Announced Care Inspection Report
16 March 2017

Malone Medical Chambers

Service Type: Independent Clinic (IC) - Private Doctor
Address: 142 Malone Road, Belfast, BT9 5LH
Tel No: 028 90 667676
Inspector: Carmel McKeegan

1.0 Summary

An announced inspection of Malone Medial Chambers took place on 16 March 2017 from 10.30 to 13.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

A review of documentation and discussion with Ms Liz Shaw, registered manager and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination and the general environment. A requirement, made at the previous inspection, relating to the completion of mandatory training for the private doctors, could not be verified as compliant and has been stated for a second time. Four recommendations were made, one in relation to the provision of a record of induction for all staff, one relating to mandatory training for all other non-medical staff, one to implement a staff register and one to ensure a criminal conviction declaration is provided for the identified staff member and any new staff who come to work in the establishment.

Is care effective?

Observations made, review of documentation and discussion with Ms Shaw and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

A review of documentation and discussion with Ms Shaw and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. Areas reviewed included informed decision making and patient consultation. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that in the main there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. As discussed above a number of issues were identified within the domain of is care safe which relate to quality assurance and good governance. Implementation of the requirement and recommendations made under the Is care safe, domain will further enhance the governance arrangements in the practice. One recommendation was made to develop a whistleblowing/raising concerns policy which should be shared with all persons working in the establishment.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Shaw, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent announced pre-registration care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 25 August 2015.

2.0 Service details

Registered organisation/registered person: Malone Medical Chambers Mr Paul Nolan Mr Edward Cooke Mr Neil Thompson	**Registered manager:** Ms Elizabeth Shaw
Person in charge of the home at the time of inspection: Ms Elizabeth Shaw	**Date manager registered:** 27 October 2015
Categories of care: Independent Clinic – Private Doctor	

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the establishment on behalf of the RQIA. Prior to inspection we analysed the following records: complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Ms Elizabeth Shaw, registered manager and a receptionist. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- information provided to patients
- patient care records
- completed patient satisfaction questionnaires and summary report
- policies and procedures
- practising privileges agreements
- medical practitioner personnel files
- clinical records
- management and governance arrangements
- Insurance documentation

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 25 August 2015

The most recent inspection of the establishment was an announced pre-registration care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 25 August 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 19 (1) (b) (c) **Stated:** First time	Develop files for all private doctors which contain all of the information outlined in the main body of the report.	**Met**
	Action taken as confirmed during the inspection: Discussion with Ms Shaw and review of personnel files for the three registered persons and two private doctors confirmed that this requirement has been addressed.	
Requirement 2 **Ref:** Regulation 18 (2) (a) **Stated:** First time	The private doctors must provide evidence of training in Basic Life Support, Infection Prevention and Control, Fire Safety and Safeguarding Children and Vulnerable adults.	**Not Met**
	Action taken as confirmed during the inspection: Review of personnel documentation for the three registered persons and the two private doctors did not evidence that each doctor had completed the training, within the timeframes as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. This is discussed further in the body of the report. This requirement has not been met and has been stated for the second and final time.	
Requirement 3 **Ref:** Regulation 15 (1) (b) **Stated:** First time	Develop and implement practising privilege agreements as outlined in the main body of the report.	**Met**
	Action taken as confirmed during the inspection: Review of personnel documentation and discussion with Ms Shaw confirmed that signed practising privileges agreement are provided for all private doctors who are not part of the partnership.	

Requirement 4 **Ref:** Regulation 25 (2) (d) **Stated:** First time	All issues identified within the legionella risk assessment must be fully addressed.	**Met**
	Action taken as confirmed during the inspection: Since the previous inspection a new boiler has been installed, the legionella risk assessment was reviewed in January 2017 and review of records evidenced that all the previous identified issues have been addressed.	
Requirement 5 **Ref:** Regulation 25 (4) (a) **Stated:** First time	The electrical cupboard under the stairs must be kept tidy and free from any flammable materials.	**Met**
	Action taken as confirmed during the inspection: This area was observed and was not being used for storage.	
Requirement 6 **Ref:** Regulation 25 (4) (f) **Stated:** First time	An up to date fire risk assessment must be undertaken and submitted to RQIA.	**Met**
	Action taken as confirmed during the inspection: The fire risk assessment was provided to RQIA following the previous inspection, and arrangements are in place for annual review.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 16.6 **Stated:** First time	It is recommended that the Statement of Purpose is updated to include the qualifications and experience of the applicant registered manager.	**Met**
	Action taken as confirmed during the inspection: The statement of purpose was up to date and was seen to include the qualifications and experience of the registered manager.	
Recommendation 2 **Ref**: Standard 1.3 **Stated:** First time	It is recommended that the Patient Guide is further developed to include a summary of the complaints procedures, arrangements for obtaining the results of patient engagement and how to obtain a copy of the most recent report from RQIA.	**Met**
	Action taken as confirmed during the inspection: Review of the patient guide confirmed that the areas identified have been included.	

Recommendation 3 **Ref**: Standard 7.1 **Stated:** First time	It is recommended that the complaints policy and procedure is updated to reflect the role of RQIA as a regulator and not as a referral route for stage two complaints.	**Met**
	Action taken as confirmed during the inspection: Review of the complaints policy confirmed the policy and procedure had been further developed and outlined the role of RQIA as a regulator and not as a referral route for stage two complaints.	
Recommendation 4 **Ref**: Standard 20.1 **Stated:** First time	It is recommended that the infection prevention and control policies and procedures are further developed.	**Met**
	Action taken as confirmed during the inspection: Infection prevention and control policies relevant to the establishment were in place and available to all personnel.	
Recommendation 5 **Ref**: Standard 20.2 **Stated:** First time	It is recommended that laminated signs displaying the correct hand washing technique are displayed at all hand washing facilities.	**Met**
	Action taken as confirmed during the inspection: Laminated signs displaying the correct hand washing technique were observed at all hand washing facilities.	
Recommendation 6 **Ref**: Standard 20.2 **Stated:** First time	It is recommended that sharps containers have the labels fully completed on assembly and permanent closures. When not in use the temporary closure device should be in operation.	**Met**
	Action taken as confirmed during the inspection: Sharps containers were seen to be maintained in accordance with best practice.	

Recommendation 7 **Ref**: Standard 8.1 **Stated:** First time	It is recommended that a policy and procedure is developed for the management of records which includes the creation, use, retention, storage, transfer, disposal of and access to records.	**Met**
	Action taken as confirmed during the inspection: A policy and procedure for the management of records which includes the creation, use, retention, storage, transfer, disposal of and access to records, was in place.	
Recommendation 8 **Ref**: Standard 19.1 **Stated:** First time	It is recommended that the incidents policy is further developed in line with RQIA notifiable events guidance.	**Met**
	Action taken as confirmed during the inspection: The accident/ incident policy has been further developed to include the RQIA notification procedure.	

4.3 Is care safe?

Staffing

Discussion with Ms Shaw, registered manager and review of completed staff questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the establishment and patients.

There are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

A requirement was made at the previous inspection that the private doctors provide evidence of training in basic life support, infection prevention and control, fire safety and safeguarding children and adults. Training in basic life support and fire safety should be completed annually and refresher training in infection prevention and control and safeguarding children and adults, completed every two years.

A review of training records for the three registered persons and two other private doctors demonstrated that two registered persons had completed their training in 2016 and the other registered person had completed their training in January 2017, with the exception of basic life support, which they had not been completed since 2015. Records reviewed demonstrated that the other two private doctors completed their training in 2015. This requirement was discussed with Ms Shaw and has been stated for a second and final time.

One staff member had been recruited since the previous inspection, discussion with Ms Shaw confirmed that a record of induction had not been completed for the identified staff member, a recommendation was made in this regard.

Discussion took place regarding the training needs of the registered manager and the receptionist, a recommendation has been made that staff should complete training as outlined in RQIA's mandatory training framework commensurate with their role.

A review of two private doctors' details confirmed there was evidence of the following:-

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Discussion with Ms Shaw and review of staff questionnaires confirmed each private doctor is aware of their responsibilities under GMC Good Medical Practice.

Recruitment and selection

Discussion with Ms Shaw confirmed that one staff member has been recruited since the previous inspection. Review of this staff member's personnel file demonstrated that documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been retained, with the exception of a criminal conviction declaration. A recommendation was made that a criminal conviction is provided for the identified staff member and that a process is established to ensure a criminal conviction declaration is provided for any future staff members.

Review of recruitment and selection procedures demonstrated that significant progress has been made in relation to the provision and retention of recruitment records and documentation.

A staff register was discussed with Ms Shaw who was not aware of the need to complete this document, advice and guidance was provided in this regard. A recommendation was made to implement a staff register which should include the following details; name, date of birth, position; dates of employment; and details of professional qualifications and professional registration where applicable. Ms Shaw was informed that the staff register is a live document and should be kept up-to-date.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Staff were aware of who the nominated safeguarding lead was within the establishment.

As previously stated all staff in the establishment should receive training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

One overarching policy was in place for the safeguarding and protection of children and adults at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included as were the relevant contact details for patients who reside in the Republic of Ireland.

A discussion took place in relation to the adult safeguarding arrangements and in particular the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

The following regional safeguarding documentation was forwarded to Ms Shaw by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- Adult protection gateway contact information

Mrs Shaw readily agreed to update the practice safeguarding policy to ensure it fully reflects the regional guidance and share the updated policy with staff.

Management of medical emergencies

The establishment has a policy and procedure for dealing with medical emergencies.

Discussion with staff confirmed they were aware what action to take in the event of a medical emergency.

All medical practitioners have received training in basic life support and basic medical emergency equipment was available. As previously stated, basic life support training should be undertaken annually, with records retained for inspection.

Since the previous inspection an automated external defibrillator (AED) has been provided in Malone Medical Chambers, Ms Shaw was advised to ensure all persons working in the establishment receive training in its use.

Infection prevention control and decontamination procedures

The establishment has a range of infection prevention and control policies and procedures.

A range of information for patients and staff regarding hand washing techniques were available.

There were arrangements in place to ensure the decontamination of equipment and reusable medical devices in line with manufacturer's instructions and current best practice.

Staff are provided with infection prevention and control (IPC) training commensurate with their role, as previously stated, IPC training should be undertaken every two years.

Discussion with Ms Shaw and the receptionist confirmed they had a good knowledge and understanding of IPC measures, commensurate with their role.

Environment

The establishment was found to be clean, tidy and well maintained. Detailed cleaning schedules were in place.

Arrangements were in place for maintaining the environment which included the routine servicing of the new boiler, firefighting equipment, fire detection system and the intruder alarm.

Arrangements were also in place to ensure that portable appliance testing (PAT) of electrical equipment is completed annually and that the fixed wiring installations are inspected every five years.

It was confirmed that the fire and legionella risk assessments have been undertaken by external organisations and arrangements are in place to review these risk assessments annually.

Patient and staff views

Nine patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was included:

- 'Yes, I feel safe and protected'

Two staff submitted questionnaire responses. Both indicated that they felt that patients are safe and protected from harm. No comments were included in submitted questionnaires.

Areas for improvement

The private doctors must provide evidence of training in Basic Life Support, Infection Prevention and Control, Fire Safety and Safeguarding Children and Vulnerable adults.

Staff should complete training as outlined in RQIA's mandatory training framework commensurate with their role.

A record of induction, specific to roles within the establishment, should be completed for all new persons who work in the establishment.

A criminal conviction declaration should be provided for the identified staff member and a process established to ensure a criminal conviction declaration is provided for any future person who works in the establishment.

A staff register should be developed and kept up to date.

Number of requirements	1	Number of recommendations	4

4.4 Is care effective?

Clinical records

Review of documentation confirmed that the establishment has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records. The establishment

also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

Ms Shaw confirmed that no patient's records are held overnight on the premises. Each individual private doctor brings their patient care records with them for consultation and removes them when they leave. Locked filing pedestals are available in each consulting room for the secure storage of records.

The establishment is registered with the Information Commissioner's Office (ICO). Discussion with Ms Shaw and staff and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the Data Protection Act 1988 and where appropriate ICO regulations and Freedom of Information legislation.

Records required by legislation were retained and made available for inspection at all times.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. Ms Shaw stated that the registered persons meet monthly to discuss and review the service delivery and a private doctor working in the establishment is in the process of further developing the audit programme.

Communication

The establishment has a website which contains comprehensive information regarding the types of treatment provided. Prospective patients and other interested parties can contact the establishment for information by phone, via the website or by referral from another medical practitioner or solicitor for medico-legal.

Each individual private doctor provides patients with information regarding the service provided by them. Information about services provided by the establishment was reviewed and found to accurately reflect the types of private doctor service provided and were in line with GMC Good Medical Practice.

Information provided to patients and/or their representatives is written in plain English.

Staff confirmed that management is approachable and their views and opinions are listened to. Ms Shaw confirmed that meetings are usually held on a monthly basis after the CPD training session.

Ms Shaw confirmed that should the establishment receive complaints or have occurrences of accidents/incident these would be audited to identify trends and patterns and that any learning would be shared with staff.

Patient and staff views

All nine patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaires.

Both submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaires.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.5 Is care compassionate?

Dignity, respect and involvement with decision making

Discussion regarding the consultation and treatment process with Ms Shaw confirmed that patients' modesty and dignity is respected. Consultations and treatments are provided within private rooms with the patient and medical practitioner present.

It was confirmed through the above discussion that patients are treated in accordance with the DHSSPS standards for Improving the Patient and Client Experience and legislative requirements for equality and rights.

Malone Medical Chambers obtains the views of patients on a formal and informal basis as an integral part of the service they deliver.

Patients are asked for their comments in relation to the quality of treatment provided, information and care received.

The establishment issues feedback questionnaires to patients. The information received from the patient feedback questionnaires is collated into an annual summary report which is made available to patients and other interested parties. The most recent report was dated November 2016.

Patient and staff views

All nine patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaires.

Both submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaires.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the establishment and staff were able to describe their role and responsibilities and were aware of who to speak to if they had a concern. Ms Shaw is the nominated individual with overall responsibility for the day to day management of the establishment.

Policies and procedures were available for staff reference. A review of a sample of policies and procedures found they were indexed, dated and systematically reviewed on a three yearly basis.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Ms Shaw demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Ms Shaw outlined the process for granting practising privileges and confirmed medical practitioners meet with the registered persons prior to privileges being granted.

Two medical practitioner's personnel files reviewed confirmed that there was a written agreement between each medical practitioner and the establishment setting out the terms and conditions of practising privileges which has been signed by both parties.

There are systems in place to review practising privileges agreements every two years.

Malone Medical Chambers has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

Ms Shaw confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

Discussion with Ms Shaw confirmed that whistleblowing/raising concerns policy has not yet been developed, a recommendation has been made in this regard.

Ms Shaw demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Ms Shaw confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All nine patients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comment was included:

- 'Yes brilliant service, very professional'

Both submitted staff questionnaire responses indicated that they felt that the service is well led. No comments were included in submitted questionnaires.

Areas for improvement

A whistleblowing/raising concerns policy should be developed and made available to all persons working in the establishment.

Number of requirements	0	**Number of recommendations**	1

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Liz Shaw, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the Independent clinic – private doctor service. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person**/s** meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Care Standards for Independent Healthcare Establishments(July 2014). They promote current good practice and if adopted by the registered person**(s)** may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to RQIA's office (non- paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref:** Regulation 18 (2) (a) **Stated:** Second time **To be completed by:** 16 May 2017	The private doctors must provide evidence of training in Basic Life Support, Infection Prevention and Control, Fire Safety and Safeguarding Children and Vulnerable adults.
	Response by registered provider detailing the actions taken: BASIC LIFE SUPPORT COURSE HELD IN MMC ON 3/5/17 & A FURTHER SESSION BOOKED FOR 7/6/17 - ALL PRIVATE DOCTORS ATTENDING. REMAINING THREE COURSES HAVE BEEN PURCHASED BY MMC AS ONLINE COURSES & PASSWORDS ETC HAVE BEEN ISSUED TO PRIVATE DOCTORS FOR COMPLETION.
Recommendations	
Recommendation 1 **Ref:** Standard 13.1 **Stated:** First time **To be completed by:** 16 May 2017	Staff should complete training as outlined in RQIA's mandatory training framework commensurate with their role.
	Response by registered provider detailing the actions taken: PRACTICE MANAGER & RECEPTIONIST BOOKED ON TO BASIC LIFE SUPPORT COURSE (AS ABOVE) AND INCLUDED IN REGISTRATION FOR THE THREE REMAINING COURSES (AS ABOVE) TO BE COMPLETED ONLINE.
Recommendation 2 **Ref:** Standard 13.3 **Stated:** First time **To be completed by:** 16 May 2017	A record of induction, specific to roles within the establishment, should be completed for any new staff commencing work in the establishment.
	Response by registered provider detailing the actions taken: INDUCTION SHEET COMPILED AND RELEVANT SHEET ISSUED TO RECEPTIONIST/ADMINISTRATOR. INDUCTION SHEET HAS BEEN ADDED TO MMC RECRUITMENT PACK.
Recommendation 3 **Ref:** Standard 14.2 **Stated:** First time **To be completed by:** 16 May 2017	A criminal conviction declaration should be provided for the identified staff member. A process should be established to ensure a criminal conviction declaration is provided for any new staff commencing work in the establishment.
	Response by registered provider detailing the actions taken: CRIMINAL CONVICTION DECLARATION HAS BEEN ISSUED TO & COMPLETED BY NEW STAFF MEMBER. THE DECLARATION HAS ALSO BEEN ADDED TO THE MMC RECRUITMENT APPLICATION FORM.

Recommendation 4 **Ref:** Standard 12.5 **Stated:** First time **To be completed by:** 16 May 2017	A staff register should be developed and kept up to date. **Response by registered provider detailing the actions taken:** MMC STAFF REGISTER HAS BEEN COMPLETED & FILED.
Recommendation 5 **Ref:** Standard 16.11 **Stated:** First time **To be completed by:** 16 May 2017	A whistleblowing/raising concerns policy should be developed and made available to all persons working in the establishment. **Response by registered provider detailing the actions taken:** WHISTLEBLOWING POLICY HAS BEEN DEVELOPED & FILED IN 'POLICIES & PROCEDURES' FILE WHICH IS HELD AT RECEPTION & AVAILABLE FOR PERUSAL BY ALL CLINIC USERS.

The Regulation and Quality Improvement Authority

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