Mr Geraint Jones
CAIS Limited
12 Trinity Square
Llandudno
Conwy
LL30 7NG

Direct Line: 0300 062 8163
Fax: 0300 062 8387
E-mail: John powell@wales.gsi.gov.uk

27 January 2014

Dear Mr Jones,

Re: Visit undertaken to Hafan Wen on the 9 and 10 January 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Hafan Wen independent hospital on the 9th and 10th January 2014. Our visit highlighted areas that are noteworthy and include:

- The patient group was positive in their feedback about the staff and care received.
- The quality, choice and variety of food on offer.
- The model for drug and alcohol detoxification had clearly developed since the last inspection and now focused on a range of treatment models.
- The recent paperwork for staff supervisions was informative and took into account the progress on previous actions.
- The wide range of volunteers used for the benefit of the service.
- The number and range of disciplines of staff on duty.

Healthcare Inspectorate Wales • Arolygiaeth Gofal Iechyd Cymru
Welsh Government • Llywodraeth Cymru
Rhydycar Business Park • Parc Busnes Rhydycar
Merthyr Tydfil • Merthyr Tudful
CF48 1UZ
Tel • Ffôn 0300 062 8163
Fax • Ffacs 0300 062 8387
www.hiw.org.uk

Our visit also highlighted a number of issues. We provided a verbal overview of our concerns to your registered manager at the end of our visit on 10 January 2014. A summary of these, which include regulatory breaches is set out below:

Issue of concern	Regulation
1. A number of issues were identified in relation to care files. These included: a. The individual patient observational charts did not meet the standard that HIW were informed was in place. The hospital standard of half hourly checks for patients for the first 6 hours after admission had not been implemented for a number of clients (A, B, C and D). b. Observational charts for client A were not signed or dated. c. Client E had not signed some key documents and there was no explanation for the missing signatures. d. A number of risks had been identified within the risk assessments for clients B and C, however no care plans were in place. e. Client B had been admitted before 10:30, however the first entry in the daily progress log was at 17:10. f. Care plans for all clients lacked detail and must be developed to become meaningful documents. All areas identified must be addressed as a matter of urgency.	Regulation 15 (1) (a) (b) & (c)
2. A number of issues were identified in relation to the treatment/clinic room. These included: a. A pharmacist from the local health board checks the clinic/treatment room but does not provide a report/audit of the findings. b. Patient E refused medication on 7 January 2014 and no entry was recorded in the administration record. c. No first signature in the controlled drugs book (F) d. A witness signature was written in the controlled drugs book but the entry had been crossed out (F). It is unacceptable for a witness to sign an entry prior to the first signature that confirms who administers the medication. e. An entry dated on 23 December 2013 had been crossed out. It was unclear what	Regulation 15 (5) (a) & (b)

happened with this record as stock and administration of medication was included on the same entry. f. The administration of Chlordiapoxide was recorded as a late entry (4 April 2013), however, no signature was available. g. An entry dated 13 May 2013 had no time or second signature. h. There were drug alerts on file but no indication of the action taken, for example a date and signature of the checker.	
3. It was difficult to ascertain what training staff had undertaken and when staff were next due training. A comprehensive system for recording training must be developed.	Regulation 20 (1) (a) & (2) (a) & (b)
4. A number of issues were identified with staff files. These included: a. Not all employees had references on file. b. There was a lack of information to indicate any follow up action when a positive Disclosure and Barring Service check (DBS) had been received. c. The staff files were not clearly laid out. An index at the front of the file would help to find relevant information. d. There was a lack of interview notes on files. e. Some staff files did not have a job description and/or a medical check on file.	Regulation 20 (2) (c) & Regulation 21 (a) (c) (2) (a) (b) & (d)
5. A robust governance and clinical audit system needs to be introduced for all areas, including care plans.	Regulation 9 (o), 13 (1) & 19 (1) (a) & (b)
6. A review of the medical/doctors room is required. The medical rooms must be regularly checked and audited to ensure they do not contain any out of date products and are appropriately stocked and clean. During our visit there was some medical products in the room that had a date on them which had expired and the medical room on the first floor required a thorough clean.	Regulation 15 (2) & 26 (2) (a)

You are required to submit a detailed action plan to HIW by **24 February 2014** setting out the action you intend to take to address each of the above issues. The action plan should set out timescales and details of who will be responsible for taking

the action forward. When the plan has been agreed by HIW as being appropriate you will be required to provide monthly progress updates.

On receipt of this letter the Registered Provider is required to comment on the factual accuracy of the issues detailed and on receipt of your action plan, a copy of this management letter, accompanied by your action plan will be published on our website.

We may undertake a further visit to ensure that the above issues have been properly addressed and we will undertake more frequent visits if we have concerns that necessary action is not being taken forward in a timely manner.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

A copy of this letter is being sent to Ms Elizabeth Jones, Manager at Hafan Wen hospital.

Yours sincerely

Mr John Powell
Head of Regulation

cc Ms Elizabeth Jones, Hafan Wen, Watery Road, Wrexham, LL13 7NQ