

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

**Inspection Report 2010-2011**

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<b>Inspection Date:</b>	<b>Inspection Manager:</b>
10 January 2011	Mr John Powell, one Independent Healthcare Assistant and one Mental Health Act Reviewer

## Introduction

Independent healthcare providers in Wales must be registered with 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. 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](http://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

An unannounced inspection was undertaken to Delfryn House hospital on 10 January 2011 by an inspection manager, one independent healthcare reviewer and one Mental Health Act Reviewer. 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.

Delfryn House is registered to provide care for 28 male adults who are 18 years of age and over with a primary diagnosis of a mental disorder and who maybe liable to be detained under the Mental Health Act 1983. Delfryn Lodge is registered to provide care for 24 female adults who are 18 years of age and over with a primary diagnosis of a mental disorder and who maybe liable to be detailed under the Mental Health Act 1983. Delfryn House and Lodge must not admit patients diagnosed with a learning disability and are not registered to provide care to patients with a primary diagnosis of sexual offending behaviours, dependence on alcohol and acquired brain injury.

As part of the inspection process the registered provider submitted a completed self-assessment form and an extensive range of supporting documentation to demonstrate how they meet the National Minimum Standards For Private and Voluntary Healthcare Services. The inspection focused upon the analysis of a range of documentation including the examination of patient records and discussion with the manager, head of care and a range of staff employed at the hospital. In addition, a number of patients were also interviewed and feedback obtained from both patients and staff has been used within this report.

In respect of the main inspection findings, the registered provider had in place:

- A comprehensive statement of purpose and patients' guide. In addition, patients were also given a *'resident welcome pack'* containing information on a number of areas including; detention under the Mental Health Act, finances, meals, activities, advocacy services and medication.
- A system of care documentation that included; a profile of the patient, a range of assessments and a number of care plans. However, there was a lack of patient and members of the multi-disciplinary team (MDT) signatures on the individual patient care plans. In addition, there were a number of risk assessments and risk management plans in place. Section 17 leave forms

accurately described the conditions attached to the granting of leave. However, patient notes were not integrated into a single multi-disciplinary record and there were separate sections for the responsible clinician and occupational therapist to record information. In relation to the Mental Health Act 1983 there was evidence that the rights of patients detained under the Act were explained to them on a regular basis.

- A patient survey had been undertaken and the results were analysed in a report dated May 2010. A number of recommendations with proposed timescales had been identified and all of these had been addressed by the registered provider.
- An extensive range of policies and procedures with the date of formulation and anticipated review. There was a record of staff signatures to confirm that they had read the policies and procedures relevant to their area of work. The policy and procedure to ensure effective communication between staff addressed the area of conducting nursing handovers between shifts.
- A staff training programme was in place and this covered a range of topics including; first aid and resuscitation, fire safety, manual handling, infection control, Mental Health Act 1983, report writing, health & safety and the Protection of Vulnerable Adults (PoVA). However, a significant number of staff had not attended refresher training in the prevention management of aggression and techniques to defuse situations and in physical intervention techniques according to current guidelines. Also staff had not received training in anti-discriminatory practice, what constitutes a complaint and the procedures for dealing with complaints. In addition, there was no record to confirm that medical practitioners had attended fire prevention training.
- A range of activities/therapies were on offer including; computer skills, cookery, budgeting, art and craft, music therapy, physical fitness and a number of recreational activities including; swimming and shopping trips to Mold and Wrexham. However, a number of patients that were spoken with complained of boredom and therefore it is essential that a full review of activities is undertaken to ensure that the available activities meet the needs of the patient group.

- A number of areas had been subject to audit including; Mental Health Act compliance, complaints and pharmacy. However, the audit programmes did not include; monitoring of multi-professional working in mental health teams, monitoring multi-professional contributions to clinical records, the extent and quality of direct staff-patient contact, the use of comparative information on clinical outcomes and evaluation against research findings and evidence based practice.
- In terms of staffing an array of disciplines were employed to work at the establishment. In terms of nursing staff, the Inspection Manager was informed that there had been occasions when the hospital had not meet the staffing numbers detailed within the '*statement of purpose*'. The inspection team was informed that this was due to the establishment not being able to use agency staff. This situation must be resolved to ensure that the staffing numbers do not fall below the levels detailed within the statement of purpose dated August 2010. This is a condition of registration and must be complied with.
- A ligature risk assessment had been undertaken and some remedial action had been identified, however, due to the extent of ligature risks identified this assessment required up-dating with the actions already undertaken.

In respect of the other inspection findings feedback from patients was very positive in relation to the attitude and support received from the staff group. Patients felt that they were treated with respect, courtesy and politeness. The inspection team members observed a good rapport between patients and staff throughout the inspection visit. .

An advocacy service was available and an advocate visited the hospital on a weekly basis, details of the advocacy service were displayed on all of the wards. The complaints procedure was also available on both wards.

Patient information in relation to medication, therapies and rights was available and a *'welcome pack'* was given to all patients that included; toiletries, CD player and a dressing gown. Patients were also given a gift of three hundred pounds to spend on clothing, electrical appliances and to assist with therapeutic activities.

In relation to the area of medicines management a brief overview of the ordering, storage, use and disposal of medicines was undertaken. Patients self medicated on a risk based approach and this medication was dispensed by the pharmacist. No *'Controlled Drugs'* were stocked at the establishment and a British National Formulary (BNF) dated September 2010 was available as a relevant reference source. There was a comprehensive range of policies and procedures in relation to the area of medicines management available at the establishment.

The catering service for patients provided three meals a day and choice and variety was evident and specific dietary requirements were catered for. Fruit and hot drinks were available on demand.

In relation to the environment, Delfryn Lodge is a newly built ward that provided a high standard of accommodation for 24 female patients. On the ward there was a well equipped *'beauty salon,'* a multi-faith room, a child friendly visiting area and generous space for recreational and social activities. Delfryn House provided accommodation for 28 male patients and whilst the accommodation was comfortable, light and airy, and there were areas that required a programme of redecoration.

The inspection manager would like to thank the manager, head of care, staff and patients for their time and co-operation during the unannounced inspection visit.

## **Achievements and Compliance**

Within the previous inspection report one regulatory requirements had been identified, an action plan had been received and the regulatory requirement had been addressed.

In relation to achievements the newly built Delfryn Lodge provided a very high standard of accommodation for the patients accommodated. The welcome pack and gift were also a positive initiative for the patients.

## Registration Types

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

Description
<b>An Independent hospital with overnight beds providing medical treatment for mental health (including patients detained under the Mental Health Act 1983).</b>

## 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 in the establishment at any one time must not exceed 52 (fifty two) persons as specified below: <ul style="list-style-type: none"> <li>a) Delfryn House - Male Rehabilitation Unit - 28 beds</li> <li>b) Delfryn Lodge - Female Rehabilitation Unit - 24 beds</li> </ul>	Compliant
2.	The registered person is registered only:  To provide, subject to condition 3) below, medical and psychiatric treatment to rehabilitate adults who are 18 years of age and over who are diagnosed with a mental disorder and who may be liable to be detained under the Mental Health Act 1983.	Compliant



Condition number	Condition of Registration	Judgement
3.	The registered person must not admit the patients diagnosed with a learning disability, or those whose primary diagnosis or reason for admission is: <ul style="list-style-type: none"> <li>a) sexual offending behaviours;</li> <li>b) dependence on alcohol;</li> <li>c) acquired brain injury.</li> </ul>	Compliant
4.	The minimum staffing levels for the establishment must be provided as specified in the agreed Statement of Purpose dated August 2010. This document specifies the <b>minimum</b> staffing levels, which must be reviewed and adjusted as necessary to ensure that the assessed needs of all patients are met.	Insufficient Assurance

Action required where a condition is judged as either not complied with or there is insufficient assurance to make that judgement.

Condition number	Findings and action required	Time scale
4	<p><b>Findings:</b></p> <p>The inspection manager was informed that there had been occasions when the hospital had not met the staffing numbers detailed within the 'statement of purpose.'</p> <p><b>Action Required:</b></p> <p>The registered person is required to ensure that at all times the staffing numbers detailed within the statement of purpose dated August 2010 are provided.</p>	Immediate and ongoing.

## Assessments

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. 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, 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 almost met
C3	Treatment provided to patients is in line with relevant clinical guidelines.	Standard met
C4	Patients are assured that monitoring of the quality of treatment and care takes place.	Standard almost met
C5	The terminal care and death of patients is handled appropriately and sensitively.	Standard met
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 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 not inspected
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
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners.	Standard not inspected
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice.	Standard not inspected
C13	Patients and personnel are not infected with blood borne viruses.	Standard not inspected
C14	Children receiving treatment are protected effectively from abuse.	Standard not inspected
C15	Adults receiving care are protected effectively from abuse.	Standard met
C16	Patients have access to an effective complaints process.	Standard almost 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 almost met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition.	Standard met

Number	Standard Topic	Assessment
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 inspected
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 not inspected
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 not inspected
C32	Patients are assured of appropriately competed health records.	Standard met
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 not inspected

**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

Number	Mental Health Hospital Standards	Assessment
M4	Clinical audit.	Standard almost met
M5	Staff numbers and skill mix.	Standard almost met
M6	Staff training.	Standard almost met
M7	Risk assessment and management.	Standard almost 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 not inspected
M15	Patients with developmental disabilities.	Standard not inspected
M16	Electro-Convulsive Therapy (ECT).	Standard not inspected
M17	Administration of medicines.	Standard met
M18	Self administration of medicines.	Standard met
M19	Treatment for addictions.	Standard met
M20	Transfer of patients.	Standard not inspected
M21	Patient discharge.	Standard not inspected
M22	Patients' records.	Standard almost 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

Number	Mental Health Hospital Standards	Assessment
M28	Patients' money.	Standard not inspected
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 almost 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 not inspected
M44	Section 17 leave.	Standard met
M45	Absent without Leave under Section 18.	Standard met
M46	Discharge of detained patients.	Standard not inspected
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

Schedule	Detail	Assessment
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. 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
C2	15 (1)	<p><b>Findings</b></p> <p>There was a lack of patient and members of the multi-disciplinary team (MDT) signatures on the individual patient care plans to demonstrate patient and MDT involvement.</p> <p><b>Action Required</b></p> <p>The registered person is required to ensure that there is full MDT and patient involvement with their individual care plans.</p>	Within 28 days of the date of this report.
C4 & M4	16 (1)	<p><b>Findings</b></p> <p>The audit programmes did not include; monitoring of multi-professional working in mental health teams, monitoring multi-</p>	Within 3 months of receiving this report.



Standard	Regulation	Requirement	Time scale
		<p>professional contributions to clinical records, the extent and quality of direct staff-patient contact, the use of comparative information on clinical outcomes and evaluation against research findings and evidence based practice.</p> <p><b>Action Required</b></p> <p>The registered person is required to ensure that the audit programmes include; monitoring of multi-professional working in mental health teams, monitoring multi-professional contributions to clinical records, the extent and quality of direct staff-patient contact, the use of comparative information on clinical outcomes and evaluation against research findings and evidence based practice.</p>	
C16, M6	17 (2) (a)	<p><b>Findings</b></p> <p>A significant number of staff had not attended training in anti-discriminatory practice, what constitutes a complaint and the procedures for dealing with complaints.</p> <p><b>Action Required</b></p> <p>The registered person is required to ensure that all staff receive training in anti-discriminatory practice, what constitutes a complaint and the procedures for dealing with complaints.</p>	Within 28 days of receiving this report

Standard	Regulation	Requirement	Time scale
C19	24 (4) (c)	<p><b>Findings</b></p> <p>There was no record that medical practitioners had attended recent training in fire prevention.</p> <p><b>Action Required</b></p> <p>The registered person is required to ensure that all staff attend suitable fire prevention training. A record of this training must be maintained.</p>	Within 28 days of receiving this report.
M7	15 (1) 24 (2) (d)	<p><b>Findings</b></p> <p>A ligature risk assessment had been undertaken and some remedial action had been identified, however, due to the extent of ligature risks identified this assessment required up-dating with the actions already undertaken.</p> <p><b>Action Required</b></p> <p>The registered person is required to ensure that the ligature risk assessment is updated to reflect the present situation including any remedial action undertaken.</p>	Within 28 days of receiving this report.
M27	14 (1) a 16	<p><b>Findings</b></p> <p>There was little to demonstrate that a therapeutic and structured day of planned activities had been sufficiently implemented for patients. Some patients complained of boredom.</p> <p><b>Action Required</b></p> <p>The registered person is required to conduct a review of the activities provided for patients to ensure the proper provision to enable patients to make decisions about matters affecting their care is taken account of. A copy of this review is to be sent to HIW along with evidence of how this is to be taken forward and implemented with patients on a day to day basis.</p>	Within 3 months of receiving this report.

Standard	Regulation	Requirement	Time scale
M35	17 (2) (a)	<p><b>Findings</b></p> <p>A significant number of staff had not attended refresher training in the prevention management of aggression and techniques to defuse situations and in physical intervention techniques according to current guidelines.</p> <p><b>Action Required</b></p> <p>The registered person is required to ensure that all staff attend refresher training in the prevention management of aggression and techniques to defuse situations and in physical intervention techniques according to current guidelines.</p>	Within 28 days of receiving this report

## 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.

Standard	Recommendation
M22	Patient notes should be integrated into a single multidisciplinary record.

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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