

**Llanbedr Court  
Chepstow Road  
Newport  
NP18 2AA**

**Inspection 2009/2010**

**Healthcare Inspectorate Wales**

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<b>Inspection Date:</b>	<b>Inspection Manager:</b>
21 October 2009	Mrs Helen Nethercott

## Introduction

Independent healthcare providers in Wales must be registered with the Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. The HIW tests providers' compliance by assessing each registered establishment and agency against a set of *National Minimum Standards*, which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at: [www.hiw.org.uk](http://www.hiw.org.uk).

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

## Background and main findings

An unannounced inspection was undertaken to Llanbedr Court on the 21 October 2009 by an Inspection Manager and two HIW reviewers. Llanbedr Court is an independent hospital situated in Llandevaud, near Newport, and is a short distance from the M4 motorway.

The hospital was first registered in September 2004 and is currently registered to accommodate adults who may be detained under the Mental Health Act 1983. The registration categories included mental disorder and learning disability, and the setting also offered a service to those with organic brain disease and acquired brain injury. Llanbedr Court Ltd operates as a subsidiary of Ludlow Street Healthcare whose head office is in Cardiff.

Prior to the inspection the registered manager submitted a comprehensively completed pre inspection questionnaire and supporting documentation. The inspection focussed upon the review of a range of documentation including patient records and discussion with a range of staff members and patients.

In addition the company submitted a range of documentation in relation to the management of violence and aggression and disturbed behaviour. The outcome of this review was positive. A recommendation from the review was that the accreditation of the training company needed to be established.

The service at Llanbedr Court was registered to provide services from four separate units. The current conditions of registration were the subject of an application to vary in line with a redesign of the service layout.

The environment and access to garden areas had improved with the modifications that have been made. Consideration should be given to the following:

- Provision of practice cooking and daily living activities on Upper Raglan as it was stated that this area will be used to accommodate patients preparing for discharge.
- Facilities for visiting clinicians/ healthcare professionals to attend to physical aspects of care in the treatment room, as the only other place where patients can be seen is in their own bedrooms.

Both staff and patients provided feedback that they were happy to be at Llanbedr Court. Patients and staff reported that there was an emphasis on privacy and dignity. During the inspection it was noted that the observation panels on the bedroom doors were partially open on a significant number which meant that anyone in the corridor could see into the room. These panels should generally remain closed unless required to be open for a specific purpose.

Llanbedr Court is a locked service and there were CCTV cameras, internal electronic locks and panic alarms for staff members. The external grounds were secure, with external gates controlled from the reception area.

The service operated as a low secure service having previously operated as a medium secure service. It was noted that many internal doors and areas were routinely locked. It was also noted that staff routinely observe patients from corridors. To maintain a safe environment for both staff and patients, the registered person must be assured that risk assessments are frequently reviewed but at the same time ensure that patients are not unnecessarily restricted in their movements or liberty. More frequent review of risk can also assist in optimising staff deployment.

Levels of activity for patients appeared variable; those patients who were able to articulate their needs clearly had a good structure to their days/ week, whereas those who were less able to indicate their needs such as those in the unit for persons with organic brain disorders had much less activity in their day which meant that these had long unstructured periods.

One of the units was piloting use of new documentation in relation to authorisation / assessment for section 17 leave, which had already been successfully implemented in other parts of the company. It was recommended that this be used across the service as it demonstrated greater compliance with requirements for use of that part of the Mental Health Act 1983.

Review of prescription cards showed that generally prescribing was in line with legislative requirements. It was noted that there were times when "as required" medications were not written up on the new prescription card (the old prescription card remained in use), which at times led to duplication. Whilst controlled drugs were noted as not in regular use within the hospital, the inspectors reminded the registered person of the need to nominate an Accountable Officer to comply with the regulations for the Controlled Drugs (Supervision and Management of Use) (Wales) Regulations 2008.

Since the last inspection visit a programme for implementation of clinical audit had been developed and a draft was seen during the inspection. Once fully implemented this should demonstrate good compliance with requirements.

There were generally appropriate arrangements in place for management of patient money. However, the policy needs to be updated to include appropriate checks and monitoring for staff supervision of withdrawals from cash dispensers by patients.

A training programme for staff had been developed and implemented which included Protection of Vulnerable Adult (POVA) training.

There was a child visiting policy in place. However staff should have the knowledge to identify child protection issues both when visiting takes place and when escorting patients in a variety of scenarios in the community. Further awareness raising with staff would be beneficial.

The previous inspection report required an assessment of each patient for their level of comprehension of information and literacy so that information on services and complaints can be provided to them tailored to their individual level of functioning. Confirmation will be required that this has been completed.

The Inspection Manager would like to thank the staff and patients for their time and cooperation during the inspection visit.

## **Achievements and compliance**

Within the previous inspection report 11 regulatory requirements for action were made which included 4 new requirements and 7 outstanding from previous inspection episodes.

All but 2 of the requirements for action had been completed. The outstanding requirements relate to the clinical audit programme and assessments of patients to determine their level of comprehension in terms of literacy and numeracy so that they can be provided with information appropriate to their individual needs.

**0708/2 - The level of comprehension of information for each individual must be assessed to determine the format and language on information on services and complaints to be provided. This outcome must be recorded in the relevant medical record.**

HIW received confirmation on 26 February 2010 that this requirement had been met.

**0809/3 – HIW must be provided with:-**

- **A list of the clinical audits to comply with NMS completed from registration to 31/03/09.**
- **A copy of the action plan from each of these audits.**

Prior to this inspection, the company submitted a range of documentation in relation to the management of violence and aggression and disturbed behaviour. The outcome of this review was positive. A recommendation from the review was to check the accreditation of the training company that train staff to manage violence and aggression.

## Registration Types

This registration is granted according the type of service provided. This report is for the following type of service.

Description
<b>Independent hospital service type: Independent hospitals with overnight beds providing medical treatment for mental health (including patients detained under the Mental health Act 1983)</b>

## Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Condition number	Condition of Registration	Judgement
1.	Raglan Unit, Ground Floor, medium secure, for up to 10 male patients aged 21 years and over whose primary need for care and treatment at Llanbedr Court arises from a mental disorder, including those who also have an identified learning disability, and/or liability to be detained under the Mental Health Act 1983.	Insufficient assurance The service applied to vary the conditions of registration in July 2007 however this application had not been concluded at the time of the inspection due to a number of additional changes that were proposed and implemented.
2.	Caerleon Unit Upper Floor, medium secure, for up to 5 female patients aged 21 years and over.	Insufficient assurance The service applied to vary the conditions of registration in July 2007 however this application had not been concluded at the time of the inspection due to a number of additional changes that were proposed and implemented.

Condition number	Condition of Registration	Judgement
3.	Brecon Unit, ground floor, low secure, for up to 11 male or female patients users aged 21 years and over whose primary need for care and treatment at Llanbedr Court is a mental disorder including those who also have an identified learning disability or Huntingdon's Chorea, or Acquired Brain Injury and /or liability to detention under the Mental Health Act 1983.	Compliant
4.	Crickhowell Unit, low secure for up to 9 male or female patients aged 30 years and over whose primary need for care and treatment at Llanbedr Court arises from a mental disorder, including those who also have an identified learning disability, associated with organic brain disease including dementia and Korsakoffs.	Compliant
5.	The Registered Manager and the 2 Deputy Managers are to be in addition to the staffing levels.	Insufficient assurance
6.	Either the Registered Manager or one of the Deputy Managers is to be on the premises 9am to 5pm seven days a week.	Insufficient assurance
7.	<p><u>Staffing Levels</u>  <b>Raglan Unit (Ground Floor)</b>  <b>6 - 10 Patients</b>  7 am to 2.30 pm  2 Registered Nurses (Part 1 NMC Register) (RGN/RMN/RNLD/RNMH)  one of whom must be either RMN or RMNH. A minimum of 5 support workers must be on duty in the unit at all times, at least 3 must be male.</p> <p>2.30 pm to 9 pm  2 Registered Nurses (Part 1 NMC Register) (RGN/RMN/RNLD/RNMH)  one of whom must be male. A minimum of 3 support workers must be on duty in the unit at all times, at least 2 must be male.</p>	Compliant

Condition number	Condition of Registration	Judgement
	<p>9.00 pm to 7.00 am 1 Registered Nurse (Part 1 NMC Register) (RGN/RMN/RNLD/RNMH). A minimum of 3 support workers must be on duty in the Unit at all times, at least 2 must be male.</p> <p><b>1 - 5 Patients.</b> 7.00 am to 2.30 pm 1 Registered Nurse (Part 1 NMC Register) (RGN/RMN/RNLD/RNMH) A minimum of 2 support workers must be on duty at all times, one of whom must be male.</p> <p>2.30 pm to 9 pm 1 Registered Nurse (Part 1 NMC Register) (RGN/RMN/RNLD/RNMH) A minimum of 2 support workers must be on duty at all times, one of whom must be male.</p> <p>9.00 pm to 7.00 am 1 Registered Nurse (Part 1 NMC Register) (RGN/RMN/RNLD/RNMH) A minimum of 2 support workers must be on duty at all times, one of whom must be male.</p> <p><b><u>Brecon Unit (Ground Floor)</u></b> <b>6 - 11 Patients</b> 7 am to 2.30 pm 2 Registered Nurses (Part 1 NMC Register) (RGN/RMN/RNLD) A minimum of 5 support workers must be on duty in the Unit at all times, at least 3 must be male.</p> <p>2.30 pm to 9 pm 2 Registered Nurses (Part 1 NMC Register) (RGN/RMN/RNLD) minimum of 5 support workers must be on duty in the Unit at all times, at least 3 must be male.</p>	

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Condition number	Condition of Registration	Judgement
	<p>9.00 pm to 7.00 am 1 Registered Nurse (Part 1 NMC Register) (RGN/RMN) A minimum of 3 support workers must be on duty in the unit at all times, at least 2 must be male.</p> <p>1 - 5 Patients 7.00 am to 2.30 pm 1 Registered Nurse (Part 1 NMC Register) (RGN/RMN/RNLD) A minimum of 2 support workers must be on duty at all times, one of whom must be male.</p> <p>2.30 pm to 9 pm 1 Registered Nurse (Part 1 NMC Register) (RGN/RMN/RNLD) A minimum of 2 support workers must be on duty at all times, one of whom must be male.</p> <p>9.00 pm to 7.00 am 1 Registered Nurse (Part 1 NMC Register) (RGN/RMN) A minimum of 2 support workers must be on duty at all times, one of whom must be male.</p>	

Action required where a condition is judged as either not complied with or there is insufficient assurance to make that judgement

Condition number	Findings and action required	Time scale
1, 2	<p><b>Findings:</b> The environment has been refurbished at Llanbedr Court and changes had been made to the service prior to determination of an application to vary the conditions of registration. There was insufficient assurance that there was compliance with conditions of registration.</p>	Immediately and ongoing.

	<p><b>Action required:</b> The registered persons must not make any further changes to the service that breach the conditions of registration. Any such changes must not be implemented until such time as a decision on applications to vary the conditions of registration.</p>	
5, 6	<p><b>Findings:</b> The staffing structure at Llanbedr Court had changed to one deputy manager prior to determination of an application to vary at HIW. There was insufficient assurance that there was compliance with conditions of registration</p> <p><b>Action required:</b> The registered persons must not make any further changes to the service that breach the conditions of registration.</p>	Immediately and ongoing.

## Assessments

The Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. The Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, the Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: A self assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity
Standard not met	Major shortfalls: significant action is needed to achieve the required Levels of performance
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection

## Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number.

- Core standards
- Service specific standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate.

## Core standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment	Standard met
C2	The treatment and care provided are patient - centred	Standard almost met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Standard almost met
C4	Patient are assured that monitoring of the quality of treatment and care takes place	Standard almost met
C5	The terminal care and death of patients is handled appropriately and sensitively	Standard not assessed
C6	Patients views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients	Standard met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services	Standard met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clear line of accountability for the delivery of services	Standard met
C9	Patients receive care from appropriately recruited, trained and qualified staff	Standard not assessed
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively	Standard met
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners	Standard not assessed
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice	Standard not assessed
C13	Patients and personnel are not infected with blood borne viruses	Standard met
C14	Children receiving treatment are protected effectively from abuse	Standard met
C15	Adults receiving care are protected effectively from abuse	Standard met
C16	Patients have access to an effective complaints process	Standard met
C17	Patients receive appropriate information about how to make a complaint	Standard almost met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice	Standard met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment	Standard almost met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition	Standard met
C21	Patients receive appropriate catering services	Standard met

Number	Standard Topic	Assessment
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately	Standard met
C23	The appropriate health and safety measures are in place	Standard not assessed
C24	Measures are in place to ensure the safe management and secure handling of medicines	Standard almost met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner	Standard met
C26	Controlled drugs are stored, administered and destroyed appropriately	Standard almost met
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard met
C28	Patients are not treated with contaminated medical devices	Standard met
C29	Patients are resuscitated appropriately and effectively	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality	Standard not assessed
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations	Standard met
C32	Patients are assured of appropriately competed health records	Standard met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality	Standard met
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects	Standard met

**Service specific standards - these are specific to the type of establishment inspected**

Number	Mental Health Hospital Standards	Assessment
M1	Working with the Mental Health National Service Framework	Standard met
M2	Communication Between Staff	Standard met
M3	Patient Confidentiality	Standard met
M4	Clinical Audit	Standard almost met
M5	Staff Numbers and Skill Mix	Standard met
M6	Staff Training	Standard almost met
M7	Risk assessment and management	Standard met
M8	Suicide prevention	Standard met
M9	Resuscitation procedures	Standard met
M10	Responsibility for pharmaceutical services	Standard met
M11	The Care Programme Approach/Care Management	Standard met
M12	Admission and assessment	Standard met
M13	Care programme approach: Care planning and review	Standard met
M14	Information for patients on their treatment	Standard not assessed
M15	Patients with Developmental Disabilities	Standard met
M16	Electro-Convulsive Therapy (ECT)	Standard not assessed
M17	Administration of medicines	Standard met
M18	Self administration of medicines	Standard met
M19	Treatment for Addictions	Standard not assessed
M20	Transfer of Patients	Standard met
M21	Patient Discharge	Standard met
M22	Patients' records	Standard met
M23	Empowerment	Standard met
M24	Arrangements for visiting	Standard met
M25	Working with Carers and Family Members	Standard met
M26	Anti-discriminatory Practice	Standard almost met
M27	Quality of Life for Patients	Standard almost met
M28	Patient's Money	Standard almost met
M29	Restrictions and Security for Patients	Standard almost met
M30	Levels of observation	Standard met
M31	Managing disturbed behaviour	Standard met
M32	Management of serious/untoward incidents	Standard met
M33	Unexpected patient death	Standard not assessed
M34	Patients absconding	Standard met

M35	Patient restraint and physical interventions	Standard met
M41	Establishments in which treatment is provided for persons liable to be detained - Information for Staff	Standard met
M42	The Rights of Patients under the Mental Health Act	Standard met
M43	Seclusion of Patients	Standard met
M44	Section 17 Leave	Standard almost met
M45	Absent without Leave under Section 18	Standard met
M46	Discharge of Detained Patients	Standard met
M47	Staff Training on the Mental Health Act	Standard met

## Schedules of information

The schedules of information set out the details of what information the registered person must provide, retain or record, in relation to specific records.

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose	Met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment	Met
3 (Part I)	Period for which medical records must be retained	Met
3 (Part II)	Record to be maintained for inspection	Met
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services	Not applicable
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital	Not applicable

## Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the 'registered person' who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. The Healthcare Inspectorate Wales will request the registered person to provide an 'action plan' confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Requirement	Time scale
C2, C19	24(1), (2)b	<p><b>Findings</b></p> <ul style="list-style-type: none"> <li>- Visiting healthcare professionals see patients in their bedrooms or off site as there is no suitable treatment room or suitable space for an examination couch.</li> <li>- Upper Raglan is to provide accommodation for patients ready to move on to the community but does not have facilities to prepare / cook meals.</li> </ul> <p><b>Action Required</b></p> <p>0910/1 - The registered person is required to ensure that the design and layout of the premises are suitable to meet the needs of patients.</p>	31 Dec 2009
C2, M26, M27	15(4)a	<p><b>Findings</b></p> <p>The window shutters were noted to be partially open on many of the bedroom doors during the inspection when patients were getting dressed.</p> <p><b>Action Required</b></p> <p>0910/2 - The registered person is required to ensure that arrangements for respecting patient privacy and dignity are set out in the Statement of Purpose and kept under review.</p>	Immediately and ongoing
C2, M29, M30,	15(1) 8(1)e	<p><b>Findings</b></p> <p>Many doors and areas were found to be routinely locked to prevent patient access. Members of staff were noted to sit in corridors to observe patients throughout the day.</p> <p><b>Action Required</b></p> <p>0910/3 - The registered person is required to ensure that risk assessments are frequently reviewed so that patients are not unnecessarily restricted in their movements or liberty, and best use is made of staff.</p>	30 Nov 2009

Standard	Regulation	Requirement	Time scale
C2, C3, M27	14(1)	<p><b>Findings</b>            Whilst some patients had good individual plans, there was inconsistent provision of a structured day for patients. Those patients observed to have the least structure/ activities were the patients with organic brain disorders and dementias.</p> <p><b>Action Required</b>            0910/4 - The registered person is required to ensure there is consistent provision of a structured day for patients that reflects published best practice guidance to meet their individual needs.</p>	31 Dec 2009
C14, C9	17(2)a	<p><b>Findings</b>            It was reported that child protection training was encompassed with the training for protection of Vulnerable Adults (POVA). Staff interviewed reported they had not received any training in child protection.</p> <p><b>Action Required</b>            0910/5- The registered person is required to ensure that all members of staff receive training in child protection tailored to the type of scenarios staff are likely to find themselves in.</p>	31 March 2010

## Recommendations

Recommendations may relate to aspects of the standards or to national guidance. They are for registered persons to consider but they are not generally enforced.

Standard	Recommendation
M44	There should be consistent use of Section 17 documentation across the hospitals and in the company.
M28	The policy for the handling of patient money should be updated to provide guidance to account for all money/receipts when a member of staff escorts a patient to the cash point to withdraw money.
C26	The registered person should confirm that they have nominated an Accountable Officer to comply with the Controlled Drugs (Supervision and Management of Use) (Wales) Regulations 2008.
M6	It is recommended that accreditation details of the training for staff in the management of violence and aggression are ascertained in line with the guidance set out in Clinical Guideline 25 issued by the National Institute for Clinical Excellence.

The Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations 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.

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