Mr Keith Bullivant
Cambian Healthcare Limited
3 Bunhill Row
London
EC1Y 8YZ

Direct Line: 0300 062 8163
Fax: 0300 062 8387
E-mail: John.powell@wales.gsi.gov.uk

22 May 2014

Dear Mr Bullivant,

Re: Visit undertaken to Delfryn Lodge hospital on the 14 and 15 May 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Delfryn Lodge independent hospital on the night of 14th and all day on the 15th May 2014. Our visit highlighted areas that are noteworthy and include:

- The feedback from patients and staff was positive in relation to the quality and variety of food served.
- The range of patient information available on the ward was good, including internal job opportunities for patients.
- The staff files were well structured and contained the relevant employment information.
- The environment was clean and well maintained.
- The clinic room was well organised and a systematic approach was evident.
- A regularly changing and reviewed activities programme that engaged patients' interests.

Healthcare Inspectorate Wales • Arolygiaeth Gofal Iechyd Cymru
Welsh Government • Llywodraeth Cymru
Rhydycar Business Park • Parc Busnes Rhydycar
Merthyr Tydfil • Merthyr Tudful
CF48 1UZ
Tel • Ffôn 0300 062 8163
Fax • Ffacs 0300 062 8387
www.hiw.org.uk

Our visit also highlighted a number of issues. We provided a verbal overview of our concerns to you and your registered manager at the end of our visit on 15 May 2014. A summary of these, which include regulatory breaches is set out below:

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 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.	Regulation 8 (a) (b) & 15 (1) (a) (b) & (c) & 20 (1) (a).
2. The governance/audit processes was not sufficiently robust and this was evidenced by the staffing issues not being addressed by the Responsible 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.	Regulation 19 (1) (a) & (b) (2) (b) (i)
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)
4. A significant number of staff were not receiving	Regulation 20 (2)

regular supervision. All staff must receive supervision on a regular basis.	(a)
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)
6. The responsible clinician (RC) has 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.	Regulation 15 (1) (a) (b) & (c) & 20 (1) (a)
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)
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 training.	Regulation 20 (1) (a) & (2) (a)
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)
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 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	Regulation 15 (1) (a) (b) & (c)

patients.	
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)
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)

Mental Health Act Monitoring – The Administration of the Act

We reviewed the statutory detention documents of 4 of the detained patients being cared for on Delfryn Lodge at the time of our visit. The following issues were identified and need to be included in your action plan:

1. There was a lack of evidence of discharge planning.

2. The notes on discussion with the statutory consultee and second opinion appointed doctor (SOAD) was not found.

3. The Approved Mental Health Professional (AMP) had failed to record the relationship of the next of kin.

You are required to submit a detailed action plan to HIW by **Friday 13th June 2014** setting out 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 this letter the Registered Provider is required to comment on the factual accuracy of the issues detailed and 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 Misheck Hakulandaba , registered manager at Delfryn House and Lodge Hospital.

Yours sincerely

Mr John Powell
Head of Regulation

cc – Mr Misheck Hakulandaba, Cambian Delfryn, Argoed Hall Lane, Mold CH7 6SQ,