

**Mental Health/ Learning
Disability Inspection
(Unannounced)
Delfryn House & Lodge
and Rhyd Alyn: Cambian
Healthcare Limited**

21st, 22nd & 23rd September 2015

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance. Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

1. Introduction.....	2
2. Methodology.....	3
3. Context and description of service	5
4. Summary	6
5. Findings.....	8
Core Standards	8
Application of the Mental Health Act.....	18
Monitoring the Mental Health Measure.....	19
6. Next Steps.....	21
Appendix A	22

1. Introduction

Our mental health and learning disability inspections cover both independent hospitals and mental health services provided by the National Health Service (NHS). Inspection visits are a key aspect of our assessment of the quality and safety of mental health and learning disability services in Wales.

During our visits Healthcare Inspectorate Wales (HIW) ensures that the interests of the patients are monitored and settings fulfil their responsibilities by:

- Monitoring the compliance with the Mental Health Act 1983, Mental Capacity Act and Deprivation of Liberty Safeguards
- Complying, as applicable, with the Welsh Government's National Minimum Standards in line with the requirements of the Care Standards Act 2000 and the Independent Health Care (Wales) Regulations 2011.

The focus of HIW's mental health and learning disability inspections is to ensure that individuals accessing such services are:

- Safe
- Cared for in a therapeutic, homely environment
- In receipt of appropriate care and treatment from staff who are appropriately trained
- Encouraged to input into their care and treatment plan
- Supported to be as independent as possible
- Allowed and encouraged to make choice
- 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.

2. Methodology

The inspection model HIW uses to deliver the mental health and learning disability inspections includes:

- Comprehensive interviews and discussions with patients, relatives, advocates and a cross section of staff, including the responsible clinician, occupational therapists, psychologists, educationalists and nursing staff
- Interviews with senior staff including board members where possible
- Examination of care documentation including the multi-disciplinary team documentation
- Scrutiny of key policies and procedures
- Observation of the environment
- Scrutiny of the conditions of registration for the independent sector
- Examination of staff files including training records
- Scrutiny of recreational and social activities
- Scrutiny of the documentation for patients detained under the Mental Health Act 1983
- Consideration of the implementation of the Welsh Measure (2010)¹
- Examination of restraint, complaints, concerns and Protection of Vulnerable Adults referral records
- An overview of the storage, administration, ordering and recording of drugs including controlled drugs
- Consideration of the quality of food

¹ The Measure is primary legislation made by the National Assembly for Wales; amongst other matters it makes provision in relation to assessment, care planning and coordination within secondary mental health services.

- Implementation of Deprivation of Liberty Safeguards (DOLS).

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. These inspections capture a snapshot of the standards of care patients receive.

3. Context and description of service

Healthcare Inspectorate Wales (HIW) undertook an unannounced Mental Health and Learning Disability follow up visit to Delfryn House and Lodge, Mold on the evening of the 21 September and all day on the 22 and 23 September 2015.

Delfryn House and Lodge is an independent hospital that was first registered in December 2005 and the Lodge in 2010. At the time of our visit, Delfryn House and Lodge were 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.

During our visit we reviewed the areas identified following our visit in April 2015, including reviewing patient records, interviewing patients and staff, reviewing the environment of care and observing staff-patient interactions. The review team comprised of one Mental Health Act Reviewer, one lay reviewer and two members of HIW staff.

4. Summary

Our September 2015 visit to Delfryn Hospital was a follow-up visit, focusing primarily on the issues we identified in April 2015. It was pleasing to note that considerable improvement had been made to address the matters identified in April. One issue in particular that was of great concern was staffing levels, particularly on Delfryn Lodge. Considerable improvements had been made to ensure staffing numbers were adequate and the organization had undertaken a recruitment campaign to fill posts with an on-going recruitment process. The majority of staff said the improvement in staffing levels had been beneficial to the running/operation of the wards and a review of staffing rotas confirmed the improvement in staffing levels. Some patients and staff that said more staff was needed and there had been occasions when numbers were short, however processes were in place to resolve these issues. Although staffing numbers had greatly improved, we have asked the hospital to keep this area under continual review.

The environment across the whole site remained clean and well maintained, with new furniture evident on Delfryn Lodge in the two lounges and dining room. There were maintenance issues identified regarding the payphone and laundry facilities. These areas require attention to ensure all facilities are available for the patient group.

The garden fence on Delfryn Lodge had not been altered and it was evident from discussions with some staff that this was an issue that needs resolving because the garden was being under utilized due to the restrictions in place. At the time of our visit, garden access on Delfryn Lodge was every hour, with staff supervising this area because of the risk of absconding.

A number of out of date food items were stored in the fridges on Delfryn Lodge and Rhyd Alyn. There was moldy bread in the bread bin and sugar stored in an open container on the window sill of the Lodge and the cupboards had food debris in them which required urgent cleaning.

The new pagers being used on Delfryn Lodge had helped to reduce incidents with staff saying they were less intrusive and none of the patients we spoke to complained of alarm calls not being taken seriously.

The two newly appointed Responsible Clinicians had enabled consistency to be imbedded regarding patient care and they had with the exception of two patients reassessed all patient capacity assessments.

We were unable to evidence that the hospital had received appropriate information regarding the knowledge, skills and experience for some agency staff. It is imperative that information about agency staff, specifically their

skills, knowledge and experience is obtained and checked prior to them working at the hospital.

It was pleasing to note that documented staff supervision had increased and regular meetings were taking place for the majority of staff. There was still a large number of staff across the hospital that did not have an up to date appraisal. All staff require a documented appraisal.

Staff had received personality disorder training from psychology and other training specific to the service was timetabled. Training specific to the service was well received by staff who found it valuable and beneficial. Staff and statistics confirmed that mandatory training had improved, however limited knowledge and understanding particularly in the Mental Health Act 1983, Deprivation of Liberty Safeguards, Mental Capacity Act and Mental Health (Wales) Measure was identified and this is an area that requires attention.

5. Findings

Core Standards

Ward environment

Delfryn Lodge is a 25 bedded unit which is a separate building to Delfryn House and Rhyd Alyn. Delfryn Lodge is a two storey building providing patient accommodation and facilities for patient therapies and activities.

On arriving at Delfryn Lodge you enter into a large, bright reception area. Within this area is situated a boardroom, visitor room, seating and a large fish tank. From the reception area you can access staff offices, a meeting room and the patient salon. Another door from reception leads onto the ward.

On entering the ward, you move into a large, open space with seating. Windows provided a view of the outside space and a water cooler was available for patients to use. Within this area was situated a room which had a payphone. Unfortunately during our visit the phone was not working, however during our feedback staff told us that the phone was now working.

A corridor leads to a number of other rooms on the ground floor, including patient bedrooms, nursing office, clinic, dining room, sensory room, patient lounge and access to the outside garden area.

We reviewed an unoccupied bedroom on the ground floor and noted the space the room offered. There were two storage cupboards for patients to store clothes and other belongings and the patients we spoke to told us they had enough storage space in their bedrooms. The room had a single bed, bedside cabinet and desk. Every bedroom had an en-suite shower room and a nurse call alarm system.

Delfryn Lodge had a bath should patients wish to use this facility.

Patients had access to the garden via the downstairs lounge. The garden area provided a large wooden gazebo with seating which patients used as a smoking shelter. The garden was well maintained with planted borders and a path provided patients with a way of exercising without walking on the grass. The garden was only open to patients at set times due to the height of the fence. Since our previous visit in April 2015, no work had been undertaken to change the fence to allow open access to the garden for patients. Some staff commented that the garden wasn't being used to its best advantage because of the restricted access.

It was pleasing to note that following our previous visit in April 2015, furniture had been replaced in the two lounges and the dining room on Delfryn Lodge.

The dining room provided sufficient tables and seating which enabled patients and staff to eat together. The menu was displayed near the serving hatch and other dietary advice posters were displayed. A water cooler was also situated in the dining room.

From the dining room, patients could access the kitchen at quarter past the hour. During our visit there was out of date food stored in the fridges, mouldy bread in the bread bin and the sugar was stored in an open container on the window sill. In addition, the cupboards contained food debris and required a thorough clean.

There was a fridge temperature recording sheet in place for the two fridges in the therapy kitchen. For the 21st September temperatures were recorded, however it could not be distinguished which temperature was for which fridge. In addition, not all dates on the sheet had a temperature recorded. It is essential that temperatures are recorded daily and that each fridge can be easily identified.

Upstairs in Delfryn Lodge was situated 16 patient bedrooms, a patient lounge with TV, pool table and water cooler. Occupational therapy and other disciplines had some office space and there was a therapy/arts and crafts room which was stocked with fitness equipment, arts and craft materials, musical instruments and sewing machine.

Delfryn Lodge at the time of our visit was generally clean, tidy and well lit. A number of pictures and notice boards were displayed throughout the Lodge with information including advocacy, patient jobs and an activity timetable.

Rhyd Alyn is a female step down facility that is located on the Delfryn site. The house can accommodate up to six patients, but at the time of our visit, three patients were residing here.

Rhyd Alyn offered the patient group an environment that had less staff intervention and allowed patients to be more self sufficient. On entering the house, we noted a neat patio area with planting and shrubs. The patio had space for patients to sit outside should they wish.

Rhyd Alyn provided five patient bedrooms upstairs and one bedroom downstairs. The entrance hall led to a staff office, visitor and IT room, kitchen/dining room and patient lounge. A payphone was available in the hallway which was working. Notice boards displayed a variety of information including; how to make a complaint, patient jobs, advocacy, infection control and healthy eating information.

The communal lounge was homely with lamps, seating, cushions, plants and a TV and DVD storage cabinet. The room was decorated tastefully and provided a relaxing environment.

The kitchen/dining room provided sufficient cupboard space for patients to store food items. A large dining table and sufficient seating was available for patients to dine together and a basket of fruit was available on the dining table. The fridge had a number of food items stored that were out of date and this needs to be addressed and checked regularly.

Adjacent to the kitchen was laundry facilities that enabled the patient group to tend to their washing. The environment throughout Rhyd Alyn was clean and well maintained.

Delfryn House is a 28 bedded male unit which is situated separately to Delfryn Lodge. Delfryn House is a two storey building which is built around a courtyard area. We did not undertake an environmental check during our evening visit, however, time was spent on the House during the inspection visit and we noted the environment to be clean, with facilities that were in good working order.

Requirements

All food items stored in fridges need to be checked regularly to ensure they are in date and safe for consumption.

Regular food and cleanliness checks are required in the therapy kitchen on Delfryn Lodge, specifically to ensure cupboards are clean and free of debris, sugar is stored in closed containers and all food that is past its used by date is appropriately disposed of.

The recording of temperatures for each fridge needs to be undertaken daily and the recording sheet needs to clearly identify which temperature is for which fridge.

The payphone on Delfryn Lodge needs to be repaired for patient use.

A review of the issues surrounding the restricted access to the garden on Delfryn Lodge is required, in particular the height of the fence.

Safety

Following our visit in April 2015, it was pleasing to note that the numbers of nursing staff, including care support workers had significantly improved. Staff confirmed that improvements had been made regarding numbers of staff on duty and a review of duty rotas confirmed numbers had improved. There had been a recent occasion when Delfryn Lodge was one staff member short due

to late staff sickness. Although staffing had greatly improved, this area must be kept under continual review.

Delfryn Lodge was using pagers that would vibrate if staff required assistance. Staff said that using the new pagers had cut down on incidents because they were much less intrusive than the alarm systems.

The multi-disciplinary team

Concerns were raised in April 2015 regarding the frequent change of medical staff, however during our visit in September we were pleased to note that two Responsible Clinicians (RC) had been recruited, ensuring consistency in clinical provision for the patient group. At the time of our visit we were told there had been no psychologist on Delfryn House since July, however there was a psychology assistant available.

All the staff we spoke to told us that the multi disciplinary team (MDT) worked in a professional and collaborative way. Staff said that their professional views were sought and valued and staff felt respected.

Privacy and dignity

All patients had their own bedrooms with en-suite facilities. The bedrooms offered adequate storage and patients were able to personalize their room with pictures and posters. The majority of patients we spoke to said they could lock their bedrooms and generally patients said staff respected their privacy and dignity.

Facilities were available for patients to spend time with family and friends, with visitor rooms located on the Lodge and House. At the time of our visit the payphone was not working on the Lodge and management provided reassurances during the feedback meeting that the phone would be repaired. Patients were able to use their own mobile phones to maintain contact with family and friends.

The majority of patients told us they had a named nurse and were able to meet them in private. However, one patient from Delfryn House said he had no named nurse and a new patient on the Lodge was allocated a named nurse who at the time of our visit was on night shift. As this patient expressed feelings of anxiety and not feeling safe we questioned with staff the suitability for allocating a named nurse on night shift when the patient clearly required significant, named nurse input by day because of her new environment.

Approximately half of the patients we spoke to said they felt safe at Delfryn and the other half said they did not. Reasons cited for not feeling safe

included the behaviour of one patient, specifically their presentation at the time of our visit and a lack of staff.

The staff we spoke to did not raise any issues about the environment with regard to patient's dignity, privacy and use of space except for access to the garden on Delfryn Lodge.

Patient therapies and activities

All the staff we spoke to commented positively on the therapies and activities offered to patients. Notice boards across the Delfryn site provided patients with opportunities for paid jobs and a recent partnership with a local football team had resulted in opportunities for patients to undertake voluntary work within the football club.

Occupational Therapy staff told us there were lots of initiatives being developed, one of which was a job centre for patients. The purpose of the centre would be to offer patients opportunities of voluntary and paid work. The centre would be set up to reflect an actual job centre, with patients required to complete applications and be interviewed. This initiative it was hoped would also help enhance a patient's experience in preparation for entry into the community.

Staff and patients told us of a recent fitness scheme called 'get fit for summer' that took place in July. Prizes were offered as incentives for patients to achieve their goals. In addition to some of the initiatives, regular, timetabled activities were in place, with patients having their own personal timetable of therapies and activities.

One of the facilities provided at Delfryn Lodge was a hair and beauty salon. The facility was open every Thursday and offered patients a full range of hair and beauty treatments. The beauty therapist ran workshops in the morning and appointments in the afternoon.

Staff spoke positively of the activities offered to patients which included personal training sessions, a walking group and other exercise and leisure activities, trips out to the local cinema, bowling alley, local places of interest and shop and cook. Discussions with some patients highlighted that the majority had enough to do, enjoying arts and crafts, badminton and tennis.

Some patients had an opposing view, telling us that there was not a lot to do if they didn't have any section 17 leave. One patient told us that activities took place when the soaps were on the TV and patients preferred to watch these. Activities during weekends were also an issue for some patients. We were told that the OT cupboards were locked at weekends and if patients didn't

have section 17 leave there was very little to do on the ward. However, staff confirmed that activities for patients at weekends do take place. OT staff provided cover every Saturday and every fourth Sunday.

Some staff told us that despite plenty of activities being offered to the patient group it was difficult to motivate some patients to participate and engage. OT staff regularly review and change the timetable, taking into account the preferences of the patient group. Patients confirmed that they had been asked what activities and therapies they liked to do. Although staff told us that they were proactive in trying to engage patients, some staff felt that there was room for improvement to ensure care support workers and OT staff work together to motivate and enable patients to be as actively involved in their activities and therapies as possible.

Improved working links between psychology and OT had been further developed which had resulted in an anxiety management group for patients being provided. Other groups/therapy sessions were being planned for the near future which would include a 'hearing voices' group and mindfulness². Psychology input was valued by patients, two of whom confirmed their progress as a result.

Other wellbeing sessions were regularly delivered for the patient group, which included a well women and man clinic, smoking cessation and healthy eating. Patients are weighed on a regular basis and staff said good links had been established with the local GP. Some patients did tell us that although there were no issues in requesting an appointment with the GP, dentist, optician etc., some had experienced long waits because staff had forgotten to make appointments and to keep them. One patient told us that they had asked staff to make an appointment to see the GP but they didn't think anyone had made it because no information had been shared with the patient regarding the appointment. It is recommended that staff review this situation and report on the findings on how long patients are waiting for appointments and the methods used in communicating appointment information to patients.

Patients were encouraged to attend to their own laundry and facilities were provided for patients to do this. However, some patients on the Lodge complained that the washing machines were not robust enough to cope with the demand, as there was always a machine out of order. In addition, a laundry timetable was in place with patients allocated two slots per week to attend to their laundry, however some patients complained that the timetabled was not adhered too, therefore slots were being missed or another patient

² Mindfulness is an 'integrative, mind-body based approach that helps people to manage their thoughts and feelings. It is becoming widely used in a range of contexts. It is recommended by NICE as a preventative practice for people with experience of recurrent depression'. For more information please visit <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/M/mindfulness/>

was using the machine when another patient was supposed to be using the facilities. A review of the laundry facilities is required to ensure they are robust to cope with the laundry demand and a review of the laundry timetable to ensure consistency is provided.

A good level of advocacy support was identified across Delfryn hospital. Notice boards displaying advocate posters were evident, including contact details. All but one staff member we spoke to were able to tell us the arrangements for providing advocacy to patients. The patients we spoke to were aware of the advocacy service available to them, with some patients using the service on a regular basis. It is important that all staff know about the advocacy service in order to support patients.

Requirements

A review of external healthcare appointments for patients is required to determine how long patients are waiting for appointments and the methods used in communicating appointment information to patients.

A review of the laundry facilities on Delfryn Lodge is required to ensure they are robust to cope with the laundry demand and a review of the laundry timetable to ensure consistency is provided.

Food and nutrition

The food provided to patients across the Delfryn site at the time of our visit appeared appetizing. Menus changed each season and a five week menu rota was being delivered. The menu was displayed in the dining room and offered diners a choice, which both patients and staff confirmed.

Patients were provided with four meals every day, including breakfast, lunch, tea and supper. Staff were also provided with free meals and during lunch time would dine with the patients.

Breakfast was self service in the therapy kitchens, with patients having a choice of cereals, toast and tea and coffee. Some mornings OT offered patients the choice of a cooked breakfast. The main meal was served at lunchtime and two courses were offered as well as two choices. Salads and jacket potatoes were also offered as an alternative to the main meal. A hot pudding was served twice a week. Yogurts and another dessert were offered daily and fresh fruit was available as was sugar free squash. A light snack was provided at tea time. On the 23rd September pitta breads with salad and chicken were offered. Soup was also available on some evenings as well as yogurt and fruit and cereals and toast were offered at supper times.

Many of the patients we spoke to said they would like to have their main meal at tea time and not lunchtime because they felt hungry later on in the evening. There had been a period of patients ordering take-aways in the evening, which at the time of our visit was reduced to two evenings a week.

Patients and staff spoke highly of the catering staff, stating dietary needs would be met. Some patients would like more vegetarian options available; however on the whole staff agreed that the meals served were of good quality, nutritional and varied. Catering staff confirmed that they used local suppliers and the food used was of good quality, with frozen and processed foods avoided as much as possible.

Catering staff said that the food served was varied and adventurous and new trends would be tried because they like to make the food as exciting as possible. If patients do not like what was being served, catering staff will take it off the menu. As a result of patient meetings, a pasta bar was developed which was available at lunchtimes.

Patients could purchase their own drinks and snacks and store them in their bedroom or in cupboards in the therapy kitchen. Some patients told us that items stored in the therapy kitchen had been taken by other patients. This situation requires attention and a process put in place to stop this from happening.

Requirements

A review of the meals served on Delfryn Lodge is required to determine if having a main meal at tea time rather than lunch time is better suites the needs of the patient group.

A review of the access to patients items stored in the therapy kitchen is required to determine how items are being taken by other patients and what steps will be put in place to stop this.

Training

A review of 10 staff files highlighted the continual good practice used by Delfryn to ensure the uniformity of information across the files. The files reviewed were well laid out and divided into sections making it easy to locate information. All the files reviewed had an application form, interview assessment form, two references, contract, offer letter and other pre-employment information, demonstrating consistency in the application and recruitment process.

A system was in place to record and monitor Disclosure and Barring Service information (DBS) and we noted and endorse the good practice adopted by

Delfryn hospital to regularly renew DBS checks for all staff. This practice ensures the hospital has an independent check that helps enhance the organisations ability to assess a persons integrity and character.

The files we reviewed of employees with professional qualifications had evidence to support current validity.

An improvement had been made since April 2015 to ensure staff were receiving regular, documented supervision. Nearly all the staff we spoke to across the Delfryn sites said they received regular supervision every four to six weeks and a system was in place to capture dates when staff had received a supervision. The staff files reviewed showed four out of 10 staff had a supervision in September and four had received their supervision in the last three months.

There had been little improvement made regarding appraisals, with some staff still showing as having their last appraisal in 2012. Although this was acknowledged by management during the feedback meeting and reassurances given that this will be addressed as a matter of priority, it is vital staff have a yearly appraisal, with priority given to those staff members who have not received one for three years. The statistics provided showed Delfryn Lodge had 23 staff due an appraisal and Delfryn House 13 staff requiring an appraisal.

A programme of mandatory training was in place for all staff, with the majority of modules completed on-line using the Achieve system. An analysis of the on-line training statistics highlighted high percentages of staff with up to date training. The majority of staff we spoke to told us they had received training and professional development in the last 12 months, with some staff taking up external training opportunities.

We asked staff if they had received training in the Mental Health (Wales) Measure, Mental Health Act 1983, Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act and received negative responses for some or all of this legislation. It is essential staff have knowledge and understanding of these areas to ensure the care provided is in line with current legislation.

It was pleasing to note that since our previous visit in April 2015, staff had received specific training in female personality disorders. In addition, psychology deliver regular reflective practice sessions for all staff and a 'knowledge exchange' programme was in place whereby staff deliver training to all Delfryn staff on a range of topics specific to the service. The provision of this additional training is noteworthy and helps enhance the knowledge and skills of staff.

Discussions with staff and a review of staff rotas identified that agency staff were and had been used to ensure staffing numbers were adequate. However, we identified that there was a lack of documented evidence to demonstrate that the agency staff member had the necessary skills and experience. It is imperative that the hospital has access to an agency staff member's skills, knowledge and experience, prior to them starting a shift to ensure they are competent to work with the patient group.

Requirements

All staff must receive an annual appraisal, with particular emphasis on those staff that have not received one since 2012.

Training in the Mental Health (Wales) Measure, Mental Health Act 1983, Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act is required for all staff to ensure competency in these areas.

It is essential that any agency staff employed at the hospital has up to date skills and experience which is documented to ensure quality and competency of care is provided.

Governance

Under Regulation 28 of the Independent Health Care (Wales) Regulations 2011, the registered provider must provide a written report on the areas listed within Regulation 28 to HIW on a six monthly basis. HIW has not received copies of any reports undertaken by the registered provider.

Requirement

Regulation 28 visits need to be carried out on a six monthly basis and reports sent to HIW.

Application of the Mental Health Act

We reviewed the statutory detention documents of five of the detained patients being cared for on two wards at the time of our visit. The files we reviewed were in good order, easy to access and the electronic notes corresponded with the paper copies.

Two new Responsible Clinicians were in post and were in the process of completing new assessments of capacity for the patient group. At the time of our visit only two patients' assessments were outstanding.

There were occasional difficulties obtaining medical staff with previous knowledge of the patient and there was no audit tool in place for Deprivation of Liberty Safeguards (DoLS).

Requirement

A tool for the audit of DoLS must be devised and implemented.

Monitoring the Mental Health Measure

We reviewed the care and treatment planning documentation for three patients at Delfryn Lodge and identified the following observations:

- We identified that a patients' admission risk assessment was unclear in terms of 'current' and how this was reflected in the risk rating.
- The daily risk assessment for a patient did not accurately reflect triggers that were seen by HIW staff 22/09/2015
- A patients care plan on self harm required development to adequately manage this issue in the short term.
- The completion of the patient diet chart was inadequate and did not follow the instructions given.
- The high dose antipsychotic review form was poorly completed and had errors.
- The admission checklist for a patient had some key areas which had not been completed.
- It was disappointing to note that it had taken more than six weeks for a diabetic care plan (specialized) to be constructed.
- The physical health assessment tool had not been completed for a patient
- The daily risk assessments had not been signed by the key worker and did not reflect the patients comments.
- There was only one document in easy read. More would be appropriate.
- The restraint/rapid tranquilisation monitoring form had not been completed in line with stated instructions.
- It was difficult to ascertain how the Positive Behaviour Support Plans fitted into the overall care documentation for the patient.

(During the feedback meeting the hospital were provided with initials of the patients to ensure their care and treatment plans could be amended)

Requirement

All the areas identified must be addressed, including ensuring risk assessments, diet charts and medication forms are completed

accurately with valid information. More easy read documents to be provided and how Positive Behaviour Support Plans fit into the overall care documentation.

6. Next Steps

Delfryn Hospital is required to complete an Improvement Plan (Appendix A) to address the key findings from the inspection and submit its Improvement Plan to HIW within two weeks of the publication of this report.

The Improvement Plan should clearly state when and how the findings identified at Delfryn Hospital will be addressed, including timescales.

The Improvement Plan, once agreed, will be published on the Healthcare Inspectorate Wales website and will be evaluated as part of the on-going mental health/learning disability process.

Appendix A**Mental Health / Learning Disability: Improvement Plan****Provider: Cambian Healthcare****Hospital: Delfryn House & Lodge and Rhyd Alun****Date of Inspection: 21st, 22nd & 23rd September 2015**

Page Number	Requirement	Regulation	Action	Responsible Officer	Timescale
	All food items stored in fridges need to be checked regularly to ensure they are in date and safe for consumption.	15(9) (b)	Plan in place, all fridge items are checked every night and disposed of accordingly-logged in disposal file in kitchen area.	LB NP	Completed 22.09.15
	The recording of temperatures for each fridge needs to be undertaken daily and the recording sheet needs to clearly identify which fridges for which fridge.	15 (9) (b)	New fridge temperature monitoring charts implemented and checked daily by NIC.	LB NIC	Completed 24.09.15
	The payphone on Delfryn Lodge needs to be repaired for patient use.	26 (2) (b)	Repaired at time of inspection. Maintenance doing weekly checks.	ST NC	Completed 29.09.15
	A review of the issues surrounding the restricted access to the garden on Delfryn Lodge is required, in particular the height	26 (2) (a)	Discussions held with MDT care staff and service users. The restrictions on the access to the garden are to promote involvement in therapeutic activities during the day. During fine weather this restriction is reduced as a lot of activities can take place outside. Staff presence is	ST AD MDT	Ongoing and under regular review.

Appendix A

Mental Health / Learning Disability: Improvement Plan

Provider: Cambian Healthcare

Hospital: Delfryn House & Lodge and Rhyd Alun

Date of Inspection: 21st, 22nd & 23rd September 2015

	of the fence.		however required to maintain the safety and the need to observe patients is due to the risk of self-harm. Discussed with inspectors at the time of visit and it was concluded that increasing the height of the fence will not change the restricted access that is currently in place. Management to look at ways of increasing the access whilst maintaining safety with patients.		
	Regular food and cleanliness checks are required in the therapy kitchen on Delfryn Lodge, specifically to ensure cupboards are clean and free of debris, sugar is stored in closed containers and all food that is past its used by date is appropriately disposed of.	15 (1) (b) & 19 (1) (b)	See 15 (9) (b). Daily checks now in place.	LB Night Staff	Completed 24.09.15
	A review of external healthcare appointments for patients is required	15 (1) (a) (b)	Patients to be given appointment cards. Ongoing audit by HOC to ensure appointments are made in a timely manner and communicated in an effective	HOC's	09.11.15

Appendix A

Mental Health / Learning Disability: Improvement Plan

Provider: Cambian Healthcare

Hospital: Delfryn House & Lodge and Rhyd Alun

Date of Inspection: 21st, 22nd & 23rd September 2015

	to determine how long patients are waiting for appointments and the methods used in communicating appointment information to patients.		manner. Any issues will be raised with GP practices. Should any further complaints arrive, deal with in timely manner.		
	A review of laundry facilities on Delfryn Lodge is required to ensure they are robust to cope with the laundry demand and a review of the laundry timetable to ensure consistency is provided.	9 (1) (d) & 15 (1) (a) (b)	Extra machine purchased and provided. Laundry timetable reviewed.	ST NC	Completed 29.09.15
	A review of meals served on Delfryn Lodge is required to determine if having a main meal at tea time rather than lunch time is better suites the needs of the patient group.	15 (9) (b)	Catering manager to devise and distribute patient survey on catering meals and times.	LB SM	09.11.15

Appendix A

Mental Health / Learning Disability: Improvement Plan

Provider: Cambian Healthcare

Hospital: Delfryn House & Lodge and Rhyd Alun

Date of Inspection: 21st, 22nd & 23rd September 2015

	A review of access to patient items stored in the therapy kitchen is required to determine how items are being taken by other patients and what steps will be put in place to stop this.	15 (1) (a) (b)	Staff reminded to monitor fridges and ensure other patient's food is not being taken. Monitor situation via community meetings. Should any further complaints arise, deal with in timely manner.	LB HOC	23.10.15
	All staff must receive an annual appraisal, with particular emphasis on those staff that have not received one since 2012.	20 (2) (a)	Assurances given at time of inspection that all could be completed within 2 weeks. Evidence of that completion already sent to HIW.	ST LB	Completed 12.10.15
	Training in the Mental Health (Wales) Measure, Mental Health Act 1983, Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act is required for all staff to ensure	20 (2) (a) & 21 (2) (b)	Training request completed on the day, training arranged for the 11 th November with a further date to follow.	SD	Completed during inspection process.

Appendix A

Mental Health / Learning Disability: Improvement Plan

Provider: Cambian Healthcare

Hospital: Delfryn House & Lodge and Rhyd Alun

Date of Inspection: 21st, 22nd & 23rd September 2015

	competency in these areas.				
	It is essential that any agency staff employed at the hospital has up to date skills and experience which is documented to ensure quality and competency of care is provided.	21 (1) (a) (b)	File now in place following meeting with preferred agency provider. Email sent to all staff advising of requirements. No agency used since inspection.	LB	Completed during inspection process.
	Regulation 28 visits need to be carried out on a six monthly basis and reports sent to HIW	(28) (1) (2) (a) (b) (c) (3) (4) (a) (b) (c) & (5) (a) (b) (c)	Regulation 28 visit to be carried out and report submitted to HIW by 6th November 2015. Ongoing visits will be carried out on a 6 monthly basis thereafter.	NR	Ongoing process now in place.
	All the areas identified must be addressed, including ensuring risk assessments, diet charts and medication forms are completed accurately with valid information. More	15 (9) (a) & 23 (1) (a) (l)	Completed. All actions identified were addressed and completed by 24.09.15		Completed 24.09.15

Appendix A

Mental Health / Learning Disability: Improvement Plan

Provider: Cambian Healthcare

Hospital: Delfryn House & Lodge and Rhyd Alun

Date of Inspection: 21st, 22nd & 23rd September 2015

	easy read documents to be provided and how positive behaviour support plans fit into the overall care documentation.				
	A tool for the audit of Dols must be devised and implemented	N/A	Obtained during inspection and completed during the inspection.		Completed 23.10.15

Key

NR- Nick Ruffley (Operations Director/Nominated Individual)

ST- Shani Tanti (Hospital Director)

LB- Laura Blythe (Deputy Hospital Director)

SD- Suzanne Duff (Acting Head of Care)

HOC- Head of Care

NIC- Nurse in charge

SM- Sharon Morris (Catering Manager)

NC- Neil Cheetham (Maintenance)

AD- Andy Daniels (Estates manager)