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12 September 2013

Dear Mr Bullivant,

Visit undertaken to Delfryn House and Lodge on the 24, 25 and 26 June 2013

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Delfryn House and Lodge independent hospital, on the evening of 24 June, all day on 25 and the morning of 26 June 2013. The visit highlighted areas that were noteworthy and included:

- The dedication and commitment of the staff group.
- The relaxed and progressive regime where patients were empowered to make decisions.
- The amount of space available for patients on Delfryn Lodge.
- Each patient had a care plan that was very comprehensive and signed by all members of the multi-disciplinary team (MDT).
- The comprehensive and holistic care plans that were very patient focussed.

However, the visit also highlighted a number of issues of concern where improvement is needed. We provided a verbal overview of our concerns to you and your nominated manager at the end of our visit on the 26 June 2013 and a summary of these and identified regulatory breaches is now set out overleaf:

Issue of concern	Regulation
1. There was insufficient staffing on Delfryn Lodge on the evening of 24 June. Staff were working one below the eight staff required for the night shift. The registered provider must ensure adequate staffing numbers at all times.	Regulation 20 (1) (a)
2. Delfryn Lodge accommodates a diverse range of patients, including individuals with a personality disorder, bi-polar and schizo affective. HIW were concerned about the diverse needs of patients accommodated, therefore the registered provider must ensure that all admissions to the establishment are appropriate.	Regulation 15 (1) (a) & (b)
3. Cambian Healthcare should consider the feasibility of converting Delfryn Lodge into two distinct units because of the diverse care and treatment needs of the patients accommodated there. This would mean that patients further along the care pathway are not hindered by patients who were making less progress. It is recommended that the responsible person undertake the necessary feasibility review on changing Delfryn Lodge into two units and provide HIW with a report by 31 October 2013.	Regulation 26 (1)
4. Due to the diverse needs of the patient group on Delfryn Lodge, decisions are made which affect everyone, such as the kitchen being locked and only opened hourly for hot drinks. A review of the patient group and the establishment of two different units would allow a more progressive approach.	Regulation 15 (1) (a) (b) & (c) Regulation 19 (1) (a) & (b)
5. Cambian nurse assessors undertake pre-admission assessments with limited input from hospital staff. This has resulted in unsuitable patient placements on the ward. Hospital staff must be fully involved with all stages of the assessment process.	Regulation 15 (1) (a) (b) & (c)
6. Night staff on Delfryn Lodge undertake a range of non-care duties, including cleaning, laundry etc. The use of care staff for non-care duties must be kept to a minimum to ensure sufficient numbers of staff are available for care duties.	Regulation 20 (1) (a) & (2) (c)
7. The vision panels on the patient bedroom doors on Delfryn Lodge could not be controlled by patients. Vision panels should have a mechanism to allow patients to close the vision panel and to exercise	Regulation 18 (1) (a)

control over their privacy and dignity.	
8. The treatment room on Delfryn Lodge was disorganised and chaotic. Patients had access to this room and also stored items here. The use of the treatment room must be reviewed and patients access to this room, other than for specific treatment, needs to be reviewed.	Regulation 26 (1) (2) (a) & (c)
9. Frosted glass on a patient bedroom window on Delfryn Lodge did not allow the patient to look out. The frosted glass is inappropriate and should be replaced with one way vision view glass.	Regulation 15 (1) (a) & (b) and Regulation 18 (1) (a)
10. The oxygen cylinder on Delfryn Lodge was sealed with plastic coverings and the mask and tubes were not connected. There was no oxygen cylinder available at Delfryn House. Easy access to oxygen must be available on both wards in the hospital.	Regulation 15 (1) (a) & (b) & 20 (1) (a)
11. All light fittings required a thorough clean. Lights in the dining room and nurses' office in particular on Delfryn Lodge contained dead insects.	Regulation 26 (2) (a)
12. The lounge adjacent to the smoking area on Delfryn Lodge had no curtains unlike the other seating areas on the ward.	Regulation 26 (2) (b)
13. Storage cupboards did not all contain smoke alarms. It is recommended that a review of the storage cupboards is undertaken and where necessary smoke alarms fitted to ensure early detection of any fire.	Regulation 26 (4) (a)
14. There was a lack of documentary evidence of de-brief/learning sessions following incidents. It is recommended that following any incident de-brief/learning sessions are held with staff and that these are documented.	Regulation 19 (2) (c) (i)
15. Staff complete an excessive amount of paperwork which could take staff away from patient care. A review of systems and processes is required to ensure no duplication.	Regulation 15 (1) (a) & (b) and Regulation 18 (2) (a) & (b)
16. Conflicting information in relation to risk was contained in the care documentation of patient A. All patient information must be accurate to ensure appropriate care/assessment of risk.	Regulation 15 (1) (a) (b) & (c) and Regulation 19 (1) (b)

17. Some staff appraisals were overdue. It is recommended that all staff have an annual appraisal.	Regulation 20 (2) (a)
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You are required to submit a detailed action plan to HIW by **27 September** 2013 clarifying the action you intend to take to address each of the above issues. The action plan should set out timescales and details of who will be responsible for taking the action forward. When the plan has been agreed by HIW as being appropriate you will be required to provide monthly progress updates.

On receipt of your action plan, a copy of this management letter, accompanied by your action plan will be published on our website.

We may undertake a further visit to ensure that the above issues have been properly addressed and we will undertake more frequent visits if we have concerns that necessary action is not being taken forward in a timely manner.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

A copy of this letter is being sent to Mr Adam Lampitt, Interim Hospital Manager.

Yours sincerely



Mr John Powell
Head of Regulation

cc – Mr Adam Lampitt, Cambian Delfryn, Argoed Hall Lane, Mold CH7 6SQ