

Inspection Report 2008/2009

Linden House

*River Lane
Market Weighton
Nr York
East Yorkshire
YO43 4LA*

Introduction

Certain independent healthcare providers in England must be registered with the Healthcare Commission. Those that need to be registered are defined in the Care Standards Act (2000) and include Acute and Mental Health Hospitals, some private doctors and some smaller medical services that provide specialist medical services such as endoscopy. To register, they need to demonstrate compliance with the Act and associated regulations. The Healthcare Commission tests providers' compliance by assessing each registered establishment against a set of National Minimum Standards, which were published by the Government and set out the minimum standards for different types of independent health services.

In addition to this report, the establishment has been given further details about how we have arrived at their assessment. If you wish to see or discuss this additional information, you may ask the provider for this, at their discretion. The establishment's action plan, which sets out the steps it is taking in response to this assessment, may also be requested from the provider. You should contact the Registered Person at the establishment address at the top of this page regarding both the additional information and the action plan.

Background

Linden House is part of a group of Independent Hospitals owned and managed by Care Principles Limited. It was registered with the Healthcare Commission on 28 September 2001 as an Independent Hospital, Mental Health establishment, to accommodate people likely to be detained. Linden House is registered to accommodate ninety-seven beds; forty-five beds provide care and treatment for adult males within a medium secure setting; thirty-six beds provide care and treatment for adult males with a learning disability within a low secure environment. The remaining sixteen beds provide care and treatment for adult females with a learning disability within a low secure environment. At the time of this inspection fifty-seven patients were being accommodated forty-five adult males and twelve adult females.

The accommodation is divided into 'houses'. Some of the 'houses' take the form of bungalows, whilst the remainder provide bedroom accommodation to the first floor, but do not have a lift facility. Linden House is located a few miles away from the market town of Market Weighton and is not easily accessible by public transport. The hospital is located close to junctions 37 and 38 of the M62 motorway, however, car parking facilities for visitors are limited.

This inspection took place on 2 and 3 December 2008, and was unannounced.

Main findings

This inspection was carried out to assess compliance with the requirements cited in the two statutory notices served pursuant to Regulation 51 of the Private and Voluntary Health Care

(England) Regulations 2001 on 16 September 2008 and 18 September 2008. The two notices were served following an unannounced inspection on 3 to 5 September 2008 that identified serious concerns with regards to the safety and welfare of patients' resident at Linden House. The statutory notices cited breaches of regulations 15(1), 15(5), 16(1)(3)(4), 18(1)(2)(a), 25(2)(a)(c), 35(1), 44(1)(a) (b) & (c) and 45(a) & (c) & (d). The areas of non compliance concerned the safety of patients and others at the hospital; the management of disturbed behaviour; risk assessment and risk management, absence of documentation in patients' notes regarding the granting of Section 17 leave; seclusion of a patient in accordance with The Mental Health Act 1983, The Mental Health Act Code of Practice and other guidance issued by the Mental Health Act Commission; ordering, recording, handling, safe keeping, safe administration and disposal of medicines; facilities for patients for the safekeeping of confidential and personal information; staffing levels; staff training and meeting the needs of patients with a learning disability in accordance with hospital policy.

During the course of the visit compliance was evident to some of the requirements stated in the statutory notices and these were as follows:

- A review of the seclusion of a patient within the establishment had taken place and an action plan developed to ensure future compliance with The Mental Health Act 1983, The Mental Health Act Code of Practice, other guidance issued by the Mental Health Act Commission pertaining to seclusion practices. Implementation of the action plan has commenced
- A serious untoward incident review had taken place with regards to a drug error identified by the Healthcare Commission at the time of the last inspection
- An investigation had been conducted with regards to the missing tablets and a copy of the investigation report forwarded to the Healthcare Commission
- An audit had been conducted to assess compliance with the hospital's policy in meeting the needs of patients with a learning disability. However, this audit required a number of actions and these actions have yet to be fully implemented
- A review had been conducted with regards to the uptake of community inclusion activities for patients that identified a number of reasons for failure to deliver these opportunities.
- A review of staffing levels had been completed and an action plan developed to ensure that there is at all times an appropriate number of suitably qualified, skilled and experienced persons available.
- A risk assessment and management plan to ensure availability of intermediate life support trained staff when using rapid tranquilisation, that included an action plan and timescales for the delivery of training to all staff identified to require it, had been completed. However, not all staff who had received this training were aware of the procedures to follow in accordance with UK Resuscitation Council guidelines taught
- Non compliance with regards to fire equipment, fire evacuation routes and general refurbishment had been addressed
- A review of the risk assessment against the guidance document titled ' Best Practice in Managing Risk' issued by Department of Health in June 2007 had taken place. However, the review was conducted using the principles of the best practice guidance and as such an additional requirement has been identified, further to that stated in the statutory notice, within the body of this report.

However, whilst the above compliance was noted, compliance with all of the stated requirements was not evident and the Healthcare Commission is currently giving consideration to what further enforcement action is necessary with regards to these findings. These areas have been identified in the body of this report.

In addition, whilst assessing compliance with requirements stated in the notices, during the course of this assessment Healthcare Commission staff also noted additional regulatory non-

compliance and this is reflected in the additional 7 (seven) requirements identified in this report for those standards judged as 'not met' or 'almost met'. The Healthcare Commission has taken enforcement action in response to 3 (three) of the 7 (seven) additional areas of regulatory non-compliance identified at this inspection through the serving of a statutory notice pursuant to Regulation 51 of the Private and Voluntary Health Care (England) Regulations 2001. Requirements stated within the Regulation 51 statutory notice served on 15 December 2008 have been identified within the body of this report.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Independent Hospital	IH
Mental Health establishments, taking people liable to be detained	MH(D) 97

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Met, Almost Met, Not Met or Not Inspected

Condition	Assessment
The establishment is registered to provide accommodation, care and treatment to a maximum number of 97 (ninety-seven) persons only at any one time	Met
The establishment is registered to provide accommodation, care and treatment to a maximum of 97 (ninety-seven) persons who are liable to be detained pursuant to the Mental Health Act 1983	Met
The establishment is registered for the provision of low secure services on Wicstun, Newbald, Coxwold, Westwood, York and Welton houses	Met
The establishment is registered to provide accommodation, care and treatment to a maximum number of 9 (nine) male persons each, on Wicstun, Newbald, Coxwold and Westwood houses, aged between 18 (eighteen) and 65 (sixty-five) years	Met
The establishment is registered to provide accommodation, care and treatment to a maximum number of 8 (eight) female persons each, on York and Welton houses, aged between 18 (eighteen) and 65 (sixty-five) years	Met
The establishment is registered in accordance with conditions 3 – 5 (above) to provide accommodation, care and treatment for people with a learning disability	Met
The establishment is registered for the provision of medium secure services on Thorne, Kingston, Raywell, Burton, Derwent and Trent houses	Met
The establishment is registered to provide accommodation, care and treatment to a maximum number of 8 (eight) male persons each, on Thorne and Kingston houses, aged between 18 (eighteen) and 65 (sixty-five) years	Met
The establishment is registered in accordance with condition 8 (above) to provide accommodation, care and treatment for people with a learning disability	Met

Condition	Assessment
The establishment is registered to provide accommodation, care and treatment to a maximum number of 8 (eight) male patients, on Burton house, aged between 18 (eighteen) and 65 (sixty-five) years. The establishment is registered in accordance with condition 10 (above) to provide accommodation, care and treatment for people with aspergers syndrome/high functioning autism	Met
The establishment is registered to provide accommodation, care and treatment to a maximum number of 6 (six) male persons, on Derwent house, aged between 18 (eighteen) and 65 (sixty-five) years	Met
The establishment is registered to provide accommodation, care and treatment to a maximum number of 7 (seven) male patients, on Trent house, aged between 18 (eighteen) and 65 (sixty-five) years	Met
The establishment is registered to provide accommodation, care and treatment to a maximum number of 8 (eight) male patients, on Raywell house, aged between 18 (eighteen) and 65 (sixty-five) years	Met
The establishment is registered in accordance with condition 12 – 14 (above) to provide accommodation, care and treatment for people with a personality disorder	Met
The establishment will not admit any patients to Raywell House until all works to the seclusion room are fully completed and the Healthcare Commission is informed of this in writing	Met
The establishment is registered to provide accommodation, care and treatment with adherence to the minimum staffing levels as detailed in the certificate of registration dated 03 August 2007	Met

Assessments

Prior to assessment, each establishment or agency is required to complete an assessment of their own performance against the National Minimum Standards. This is used along with other performance information held by the Commission to make a decision on the need for further assessment. Where overall assessment shows compliance with the standards, organisations may not be inspected each year.

The Healthcare Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance. The Healthcare Commission is required to inspect establishments at least once every five years and this report reflects the assessment of the establishment or agency at a given point in time.

For each standard that we assess, we use a four point scale.

Standard met	Achieving the required levels of performance in all aspects of the
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	standard
Standard almost met	Not achieving the required levels of performance in some aspects of the standard
Standard not met	Significant action is needed to achieve the required levels of performance
Not inspected	This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

The assessments are grouped under the following headings:

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Accessible and responsive care - is care organised around patients' needs and wishes?
- Care environment and amenities - is the place where you are treated well designed and maintained?

Types of Standards

Each standard number is prefixed by a letter denoting the type of standard it represents:

C	Core Standards
A	Acute Hospitals
M	Mental Health Establishments
H	Hospices
MC	Maternity Hospitals
TP	Termination of Pregnancy Establishments
P	Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation
PD	Private Doctors

Requirements

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider. The Healthcare Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Healthcare Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

Assessments and Requirements

Safety

Number	Standard Topic	Assessment
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Number	Standard Topic	Assessment
C13	Child Protection Procedures	Not inspected
C18	Condition and Maintenance of Equipment and Supplies	Not inspected
C20	Risk Management Policy	Not inspected
C22	Medicines Management	Standard not met
C23	Ordering and Storage of Medicines	Standard not met
C24	Controlled Drugs	Not inspected
C25	Infection Control	Standard not met
C26	Medical Devices and Decontamination	Not inspected
M7	Risk assessment and management	Standard not met
M8	Suicide Prevention	Not inspected
M9	Infection Control	Standard not Met
M17	Administration of Medicines	Not inspected
M18	Self administration of Medicines	Not inspected
M30	Levels of Observation	Not inspected
M31	Managing Disturbed Behaviour	Not inspected
M32	Management of Serious/Untoward Incidents, Adverse Health Events and Near Misses	Standard not met
M33	Unexpected Patient Death	Not inspected
M34	Patients Absconding	Not inspected
M35	Patient Restraint and Physical Interventions	Not inspected
M36	Safeguarding Children in mental health settings	Not inspected

No	Standard	Regulation	Requirement	Time scale
1	C22	15(5)	<p>Findings An investigation concerning the continued administration of medication to a patient by nursing staff when an allergy to the medication had been recorded on the patient's medication chart has not taken place.</p> <p>Action Required The registered person must conduct a review of the incident identified and cascade all lessons learnt as a result of this review, so that suitable arrangements for the safe administration of medicines used in or for the purposes of the establishment can be ensured.</p>	<p>Non compliance with Regulation 51 notice served 18 September 2008</p> <p><i>Healthcare Commission is currently giving consideration to what further enforcement action is necessary with regards to these findings</i></p>
2	C22	15(5)	<p>Findings Medication stock checks are not being completed weekly as directed by Care Principles Ltd policy, expired medication was present in medicine cupboards and in one instance a patient had two medication cards and had been given medication twice within 30 minutes of the first administration Drug fridge temperature recordings show instances when temperature above maximum have been recorded and there are no records of the actions</p>	<p>Non compliance with Regulation 51 notice served 18 September 2008</p> <p><i>Healthcare Commission is currently giving consideration to what further enforcement action is necessary with</i></p>

No	Standard	Regulation	Requirement	Time scale
			<p>taken for all of the dates identified or that medicines stored in the fridge at those times had been returned to pharmacy in accordance with hospital policy and not all staff had received training with regards to the procedure to follow in the event that fridge temperatures are outside the normal range.</p> <p>Action Required The registered person must ensure that suitable arrangements are in place for the ordering, recording, handling, safe keeping, safe administration and disposal of medicines, so that effective medicines management can be ensured and risk to patients with regards to these activities minimised.</p>	regards to these findings
3	M7	44(1), 45	<p>Findings Not all of the risk assessments and management plans are being reviewed following an untoward incident/adverse event/near miss and an effective monitoring system to ensure compliance with Care Principles Ltd policies for the identification, management and review of risk assessments in respect of patient care has not been implemented</p> <p>Action Required The registered person must ensure that risk assessments and management plans are reviewed and that management plans are updated following a serious untoward incident with a patient, so that the risk of a patient harming himself or another person can be minimised.</p>	<p>Non compliance with Regulation 51 notice served 16 September 2008</p> <p><i>Healthcare Commission is currently giving consideration to what further enforcement action is necessary with regards to these findings</i></p>
4	M7	44(1)	<p>Findings Additional risk assessments identified following completion of the HCR-20 have not been completed and in one instance this HCR-20 had been completed 2 months earlier.</p> <p>Action Required The registered person must ensure that assessments of a patient's propensity to violence and self harm are conducted, so that the risk of a patient harming himself or another person can be minimised and employees are provided with information as to the outcome of such an assessment.</p>	<p>Non compliance with Regulation 51 notice served 16 September 2008</p> <p><i>Healthcare Commission is currently giving consideration to what further enforcement action is necessary with regards to these findings</i></p>
5	M7	16(1)(3)	Findings	Non compliance

No	Standard	Regulation	Requirement	Time scale
			<p>Patients views are not recorded in the written risk assessment to demonstrate that they have been involved in this activity</p> <p>Action Required Patients must be involved in risk assessments relating to them and their views should be recorded in the written record of the risk assessment. This is so that patients are centrally involved in decisions about their care, the recorded risks are accurate and everyone including the patient is aware of the management plans. It is also to enable a patient an opportunity of challenging any aspect of the assessment.</p>	<p>with Regulation 51 notice served 18 September 2008</p> <p><i>Healthcare Commission is currently giving consideration to what further enforcement action is necessary with regards to these findings</i></p>
6	M7	44(1)	<p>Findings Not all members of the multidisciplinary team were involved in the review of the risk assessment tool against the principles of the Department of Health – Best Practice in Managing Risk, June 2007 guidance.</p> <p>Action Required The registered person must put in place a risk assessment tool that enables assessment of risk in addition to those associated with violence, so that the identification and management of the multiple risks presented by the patient group accommodated at the hospital can be ensured.</p>	30 January 2008
7	M7	44(1)	<p>Findings Not all patients had a completed, documented, risk assessment on file and in one instance treatment plans had been updated and the HCR-20 risk assessment document had not.</p> <p>Action Required The registered person must put in place complete risk management guidelines for each patient to reflect the outcome of each risk assessment undertaken in order to inform staff as to each patient's treatment. This must include details of how a patient should be managed when exhibiting disturbed behaviour, so that the risks of a patient harming himself or another person are minimised</p>	<p>Non compliance with Regulation 51 notice served 16 September 2008</p> <p><i>Healthcare Commission is currently giving consideration to what further enforcement action is necessary with regards to these findings</i></p>
8	M32	45(c)	<p>Findings Not all incidents involving violent or aggressive behaviour by a patient have been reported</p>	<p>Non compliance with Regulation 51 notice served 16 September 2008</p>

No	Standard	Regulation	Requirement	Time scale
			<p>Action Required The registered person must ensure that employees report all incidents of violence or self harm in accordance with the Accident, Incident and Dangerous Occurrences Reporting and Monitoring Policy.</p>	<p>Healthcare Commission is currently giving consideration to what further enforcement action is necessary with regards to these findings</p>
9	C25	15(6)	<p>Findings A single mop head was used for cleaning floor surfaces in both clean and dirty areas and the mop was stored on the floor of the laundry room when not in use.</p> <p>Action Required The registered person must ensure that suitable arrangements are in place, so that the risk of spread of infection is minimised.</p>	<p>31 December 2008</p>

Clinical and cost effectiveness

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Not inspected
M1	Working with the Mental Health National Service Framework	Not inspected
M4	Clinical Audit	Not inspected
M11	The Care Programme Approach/Care Management	Not inspected
M12	Admission and assessment	Not inspected
M15	Patients with Developmental Disabilities	Standard not met
M16	Electro-Convulsive Therapy (ECT)	Not inspected
M19	Treatment for Addictions	Not inspected
M20	Transfer of Patients	Not inspected
M21	Patient Discharge	Not inspected
M37	Admission and assessment of children	Not inspected
M38	Quality of Life of children	Not inspected
M39	Facilities and Equipment to meet the needs of children	Not inspected
M40	Valid consent of children	Not inspected

No	Standard	Regulation	Requirement	Time scale
1	M15	16(4)(b)	<p>Findings</p> <p>In some instances patients did not have access to information in an accessible format nor were patients supported to be actively involved in decisions about their care</p> <p>Action Required</p> <p>Provide information to all patients in a format that meets their individual specific needs.</p>	<p>Previous Dates:</p> <p>31 December 2007 28 November 2008</p> <p><i>Included in Regulation 51 Statutory Notice served on 15 December 2008</i></p> <p>Notice served with compliance date of 31 December 2008</p>

Governance

Number	Standard	Assessment
C7	Policies and Procedures	Standard not met
C8	Role and Responsibilities of the Registered Manager	Not inspected
C9	Human Resources Policies and Procedures	Standard not met
C10	Practising Privileges	Not inspected
C11	Compliance with Professional Codes of Conduct	Not inspected
C12	Health Care Workers and Blood Borne Viruses	Not inspected
C16	Worker's Concerns	Not inspected
C28	Contracts	Not inspected
C29	Records Management	Not inspected
C30	Completion of Health Records	Standard not met
C31	Information Management	Not inspected
C32	Research	Not inspected
M2	Communication Between Staff	Not inspected
M3	Patient Confidentiality	Not inspected
M5	Staff Numbers and Skill Mix	Standard met
M6	Staff Training	Not inspected
M22	Patient's Records	Not inspected

No	Standard	Regulation	Requirement	Time scale
1	C7	15(5)	<p>Findings Staff do not adhere to hospital policies and procedures with regards to the prescription and administration of Form 38 and Section 62 medications.</p> <p>Action Required The registered person must ensure that hospital policies and procedures with regards to the prescription and administration of medicines, including those medications administered in an emergency, are followed, so that prescription and administration of patients in accordance with the provisions of Part IV of the Mental Health Act 1983 can be assured.</p>	31 December 2008
2	C30	21 (1)	<p>Findings Not all patients records included entries from medical staff where emergency treatment under section 62 of the Mental Health Act 1983 had been administered and in one instance, documentation by the member of the medical team that conducted a subsequent review preceded that of the member of the medical team who prescribed the original intervention. In addition, whilst the section 62 form indicated that the patient had consented to this treatment there was no record of this in the patient record.</p> <p>Action Required</p>	31 December 2008

No	Standard	Regulation	Requirement	Time scale
			The registered person must ensure that all interventions with regards to the care and treatment administered are documented in the patient record and that records are made contemporaneously, so that a comprehensive medical record is maintained in relation to each patient and staff remain up-to-date with regards to the care and treatment provided.	
3	C9	19(2)	<p>Findings</p> <p>Two of the staff personal files for staff employed on Bank contractual arrangements contained work permits that did not permit them to work at Linden House or for Care Principles Limited. There was no evidence available to demonstrate the legal employment status of these staff.</p> <p>Action Required</p> <p>The registered person must put in place procedures and ensure that only those members of staff that have a valid work permit are employed at the establishment.</p>	<p>Included in Regulation 51 Statutory Notice served on 15 December 2008</p> <p>Notice served with compliance date of 17 December 2008</p>

Patient focus

Number	Standard	Assessment
C1	Information for Patients	Not inspected
C2	Patient Centred Care	Not inspected
C5	Care of the Dying	Not inspected
C14	Complaints Process	Not inspected
C15	Information for Patients about Complaints	Not inspected
C19	Catering Services for Patients	Not inspected
C27	Resuscitation	Standard not met
M10	Resuscitation Procedures	Standard not met
M13	CPA Care Planning and Review	Standard not met
M14	Information for Patients on their treatment	Not inspected
M23	Empowerment	Not inspected
M24	Arrangements for visiting	Not inspected
M25	Working with Carers and Family Members	Not inspected
M26	Anti-discriminatory Practice	Not inspected
M27	Quality of Life for Patients	Standard not met
M28	Patient's Money	Not inspected
M29	Restrictions and Security for Patients	Not inspected
M41	Establishments in which Treatment is provided for Persons liable to be detained - Information for Staff	Not inspected
M42	The Rights of Patients under the Mental Health Act	Not inspected
M43	Seclusion of Patients	Not inspected
M44	Section 17 Leave	Standard not met
M45	Absent without Leave under Section 18	Not inspected
M46	Discharge of Detained Patients	Not inspected
M47	Staff Training on the Mental Health Act	Not inspected

No	Standard	Regulation	Requirement	Time scale
1	C27	18(2)(a)	<p>Findings Not all staff who had received Basic Life Support training were aware of the cardiac compression to breath ratio required</p> <p>Action Required The registered person must ensure that all staff are aware of the correct procedures to follow in the event of a cardiac arrest, so that effective resuscitation practices and compliance with UK Resuscitation Council guidelines can be ensured.</p>	<p>31 December 2008</p>
2	M44	15(1)(b)	<p>Findings Decisions regarding Section 17 leave were not documented in patients' healthcare record for each occasion section 17 leave had been granted.</p> <p>Action Required The registered person must ensure that the granting of all Section 17 leave, and the conditions attached to it, are recorded in the patients' healthcare record, so that compliance with the Mental Health Act 1983 can be ensured.</p>	<p>Non compliance with Regulation 51 notice served 18 September 2008</p> <p><i>Healthcare Commission is currently giving consideration to what further enforcement action is necessary with regards to these findings</i></p>
3	M27	16(4)(a)	<p>Findings All patients did not have a lockable drawer in their bedroom in which to keep confidential personal information.</p> <p>Action Required The registered person must make suitable arrangements for patient's to store confidential personal information, so that patients' rights to privacy are ensured.</p>	<p>Non compliance with Regulation 51 notice served 18 September 2008</p> <p><i>Healthcare Commission is currently giving consideration to what further enforcement action is necessary with regards to these findings</i></p>

No	Standard	Regulation	Requirement	Time scale
4	M13	15(1)(b) 16(1)(3) 16(4)(b)	<p>Findings In the majority of patient records reviewed, patients did not have a care programme approach plan of care that was individualised and met both the immediate and long term care needs of the individual</p> <p>Action Required Put in place a care programme approach plan of care for all patients that reflects their individual needs and meets both their immediate and long term care requirements.</p>	<p>Previous Date: 28 November 2008</p> <p>Included in Regulation 51 Statutory Notice served on 15 December 2008</p> <p>Notice served with compliance date of 31 December 2008</p>

Accessible and responsive care

Number	Standard Topic	Assessment
C6	Patient's Views	Not inspected

Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Standard met
C21	Health and Safety Measures	Not inspected

The Healthcare Commission exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

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