

# Independent Mental Health Service Inspection Report (Unannounced)

Hafan Wen

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# Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

## Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

## Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

## Our goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities



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# 1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Hafan Wen on 23, 24 and 25 October 2023.

Our team, for the inspection comprised of two HIW inspectors, two clinical peer reviewers and a patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

Hafan Wen provides drug and alcohol detoxification services for a maximum of 25 patients aged 18 years and older.

During the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of six questionnaires were completed by patients and ten were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found evidence that the service provided safe and effective care. There was a focus on least restrictive care to aid rehabilitation and recovery, supporting patients to maintain and develop skills.

We found that improvements were required in respect of the accommodation, which was in need of refurbishment, and in the standard of cleanliness.

Throughout our inspection, we observed staff treating patients with respect and dignity.

We received positive feedback about the care and treatment patients were receiving.

This is what we recommend the service can improve

- Refurbishment of the accommodation to include the replacing carpets in many areas
- Provision of activities and improve the use of outside space.

This is what the service did well:

- Therapy and recovery support
- Good staff interaction with patients and with each other
- Person centred care supported by detailed care plans and robust risk assessments
- Documentation and record keeping
- Multidisciplinary team working.

### Delivery of Safe and Effective Care

Overall summary:

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

There were established processes and audits in place to manage risk, health and safety and infection control. This enabled staff to continue to provide safe and clinically effective care.

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.

This is what we recommend the service can improve

- Some aspects of Infection prevention and control
- Review the role of the therapy support worker with regards to cleaning duties
- Move ahead with plans to secure pharmacy support.

This is what the service did well:

- Therapeutical services
- Medication management
- Safety huddle
- Registered nurses skill mix
- Documenting of one to one care
- Provision of food and drink.

## Quality of Management and Leadership

Overall summary:

Through discussions with staff and observations, we concluded that there was good leadership and management within the unit. We saw good team working taking place and staff spoke positively of the support offered by senior managers, unit managers and colleagues.

We found that staff were committed to providing patient care to high standards and throughout the inspection were receptive to our views, findings and recommendations.

There were processes in place for staff to receive an annual appraisal and complete mandatory training.

The multi-disciplinary team were having a positive effect upon patient care and treatment on the unit.

Staff were positive about the support that they received, and the training opportunities made available.

We found that there was good management overview of the service and comprehensive policies and procedures in place to support safe delivery of care.

This is what we recommend the service can improve

- Reduce reliance on agency staff
- Clinical supervision
- Reg 28 visit report.

This is what the service did well:

- Staff training
- Recruitment and induction programme
- Policies and procedures with a specific focus on policy of the month
- Incident management, reporting and recording
- Communication with patients and staff
- Auditing and reporting
- Management overview.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).



## 3. What we found

### Quality of Patient Experience

Some of the comments provided by patients on the questionnaires included:

*" Very happy."*

*" Staff always available."*

We asked what could be done to improve the service. Comments included the following:

*"Needs to be a gardening scheme. More to do especially outdoors."*

*"More activities."*

#### **Health promotion, protection and improvement**

Health related information and pamphlets were available in various parts of the unit, many of which were available in both English and Welsh.

We saw good interactions between staff and patients with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus maintaining their independence.

#### **Dignity and respect**

We found that patients were treated with dignity, respect and compassion by the staff team.

We observed staff being kind and respectful to patients. We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

Patients told us that staff were always polite and listened, both to them and to their friends and family, and that staff called them by their preferred name.

All patients agreed that staff had talked to them about their conditions and helped them to understand them.

Bedrooms were furnished and decorated to an acceptable standard. Patients had access to communal lounges/dining room. There was also access to a garden with outside seating.

Patients were offered the opportunity to engage in group and/or individual activities and therapy.

### **Patient information and consent**

The Statement of Purpose and Patient Guide, available in Welsh and English, provided useful information about the different types of services provided, the unit facilities and staff.

We saw staff seeking patients' consent before delivering care and patients' consent was also sought before sharing information about their care with other professionals.

### **Communicating effectively**

Through the inspection we saw staff talking with patients in an effective, encouraging, inclusive, calm and respectful manner.

Staff took time to undertake discussions using words and language suitable to the individual patient.

Patients were referred to according to their preferred names.

We were told that some staff members spoke Welsh which meant that Welsh speaking patients and relatives could converse with them in Welsh should they choose to do so.

### **Care planning and provision**

The quality of the patients' records we looked at was good, with written evaluations found to be comprehensive and reflective of any changes in the care provided.

One to one care and support was also well documented.

Patients were involved in the planning and provision of their own care, as far as was possible. Where patients were unable to make decisions for themselves, we saw evidence that relatives were consulted and encouraged to make decisions around care provision.

Staff told us that, where applicable, patient care and treatment plans were made available to patients and/or their carers to help them understand their care.

Patients attended multidisciplinary team meetings (MDT) and where appropriate, worked with their key nurses to review and develop their care and treatment plans.

The multi-disciplinary healthcare team provided patients with individualised care according to their assessed needs. There were robust processes in place for referring changes in patients' needs to other professionals such as the tissue viability specialist nurse, dietician, occupational therapists, social workers and physiotherapists.

We found that there were adequate discharge planning systems in place with patients being assessed by other professionals prior to leaving the unit.

#### **Equality, diversity and human rights**

We saw that staff provided care in a way to promote and protect patients' rights.

We found staff protecting the privacy and dignity of patients when delivering care. For example, doors to bedrooms were closed when care was being delivered.

We found that Deprivation of Liberty Safeguards (DoLS) and Mental Capacity assessments were being conducted as and when needed.

#### **Citizen engagement and feedback**

Patients were encouraged to provide on-going feedback to staff through daily informal discussions and more formal support sessions.

Patient feedback was also gathered prior to discharge by means of a questionnaire and examples of other feedback, such as letters and cards, were posted on a notice board in the main entrance foyer.

There was also a 'you said we did board' showing what actions had been taken to improve the service following receipt of patient feedback.

# Delivery of Safe and Effective Care

## Safe Care

### Managing risk and health and safety

We found that the delivery of care was safe and effective.

There were comprehensive policies and procedures in place to support the safe and effective delivery of care. These were based on current clinical guidelines.

General audits and risk assessments were being undertaken on a regular basis to reduce the risk of harm to patients and staff.

Daily safety huddles were taking place with accurate records maintained.

We found satisfactory security, on-call and emergency planning arrangements in place.

### Infection prevention and control (IPC) and decontamination

Whilst we saw that the unit was generally tidy, we identified that improvements were needed around the cleanliness, particularly within en-suites and under and behind cupboards and bins. Some of the worksurfaces in the kitchenettes were also in need of replacement to ensure that they can be effectively cleaned. Cleaning of some areas was made more difficult due to areas of damp and flaking paint.

We also noted that carpets in many areas of the unit required cleaning and some of the sofas required relacing as they had become worn making it difficult to effectively clean them.

We were told that two part time cleaners were employed and that their primary role was to deep clean bedrooms following patient discharge and that the majority of the day-to-day cleaning was the responsibility of the recovery support staff. However, given the breadth of the role of the rehabilitation support staff, it seems that they do not have sufficient time clean the accommodation effectively.

**The registered persons must review the cleaning arrangements and the recovery support staff's role in this process to ensure that the unit is always kept clean. This was also highlighted as an area for improvement during previous inspections of the unit.**

**The registered person must make arrangements to clean or replace the stained carpets. We further suggest that if carpets are to be replaced then a more suitable composite type floor covering should be considered for clinical and high traffic communal areas such as corridors.**

## **Nutrition**

We found the provision of food and drink to be very good with patients' eating and drinking needs assessed on admission.

We found an effective system to cater for individual patient needs with good communication between care and catering staff.

All the meals are freshly cooked on site daily and looked well-presented and appetising. Patients told us that the food was very good.

Monitoring charts were being used where required, to ensure patients had appropriate nutritional and fluid intake.

In addition to the main kitchen, there were small kitchenettes in the communal lounges for patients to prepare drinks and snacks.

## **Medicines management**

Medicines management arrangements were safe, effective, and well organised.

We observed staff administering medication and looked at a sample of medication administration records and found the process to be well managed.

There was a comprehensive medication management policy in place. This was being reviewed and updated on a regular basis.

Medication was appropriately stored, and medication fridge temperatures checked and recorded regularly.

The unit did not benefit from regular pharmacy support, and we were told that this was being arranged.

**The registered person should move ahead with plans to secure regular pharmacy support.**

## **Safeguarding children and safeguarding vulnerable adults**

There were written safeguarding policies and procedures in place.

We were told that there were no active safeguarding issues at the unit at the time of the inspection.

## **Safe and clinically effective care**

There was evidence of very good multi-disciplinary working between the care staff at the unit and other professionals.

Daily ward rounds were taking place involving members of the multidisciplinary team. However, no formal records were being maintained of the discussions held and decisions made during ward rounds and there was no record of who attended the ward rounds. As a matter of good practice, we recommended that the registered person maintain a record of the discussions held and decisions made during the ward rounds and who was in attendance.

From our discussions with staff and examination of patient care documentation, we found that patients were receiving evidence based, safe and clinically effective care.

Clinical treatment at the unit was led by a consultant psychiatrist and we were told that the detoxification protocol used had been developed jointly 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 the Clinical Institute Withdrawal Assessment for Alcohol (CIWA) tool to assess and safely manage those patients withdrawing from alcohol.

The therapeutic programme, aimed to support patients through detoxification, was led by therapeutic support 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 the staff team included registered mental health nurses and registered general nurses. They explained that this approach was beneficial, given the increasing physical care requirements of many of the patients accessing the service, and that it improved and broadened the skillset of the team and the level of service offered.

### **Records management**

We found robust systems in place to ensure that personal information relating to patients and staff were kept securely.

There was a formal information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Staff told us that they have access to appropriate training in order to undertake their roles and the training records seen confirmed this.

### **Mental Health Act Monitoring**

The unit does not accept patients who are detained or subjected to restrictions or supervision under the Mental Health Act. This is made clear in the Statement of Purpose and Patient's Guide.

### **Mental Capacity Act and Deprivation of Liberty Safeguards**

All patients admitted into the unit are expected to have full capacity. Patients are not detained or restricted in any way and are free to leave the unit at any time.

# Quality of Management and Leadership

## Staff Feedback

Staff commented positively on the working environment and on the support received from the manager and other senior staff within the organisation.

Staff comments included the following:

*“I feel privileged to work at this setting and feel grateful for the opportunity to work with patients, making a difference in their lives.”*

*“There is a lot of support available to staff in addition to occupational health referral if needed in the form of cadw’n iach, details of which have been provided to the inspectors, so I won’t list the offer here, but I just wanted to add as I know it’s well utilised and an effective service for staff. I am proud to work for an organisation that looks after its staff so well.”*

*“I feel the quality of care we provide to our patients is to a high standard. I have worked for Adferiad for 5 years and my experience so far has been great.”*

*“The unit employs a range of nursing disciplines to meet the evolving needs of substance misuse patients. The level of nursing and medical care requirements are now at a demand never experienced before and I feel every patient consistently receives safe and effective from a team of highly skilled practitioners.”*

*“I have never worked anywhere so supportive and such a caring team.”*

*“Staff are supportive amazing team. Manager is so supportive and lead team.”*

We asked what could be done to improve the service. Comments included the following:

*“The building requires some attention. Decorating and garden maintenance lets it down. Cleaning hours need to be enhanced.”*

## Governance and accountability framework

The service is operated by Adferiad Recovery Limited, a registered charity. In accordance with the regulations, a responsible individual and registered manager



were in post. The registered manager, who is based within the unit, had responsibility for the day-to-day management of the service. The responsible individual, together with other management staff, had a wider management role within Adferiad Recovery Ltd. Clear lines of delegation, accountability and reporting within the unit and the wider organisation were described and demonstrated.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place and we found that formal, documented staff annual appraisal reviews were taking place. However, there was no evidence to show that formal clinical supervision was taking place on a regular basis.

**The registered provider must set up a system for staff to have regular, documented clinical supervision.**

Team meetings were being held on a regular basis and minutes maintained and shared with those staff members unable to attend.

We spoke with several staff members and found them to be friendly, approachable, and committed to delivering a high standard of care to patients.

We were told that a representative for the responsible individual visits the unit regularly. However, there was no documented evidence of the most recent visit.

**The registered provider must ensure that they fully discharge their responsibility under Regulation 28 of the Independent Health Care (Wales) Regulations 2011, by ensuring that a report is produced following their visit to the unit.**

#### **Dealing with concerns and managing incidents**

Information on how patients could make a complaint was displayed within the main foyer area.

The service's Statement of Purpose and Patient Guide, available in Welsh and English, provides information about how to raise a concern or complaint.

We were informed by staff that the number of complaints received about the service provided were very low and are dealt with at source where possible.

All of the staff members who completed the questionnaire said that the organisation encourages them to report errors, near misses or incidents and thought staff who are involved are treated fairly.

We were told that any complaints or incidents are investigated following the root cause analysis approach with actions and learning identified and communicated to staff.

One to one discussions and reflective exercise were also undertaken with staff in addition to team discussions and all staff memo.

### **Workforce planning, training and organisational development**

There was some reliance on agency staff. However, every effort was being made to secure the services of the same staff members to ensure continuation of care and familiarity.

**The registered provider must continue with efforts to recruit permanent staff to reduce the reliance on agency staff.**

Staff at the unit were encouraged to access both in house and external training opportunities.

The staff training information provided showed mandatory training completion rates to be good. Staff were expected to complete training in subjects such as fire safety, infection control, Mental Capacity Act, Deprivation of Liberty Safeguards, Health & Safety and Safeguarding as well as service specific training.

### **Workforce recruitment and employment practices**

There was a formal staff recruitment process in place.

We looked at a sample of staff records and found that the unit had followed the appropriate procedures and undertaken relevant recruitment checks prior to the commencement of employment.

## 4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans 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 inspection.

As a result of the findings from this inspection 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](#).

# Appendix A - Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified during this inspection.			

## Appendix B - Immediate improvement plan

**Service:** Hafan Wen

**Date of inspection:** 23, 24 and 25 October 2023

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate non-compliance issues were highlighted during this inspection.				

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.

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C - Improvement plan

Service: Hafan Wen

Date of inspection: 23, 24 and 25 October 2023

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered persons must review the cleaning arrangements and the recovery support staff's role in this process to ensure that the unit is always kept clean.	Independent Health Care (Wales) Regulations 2011	Recruitment of additional part-time domestic assistant. Takes the team to X4 staff, working across 7-day rota pattern.	Registered Manager	3 Months
	Regulation 15. (8) (c)	Implementation of deep cleaning audit to be put in place at unit which covers all rooms and clinical areas.	Registered Manager	3 Months
The registered person must make arrangements to clean or replace the stained carpets. We further suggest that if carpets are to be replaced then a more suitable composite type of floor covering should be considered for clinical and high traffic communal areas such as corridors.	Standard 13. Infection	Carpet cleaner purchased for unit as an interim measure.	Registered Manager	Immediate
	Prevention and Control (IPC) and Decontamination	Separate quotes arranged for clinical areas, bedrooms, and staff areas for new flooring to be arranged with local flooring company. Schedule of works to	Registered Manager	Immediate

		<p>be put in place to replace flooring.</p> <p>Additional deep clean of communal area flooring. Current company used to attend unit bi-annually, but this will be increased to quarterly visits.</p> <p>Discussions under new contract review for BCU/ABP to assist with funding for replacement flooring.</p>	<p>Registered Manager</p> <p>Associate Director</p>	<p>3 Months</p> <p>3 Months</p>
The registered person should move ahead with plans to secure regular pharmacy support.	<p>Independent Health Care (Wales) Regulations 2011 Regulation 15. (5) (a) and (b)</p> <p>Standard 15. Medicines management</p>	<p>Continued discussions with BCHUB pharmacy to establish robust pharmacy support.</p> <p>Depending on the results of the above consideration of implementing external pharmacy support to establish a robust medicines management system.</p>	<p>Deputy Nurse Manager &amp; Director and Responsible Individual (RI)</p> <p>Nurse Prescriber</p>	<p>3 Months</p> <p>3 Months</p>
The registered provider must set up a system for staff to have regular, documented clinical supervision.	<p>Independent Health Care (Wales) Regulations 2011</p>	<p>Establish Supervision Matrix to provide clinical supervision for lead staff.</p>	<p>Associate Director/&amp; Director and RI</p>	<p>3 Months</p>

	Regulation 20. (2) (a) Standard 25. Workforce Planning, Training and Organisational Development	Embed Supervision Structure & Supervision Matrix to provide clinical supervision for rest of staff team.	Director and RI/ Registered Manager/ Governance Nurse	3 Months
The registered provider must ensure that they fully discharge their responsibility under Regulation 28 of the Independent Health Care (Wales) Regulations 2011, by ensuring that a report is produced following their visit to the unit.	Independent Health Care (Wales) Regulations 2011 Regulation 28.	Internal inspection report provided by external consultant.  Quarterly visits to be arranged with the Responsible Individual (new in post) to ensure that Regulation 28 of the Independent Health Care (Wales) Regulations 2011, is upheld and by ensuring that a report is produced following their visit to the unit.	Adferiad consultant  Director and RI	Immediate  3 Months - Template for report to be formulated
The registered provider must continue with efforts to recruit permanent staff to reduce the reliance on agency staff.	Independent Health Care (Wales) Regulations 2011 Regulation 20.	Recruitment of staff to continue which includes advertising vacant posts on multiple job websites as well as advertising internally.	Registered Manager	3 Months



	Standard 25. Workforce Planning, Training and Organisational Development	To continue to provide an extensive induction programme to support new starters and to improve staff retention.	Registered Manager & Director & RI	3 Months
		To further build links with the volunteering department & encourage more volunteers to the service who could then be considered for vacant posts in the future.	Registered Manager	3 Months
		To consider nontraditional roles to diversify staff team and enable broader recruitment.	Registered Manager/ Director & RI/Associate Director	3 Months

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.

**Service representative**

**Name (print): Gemma Lyon**

**Job role: Registered Manager**

**Date: 15/01/2024**