

**Delfryn House
Argoed Hall Lane
Mold
CH7 6FQ**

Inspection 2009/2010

Healthcare Inspectorate Wales

Bevan House
Caerphilly Business Park
Van Road
CAERPHILLY
CF83 3ED

Tel: 029 2092 8850

Fax: 029 2092 8877

www.hiw.org.uk

Inspection Date:	Inspection Manager:
17 November 2009	Mrs Helen Nethercott

Introduction

Independent healthcare providers in Wales must be registered with the Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. The HIW tests providers' compliance by assessing each registered establishment and agency against a set of *National Minimum Standards*, which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at: www.hiw.org.uk

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

Background and main findings

Delfryn House is owned by Cambian Healthcare Ltd., which has several independent hospitals in England and one in South Wales. The main focus of the independent hospitals in Wales is psychiatric rehabilitation. Cambian Education is registered in England to provide specialist residential schools for those with autistic spectrum disorder.

Delfryn House was registered as an independent hospital in December 2005 having been completely refurbished from a nursing home. It is situated just off the junction of the A541 and A494 on the outskirts of Mold in North Wales. The environment has been well maintained since registration and continues to provide a high standard of decoration, fixtures and fittings. The lift was out of order on the day of inspection but a date was agreed for an engineer to visit as part of planned refurbishment.

Delfryn House is registered to provide care for 28 male adults between the ages of 18 and 65 years with a primary diagnosis of enduring mental health problems whose assessed needs are for psychiatric rehabilitation. Delfryn House is not registered to provide care to patients with a primary diagnosis of sexual offending behaviour, drug or alcohol addictions, self-harming behaviors or acquired brain injury.

Delfryn House operates a locked door policy, however it is not considered to be a secure service and does not meet the best practice guidance standards issued by the Department of Health for a low secure psychiatric. There are procedures in place to ensure that patients not detained under the Mental Health Act are not restricted

The company submitted a range of documentation prior to the inspection in relation to the management of violence, aggression and disturbed behaviour. The outcome of this review was positive. Staff reported that incidences of disturbed behaviour were rare and that de escalation techniques were successfully used by staff on most occasions. Staff reported that seclusion is not used however 'time out' is used to provide quiet time. The registered manager was aware of the need to ensure that patients encouraged to spend a period of time quietly are not in effect being secluded without the required checks and safeguards and ensures this does not take place.

It was noted from pre inspection information and during the visit that there was

- A comprehensive statement of purpose and patient guide
- A range of documentation in evidence boxes to show compliance with the National Minimum Standards.
- An active clinical governance structure and clinical audit programme.

It was noted that nursing staff had previously been filling dosette boxes for self administration from named patient medication boxes. This practice is to be discouraged and is not in line with best practice guidance. Staff reported that recent discussions with the pharmacist reached agreement that the pharmacist would undertake this role.

There were many policies to cover the management of medicines. However there were also some aspects that were not covered by the polcicies such as the language and terms to be used when prescribing, prescribing as required medicines and filling dosette boxes. As the quantity of policies may be confusing for staff it was suggested that these are reviewed and consolidated into fewer documents to comprehensively cover the topic. Following the inspection the registered manager reported that a revised policy has been completed and submitted to the Board for approval and implementation.

There was a structured programme for each patient incorporating a wide range of activities and groups. The focus was around the provision of a therapy programme between 9am and 5 pm on weekdays with recreational activities for evening and weekends.

Delfryn House was awarded the 'Full Monty' as part of the Star Wards initiative in 2009. The award is based on 75 quality statements to improve the patient experience in psychiatric services. Participation in this initiative is to be commended.

Supervision and management support structures were in place for staff, together with a comprehensive training plan. Positive interactions were noted between staff and the staff and patients, and there appeared to be a calm confidence to the leadership of the team.

Discussions with both staff and patients provided evidence of a balance between supervision and support against the need for privacy and self determination, with patients stating that their wishers were respected.

An incident involving patient money had been appropriately reported to under Protection of Vulnerable Adult (POVA) arrangements and the policy for handling patient money was revised and updated as a result.

The last visit by the Environmental Health Officer resulted in a Gold Award for the establishment which is to be commended. Patients stated that they were happy with the menu choices provided.

Patient records included well presented care plans, treatment plans, risk assessments and risk management plans. There was evidence that appropriate agencies and significant individuals were invited to Care Programme Approach (CPA) meetings and that patient's were involved in developing their care plans.

The inspections Manager would like to thank the staff and patients for their time and cooperation during the unannounced inspection visit.

Achievements and compliance

There were no requirements from the last inspection report.

Registration Types

This registration is granted according the type of service provided. This report is for the following type of service

Description
Independent Hospital
Independent hospitals with overnight beds providing medical treatment for mental health (including patients detained under the Mental health Act 1983)

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Condition number	Condition of Registration	Judgement
1.	The total number of persons accommodated at any one time must not exceed 28 (twenty eight) persons.	Compliant
2.	The registered person is registered only a) To provide, subject to conditions 3) and 4) below, medical and psychiatric treatment to rehabilitate male adults between the ages of 18 and 65 years who: i) have a primary diagnosis of enduring mental health problems and ii) have been assessed as in need of psychiatric rehabilitation b) Within a) above, to accommodate persons who may be liable to be detained under the Mental Health Act 1983.	Compliant
3.	The registered person must not admit the patients with a primary diagnosis or reason for admission of: a) sexual offending behaviours; b) dependence on alcohol; c) acquired brain injury	Compliant
4.	One male over the age of 65 years may be accommodated until 30 September 2008 as named in a separate confidential letter dated 28 May 2008. He will hereafter be referred to as Mr A.	Compliant
5.	The minimum staffing levels for the establishment must be provided as specified in the agreed Statement of Purpose dated 23 March 2008. This document specifies the minimum staffing levels, which must be reviewed and adjusted as necessary to ensure that the assessed needs of all patients are met.	Compliant

Assessments

The Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. The Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, the Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: A self assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection

Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number.

- Core standards
- Service specific standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate.

Core standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment	Standard met
C2	The treatment and care provided are patient - centred	Standard met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Standard met
C4	Patient are assured that monitoring of the quality of treatment and care takes place	Standard met
C5	The terminal care and death of patients is handled appropriately and sensitively	Not assessed
C6	Patients views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients	Standard met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services	Standard almost met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clear line of accountability for the delivery of services	Standard met
C9	Patients receive care from appropriately recruited, trained and qualified staff	Standard met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively	Standard met

Number	Standard Topic	Assessment
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners	Standard not assessed
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice	Standard met
C13	Patients and personnel are not infected with blood borne viruses	Standard not assessed
C14	Children receiving treatment are protected effectively from abuse	Standard met
C15	Adults receiving care are protected effectively from abuse	Standard met
C16	Patients have access to an effective complaints process	Standard met
C17	Patients receive appropriate information about how to make a complaint	Standard met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice	Standard met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment	Standard met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition	Standard met
C21	Patients receive appropriate catering services	Standard met
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately	Standard met
C23	The appropriate health and safety measures are in place	Standard not assessed
C24	Measures are in place to ensure the safe management and secure handling of medicines	Standard met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner	Standard met
C26	Controlled drugs are stored, administered and destroyed appropriately	Standard met
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard met
C28	Patients are not treated with contaminated medical devices	Standard met
C29	Patients are resuscitated appropriately and effectively	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality	Standard met
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations	Standard met
C32	Patients are assured of appropriately competed health records	Standard met

Number	Standard Topic	Assessment
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality	Standard met
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects	Standard met

Service specific standards - these are specific to the type of establishment inspected

Number	Mental Health Hospital Standards	Assessment
M1	Working with the Mental Health National Service Framework	Standard met
M2	Communication Between Staff	Standard met
M3	Patient Confidentiality	Standard met
M4	Clinical Audit	Standard met
M5	Staff Numbers and Skill Mix	Standard met
M6	Staff Training	Standard met
M7	Risk assessment and management	Standard met
M8	Suicide prevention	Standard met
M9	Resuscitation procedures	Standard met
M10	Responsibility for pharmaceutical services	Standard met
M11	The Care Programme Approach/Care Management	Standard met
M12	Admission and assessment	Standard met
M13	Care programme approach: Care planning and review	Standard met
M14	Information for patients on their treatment	Standard met
M15	Patients with Developmental Disabilities	Standard not applicable
M16	Electro-Convulsive Therapy (ECT)	Standard not applicable
M17	Administration of medicines	Standard met
M18	Self administration of medicines	Standard met
M19	Treatment for Addictions	Standard met
M20	Transfer of Patients	Standard met
M21	Patient Discharge	Standard met
M22	Patients' records	Standard met
M23	Empowerment	Standard met
M24	Arrangements for visiting	Standard met
M25	Working with Carers and Family Members	Standard met
M26	Anti-discriminatory Practice	Standard met
M27	Quality of Life for Patients	Standard met
M28	Patient's Money	Standard met
M29	Restrictions and Security for Patients	Standard met
M30	Levels of observation	Standard met
M31	Managing disturbed behaviour	Standard met
M32	Management of serious/untoward incidents	Standard met

M33	Unexpected patient death	Standard met
M34	Patients absconding	Standard met
M35	Patient restraint and physical interventions	Standard met
M41	Establishments in which treatment is provided for persons liable to be detained - Information for Staff	Standard met
M42	The Rights of Patients under the Mental Health Act	Standard met
M43	Seclusion of Patients	Standard met
M44	Section 17 Leave	Standard met
M45	Absent without Leave under Section 18	Standard met
M46	Discharge of Detained Patients	Standard met
M47	Staff Training on the Mental Health Act	Standard met

Schedules of information

The schedules of information set out the details of what information the registered person must provide, retain or record, in relation to specific records.

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose	Compliant
2	Information required in respect of persons seeking to carry on, manage or work at an establishment	Compliant
3 (Part I)	Period for which medical records must be retained	Compliant
3 (Part II)	Record to be maintained for inspection	Compliant
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services	Not applicable
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital	Not applicable

Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the ‘registered person’ who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. The Healthcare Inspectorate Wales will request the registered person to provide an ‘action plan’ confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Requirement	Time scale
C7, C24	14(5)	<p>Findings There were several policies and procedures for the management of medicines but there were also some areas that were not adequately covered e.g. prescribing of medicines – language to be used and use of as required, filling of dosette boxes.</p> <p>0910/1 Action Required The registered person is required to have a suitable comprehensive policy for the management of medicines.</p>	31 January 2010

Recommendations

Recommendations may relate to aspects of the standards or to national guidance. They are for registered persons to consider but they are not generally enforced.

No recommendations have been made.

The Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector.

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