setting every six weeks, but they have not been able to visit the setting since the start of the pandemic. We were provided with evidence of the most recent responsible individual report as required by The Independent Health Care (Wales) Regulations 2011[11].

We were provided with a copy of the practicing privileges policy in relation to the engagement of medical practitioners to support the services provided to its service users. The document set out the terms of reference, the procedures to be followed prior to engagement and details of the written agreement between CAIS and the medical practitioner.

We also saw evidence of the preceptorship[12] policy that was important in the development of newly registered nurses and unqualified staff commencing employment at the setting. This preceptorship policy and procedure provided information for managers and first level nurses

[10] 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, share ideas or experiences, or sell a product

[11] https://www.legislation.gov.uk/wsi/2011/734/body/made

[12] The Nursing and Midwifery Council (NMC) defines a preceptorship as 'a period to guide and support all newly qualified practitioners to make the transition from student to develop their practice further'.

to implement preceptorship at the setting. It also set out a preceptorship framework for use by new employees and their preceptors. It provided a common framework to promote consistency of nursing and to support staff taking up a role at the setting for the first time.

We were provided with evidence of a number of procedures to support staff during the pandemic, these included Working Safely During COVID-19 and the Business Continuity plan.

The following areas for improvement were identified:

We were provided with a copy of the training matrix that showed that a number of staff had not completed their mandatory training. This included only 44 percent of staff being in date with IPC training and 36 percent with First Aid training. We were told that the online portal that stored the information had a significant data crash recently. Therefore, full information on training completed was not available. Whilst the setting stated that some staff were showing as not having completed the training, when in fact they had completed this training, we could not be assured of this. We were told that the new setting manager was aware of this and looking at gathering the information and updating the matrix accordingly. Additionally, in the future the setting would require staff to provide copies of completion certificates, to be kept in staff files.

The setting should ensure that the relevant training is completed without delay and that the training records are updated.

We were told that annual staff appraisals usually commenced in January. The quality report referred to above also stated that there were no staff appraisals completed during 2020 due to a lack of staff resources with managers filling nursing posts. Additionally, we were told that this should have taken place before the previous manager finished their employment at the setting. We were told that, whilst line manager supervision was not completed within the timeframe, management did engage with staff. This was not a set process and there was not signed evidence. In addition, there had been problems with turnover of staff, including the manager and deputy manager.

We were provided with evidence of the Hafan Wen Management Supervision & Appraisal Matrix for 2021. The matrix stated that all staff would attend a formal Management Supervision session with their line manager every four to six weeks. Sessions would provide a forum for both management and performance related issues. Sessions would be carried out on a one-to-one basis and a formal contract would be completed by both parties. A confidential record of content of the session and action requirements would be kept, to be signed by both the supervisor and supervisee. These records would be kept securely stored, but supervisees would have access to them if required.

Whilst we are confident that the relevant supervision and appraisal will take place this year, the setting must ensure that this includes relevant feedback for staff performance in 2020.

The setting must also take action to ensure that the appraisal process is completed as required in the future, to ensure staff receive regular formal feedback and supervision of their performance.

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.

Improvement plan

Setting: CAIS Limited

Service Hafan Wen

Date of activity: 19 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 training matrix showed that a number of staff had not completed their mandatory training. The setting should ensure that the relevant training is completed without delay and that the training records are updated.	Standard 25 Workforce Planning, Training and Organisational Development	A new training matrix has been devised to include all new starters post 2019. Our training provider is Trusted Training 4U and all staff have been assigned 5 essential core training modules to complete- Safeguarding of Vulnerable Adults, Mental Capacity Act, Infection Prevention, Health and Safety, and First Aid.	Gemma Lyon (Residential Manager)	31.03.2021

			Staff have been informed in their recent supervision sessions that there is the requirement to complete these modules asap. In addition, CAIS have launched their own Training Academy for staff. The Academy is intended to offer all our staff additional opportunities to progress, either in an existing role or maybe in an alternative one. The training offered is focused in 4 specific areas; Residential Services Community Services Social Enterprise / Catering Administrative Each area of the Academy consists of 4 stages, each one having to be completed before embarking on the next one. Each stage consists of a number of courses and a task which will need to be completed too.	Gemma Lyon (Residential Manager)	30.06.2021

			Each stage is intended to further an individual's knowledge and enable the individual to demonstrate their ability to apply that knowledge through their day- to-day work.		
2	Formal staff appraisals had not been completed during 2020. The setting must ensure that staff receive feedback for performance in 2020 as part of the 2021 appraisal process. The setting must also take action to ensure that the appraisal process is completed as required in the future, to ensure staff receive regular formal feedback and supervision of their performance.	Standard 25 Workforce Planning, Training and Organisational Development	All staff have now had their first supervision session with the new residential manager. A new supervision & appraisal matrix has been implemented by the manager to include regular supervision sessions in line with the supervision framework for the service. All staff have been issued a new supervision contract with the new manager. All staff to have a completed appraisal with their line manager by the end of March 2021. All staff have been given a copy of the CAIS Appraisal form by the manager and it has been outlined to them what is expected from their appraisal.	Gemma Lyon (Residential Manager) Gemma Lyon (Residential Manager) Gemma Lyon (Residential Manager) Gemma Lyon (Residential Manager)	28.02.2021 31.01.2021 31.03.2021 31.03.2021

			Clinical Supervision sessions re-commence within the service as per the Supervision framework in Quarter 1 by Clinical Lead Elizabeth Jones, Nurse Prescriber Two new Lead Nurses have been appointed for the service, who will commence in post in March 2021.	Elizabeth Jones (Clinical Lead)	30.04.2021
			They will help the Residential Manager drive the learning and development of the service forward in line with the Clinical Governance Framework for the service.	Gemma Lyon (Residential Manager)	31.03.2021

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: Gemma Lyon

Date: 12.02.2021