

# Announced Care Inspection Report 22 February 2019



## Woodford Medical Ltd

**Type of Service: Independent Hospital (IH) – Cosmetic Intense Pulsed Light (IPL) and Private Doctor Service**

**Address: Unit 1B, Marlborough House, 348 Lisburn Road,  
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**Tel No: 012 4522 7983**

**Inspector: Stephen O'Connor**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is an Independent Hospital (IH) providing a dermatological IPL service and a private doctor service. Woodford Medical Limited provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments that fall within regulated activity and the categories of care for which the establishment is registered.

### IPL equipment:

Manufacturer: Palomar  
 Model: Starlux 500 IPL  
 Serial Number: 55-0209

**Laser protection advisor (LPA)**

Mr Godfrey Town

**Laser protection supervisor (LPS)**

Dr Mervyn Patterson/Ms Kerry Patterson

**Medical support services**

Dr Hilary Allan

**Authorised operators**

Dr Mervyn Patterson, Ms Kerry Patterson

**Types of treatment provided**

Photo rejuvenation, Epilation (hair removal)

**3.0 Service details**

<b>Organisation/Registered Provider:</b> Woodford Medical Limited	<b>Registered Manager:</b> Dr Mervyn Patterson
<b>Responsible Individual:</b> Dr Hilary Allan	
<b>Person in charge at the time of inspection:</b> Dr Mervyn Patterson	<b>Date manager registered:</b> 26 January 2016
<b>Categories of care:</b> Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources and PD- Private Doctor	

**4.0 Inspection summary**

An announced inspection took place on 22 February 2019 from 10:00 to 12:50.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidence in all four domains. These included the arrangements for managing medical emergencies; clinical records; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; authorised operator training and providing the relevant information to allow clients to make informed choices.

An area of improvement against the regulations made during the previous care inspection that the registered person fulfils their responsibilities in accordance to regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005 has not been met. This area for improvement has been stated for the second time. A second area for improvement against the regulations has been made to retain records to confirm that the C2 recommendation in the fixed electrical wiring installation inspection report dated 15 February 2019 has been actioned.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and clients experience.

**4.1 Inspection outcome**

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

Details of the quality improvement plan (QIP) were discussed with Dr Mervyn Patterson, 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.

**4.2 Action/enforcement taken following the most recent care inspection dated 8 March 2018**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 March 2018.

**5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No staff questionnaires were submitted to RQIA.

A poster informing clients that an inspection was being conducted was displayed.

During the inspection the inspector met with Dr Mervyn Patterson, registered manager and Ms Kerry Patterson, authorised operator.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Dr Patterson, registered manager, at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 8 March 2018**

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

## 6.2 Review of areas for improvement from the last care inspection dated 8 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 26 <b>Stated:</b> First time	The registered person shall fulfil their responsibilities in accordance to regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Dr Patterson confirmed that Dr Hilary Allan in her role as responsible individual had not fulfilled her responsibilities in accordance with regulation 26. Additional information in this regard can be found in section 6.7 of this report.  This area for improvement has not been addressed and is stated for the second time.	
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 3.1 <b>Stated:</b> Second time	The registered person shall ensure that the adult safeguarding policy is updated to fully reflect the regional policy and guidance documents issued during July 2015 which staff should sign that they have read and understood.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that the adult safeguarding policy was updated following the previous inspection. The updated policy refers the reader to the regional guidance document.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 18.1</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the resuscitation policy is re-titled as the management of medical emergencies and includes the arrangements for training, incident documentation and debriefing.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that a management of medical emergencies policy was in place. The policy detailed the arrangements in respect of staff training and incident documentation and debriefing.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 9.9</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the accident reporting policy is amended to include the reporting arrangements to RQIA.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that the accident/incident policy includes the reporting arrangements to RQIA.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 16.8</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the client guide is updated to include details of how to access the most recent RQIA report.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the client guide evidenced that it includes the details of how to access the most recent RQIA report.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 13.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that authorised operators have evidence of up to date training, in accordance with RQIA's training guidance, in core of knowledge, basic life support and adult safeguarding.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The training records for both authorised operators were reviewed. Both authorised operators had completed all training in keeping with RQIA training guidance.</p>		

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

#### Staffing

Discussion with Dr Patterson and Ms Patterson, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

It was confirmed that IPL treatments are only carried out by authorised operators. A register of authorised operators for the IPL is maintained and kept up to date.

Dr Patterson confirmed that should authorised operators be recruited in the future they would undertake an induction programme on commencement of employment.

As discussed a review of training records evidenced that authorised operators have up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control and fire safety and protection of adults at risk of harm in keeping with the RQIA training guidance.

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations. Dr Patterson confirmed that all staff take part in appraisal on an annual basis.

Dr Patterson continues to be the only private doctor providing private doctor's services in the establishment. A review of Dr Patterson details confirmed there was evidence of the following:

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

#### Recruitment and selection

There have been no authorised operators or private doctors recruited since the previous inspection. During discussion Dr Patterson confirmed that should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.



A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

## **Safeguarding**

Dr Patterson confirmed that Woodford Medical does not provide an IPL service or private doctor service to clients under the age 18 years.

Review of records demonstrated that all staff in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children 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.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

## **Intense Pulse Light (IPL) safety**

A laser safety file was in place which contained all of the relevant information in relation to IPL equipment.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 12 January 2020.

IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Hilary Allan on 5 February 2019. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises on 13 January 2019 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during IPL treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the IPL equipment is used, was found to be safe and controlled to protect other persons while treatment is in progress. The doors to the treatment room are locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.

The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

The establishment has an IPL register which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of 1 February 2018 was reviewed as part of the inspection process.

### **Management of emergencies**

As discussed, authorised operators have up to date training in basic life support. Discussion with staff confirmed they were aware what action to take in the event of a medical emergency.

There was a management of medical emergencies policy in place.

### **Infection prevention and control and decontamination procedures**

The treatment rooms were clean and clutter free. Discussion with Dr Patterson and Ms Patterson evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control.

### **Environment**

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year.

Portable appliance testing had been carried out on 5 February 2019. A health and safety risk assessment had been conducted in January 2019.

Dr Patterson confirmed that the landlord is responsible for ensuring the fire detection system is serviced and that routine tests are undertaken.

The landlord had provided a copy of the fixed electrical wiring installation report dated 15 February 2019. Review of this report evidenced that one C2 recommendation and 10 C3 recommendations had been made. The report defined a C2 recommendation as ‘potentially dangerous – urgent remedial action required’ and a C3 recommendation as ‘Improvement recommended’. These recommendations were brought to the attention of Dr Patterson. An area for improvement against the regulations has been made in this regard.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, laser safety, management of emergencies, infection prevention and control, and risk management.

**Areas for improvement**

Records should be maintained to evidence that the C2 recommendation in the fixed electrical wiring installation inspection report dated 15 February 2019 has been actioned. Consideration should be given to addressing the 10 C3 recommendations within the report.

	Regulations	Standards
<b>Areas for improvement</b>	1	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each IPL procedure.

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client’s general practitioner, with their consent, for further information if necessary.

Five client care records were reviewed relating to the IPL service. There was an accurate and up to date treatment record for every client which included:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Review of three patient care records relating to the private doctor service found that all entries were dated and signed by the medical practitioner and outlined a contemporaneous record of treatment provided.

Observations made evidenced that client and patient records were securely stored. A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection.

The establishment is registered with the Information Commissioners Office (ICO).

**Communication**

As discussed, there is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

The establishment has a policy for advertising and marketing which is in line with legislation.

It was confirmed that management is approachable and staff views and opinions are listened to.

**Areas of good practice**

There were examples of good practice found in relation to the management of clinical records, and ensuring effective communication between clients and staff.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Areas for improvement</b>	0	0

**6.6 Is care compassionate?**  
**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

**Dignity respect and involvement with decision making**

Discussion with Dr Patterson and Ms Patterson regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is provided in a private room with the client and authorised operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in locked filing cabinets and electronic records are password protected.

Client satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate.

Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to maintaining client confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

### Management and governance

Dr Patterson confirmed that in general he works in the clinic one week out of every month. And that in his absence there is a nominated individual with overall responsibility for the day to day management of the service. In keeping with regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, where the registered provider is a limited company an unannounced quality monitoring visit should be undertaken at least six monthly. As discussed in section 6.2 an area for improvement against the regulations had been made in this regard during the previous inspection. There was no evidence available to confirm this area of improvement had been addressed. This area for improvement has been stated for the second time.

Authorised operators were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Authorised operators confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. Discussion with Dr Patterson demonstrated that arrangements were in place to review risk assessments including health and safety, fire risk and control of substances hazardous to health (COSHH).

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on annual basis. Staff spoken with were aware of the policies and how to access them.

A copy of the complaints procedure was displayed in the establishment. Discussion with Dr Patterson demonstrated good awareness of complaints management.

It was confirmed that 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 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.

Discussion with Dr Patterson and Ms Patterson confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. It was confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

Routine audits undertaken include:

- notes audit
- IPL register audit
- complaints audit
- risk assessment
- adverse reaction audit
- customer questionnaires

A whistleblowing/raising concerns policy was available. It was confirmed that staff were aware of who to contact if they had a concern.

Dr Patterson, registered manager, demonstrated an understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and client 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.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, quality improvement and maintaining good working relationships.

**Areas for improvement**

The registered person must fulfil their responsibilities in accordance to regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

	Regulations	Standards
Areas for improvement	1	0

**6.8 Equality data**

**Equality data**

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Dr Patterson.

**6.9 Client and staff views**

Sixteen clients submitted questionnaire responses to RQIA. All 16 clients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All 16 clients indicated that they were either satisfied or very satisfied with each of these areas of their care. The following comments were included in submitted client questionnaires:

- “Very professional and friendly service. The girls are very knowledgeable and feel confident in their advice and guidance.”
- “Amazing and wonderful place, superb care and very professional.”
- “Everyone very welcoming and helpful.”
- “Wonderful staff who are so friendly and knowledgeable.”

- “Very professional service. All the staff are very attentive. Couldn’t recommend Woodford enough.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires were submitted to RQIA.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dr Patterson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Care Standards for Healthcare Establishments (July 2014).



## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 26</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 19 April 2019</p>	<p>The registered person shall fulfil their responsibilities in accordance to regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Ref: 6.2 and 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The relevant forms were forwarded to the RQIA last year, but due to a mix up re a different umbrella body used for Access NI the procedure was never completed. A new Access NI application has now been completed via the RQIA account and we are awaiting the report. Once this has been received then Dr Patterson will be appointed the Responsible Person for Woodford Medical.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 25 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 April 2019</p>	<p>The registered person must ensure that records to evidence that the C2 recommendation in the fixed electrical wiring installation inspection report dated 15 February 2019 has been actioned. Consideration should be given to addressing the 10 C3 recommendations within the report.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The remedial work has been carried out and we have requested the records from our landlord, as the area in question fell under their responsibility to maintain. This has been chased and as soon as it is received will be forwarded to the RQIA.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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