

STANDARD	REGULATION	FINDINGS (PARAGRAPH NUMBER)	REQUIREMENT	TIMESCALE	COMPLETED	COMMENTS / UPDATE FROM DELFRYN																		
10	18 (1) A	2.5	The registered provider must ensure that the privacy and dignity of patients is protected and vision panels in patient bedroom doors must not be left open	Immediate and ongoing	Ongoing	In relation to this the panels are checked to be in closed position hourly by staff, but can be opened by patients. If a patient has opened this, staff are asked to close the panel and explain to the patient the reason why. If the panel is required to be open for a risk reason the rationale for this must be fully documented.																		
25	20 (1) (a) & (2) (a)	2.12, 2.14 & 2.15	<p>The registered provider must ensure that at all times suitably qualified, skilled and experienced persons are working in the establishment and must ensure that all staff are trained in:</p> <p>Managing Violence and Aggression; Mental Health Act (1983); Mental Capacity, Deprivation of Liberty, Safeguarding, DOLS, fire prevention, infection control, health & Safety, Safeguarding Adults and Children. In addition, all staff must receive an appropriate level of induction.</p>	The initial timescale for this action has passed and the registered provider has confirmed that all staff have now been trained in the areas identified	Ongoing	<p>All staff members receive full induction training and on-going updates. In addition site specific training is provided (i.e.) female services training.</p> <p>By April last year we were fully compliant, as per action plan and confirm that as at 8th May 2013 the current compliance for site, which includes all clinical and non clinical staff is:</p> <table border="1" data-bbox="1559 979 2040 1533"> <thead> <tr> <th>TITLE</th> <th>HOUSE and RHYD ALYN%</th> <th>LODGE %</th> </tr> </thead> <tbody> <tr> <td>First Aid</td> <td>100</td> <td>94.7</td> </tr> <tr> <td>Food Hygiene</td> <td>93.8</td> <td>94.7</td> </tr> <tr> <td>H&S</td> <td>100</td> <td>97</td> </tr> <tr> <td>Infection Control</td> <td>97</td> <td>98.4</td> </tr> <tr> <td>Safeguarding</td> <td>100</td> <td>100</td> </tr> </tbody> </table>	TITLE	HOUSE and RHYD ALYN%	LODGE %	First Aid	100	94.7	Food Hygiene	93.8	94.7	H&S	100	97	Infection Control	97	98.4	Safeguarding	100	100
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15	15 (5) (a)	2.13	The registered person must ensure that all staff receives regular supervision and appraisal.	Immediate and ongoing	Ongoing	<p>To ensure that support and learning is ongoing we have implemented and continue to embed a 3 tier level of supervision; individual, SW/RMN and group. This is in addition to reflective practice sessions which are being led by the psychology team.</p> <p>We ensured that all staff received an appraisal and these are to be done annually.</p>												
8	15 (1) (a) & (b)	2.20, 2.21, 7 2.22	<p>The registered provider must ensure that care plans and risk assessments are available for all patients and are regularly updated.</p> <p>In addition a single comprehensive record is maintained.</p>	Immediate and ongoing	Ongoing	<p>All RMNs received care plan training following inspection and further training has also been given by Heads of Care.</p> <p>In addition we completed a recent review of all care plans for all patients across site to ensure they were operating on the least restrictive practices and that if there are any restrictive practices that these are appropriate in line with risk assessment</p>												

						and that the patient is aware of these and why they are in place.
24	15 (1) (a) & (b) and 18 (2) (b)	2.23 & 2.24	The registered provider must undertake a thorough review of the time registered nurses spend on recording information with a view to ensuring this is kept to a reasonable level	A full audit to be undertaken by 31 March 2013, the results sent to HIW	Completed and attached	<p>When we received this the timescale for completion had already passed.</p> <p>We would be happy to complete a full time and motion study if HIW would like this, however we have made progress already in making the way we work 'smarter' and commit to continuing to implement new ways of working following a audit full outcome from Newton's who are a specialist consultancy service employed by Cambian to look at improving efficiency and performance in all areas of the business.</p> <p>As a result of their audit, and in line with HIW feedback, we have already implemented the following:</p> <ul style="list-style-type: none"> (i) Daily risk assessments are now completed electronically, which allows RMNs to 'click' to make amendments as opposed to handwriting all risk assessments. (ii) CPA (to also be CTP) has now changed to an electronic format so graphs and data are electronically formed from data inputted at ward round, as opposed to replicating work. (iii) Shared computer drives have been re-organised to assist RMNs to find the necessary data more easily. (iv) Care plans are now handwritten so that they are able to be changed immediately and to stop RMNs having to type following meetings where

					<p>they were handwritten.</p> <p>(v) Newton's are continuing to work with Cambian and agreed there will be further initiatives that can be implemented/changes made, to aid the way we document; ensuring we work in the most effective way.</p> <p>As stated if HIW do wish us to complete a specific audit, please let us know, or failing this we will continue to update HIW with further steps we make in line with decreasing time RMNs spend completing paperwork.</p>
10	19 (1) (a) & (b) and 15 (1) (a) (b) & (c)	2.25	The registered provider must ensure that all decisions are individually based upon patient need and a "blanket approach" to care is avoided	Immediate and ongoing	<p>In addition to the work that was completed immediately following inspection, where we spoke to each patient and ensured that there were no 'rules' being imposed (other than those on the rules of the house), we completed a recent audit of all care plans to minimise restrictive practices and also the patient surveys have been completed.</p> <p>Patients who are being nursed on 1:1 or high levels of observations will have care and any restrictions reviewed daily in morning meetings to aim to reduce these as quickly and safely as possible.</p> <p>We now have patient representatives and a patient council. This has been embedded well within Delfryn lodge and continues to be work in progress at Delfryn House. The patient representatives receive training and attend clinical governance, as well as chairing patient council meetings.</p>