



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: Healthcare 2000 (NI) Ltd
Establishment ID No: 11165
Date of Inspection: 20 August 2014
Inspector's Name: Winnie Maguire
Inspection No: 16608

**The Regulation and Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

1.0 General Information

Name of establishment:	Healthcare 2000
Address:	62a Bloomfield Avenue Belfast BT5 5AD
Telephone number:	028 9045 5556
Registered organisation/ registered provider:	Paul Harold Swift
Registered manager:	Karen Armstrong
Person in charge of the establishment at the time of inspection:	Karen Armstrong
Registration category:	Private doctor (PD)
Date and time of inspection:	20 August 2014 10.00 am – 12.00 midday
Date and type of previous inspection:	Announced 30 July 2013
Name of inspector:	Winnie Maguire

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the regulations and DHSPPS Minimum Care Standards for Independent Healthcare Establishments, July 2014, measured during the inspection were met.

2.1 Purpose of the inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, the minimum standards and to consider whether the service provided to patients was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of private doctor services, and to determine the provider's compliance with the following:

- The HPSS (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
- The Department of Health, Social Services and Public Safety's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments

Other published standards which guide best practice may also be referenced during the inspection process.

2.2 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning. The self-assessment was forwarded to the provider prior to the inspection and was reviewed by the inspector prior to the inspection. The inspection process has three key parts;

self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information and self-assessment
- Discussion with Karen Armstrong, the registered manager
- Examination of records
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

The completed self-assessment is appended to this report.

2.3 Consultation Process

During the course of the inspection, the inspector:

Reviewed patient feedback questionnaires, issued by the clinic	20
Spoke with staff	1

2.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Minimum Care Standards for Independent Healthcare Establishments and to assess progress with the issues raised during and since the previous inspection.

- Standard 1 – Informed Decision Making
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 8 – Records
- Standard 9 – Clinical Governance
- Standard 10 – Qualifications Practitioners, Staff and Indemnity
- Standard 11 – Practising Privileges
- Standard 16 – Management and Control of Operations
- Standard 18 – Dealing with Medical Emergencies

3.0 Profile of Service

Healthcare 2000 (NI) Ltd is located in a commercial building in east Belfast.

On street car parking is available for patients.

The establishment provides a doctor led weight management service and rejuvenation skin service including the provision of botox and dermafiller injections. The clinic does not treat anyone under the age of 18 or over 75 years old.

The clinic has a treatment room, a number of consultation rooms, a reception, waiting area and patient toilet facilities.

The establishment's statement of purpose outlines the range of services provided.

Karen Armstrong has been the registered manager for less than a year however she has worked in the clinic as a senior administrator for many years.

Healthcare 2000 (NI) Ltd is registered as an independent clinic with a private doctor (PD) category of registration. There are currently two private doctors who provide services at the clinic. This report relates to the services provided within the clinic by the private doctors.

4.0 Summary of Inspection

An announced inspection was undertaken by Winnie Maguire on 20 August 2014 from 10.00 am to 12.00 midday. The inspection sought to establish the compliance being achieved with respect to 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, the DHSSPS Minimum Care Standards for Independent Healthcare Establishments and to assess the progress made to address the issues raised during the previous inspection.

There was one requirement and one recommendation made as a result of the previous annual announced inspection on 30 July 2013. Both the requirement and recommendation have been fully addressed.

The inspection focused on the DHSSPS Minimum Care Standards for Independent Healthcare Establishments outlined in section 2.4 of this report.

Karen Armstrong was available during the inspection and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

A Statement of Purpose and Patient Guide were in place which reflected legislative and best practice guidance.

The clinic provides comprehensive information to their patients on the types of services provided via patient information leaflets.

The establishment has robust systems in place to obtain the views of patients on a formal and informal basis. The inspector reviewed the completed patient feedback questionnaires and found that patients were highly satisfied with the care and treatment provided. Karen Armstrong collates the information from the questionnaires into a summary report which is made available to patients and other interested parties.

Healthcare 2000 has a complaints policy and procedure in place which was found to be in line with the DHSSPS guidance and legislation. No complaints have been received by the establishment, however systems are in place to effectively document, manage and audit complaints. The registered manager displayed a good understanding of complaints management.

There is a defined management structure within the establishment and clear lines of accountability. The registered manager is responsible for the day to day running of the establishment and ensuring compliance with the legislation and standards. The registered person visits the clinic at least six monthly and a copy of a report of his most recent visit was available for inspection.

The inspector reviewed the policy and procedures in relation to the absence of the registered manager and whistleblowing. They were found to be in line with legislation and best practice.

The registered manager undertakes ongoing training to ensure that they are up to date in all areas relating to the provision of services.

The inspector also reviewed incident management and found this to be in line with legislation and best practice. No incidents have been recorded by the establishment however systems are in place to document and manage and report incidents in line with the legislation.

Systems are in place for dealing with alert letters and managing lack of competency or poor staff performance. This includes the registered manager ensuring that all staff abide by their professional codes of conduct and reporting arrangements to professional bodies if necessary.

The inspector reviewed the insurance arrangements for the establishment and found that current insurance policies were in place.

The establishment has a policy and procedure on the completion of clinical records.

The inspector reviewed seventeen patient records relating to the private doctor service and found them to be completed in line with best practice and contained a contemporaneous record of all care and treatment provided to the patient.

The establishment has a policy and procedure on resuscitation in place. The inspector reviewed the arrangements for dealing with a medical emergency and found that they complied with best practice.

The inspector reviewed the personnel files of two medical practitioners and found them to contain all of the information required by legislation. The medical practitioners were appropriately qualified to provide the private doctor services within the clinic.

There are formal systems in place for granting, maintaining, suspending and withdrawing practising privileges. The inspector reviewed completed practising privileges agreements as part of the inspection process.

The certificate of registration was clearly displayed in the reception area of the establishment.

No requirements or recommendations were made as result of this inspection.

Overall, the establishment was found to be providing a safe and effective private doctor service to patients.

The inspector would like to extend her gratitude to Karen Armstrong and the staff of Healthcare 2000 for their hospitality and contribution to the inspection process.

5.0 Follow Up on Previous Issues

No.	Regulation Ref.	Requirement	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	18 (3)	The registered person must ensure medical practitioners have evidence of an annual appraisal in place.	The medical practitioners had evidence of an annual appraisal in place	One	Compliant

No.	Minimum Standard Ref.	Recommendation	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	C16	The registered person should amend the management of records policy and procedure as outlined in Standard C16 of this report.	The management of records policy and procedure has been amended and was found to be satisfactory.	One	Compliant

6.0 Inspection Findings

STANDARD 1	
Informed Decision Making:	Patients and clients and prospective patients and clients have access to clear, accurate and accessible information about the establishment and the services it offers.
<p>The clinic provides an information leaflet to all patients which outlines the services and treatments provided.</p> <p>Following the initial consultation/treatment patients are provided with written information that they can take home with them which explains the treatment provided and associated risks and complications.</p> <p>Information is written in plain English and when required is available in an alternative language or format.</p> <p>Information about services provided by the clinic was reviewed by the inspector and found to accurately reflect the types of private doctor service provided and were in line with General Medical Council (GMC) Good Medical Practice. The costs of treatments were found to be up to date and include all aspects of the treatment.</p> <p>The Statement of Purpose and Patient Guide were reviewed by the inspector and found to contain all of the information required by legislation. The Patient Guide is made available in the reception area.</p>	

Evidenced by:

Review of information provided to patients and other interested parties
Information available in different language and formats
Discussion with staff

STANDARD 5	
Patient and Client Partnerships:	The views of patients and clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care
<p>Healthcare 2000 obtains the views of patients on a formal and informal basis as an integral part of the service they deliver.</p> <p>The establishment had completed a patient satisfaction survey of over twenty patients in late 2013. The results of the survey are reviewed by the registered manager within the clinic and an action plan is developed and implemented if any issues are identified. However no issues were identified as requiring to be addressed.</p> <p>The patients did not provide any written comments on the service.</p> <p>The information received from the patient survey is collated into an annual summary report which is made available to patients and other interested parties to read in waiting area.</p>	

Evidenced by:

- Review of patient satisfaction surveys**
- Review of summary report of patient satisfaction surveys**
- Summary report made available to patients and other interested parties**
- Discussion with staff**

STANDARD 7	
Complaints:	All complaints are taken seriously and dealt with appropriately and promptly.
<p>The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation. The registered manager demonstrated a good understanding of complaints management.</p> <p>Patients are provided with access to the complaints procedure, which is displayed in the waiting area. The registered manager confirmed that the complaints procedure could be made available in alternative formats and languages if required.</p> <p>The inspector reviewed the complaints register and there were no recorded complaints. There systems in place to record, investigate and manage outcomes for any concerns which are raised.</p>	

Evidenced by:

Review of complaints procedure

Complaint procedure made available to patients and other interested parties

Discussion with staff

Review of complaints records

STANDARD 8	
Records:	Records are maintained for every patient and client in accordance with legislative requirements and best practice guidelines.
<p>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.</p> <p>The establishment also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with the General Medical Council (GMC) guidance and Good Medical Practice.</p> <p>The inspector reviewed seventeen patient care records relating to the private doctor services and found that all entries were dated and signed by the medical practitioner and outlined a contemporaneous record of the treatment provided.</p> <p>Any alterations or additions were dated, signed and made in such a way that the original entry could still be read.</p> <p>The inspector discussed care records with the medical practitioner who displayed a good knowledge of effective records management. Patient care records are held in secure locked filing cabinets.</p> <p>There are systems in place to audit clinical records on a monthly basis. The registered manager provides a three monthly report to the registered person with an action plan to address any identified issues.</p> <p>Information was available for patients on how to access their health records, under the Data Protection Act 1998.</p> <p>The management of records within the establishment was found to be in line with legislation and best practice.</p>	

Evidenced by:

Review of management of records policy
Review of management of records
Review of clinical record keeping policy and procedure
Review of patient care records
Discussion with staff
Review of storage arrangements for clinical records

STANDARD 9

Clinical Governance:	Patients and clients are provided with safe and effective treatment and care based on best practice guidance, demonstrated by procedures for recording and audit.
-----------------------------	--

The registered manager ensures the establishment delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.

The establishment has systems in place to audit the quality of service provided. The inspector reviewed the following audits as part of the inspection process:

- Adverse incidents
- Training
- Risk assessment
- Patient survey
- Medical record card

The findings are collated into an annual report which is made available for inspection.

Systems are in place to ensure that the registered provider is kept informed regarding the day to day running of the establishment.

The registered person monitors the quality of services and undertakes a visit to the premises every six months and produces a report of their findings. The inspector reviewed the most recent report dated 23 July 2014.

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA. No incidents have occurred within the establishment since registration; however systems are in place to document and manage incidents appropriately.

The registered manager confirmed that no research is currently being undertaken within the establishment.

Evidenced by:

Review of policies and procedures
Discussion with registered manager
Review of monitoring reports
Review of audits
Review of incident management

STANDARD 10	
Qualified Practitioners, Staff and Indemnity	Staff are educated, trained and qualified for their role and responsibilities and maintain their training and qualifications.
<p>The inspector reviewed the personnel files of two medical practitioners and confirmed that:</p> <ul style="list-style-type: none"> • There was evidence of confirmation of identity • There was evidence of current registration with the General Medical Council (GMC) • The medical practitioners are covered by the appropriate professional indemnity insurance • The medical practitioners have provided evidence of experience in treatment and care provided by the clinic • There was evidence of ongoing professional development and continuing medical education that meet the requirements of the Royal Colleges and GMC • There was evidence of ongoing annual appraisal by a trained medical appraiser <p>The inspector discussed arrangements for the appointment of a responsible officer for each medical practitioner. One of the private doctors confirmed he was in ongoing correspondence with the GMC regarding the appointment of a responsible officer as his revalidation is due in October 2014. The registered manager confirmed she is fully aware of the matter.</p> <p>Arrangements are in place for dealing with professional alert letters, managing identified lack of competence and poor performance for all staff and reporting incompetence in line with guidelines issues by the DHSSPS and professional regulatory bodies.</p> <p>Discussion with the registered manager and a medical practitioner confirmed that medical practitioners are aware of their responsibilities under GMC Good Medical Practice.</p>	

Evidenced by:

- Review of staff personnel files for verification of registration status with professional bodies**
- Review of professional indemnity insurance**
- Review of specialist qualifications**
- Review of arrangements for dealing with alert letter/competency**
- Review of training records**

STANDARD 11

Practising Privileges:	Medical practitioners may only use facilities in the establishment for consultation with and treatment of patients if they have been granted practising privileges.
-------------------------------	--

Healthcare 2000 has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

Medical practitioners meet with registered person prior to privileges being granted. The inspector was informed there has been no new medical practitioners granted practising privileges in many years.

The inspector reviewed the medical practitioner's personnel file and 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.

Evidenced by:

Review of practising privileges policy and procedures

Review of practising privileges agreements

Review of medical practitioner's personnel files

Discussion with staff

STANDARD 16	
Management and Control of Operations:	Management systems and arrangements are in place that ensure the delivery of quality treatment and care.
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>The establishment has a policy and procedure in place to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy includes the interim management arrangements for the establishment.</p> <p>Review of the training records and discussion with the registered manager confirmed that they undertake training relevant to their role and responsibilities within the organisation.</p> <p>The inspector reviewed the establishment's Patient Guide and Statement of Purpose and found them to be in line with the legislation.</p> <p>There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.</p> <p>The inspector discussed the insurance arrangements within the establishment and confirmed current insurance policies were in place. The certificates of registration and insurance were clearly displayed in the reception of the premises.</p>	

Evidenced by:

Review of policies and procedures
Review of training records
Review of Patient Guide
Review of Statement of Purpose
Review of insurance arrangements

STANDARD 18	
Dealing with Medical Emergencies:	There are arrangements in place in case of medical emergencies.
<p>The establishment has a policy and procedure on resuscitation in place which is in line with the Resuscitation Council (UK) guidelines.</p> <p>The inspector reviewed the arrangements for dealing with a medical emergency.</p> <p>The medical practitioners have undertaken basic life support training within the past year.</p> <p>There was basic equipment and medication available for the management of a medical emergency. Systems are in place to check the equipment and medication on daily basis.</p>	

Evidenced by:

- Review of resuscitation policy and procedure**
- Review of equipment and checks**
- Review of emergency medication and checks**
- Review of training records**
- Discussion with staff**

7.0 Quality Improvement Plan

This inspection resulted in no recommendations or requirements being made.

The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. 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.

Enquiries relating to this report should be addressed to:

Winnie Maguire
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

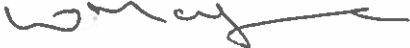


The Regulation and
Quality Improvement
Authority

No requirements or recommendations resulted from the announced inspection of Healthcare 2000 (NI) Ltd which was undertaken on 20 August 2014 and I agree with the content of the report. Return this QIP to Independent.Healthcare@rgia.org.uk.

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	KAREN ARMSTRONG
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	PAUL SWIFT

Approved by:	Date
<i>WINIFRED MAGUIRE</i>	
	20/10/14



**The Regulation and
Quality Improvement
Authority**

**Pre-Inspection Self-Assessment
Private Doctor**

Name of Establishment: Healthcare 2000
Establishment ID No: 11165
Date of Inspection: 20 August 2014
Inspector's Name: Winnie Maguire
Inspection No: 16608

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

REGULATION AND QUALITY
04 AUG 2014
IMPROVEMENT AUTHORITY

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

The aim of inspection is to examine the policies, procedures, practices and monitoring arrangements for the provision of a private doctor service, and to determine the provider's compliance with the following:

- The HPSS (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
- The Department of Health, Social Services and Public Safety's (DHSSPS) draft Independent Health Care Minimum Standards for Hospitals and Clinics

Other published standards which guide best practice may also be referenced during the inspection process.

2.0 Self-Assessment

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment.

Where asked in the self-assessment you are required to indicate a yes or no response. You are also asked to provide a brief narrative in the "text box" where applicable.

Following completion of the self-assessment, please return to RQIA by the date specified.

The self-assessment will be appended to the report and made available to the public. No amendments will be made by RQIA to your self-assessment response.

3.0 Self-Assessment Tool

Management of Operations

	YES	NO
Has any structural change been made to the premises since the previous inspection?		✓
Have any changes been made to the management structure of the clinic since the previous inspection?		✓
Yes, please comment		

Policies and Procedures

	YES	NO
Does the clinic have a policy and procedure manual in place which is reviewed at least every 3 years or as changes occur?	✓	
Are the policies and procedures for all operational areas in line with legislation and best practice guidelines?	✓	
Do all policies and procedures contain the date of issue, date of review and version control?	✓	
Are all policies and procedures ratified by the registered person?	✓	
No, please comment		

Records Management

	YES	NO
Does the clinic have a policy and procedure in place for the creation, storage, transfer, retention and disposal of and access to records in line with the legislation?	✓	
Are care records maintained for each individual patient?	✓	
Do the care records reflect the patient pathway from referral to discharge?	N/A	
Are arrangements in place to securely store patient care records?	✓	
No, please comment		

Patient Partnerships

	YES	NO
Does the clinic have systems in place to obtain the views of patients regarding the quality of treatment, care and information provided?	✓	
Does the clinic make available a summary report of patient feedback to patients and other interested parties?	✓	
No, please comment		

Resuscitation

	YES	NO
Does the clinic have a resuscitation policy and procedure in place which is in line with the Resuscitation Council (UK) guidance?	✓	
Is resuscitation equipment readily accessible in all clinical areas?	✓	
Are arrangements in place to ensure resuscitation equipment is checked regularly and restocked to ensure all equipment remains in working order and suitable for use at all times?	✓	
No, please comment		

Safeguarding

	YES	NO
Does the clinic have a protection of vulnerable adults policy and procedure in place which is in line with the legislation and regional guidance?	N/A	
Does the clinic have a safeguarding children policy and procedure in place which is in line with the legislation and regional guidance? (where applicable)	N/A	
Does the clinic have a whistle-blowing policy and procedure in place?	✓	
No, please comment		

Complaints

	YES	NO
Does the clinic have a complaints policy and procedure in place which is in line with the legislation and the DHSSPS guidance on complaints handling in regulated establishments and agencies April 2009?	✓	
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the clinic's complaints policy and procedure?	✓	
No, please comment		

Incidents

	YES	NO
Does the clinic have an incident policy and procedure in place which complies with the legislation and RQIA guidance?	✓	
Are all incidents reported, documented, fully investigated and have outcomes recorded in line the legislation, RQIA guidance and the clinic's policy and procedure?	✓	
No, please comment		

Infection Prevention and Control

	YES	NO
Does the clinic have an infection prevention and control policy and procedure in place?	✓	
Are appropriate arrangements in place to decontaminate equipment between patients (where appropriate)?	N/A	
No, please comment		

Recruitment of staff

	YES	NO
Does the clinic have a recruitment and selection policy and procedure in place?	✓	
Is all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 retained and available for inspection?	✓	
Have all staff had an enhanced AccessNI disclosure undertaken, prior to commencing employment?	✓	
<p>No, please comment 28/11/13</p> <p>Karen Armstrong Access NI disclosure undertaken ^{working} Intit</p> <p>ALL other STAFF STARTED [^] here over 10 years ago</p>		

Staffing

	YES	NO
Is there appropriate numbers of suitably qualified, skilled and experienced staff on duty to meet the assessed needs of the patients and the operational requirements of the clinic?	✓	
No, please comment		

Mandatory Training

	YES	NO
Are arrangements in place for all new staff to participate in an induction programme relevant to their roles and responsibilities?	✓	
Are arrangements in place for staff to access continuing professional development opportunities in line with the requirements of their professional bodies?	✓	
Are training records available which confirm that the following mandatory training has been undertaken:		
	YES	NO
Moving and Handling (where applicable) – annually	N/A	
Protection of vulnerable adults (where services are provided to vulnerable adults)– every 3 years	N/A	
Safeguarding children (where services are provided to children) – every 3 years	N/A	
Infection prevention and control training – annually	✓	
Fire safety – annually	✓	

Basic adult life support - annually	✓	
Basic paediatric life support (where services are provided to children) - annually	N/A	
If No, please comment		

Appraisal

	YES	NO
Does the clinic have an appraisal policy and procedure in place?	✓	
Are systems in place to provide recorded annual appraisals for staff?	✓	
No, please comment		

Medical Practitioners

	YES	NO
Are systems in place to ensure medical practitioners have a current registration with the General Medical Council (GMC)?	✓	
Are policies and procedures in place to grant, review and withdraw practising privilege agreements for medical practitioners?	✓	
Are practising privileges agreements in place for all medical practitioners? (where applicable)	✓	
Are systems in place to ensure that medical practitioners have up to date professional indemnity insurance?	✓	
Are systems in place to ensure that medical practitioners have an annual appraisal undertaken with a trained medical appraiser?	✓	
Are arrangements in place to ensure medical practitioners have a responsible officer? *	✓	NO
No, please comment		
* This is being done through the REVALIDATION process.		

4.0 Declaration

To be signed by the registered provider or registered manager for the establishment.

I hereby confirm that the information provided above is, to the best of my knowledge, accurately completed.

Name	Signature	Designation	Date
KAREN ARMSTRONG	K Armstrong	REGISTERED MANAGER	30/7/14