



DE MORGANNWG | SOUTH GLAMORGAN

**CHC Visit Report**  
(Announced)

**Alcohol Treatment  
Centre (ATC)  
Cardiff City Centre**

**2nd December 2022**

## **Accessible formats**

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# Your Community Health Council

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Community Health Councils (CHCs) are the independent watchdog of NHS services within Wales and we seek to encourage and enable members of the public to be actively involved in decisions affecting the design, development and delivery of healthcare for their families and local communities.

CHCs seek to work with the NHS and inspection and regulatory bodies to provide the crucial link between those who plan and deliver the National Health Service in Wales, those who inspect and regulate it, and those who use it.

CHCs maintain a continuous dialogue with the public through: a wide range of community networks, direct contact with patients, families and carers through enquires, our Complaints Advocacy Service, visiting activities and through public and patient surveys, with the CHC acting as the "Public & Patient Voice" within Cardiff and Vale of Glamorgan.

## Visit Overview

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Members of the CHC visited Alcohol Treatment Centre on Friday 2<sup>nd</sup> December 2022 at 10pm. The Members were accompanied by Stephen Allen CHC Chief Officer.

The purpose of the visit was for the visiting team to observe the environment, quality of service provision being provided at the centre and to gather the views and experiences of the patients, carers and visitors whilst on the ward and wider site.

As part of the visit, members of the CHC were able to speak with the following NHS and other Staff:

- ❖ Clinical Nurse Lead
- ❖ Clinical Staff
- ❖ Welsh Ambulance Services NHS Trust Staff
- ❖ South Wales Police

# Briefing Information

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## Management Arrangements

The Alcohol Treatment Centre (ATC), Cardiff is a part of the Medicine Clinical Board and sits within the Emergency and Acute Medicine Directorate. The area is managed by a General Manager and Lead Nurse.

## Introduction

The ATC is a Nurse led unit that assess', treats and discharges members of the public in the city centre vicinity on a Friday and Saturday night. The attendees that are cared for in the ATC are often intoxicated and require monitoring until safe to be discharge into the care of a responsible person. However, the unit also assess' injuries that do not require attendance to UHW ED. The ATC is also a place of safety in the city centre, providing care for vulnerable people when required. The inclusion criteria for the ATC is as follows:-

- Intoxication
- Injury appropriate to the ATC
- Age >16 years (it is acknowledged that for young people with alcohol related problems, ascertaining the correct age is very difficult). If treatment is commenced on a person and it is found that the individual is under 16 years old, then immediate transfer will be arranged to UHW
- People requiring immediate X-ray / diagnostics at UHW site. It is the senior clinicians' clinical decision as to whether the person can be safely treated at the ATC, with appropriate advice for follow up at the EU the following day.

- Where clinically safe, intoxicated attendees with a high suspicion of recreational drug use.
- Assault with no LOC
- Post Ictal (within normal seizure pattern for patient)
- Psychiatric presentation (not psychosis)
- Sexual assault – police to assist with forensic

The ATC is open, 8pm – 5am every Friday and Saturday night. We also provide additional opening nights for busy periods such as Cardiff University freshers period, to avoid unnecessary attendances at University Hospital Wales (UHW) Emergency Department.

### Capacity

The ATC can hold up to 20 patients at any one time and flexes between stretchers and chairs.

Capacity can increase / be restricted due to safe staffing numbers and limited chair and stretcher capacity.

The ATC has treated 213 patients over the last 3 months, with up to 15-20 attendees on some nights.

This service is provided for Cardiff & Vale Health Board, however some attendees are out of area due to being in the city centre when requiring assessment.

### Staffing

The ATC's nurse staffing levels are:  
1 band 7 Emergency Nurse Practitioner (ENP)  
1 band 7 or 6 RN with clinical assessment skills  
1 band 3 HCSW

The ATC is a nurse led unit with access to ED clinician for advice if required.

The ATC is currently running with 2.34 WTE band 7 vacancies and 2.75 WTE ENP vacancies All posts out to advert – ongoing fluctuation in vacancies. This situation is alleviated by regular bank staff.

In addition to the above core staffing, the ATC is also supported by Welsh Ambulance Service (WAST) who provide a triage vehicle in the city centre on a weekend. The crew based themselves at the ATC for South Wales Police (SWP) provide 1 office each opening night to ensure staff and attendee safety. SWP also have the student bus supporting in term time for all university student to ensure they return home safely.

3<sup>rd</sup> Sector:–

- street pastors provide street-based assistance and refer into the ATC when required.
- Stay safe are based in the ATC on the Saturday providing support to young adults in the city centre
- CAV drug and alcohol service if required

The ATC has had difficulties in the availability of this support in that Street pastors had to reduce from Friday and Saturday night cover to 1 night only due to volunteer availability.

Street pastors are on a volunteer basis. However, the unit does not rely on this service to open.

### Opening/Operating Arrangements

The ATC's opening/operating arrangements are as follows:

- ❖ Every Friday and Saturday night. 8pm – 5am.
- ❖ Additional nights are agreed with SWP/WAST according to local intelligence
- ❖ No restrictions are applied to visitors however we ask for only 1 person to stay with the attendee due to capacity.



## Environmental Improvements

The ATC last had work undertaken in September 2021 which entailed Water leaking in main corridor and staff toilet. Water leak resolved, walls repainted due to damage. New flooring in staff room and kitchen.

Patient damaged wall and front door – repaired. Of this work, there remains some incomplete as heating intermittently not working.

There are planned works to include:-

Estates reassessing heating units November 2022. Due to damp, the unit requires regular monitoring. There is a new building for the ATC. This is a purpose-built unit however this has been significantly delayed and with CAV legal services.

## Concerns

Due to current vacancies, the ATC relies on bank staff.

## **Patient Engagement**

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The CHC spoke to a number of people accessing the service, at the time of our visit the ATC had been open two hours.

People we spoke to were very complementary about the service they received and were appreciative of the care provided.

The CHC witnessed staff going above and beyond their roles to provide assurances and wellbeing checks on those who accessed the service, which should be commended.

Staff commented that the Centre was unprecedentedly quiet at the time of the visit which was unusual, this was quantified from Street Pastors who work closely with the ATC who indicated that the city Centre was less busy than usual.

## Environment

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The environment was clean and clutter free the unit has sufficient space with some offices etc. not fully utilised.

The unit consisted of a main waiting area where treatments were provided, it had a separate treatment room with couch if required. It was noted that there was little privacy and dignity afforded to patients at the time of visit. The center does have screens to cordon off patients however these could reduce line of site for monitoring of patients who required it.

As indicated in the briefing earlier in this report the unit operates overnight and it was evident the heating system was not working, we understand estates were aware of this and a repair was due to made. However, on the evening of the visit temperatures were below freezing resulting in staff having to wear coats whilst working.

The staff room provided was sparse with a half-rounded table and three hard backed chairs, there was an aerial socket and cable however not television was provided. There were no staff facilities available such as a comfortable seat to use. It was acknowledged that staff do not have breaks whilst on duty however, due to the lack of facilities in the staff room resulted in them having hot drinks in view of patients. As this is a multi-disciplinary approach with other services some type of staff provision would be welcomed.

A kitchen was provided to enable the provision of hot drinks through the night for staff, hot drinks were also provided to patients accessing the service and friends/ family members who accompanied them. We identified that staff purchase these refreshments themselves out of their own pockets. The CHC were disappointed that no provision was being made available from the NHS to provide basic welfare support for these staff on duty.

## Interaction with Staff

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We spoke to a number of staff on site which included staff from both NHS and other organisations who support the work of the ATC.

Staff were a cohesive team working together for the benefit of those who accessed the service, it was clear they provided good support to those requiring aid. It was noticed that staff even provided follow up calls to ensure people who could travel home arrived home safely, this again should be commended.

Through CHC observations we were made aware that the unit was due to relocate to a nearby premises however, this had not yet been confirmed. Staff had access to a personal computer however, this was not connected to the NHS system therefore was not used. In addition, communication between the ATC and Emergency Department was difficult as the ATC has no direct line with staff having to use mobile phones to contact the main Emergency Department. We understand that these discussions are clinical in nature to advise the Emergency Department team of who will be attending, we noted that the Clinical lead phoned on several occasions and could not get through to the department, and WAST staff even attempted to contact the ED via their own network. This in the view of the CHC was a patient safety concern and urgent action is required to provide a dedicated secure line from the ATC to the Emergency Department at UHW.

# Summary of Visit

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## Positive Findings

1. The team on duty help people in difficult situations and this was achieved by working both with street pastors, ambulance teams and the police. There was a noticeable comradery (banter) between the individuals in what could potentially be a long and difficult night shift.
2. The environment is clean but sterile, it is sparse and provides the basics for alcohol challenged individuals. Bumps and scrapes can be treated easily on site, and the center acts as a triage point for the main A&E, with anyone needing further treatment, in theory not having to wait to long for this in A&E.

## Negative Findings

1. No facilities for the staff on site.
2. No privacy for patients.
3. It is clear that money is not being spent on this temporary facility, though it should be noted that this temporary arrangement has been in place for a couple of years.
4. No car parking facilities on site or close by.

## Recommendations

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1. Urgent action required to move this facility to its permanent home.
2. Facilities for staff need urgent upgrading (these could easily be transferred to the new building).
3. Provide safe car parking for staff with local businesses as staff have to park away from the site and walk in the early hours, this is a definite safety issue.
4. Provide a fully furnished kitchen for staff.

The visiting team would like to thank the family members and carers who gave their time to speak with them during the visit. Thank you also to the staff for their time and assistance in an interesting and informative visit.