Issue of concern	Regulation Number	Response / action plan	Person completing Action	Date and sign off
Issue of concern Regulation 1. The staffing levels at Delfryn Lodge were inadequate and did not comply with Cambian Healthcare's statement of purpose. The inadequate staffing levels were having a significant impact on the following areas: a. Section 17 leave which had been cancelled on numerous occasions. b. Section 17 leave being extended due to staffing shortages. c. 1:1 patient sessions had been cancelled. d. Patients being left who were having a 1:1 because staff were required elsewhere. e. An incident where a member of staff was	Regulation 8 (a) (b) & 15 (1) (a) (b) & (c) & 20 (1) (a).	Staffing and recruitment is being addressed via the Cambian recruitment leads, at local level and corporate level including the use of recruitment agencies. We confirm that we have appointed 3 Registered Mental health Nurses 6 Support Workers 4 Bank Support Workers. Whilst we await appropriate pre-employment checks, we have used Staff from the existing bank pool, Delfryn Site and other Cambian hospitals have assisted. Additionally, a small pool of agency staff members, who have been inducted into Cambian processes. (a,c &h) A section 17 leave audit and check system is in place to monitor use of and allocation of leave. Patients are assessed on a daily basis in terms of risk and will access their leave based on the risk they pose. The allocation of duties has been revised ensuring that patient 1:1 sessions take place. (b)This was one occasion staff members and the RC have been advised this practice	Hospital Director Human Resource Business Partner Hospital Manager & Head of Care	31 July

being attacked and the alarm was being raised by a fellow patient. f. Numerous complaints from patients regarding a lack of access to the garden and kitchen because of staff shortages. g. Patients perceived that they were not making progress and were going backwards in terms of their care and treatment. h. Group work had been cancelled. With immediate effect staffing levels must be increased to ensure that the above areas are addressed. Following the significant staffing shortages the registered provider must advise HIW on a weekly basis of staffing levels.		cannot happen. (d) The Nurse exercised her clinical judgement in responding to the incident. Additionally, support is available could have been sort from across the Delfryn site to attend for duration of the incident. This issue could not be followed up with the nurse as she had left employment with Cambian prior to the visit. (e) All Staff members are issued with an Alarm that is tested prior to the shift. The Alarms are tested before they are given to individuals. The estates also test the whole alarm system weekly. Please see attached records. However, it should be noted that any patient in the vicinity of an incident is likely to raise alarm regardless of the actions taken by staff to respond. (f) We are in the process of putting a temperature regulated boiler that allows patient to freely access the kitchen with no risk of scalding. (g) We have asked the advocacy services to be an integral part of this process to independently gather patient views. It is recognised that at times, patients who are detained may become despondent this does not dismiss the perception of HIW. Patients have the right to access have the right to access the	Estates Manager Donna Dale	

		Mental Health Review Tribunals and Managers Hearing to test their detention. Also they have access to the IMHA service and are invited into CTP and CPAs to express their views, which are central to the CTP and CPA process. Additionally the patient survey was conducted in the month of May and the weekly community meeting take place and are recorded. All views are gathered and responded to as appropriate. Please see attached survey. We are informing HIW on a weekly basis our staffing status and any changes that may occur, and as stated above, staff of an appropriate calibre are being/have been recruited. . Please see attached document measuring care hours provided against the Statement of Purpose. Any shortfall in staffing is being filled in the short-term, if Cambian staff from across the site or company cannot be identified.		
2. The governance/audit processes was not sufficiently robust and this was evidenced by the staffing issues not being addressed by the Responsible	Regulation 19 (1) (a) & (b) (2) (b) (i)	• All Incident forms are discussed daily with the MDT in the morning meeting at 915 am and minuted. This involves Manager(s) viewing forms daily, and taking action where required. • We have commenced weekly Incident Review meetings which are minuted and	Misheck Hakulandaba	31 July

Individual (RI), Registered Manager and the Quality Assurance and Compliance department. There were numerous incident reporting forms highlighting staffing issues and there was no evidence that these had been acted upon. A proactive approach to governance and audit must be implemented.		available for inspection. This will look at every incident in detail to ensure lessons learned and action required is taken. The minutes of this meeting will be sent to RI who will view them and take forward any required actions. Please see attached • We constantly have discussions with funders and care co-ordinators about their patients at Delfryn Lodge that may be better suited to a different environment if they are being managed on heightened observations for some time. • The current weekly reporting spread sheet has been reviewed to incorporate staffing at the location including any actions taken as applicable. This will be submitted to the Operations Director, HR manager and Quality manager weekly and will be incorporated into the Monthly Operations Director reports.	Heather Butt	
3. A significant number of staff had not received an Appraisal within the last 12 months. A robust Appraisal system must be introduced for all staff.	Regulation 20 (2) (a)	• At the time of the Visit all the staff appraisal dates had been organised. A system was already in place; all staff will have received an annual appraisal by 31st July 2014. All dates were booked on the 8th of May prior to the unannounced inspection and letters sent out to staff and available in Staff files.	Hospital Director, Manager and Head of Care	31 July
4. A significant number of	Regulation	• The hospital can demonstrate regular		31 July

staff were not receiving regular supervision. All staff must receive supervision on a regular basis.	20 (2) (a)	documented supervision. • We will also reintegrate the 3 tiered approaches to supervision, whereby there will be a monthly group supervision session for staff who wish to attend, monthly peer supervision within team meetings, in addition to the individual supervision sessions.		
5. Two members of the multi-disciplinary team (MDT) are leaving (a psychologist and an occupational therapist) and this will clearly have an impact upon the work of the MDT. The replacement of the psychologist and occupational therapist must be facilitated as a matter of priority.	Regulation 15 (1) (a) & (b) & 20 (1) (a)	• Our Current MDT comprises of 2 Responsible Clinicians 2 Psychologists 2 Assistant psychologist 4 Occupational Therapists 4.5 Occupational Therapists assistants 15.5 RMNs • Our OT is relocating to a unit closer to home and our clinical Psychologist is seeking part time work after over 25 years working in mental health. We are actively recruiting to both posts and have clinical leads who will induct new starters to Delfryn Lodge, and assist them to settle in. • Both staff members remain employed with Cambian at time of inspection and are both are working their 3 months' notice period, a recruitment process was significantly progressed at the time of the visit	Head of psychology Head OT	31 August
6. The responsible clinician (RC) has	Regulation 15 (1)	• We could not identify any prescriptive numbers given by the Royal College of	Dr Stephen Hunt	30 September

responsibility for 28 patients. The Royal College of Psychiatrists recommendation is that the RC is responsible for 15– 20 patients. Therefore a review of the support for the role of the RC must be undertaken.	(a) (b) & (c) & 20 (1) (a)	Psychiatrist, However a review of the RC responsibilities will be undertaken and with the aim of completing such an exercise over a 3 month period.		
7. A number of staff interviewed during our visit stated that the morale at the unit was low. In addition, a number of staff stated that they did not feel valued. Strategies for improving staff morale must be identified and implemented.	Regulation 18 (2) (a) & (b)	• It is predicted that the measures being implemented in improving staffing levels will improve morale • A staff climate survey was conducted in 2013 (Please see attached). Another Staff climate Survey will be carried out and the feedback will be used to directly take suggestion and work with the team	Hospital Director& Hospital Manager	30 September
8. Managing Violence and Aggression (MVA) training was not up to date. There was 22 permanent and 11 bank staff who had not had up to date MVA training. All staff must receive regular and relevant	Regulation 20 (1) (a) & (2) (a)	• Number of staff MVA trained is currently 29 with 11 booked for MVA. • Any staff who have not attended a refresher course have been scheduled a course on 5/6/14,17/6/14 or 23-25 June, • A response team is always and continues to be available and Training will be provided for new starters as part of our training programme.	Paula Hughes	31 July

training.				
9. Observational records were not being routinely signed off by the nurse in charge. To promote effective governance and audit observational records must be signed by the nurse in charge at the close of every shift.	Regulation 15 (1) (a) (b) & (c) & 19 (1) (a) & (b)	• All our staff are expected and have a responsibility to sign against the prescribed observation sheet. At the end of the shift the Nurse In Charge is responsible for another final check. • The Head of Care will review these documents in morning communication meeting.		Immediately
10.A review of 5 sets of care documentation identified the following issues: a. For patients A, B and C there was a lack of care planning in terms of their refusal to engage with medical testing, for example bloods. b. The admission risk assessment for patient D was not scored. c. For patient B, not all areas of their admission risk assessment were scored. The formulation and management outcomes	Regulation 15 (1) (a) (b) & (c)	(a) Where patients have not consented and have capacity to refuse medical testing, this will be care planned and every effort made to explain the proposed treatment. This will be revisited on a regular basis and documented in documented in patient records. (b&c) All patients have Daily risk assessments and a START risk assessment which are live documents and were available in the file. The Head of Care will make sure that the person dealing with a new admission completes the admission paperwork (d) All Care plans were dated showing the most recent care plan. However,the historical care plans were removed from file on the day of the inspection, this was discussed with and highlighted to the Inspectors and only the current active care plan is on file. We were	Laura Blythe Head of care Laura Blythe Head of care	Immediately

section was not complete on the admission risk assessment and was not signed. d. Patient B had a high volume of care plans on file, some were difficult to read with abbreviations and inappropriate language for patients		already addressing this at the time of the visit and are committed to ensuring that patients are fully involved in their care plans and that they are written in a manner which the patient understands. The Quality Assurance & compliance team to complete a case tracking audit on patient files with actions being put in place. This audit tracks a patient's progress via the care file alone from admission to current date, to ensure that all relevant documentation is completed.	Heather Butt	30 June
11.Since the departure of the occupational therapist assistant, there is a lack of activities at the weekends. A review of the provision of activities is required and these must be provided.	Regulation 15 (1) (a) & (b)	• We currently have 2.5 OTAs who work within Delfryn Lodge. They meet with patients every Friday to identify a number of leisure activities that patients would like to be involved in. Some of the activities at the weekend for patients include Car boot sales Shopping Going to the Beach Pamper sessions Entertainment nights Arts & Crafts Quiz Games Leisure activities	Kay Bolton Lee Mutch	31 August

		• Our Activity timetable is always under review and suggestions are taken into account via patient surveys and weekly community meetings.		
12.A number of patients complained that some staff had spoken to them inappropriately, mentioning swearing in conversation and being talked to like a child. However, patients did not mention any specific staff members by name. The Registered Provider must conduct an investigation into the appropriateness of some staff comments and provide HIW with a report. In addition, the Registered Provider must provide training into effective and appropriate staff and patient Communication.	Regulation 16 (1) (a) & (b) & 18 (1) (a) (2) (a) & (b)	We have asked HiW and they advised *" Whilst we can provide the initials of those patients we spoke to, we would recommend you speak to all patients to determine the extent of the issues raised, as there may be some patients we didn't speak to who might have similar opinions. In addition, not all the patients we spoke to agreed to share their personal views."* • As part of the investigation, All staff & patients will be asked about whether they have witnessed the issues raised. • Additionally, we provide the following training to staff Safeguarding, Equality & Diversity, Customer care training.		
Mental health Act				
1.There was a lack of		In each patient's CTP meeting or CPA		

evidence of discharge planning		discharge planning is discussed; This is discussed with the Patient, MDT, Carers, Funders and Care co-ordinators. This is documented in the CTP or CPA minutes as evidence of discussion & planning.		
2. The notes on discussion with the statutory consultee and second opinion Appointed doctor (SOAD) was not found.		• The Form has been made available and is now is use.	Michelle stokes	Immediate
3. The Approved Mental Health Professional (AMP) had failed to record the relationship of the next of kin.		• Whilst the specific circumstances remain unclear, there is no statutory requirement for the AMHP (who acts on behalf of the relevant local authority) to detail the status of the next of kin. All section papers are carefully scrutinised for error before admission. However if you have any more specific information we should be happy to consider it. We have a scrutiny checklist that the Mental Health Act administrators use to check that our patients are legally detained before any admission.	Michelle Stokes.	