

**A review of care provided to
patients with a learning difficulty
or mental health issue at:**

**Delfryn House and Lodge and
Rhyd Alyn Independent
Mental Hospital**

Date of visits: 5, 6, 7 and 8 December 2011

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1. Introduction and Background

1.1 Healthcare Inspectorate Wales (HIW) is the regulator of healthcare services in Wales, a role it fulfils on behalf of the Welsh Ministers who, through the authority of the Government of Wales Act 2006, are designated as the registration authority for Wales.

1.2 Independent healthcare providers must be registered with HIW before they can provide services in Wales. In order to register they must demonstrate compliance with the Care Standards Act 2000 and associated regulations. Further information about the Standards and related regulations can be found at www.hiw.org.uk.

1.3 In May 2011, the BBC's investigative television series '*Panorama*' broadcast a programme that highlighted abuse and ill-treatment of individuals with a learning difficulty who were residing at an independent hospital in Bristol. The programme understandably gave rise to great public concern. As a result HIW decided to bring forward our annual programme of reviews of independent hospitals providing learning difficulty and mental health services.

1.4 The focus for the reviews was to ensure that individuals accessing such services are:

- Safe.
- Cared for in a therapeutic and homely environment.
- In receipt of appropriate care and treatment from staff who are appropriately trained.
- Encouraged to input into their care and treatment plans.
- Supported to be as independent as possible.
- Allowed and encouraged to make choices.
- Given access to a range of activities that encourage them to reach their full potential.
- Able to access independent advocates and are supported to raise concerns and complaints.

- Supported to maintain relationships with family and friends where they wish to do so.

1.5 As part of our inspection process, we routinely hold comprehensive discussions with patients and staff, and we carefully observe the interactions between them. We may also meet with family members or patient advocates to seek their views on the care provided. In addition to reviewing the appropriateness of the physical environment we also evaluate the adequacy of a range of documentation including; patient care plans; policies and procedures; staff induction and training plans and complaint, restraint and incident records. HIW uses a range of expert and lay reviewers for the inspection process, including a reviewer with extensive experience of monitoring compliance with the Mental Health Act 1983.

Delfryn House and Lodge

1.6 Delfryn House and Lodge independent hospital was first registered in December 2005 and at the time of our visit was registered to provide care to 58 patients on two wards and a step down facility (Rhyd Alyn). The hospital provides a rehabilitation service for patients with a mental disorder who may also be detained under the provisions of the Mental Health Act (1983). The hospital's registered provider is Cambian Healthcare Ltd.

1.7 HIW undertook an unannounced visit to Delfryn on 5, 6, 7 and 8 December 2011.

1.8 The findings arising from this visit are set out Section 2 of this report. We have identified areas of strength as well as areas that require improvement. Section 4 of this report sets out HIW's requirements for action.

1.9 Following the visit detailed verbal feedback was given to the registered manager and the head of care and this was followed by a letter to the registered provider and manager detailing the regulatory breaches. In response to this letter the registered provider submitted an action plan to HIW

2. Our Findings

2.1 The terms of reference for this review are structured around a series of fundamental questions that we feel patients, their relatives and commissioners of services¹ would want us to address. For ease of reference and understanding we have set out our findings under the heading of each question. The first of these questions:

‘Were those accessing services at the time of our visit safe?’

is considered in Section 3 of this report, where we present our conclusions and next steps. This question can only be answered when we have given careful consideration to the answers to the questions below.

‘Were those accessing services at the time of our visit cared for in a therapeutic, homely environment?’

2.2 At the time of our visits patients were being cared for at:

Delfryn House

2.3 Delfryn House accommodates male patients and all bedrooms are single occupancy. Patients have their own room key and have access to personal lockers. 28 patients can be accommodated and at the time of our visit 19 patients were being cared for. There is a bright, welcoming and homely feel to the house and the two lounges were set out well and not cluttered. There are rooms for confidential and multi-disciplinary team meetings. The craft room is a popular area and displays art and craft work created by patients. Patients can access the garden until midnight.

¹ Commissioners of services - the organisation that is purchasing services and treatment from the registered provider.

2.4 The layout of the house is generally good with few blind spots. In two cases the vision panels in bedroom doors were open which could compromise privacy and dignity. The vision panels in bedroom doors should have a default position of being closed and only open in cases arising from specific risk assessment. Two corridor cupboards containing electrical wiring were found to contain paper alongside electrical equipment. This was addressed at the time and the paper was removed. Storing documentation in such areas is a fire risk and regular checks should be conducted to ensure that they are not being used for inappropriate storage.

Delfryn Lodge

2.5 This is a female ward that can accommodate up to 24 patients and 19 patients were being cared for at the time of the visit. All patients have individual en-suite rooms and there are two separate bathrooms. The environment was similar to Delfryn House, with pictures and soft furnishings and evidence of patients personalising their rooms.

2.6 The visiting area for children contained a number of toys but the entrance to this area could be viewed from the female lounge which might not be appropriate in all cases.

Rhyd Alyn

2.7 This ward accommodates six patients and four patients were being cared for at the time of the visit. The focus of the ward is on developing self care and personal living skills prior to discharge. Part of the rehabilitation programme includes cooking skills and it is very apparent that the kitchen was not big enough for six people to be preparing meals at the same time. The person in charge of the unit informed HIW that this issue was addressed by patients cooking meals at separate times.

'Were those accessing services at the time of our visit in receipt of appropriate care and treatment from staff who are appropriately trained?'

Staff Numbers

2.8 The number and qualifications of staff in post at the time of our visit were adequate to care for the 42 patients accommodated. No agency staff were employed, although the manager uses bank staff when required. We were pleased to note that concerns in relation to a shortage of staff reported in our 2010-2011 report had been addressed and staff reported told us that morale had improved as a result.

Staff Training

2.9 We interviewed 13 staff during our visit and examined staff records and individual personal files. It was apparent that some staff had not received mandatory training for some time and this needed to be addressed as a matter of urgency.

2.10 A few staff needed further training in the Management of Violence and Aggression (MVA) to enable them to appropriately deal with aspects of challenging behaviour.

2.11 It was apparent that not all staff had fully completed induction training. It is important that all staff complete induction training in order to ensure that they are fully equipped and aware of the organisations systems and processes.

2.12 Staff supervision was not being carried out with the frequency required. The perception of some staff was that supervision would be delayed in the event of staff shortages. In most cases annual staff appraisals were not being undertaken which raises concerns about whether care practices are being fully monitored and learning needs are being identified.

2.13 Concerns were raised about medication management practices and issues were highlighted in relation to the borrowing of patient medication for a patient, whose medication was out of stock, recording of drug usage and the storage of controlled drugs.

2.14 The hospital provided assurances that a programme of training would be put in place and implemented which would ensure that the training requirements of all relevant staff would be brought up to date. The programme will cover 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. Other training would be done electronically by individual staff and the learning would be assessed. The aim of the hospital was that all staff would be trained by April 2012 and this will be monitored on further visits.

2.15 We were advised following the visit, that an independent pharmacist had been contracted to develop specific training modules for registered nurses. This would include the management of controlled drugs and the administration of medicines.

2.16 HIW were informed that the Head of Care would carry out clinical competencies assessments with all registered nurses

2.17 A locked controlled drugs cupboard has been installed since our visit. All keys are held by a registered nurse on duty at the hospital.

Policies and Procedures

2.18 An extensive range of policies and procedures were in place. They were up-to-date and there was evidence that staff had read them.

'Were those accessing services at the time of our visit encouraged to input into their care and treatment plans, supported to be as independent as possible and allowed and encouraged to make choices?'

Review of Care Planning Documentation

2.19 We reviewed care planning documentation and found that they were not completed consistently. Some were comprehensive and current, whilst others contained risk assessments that were out of date.

2.20 In one case on Rhyd Alyn the care plan was not available on the ward. This is not acceptable and it was raised as an immediate issue during our visit. The hospital rectified the matter and they have since instituted a system to ensure that all patients had a care plan available on the ward that they were staying. We were advised that following our visit, care plans will be reviewed regularly and the head of care will carry out spot checks.

2.21 The care plans were not kept as a single set for each patient. Some professions maintained their own comments in separate sections which made it difficult for staff to establish the care that had been given from a chronological perspective.

2.22 Registered nurses spend too much time recording information which detracts from contact with patients. Staff and patients raised this concern with us and from our observations we share the concern. In their response to our post visit letter the hospital has given a commitment to review the way care plans are maintained.

2.23 Our interviews with patients and scrutiny of care plans revealed that some patients did not know what was in their care plans. It is important that care plans are up-to-date and that patients are encouraged, repeatedly if necessary, to be closely involved in their care planning. Whilst it is acknowledged that documentation is an essential part of care delivery, a review of the paperwork is required to ensure that registered nurses have sufficient time to involve patients with the care planning process.

2.24 Some decisions about patient care did not take account of individual preferences. For example, a decision had been made to ban caffeine based drinks from Delfryn House. The hospital has since decided to give more clarification to patients about why such drinks might need careful monitoring in particular cases.

2.25 The Care Programme Approach (CPA)² was in operation. There were references in the documentation we examined to patients being seen by their community care co-ordinator³ and families were invited to CPA meetings with the agreement of the patient.

‘Were those accessing services at the time of our visit given access to a range of activities that encourage them to reach their full potential?’

Patient Activities

2.26 We discussed a range of issues with patients focusing on whether they felt safe and properly supported. Generally patients told us that they felt able to talk freely to staff and were well cared for in a safe environment.

2.27 A good range of therapeutic activities for patients were available within the hospital and in the local community. Activities co-ordinators were employed except at weekends. We observed patients to be busily engaged in their individual programmes.

2.28 Weekends presented a less structured time when patients could relax more easily. Some patients told us that they choose to undertake local outings, often being taken in the hospital bus. Other patients were encouraged to receive or visit families.

2.29 Patients are responsible, with staff support, for keeping their rooms clean and tidy. Those who are able can also use the therapeutic kitchen to prepare food.

² Care Programme Approach - this is a co-ordinated system of care management, based on a person centred approach determined by the needs of the individual. There are four elements within CPA; a systematic assessment, the development of a care plan, the appointment of a care co-ordinator and regular reviews of the plan.

³ Community care co-ordinator - a qualified health or social care professional who designs and oversees a care plan as part of the CPA..

2.30 The rehabilitation programme encourages patients who are able to take advantage of community leave to do so. During the visit a considerable amount of patient leave to the community was observed.

Nutrition

2.31 Patients and staff said food was of a high standard and that there was a good choice. Patients were given nutritional advice and fresh fruit was readily available.

2.32 Patients could make snacks consisting of toast and cereals.

2.33 A breakfast group took place three days a week and patients helped to prepare the food and create a social meal.

2.34 Menus were on display and the dining rooms were pleasant areas.

2.35 Patients in Rhyd Alyn were responsible for their own cooking, except at weekends. The kitchen on the ward was small and sectional. Patient use was required to enable all patients to have access to the facilities.

‘Were those accessing services at the time of our visit able to access independent advocates and were they supported to raise concerns and complaints?’

Access to Services

2.36 Patients knew how to raise concerns and complaints and ward staff were clear about how to support them to do so.

2.37 An advocate visits weekly and patients have information about how to access help. Patients could also have advocacy support at reviews and tribunals.

'Were those accessing services at the time of our visit supported to maintain relationships with family and friends where they wish to do so?'

Support for Patients to Maintain Contact with Family and Friends

2.38 Where patients are able they are encouraged to take home and community leave. They are also free to contact friends and family by telephone at any time. There was no evidence to suggest that patients were prevented from visiting families because of staff shortages.

2.39 Families were encouraged to be part of the care planning process and to attend review meetings.

3 Conclusion

'Were those accessing services at the time of our visit safe?'

3.1 HIW's visit undertaken on 5, 6, 7, and 8 December 2011 identified some significant regulatory breaches and concerns.

3.2 Immediately following our visit HIW sent a letter to the registered provider which outlined the issues that required urgent attention. In response to our letter the registered provider submitted an action plan to HIW. Subsequently regular updates have been received providing evidence of progress against the action plan.

3.3 The action taken by the registered provider, to date in response to our provider, included:

- The provision of training for registered nurses in relation to the management of medication and controlled drugs.
- The installation of a locked cupboard for the storage of controlled drugs.
- Ensuring that all relevant staff would receive training in: Management of Violence and Aggression, Mental Health Act(1983), Mental Capacity Act, Deprivation of Liberty Safeguarding, fire prevention, infection control, Health & Safety, Safeguarding Adults and Children, by April 2012. All other training would be completed on line and assessed for competency.
- A review of the way in which care plans are completed and finding ways of reducing paperwork for registered nurses to give them more time with patients. Reviewing house rules and making sure that patients are given explanations when rules need to be applied. A more individual approach would be adopted about caffeinated drinks and similar concerns.
- The MDT and Head of Care would be auditing care plans in future.
- That adequate systems are in place for assessing referrals and all relevant staff will have the opportunity to contribute.

- A flow chart would be prepared to ensure that when patients are moved from one part of the hospital to another care plans would reflect this and would be sent with the patient.
- To create patient surveys which will ensure that the hospital is providing appropriate care for patients who need different levels of rehabilitation or continuing care.

3.4 Whilst significant issues were highlighted by our visit, the registered provider has implemented a number of actions since our visit. Some improvements have been noted and these must be sustained, particular improvements have been noted in the range of training and number of staff who have attended this. In addition, the registered provider is undertaking a full corporate review of the care documentation. HIW considers that the patients accessing the services at Delfryn were safe.

4. Requirements

4.1 The requirements set out below address any non-compliance with the Independent Health Care (Wales) Regulations 2011 that we identified either as a result of the inspection or from other information which we received from and about the provider. These requirements are the responsibility of the *'registered person'* who, as set out in the legislation, includes both the registered provider and/ or the registered manager for the establishment or agency. The registered person must provide an action plan confirming how they intend to put right the required actions. HIW will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Findings (paragraph number)	Requirement	Time scale
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 on-going.
25	20 (1) (a) & (2) (a)	2.12, 2.14 & 2.15	The registered provider must ensure that all times suitably qualified, skilled and experienced persons are working in the establishment and must ensure that all staff are trained in: Managing Violence and Aggression, Mental Health Act (1983), Mental	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.

Standard	Regulation	Findings (paragraph number)	Requirement	Time scale
			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.	
15	15 (5) (a)	2.14	The registered person must ensure that patient medication is not borrowed from one patient for another.	Immediate and on-going.
25	20 (2) (a)	2.13	The registered person must ensure that all staff receives regular supervision and appraisal.	Immediate and on-going.
8	15 (1) (a) & (b)	2.20, 2.21 & 2.22	The registered provider must ensure that care plans and risk assessments are available for all patients and are regularly updated. In addition a single comprehensive record maintained.	Immediate and on-going.

Standard	Regulation	Findings (paragraph number)	Requirement	Time scale
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 and the results of this audit sent to HIW.
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 <i>'blanket approach'</i> to care is avoided.	Immediate and on-going.

5. Next Steps

5.1 Further visits will be undertaken by HIW to Delfryn House and Lodge Hospital and compliance against the regulations and action plan will be further assessed.

5.2 In addition to this report, the registered provider is now required to send an updated action plan to HIW addressing all the regulatory areas identified within this report within two weeks.