

Regulatory Assessment Statement 2008/2009

Chestnut Tree House

Dover Lane, Poling, Arundel, West Sussex, BN18 9PX

Introduction

The Care Standards Act 2000 sets out those Independent healthcare providers in England that must be registered with the Healthcare Commission. To register, they need to demonstrate compliance with the Care Standards Act 2000 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.

Background

Chestnut Tree House is a children's hospice which provides services for children and teenagers/young adults with potentially life-limiting or life-threatening conditions. Inpatient facilities, day care and a community service are provided.

Referrals are accepted for children and young adults from 0 to 18 years of age (at first referral).

Chestnut Tree House is purpose built and offers a high standard of accommodation. Inpatient facilities offer separate sleeping and lounge/activity areas for children and teenagers. There are four single bedrooms for teenagers with en suite facilities and six single bedrooms for younger children. All rooms are suitably equipped with tracker hoists and nursing equipment is available to meet individual need of patients. All rooms open out into the gardens. In addition to en suite facilities there are bathroom/showering facilities with lifting aids and adaptations where applicable.

Children and young adults also have access to a music room and a computer room. In addition toys and activities to suit all ages are available. Separate dining/lounge areas are available.

A multi faith room has been provided and a chaplain has been employed since the last inspection visit.

There are eight rooms with en suite facilities provided for parents. A small utility kitchen is available and two lounge areas.

Chestnut Tree House has an annexe, which is used for day care. The annexe has a separate entrance and utility kitchen. Services to children have been enhanced with the introduction of a youth club for teenagers from the age of 14 years. The youth club has been held on three occasions over the year.

Since the previous inspection visit, there has been a change in responsible individual. In

addition, Linda Perry formally manager/head of care has been registered by the Healthcare Commission and is Registered Manager.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
IH, hospice for children	Hospice (C)

Conditions of registration

This registration is subject to the following conditions.

Condition of Registration:
The number of children aged 0 to 18 years accepted onto the inpatient unit will not exceed ten (10) patients.
The number of children attending the day care unit will not exceed twenty (twenty) at any one time.
Two young persons over the age of eighteen may be accommodated at any one time providing that they are existing patients and providing that their condition and prognosis is such that transfer to adult services would be detrimental to their welfare.
The organisation will advise the Healthcare Commission of any proposed changes to the Statement of Purpose at least three months prior to the changes being made.

Assessments

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. 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.

This establishment has been assessed as not needing an inspection during the period 1 April 2008 to 31 March 2009.

We have reviewed a range of information about this establishment during the year, including information provided by the establishment and information about it from other sources. When we reviewed all of this information we did not identify any serious issues that indicated that we should inspect the establishment. The establishment will continue to provide information to us during the year from 1 April 2008 to 31 March 2009, to help us identify any risks to its compliance with the National Minimum Standards. If during the year we identify serious risks that the establishment is not meeting the National Minimum Standards, we may decide to inspect it to check compliance with the standards.

Below are some of the sources of information we considered that underlies our decision not to inspect this establishment in 2008/09.

Where the Healthcare Commission has carried out on-site inspections, these are available on our web site. This service was last subject to an on-site inspection on 13 November 2007.

Information reviewed		What this tells us
Self-Assessment	<input checked="" type="checkbox"/>	The first stage in the annual assessment process is for registered providers to complete a comprehensive self-assessment against all the National Minimum Standards that relate to their service. We ask providers to describe what systems and evidence they have to assure themselves they are complying with these. We look at their responses and judge whether we feel confident that the systems and evidence they have is sufficient to demonstrate compliance. Where we find gaps we may ask the provider to submit more evidence to us, where no such evidence can be provided we may undertake an inspection to check for ourselves.
Previous year's report	<input checked="" type="checkbox"/>	<input type="checkbox"/> Not applicable as no previous report We look back to the assessment process for last year. Where issues were identified with the provider's performance we will, this year, look at the evidence they submit about these, in some detail. We are looking to see if the same problems seem to continue. Where this is the case we may inspect to decide whether more formal action is required to bring about improvement..
Action Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/> Not applicable as no previous action plans requested Wherever we write a report about a provider's performance, that contains requirements, we ask the provider to develop an action plan setting out how the requirements will be met. We will look at this during the annual assessment process to see how progress is being made. Where a provider was asked to write an action plan but failed to do so, we will assess whether the issues they were asked to cover should be inspected instead. This will not always be the case and sometimes providers will address the issues in the Self Assessment form making the action plan, itself, less important.
Previous 12 month history of notifications	<input checked="" type="checkbox"/>	Regulations 8,11,14,28,29,30,31,32 and 41 require the registered provider to notify the Commission of certain events. Most events that must be notified through the provisions of these regulations are in connection with the registration of an establishment or agency, to ensure that the business is operated and managed so that it does not compromise the health, safety and welfare of patients. These notifications may include events such as a patient death or a serious untoward incident. The notifications are reviewed at the time we receive them and the Healthcare Commission may have already taken action. However, during the annual assessment process we review these notifications again, looking for trends or patterns that may require us to ask for further information or carry out an inspection.

Registered provider visit reports	<input checked="" type="checkbox"/>	Regulation 26 of the Private and Voluntary Healthcare [England] Regulations 2001 requires any registered provider, who is not in day-to-day charge of the establishment, to make visits to the establishment on an unannounced basis, once every 6 months. The regulations set out areas that they must review and these include discussing the quality of care with patients, reviewing complaints and discussing the management of the establishment with the staff. The provider is then required to compile a report regarding the visit and submit this to the Healthcare Commission. These reports are reviewed at the time we receive them and the Healthcare Commission may have already followed issues up. However, during the annual assessment process we review these reports again, looking for trends or patterns that may require inspection. Failure to submit these reports may also be a cause for inspection.
Concerning Information & Local intelligence	<input checked="" type="checkbox"/>	Whilst the Healthcare Commission is not a complaints handling or arbitration service, we welcome any feedback from patients and the public on the performance of providers as they found it. This may include information about complaints raised with the provider or general concerns about things they saw or experienced. This information is reviewed at the time we receive it and the Healthcare Commission may have already taken action. However, during the annual assessment process we review this information again, looking for trends or patterns that may require inspection.

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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