

Inspection Summary Report

Delfryn House and Delfryn Lodge

Inspection date: 04, 05 and 06 July 2022

Publication date: 5 October 2022



This summary document provides an overview of the outcome of the inspection



We found staff were committed to providing safe and effective care. Patient care plans reflected individual needs and risks and were being maintained to a good standard. Suitable protocols were in place to manage risk, health and safety and infection control. The statutory documentation we saw verified that the patients were appropriately legally detained.

We did find some areas for improvement; for example, there was a sense that the House and Lodge were operating as separate entities rather than as one hospital. However, no immediate concerns about patient safety were identified during the inspection.

Note the inspection findings relate to the point in time that the inspection was undertaken.



What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced independent mental health inspection at Delfryn House and Delfryn Lodge on 04, 05 and 06 July 2022.

The following hospital wards were reviewed during this inspection:

- Delfryn House - 28 single gender beds (male) providing locked rehabilitation services
- Delfryn Lodge - 24 single gender beds (female) providing locked rehabilitation services.

Our team for the inspection comprised of three HIW Inspectors, four clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer) and one patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

This summary version of the report is designed for members of the public.

A full report, which is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients can be found on our [website](#).

Quality of Patient Experience



Overall Summary

- Staff treated patients appropriately and with dignity and respect
- Patients had access to a range of therapy facilities to support and maintain their health and wellbeing
- The environment of both wards and the wider hospital was clean and uncluttered
- Patients had access to a mental health advocate who provided information and support with any issues they may have regarding their care.

What we found this service did well

- Patients could engage and provide feedback to staff about their care at the hospital in a number of ways. Patient representatives had been appointed to act as a point of contact for other patients to talk to about any issues they may have which we recognised as good practice.

Where the service could improve

- The service must consider installing observation panels on all bedroom doors at the hospital to reduce the impact on patients at night
- Health promotion information must be made available for patients in the Lodge
- Physical health checks and observations must be consistently recorded in the physical health files for patients.

Delivery of Safe and Effective Care



Overall Summary

- Robust procedures were in place for the safe management of medicines and Medication Administration Records were being well maintained
- Processes were in place to help ensure that staff at the hospital safeguarded patients appropriately
- Daily risk assessments were being completed and discussed with the multi-disciplinary team in relation to each patient on potential changes to care plans, restricted items, observation levels and Section 17 leave status
- Regular checks were being undertaken of resuscitation and emergency equipment.

What we found this service did well

- There was evidence of good oversight in place from the Mental Health Act administration team to monitor compliance with national guidelines and to review upcoming deadlines to ensure detentions remained lawful.

Where the service could improve

- The service must consider whether they are capturing information in the most streamlined way to ensure new staff members can access documentation quickly when reviewing care and treatment for patients
- The room temperature checklist must be completed as required in the treatment room in the Lodge
- All overhead lights at the hospital need to be checked to ensure they are working and cleaned to remove the build up of dirt and insects.

Quality of Management and Leadership



Overall Summary

- The majority of staff who completed HIW questionnaires provided positive feedback about working at the hospital
- Established governance arrangements were in place to provide oversight of clinical and operational issues
- Recruitment was being undertaken in an open and fair process with appropriate employment checks being carried out prior to employment.

Where the service could improve

- The service should review their induction programme to ensure new members of staff are provided with the required knowledge and sufficient support when starting their role
- Efforts to recruit more permanent staff must be continued to reduce the feeling among some staff that they do not have enough time to give patients the care they need.

Staff told us:

“Really good organisation to work for, patients receive excellent care”

“The setting does it upmost best to provide a safe and secure place to live for patients and for staff to work”

“Both hospitals on site to work together and for there to be no divide”

“Employing more regular staff trained in all aspects of care delivery”

“For new starters to receive a more robust and informative induction before beginning their role on the wards”

Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the health board to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the health board to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the health board to confirm action has been taken in line with management responses documented in the improvement plan. We also ask health boards to provide documented evidence of action taken and/or progress made.

