



**The Regulation and
Quality Improvement
Authority**

Announced Inspection

Name of Establishment:	Marie Stopes Northern Ireland
Establishment ID No:	12153
Date of Inspection:	12 June 2014
Inspector's Name:	Winnie Maguire
Inspection No:	16606

**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:	Marie Stopes Northern Ireland
Address:	8 th Floor 14-18 Great Victoria Street Belfast BT2 7BA
Telephone number:	028 90 266550
Registered organisation/ registered provider:	Marie Stopes International Mrs Margaret McDow
Registered manager:	Ms Dawn Purvis
Person in charge of the establishment at the time of inspection:	Ms Dawn Purvis
Registration category:	Independent clinic Private doctor (PD)
Date and time of inspection:	12 June 2014 10.00 am -1.45 pm
Date and type of previous inspection:	Post Registration Announced 12 November 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 draft Independent Health Care Minimum Standards for Hospitals and Clinics 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 draft 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) draft Independent Health Care Minimum Standards for Independent hospitals and clinics.

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 Dawn Purvis, 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:

Spoke with staff	2
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2.4 Inspection Focus

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

- C1 Information Provision
- C4 Patient Partnerships
- C5 Complaints
- C10 Management and Control of Operations
- C17 Completion of Clinical Records
- C25 Resuscitation
- A2 Qualifications of Medical and Dental Practitioner
- A5 Practising Privileges

3.0 Profile of Service

Marie Stopes Northern Ireland is located on the 8th floor of a commercial building in the centre of Belfast.

Public city centre parking is available for patients.

Marie Stopes Northern Ireland provides a range of services as listed in the statement of purpose.

The inspection pertains only to the scope of practice of the private doctor service which falls within the legislative framework. There is currently one private doctor who provides the range of services as outlined in the statement of purpose.

The clinic has consultation rooms, one treatment room, three private pods, toilet facilities and private waiting areas. There is controlled access to the clinic. Within the clinic there is a call bell system, which is available both as fixed and portable.

The clinic is accessible for patients with disabilities.

The establishment's Statement of Purpose outlines the range of services provided.

Marie Stopes Northern Ireland is registered as an independent clinic with private doctor (PD) category of registration.

4.0 Summary of Inspection

An announced inspection was undertaken by Winnie Maguire on 12 June 2014 from 10.00am to 1.45pm. 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 draft Independent Health Care Minimum Standards for Independent hospital and clinics and to assess the progress made to address the issues raised during the previous inspection.

There was one recommendation made as a result of the previous post registration announced inspection on 12 November 2013. Review of documentation during this inspection confirmed that the recommendation has been fully addressed.

The inspection focused on the DHSSPS draft Independent Health Care Minimum standards outlined in section 2.4 of this report. Ms Dawn Purvis 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 a range of patient information leaflets and their website.

The establishment has robust systems in place to obtain the views of patients on a formal and informal basis. Patient questionnaires are provided to all patients and the completed questionnaires are automatically forwarded to an approved external organisation for review. There are systems in place to forward any serious issues directly to the Marie Stopes Northern Ireland and the registered manager. The inspector reviewed the collated information from patient feedback questionnaires and found that patients were highly satisfied with the care and treatment provided. Some of the comments received can be viewed in the main body of the report. The external organisation provides quarterly reports to Marie Stopes Northern Ireland and annual summary report which is made available to patients and other interested parties.

Marie Stopes Northern Ireland 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, regarding the registered private doctor service 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 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 she is up to date in all areas relating to the provision of services.

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA

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 regarding the private doctor service 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 records management which includes the completion of clinical records.

The inspector reviewed four 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 file of the one private medical practitioner and found it to contain all of the information required by legislation. The medical practitioner was appropriately qualified to provide the private doctor service within the clinic.

There are formal systems in place for granting, maintaining, suspending and withdrawing practising privileges. The inspector reviewed a completed practising privileges agreement 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 Ms Dawn Purvis and the staff of Marie Stopes Northern Ireland for their hospitality and contribution to the inspection process.

5.0 Follow Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	C23	The registered manager should amend the electronic incident reporting form as outlined in section 7.0.	The reporting system has been amended to include reporting serious incidents to RQIA.	One	Compliant

6.0 Inspection Findings

STANDARD C1	
Information Provision:	There is information for patients, their carers and members of the public about the establishment and its services, including information for patients about their treatment.
<p>The clinic provides a range of information leaflets to all patients which outlines the services and treatments provided. The clinic also has a website which contains comprehensive information regarding the types of treatments provided. Prospective patients and other interested parties can contact the clinic for information.</p> <p>Information is written in plain English and when required is available in an alternative language or format. Ms Purvis confirmed they have access to a language help line service if required.</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. The costs of treatments were found to be up to date and include all aspects of the treatment.</p> <p>Information was available for patients on how to access their health records, under the Data Protection Act 1998.</p>	

Evidenced by:

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

STANDARD C4

Patient Partnerships:	The views of patients, carers and family members are obtained and acted on in the evaluation of treatment, information and care.
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Marie Stopes Northern Ireland obtains the views of patients on a formal and informal basis as an integral part of the service they deliver.

The establishment issued feedback questionnaires to patients. These are forwarded to an external organisation who collate the information and provides the clinic with quarterly reports. The findings are fully discussed at team meetings. Any serious issues identified by the external organisation in advance of these reports are forwarded immediately to Marie Stopes Northern Ireland and the registered manager. The inspector reviewed comments from the completed questionnaires and found that patients were highly satisfied with the quality of treatment, information and care received. Comments from patients included:

- “Excellent care”
- “Very professional and caring staff”
- “I felt very comfortable and respected during my visit”

The clinic also has a suggestion box in place. Staff spoken to confirmed patient feedback was very important to the clinic.

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 C5	
Complaints:	All complaints are taken seriously and dealt with.
<p>Marie Stopes Northern Ireland 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>All patients are provided with a copy of the complaints procedure, which is contained within the Patient Guide.</p> <p>The inspector reviewed the complaints register and found that no complaints had been received by the establishment regarding the private doctor service; however systems are in place to effectively document, manage and audit complaints.</p>	

Evidenced by:**Review of complaints procedure****Complaints procedure made available to patients and other interested parties****Staff discussion****Review of complaints records**

STANDARD C10**Management of Operations:**

Management systems and arrangements are in place that support and promote the delivery of quality treatment and care.

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.

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

Systems are in place to ensure that the registered provider is kept informed regarding the day to day running of the establishment. Mrs Mc Dow the registered person conducted an inspection on 25th March and 24 April 2014 of the clinic and provided a report of her findings to the clinic. Any issues highlighted have been addressed.

During the course of the inspection the registered manager amended the establishments policy and procedure on the absence of the registered manager 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.

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.

The inspector reviewed the establishment's Patient Guide and Statement of Purpose and found them to be in line with the legislation.

Marie Stopes Northern Ireland has systems in place to audit the quality of service provided. A detailed audit programme for 2014 is in place .The inspector reviewed the following audits as part of the inspection process:

- Infection prevention and control
- Hand hygiene
- Medicine management
- Health and safety
- Medical records
- Fire risk

The findings of audits are discussed at team meetings and any action necessary is taken.

Marie Stopes Northern Ireland has an incident policy and procedure in place. No incidents have occurred regarding the registered private doctor service since registration; however systems are in place to document and manage incidents appropriately.

The registered manager has systems in place to deal with all alert letters issued by the DHSSPS.

Marie Stopes Northern Ireland has arrangements in place to monitor the competency and performance of all staff and report to the relevant professional regulatory bodies in accordance with guidance. The registered manager ensures that all health care professionals adhere to their published codes of professional conduct and professional guidelines.

There are systems in place to check the registration status of health care professionals with their appropriate professional bodies on an annual basis. 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.

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 area of the premises.

Evidenced by:

Review of policies and procedures
Review of training records
Review of Patient Guide
Review of Statement of Purpose
Discussion with registered manager
Review of audits
Review of alert letters
Review of competency and professional qualifications
Review of incident management
Review of insurance arrangements

STANDARD C17	
Completion of Clinical Records:	There is an accurate and up to date clinical record for every patient.
<p>Marie Stopes Northern Ireland has a policy and procedure on record management in place which includes clinical record keeping in relation to patient treatment and care which complies with General Medical Council (GMC) guidance and Good Medical Practice.</p> <p>The inspector reviewed four patient care records relating to the private doctor service 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>Patient records are held in secure locked filing cabinets. Computerised records are secured by individual usernames and passwords.</p> <p>There are systems in place to audit the completion of clinical records monthly and an action plan is developed to address any identified issues.</p>	

Evidenced by:

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

STANDARD C25	
Resuscitation:	Resuscitation care is provided for patients.
<p>Marie Stopes Northern Ireland 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 practitioner has undertaken basic life support training within the past year. All other staff in the clinic has had immediate life support training in the last 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 prior to the commencement of a clinical session.</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

STANDARD A2**Staff – Qualifications of Medical and Dental Practitioners:****All medical and dental practitioners appropriately trained, qualified and indemnified:**

Marie Stopes Northern Ireland has one private doctor currently working in the clinic who is registered with the General Medical Council (GMC). The clinic has systems in place to check the registration status of the medical practitioner with the GMC.

A review of the medical practitioner's personnel file confirmed that:

- There was evidence of current registration with the GMC
- The medical practitioner is covered by the appropriate professional indemnity
- The medical practitioner has provided evidence of experience relevant to the type of treatments and services provided within the clinic
- There was evidence of ongoing professional development and continuing medical education that met the requirements of the Royal Colleges and General Medical Council
- There was evidence of ongoing annual appraisal by a trained medical appraiser
- Evidence of an appointed responsible officer.

Evidenced by:

Review of medical practitioner's personnel files
Discussion with staff

STANDARD A5	
Practising Privileges:	Consultants and other practitioners may only use facilities in the establishment if they have been granted practising privileges.
<p>Marie Stopes Northern Ireland has a policy and procedure in place which outlines the arrangements for application, maintenance, suspension and withdrawal of practising privileges.</p> <p>The inspector reviewed the medical practitioner's personnel file and confirmed that there was a written agreement between the medical practitioner and the establishment setting out the terms and conditions of practising privileges which has been signed by both parties.</p> <p>There are systems in place to review practising privileges agreements every two years.</p>	

Evidenced by:

Review of practising privileges policy and procedures
Review of practising privileges agreements
Review of medical practitioner's personnel files

7.0 Quality Improvement Plan

The details of the inspection were discussed with Ms Dawn Purvis as part of the inspection process.

This inspection resulted in no recommendations or requirements being made. The registered 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:

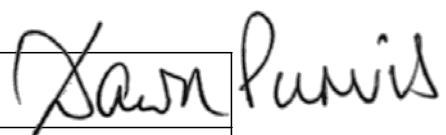
**Winnie Maguire
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



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No requirements or recommendations resulted from the announced inspection of Marie Stopes Northern Ireland which was undertaken on 12 June 2014 and I agree with the content of the report. Return this QIP to Independent.Healthcare@rqia.org.uk.

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

NAME OF REGISTERED MANAGER COMPLETING	Dawn Purvis 
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Maggie McDow

Approved by:	Date
Winnie Maguire	18/06/14



The Regulation and
Quality Improvement
Authority

Pre-Inspection Self-Assessment Private Doctor

Name of Establishment: Marie Stopes Northern Ireland
Establishment ID No: 12153
Date of Inspection: 12 June 2014
Inspector's Name: Jo Browne
Inspection No: 16606

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 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:

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- 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.

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?	Yes	
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the clinic's complaints policy and procedure?	Yes	
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?	Yes	
Are all incidents reported, documented, fully investigated and have outcomes recorded in line the legislation, RQIA guidance and the clinic's policy and procedure?	Yes	
No, please comment		

Infection Prevention and Control

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

3.0 Self-Assessment Tool

Management of Operations

	YES	NO
Has any structural change been made to the premises since the previous inspection?		No
Have any changes been made to the management structure of the clinic since the previous inspection?	Yes	
Yes, please comment Change of CEO and change of Director of UK and Europe - detailed in revised Statement of purpose and Client Guide sent to Winnie Maguire and Elaine Connolly on 11/04/14.		

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?	Yes	
Are the policies and procedures for all operational areas in line with legislation and best practice guidelines?	Yes	
Do all policies and procedures contain the date of issue, date of review and version control?	Yes	
Are all policies and procedures ratified by the registered person?		No
No, please comment All policies are ratified by the MSI Integrated Governance Committee as per the Development and Management of Organisational Policies and Procedure Document Policy.		

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?	Yes	
Are care records maintained for each individual patient?	Yes	
Do the care records reflect the patient pathway from referral to discharge?	Yes	
Are arrangements in place to securely store patient care records?	Yes	
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?	Yes	
Does the clinic make available a summary report of patient feedback to patients and other interested parties?	Yes	
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?	Yes	
Is resuscitation equipment readily accessible in all clinical areas?	Yes	
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?	Yes	
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?	Yes	
Does the clinic have a safeguarding children policy and procedure in place which is in line with the legislation and regional guidance? (where applicable)	Yes	
Does the clinic have a whistle-blowing policy and procedure in place?	Yes	
No, please comment		

Recruitment of staff

	YES	NO
Does the clinic have a recruitment and selection policy and procedure in place?	Yes	
Is all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 retained and available for inspection?	Yes	
Have all staff had an enhanced AccessNI disclosure undertaken, prior to commencing employment?	Yes	
No, please comment		

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

Basic adult life support - annually	Yes	
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?	Yes	
Are systems in place to provide recorded annual appraisals for staff?	Yes	
No, please comment		

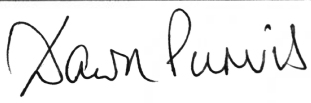
Medical Practitioners

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

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
Dawn Purvis		Registered Manager	29/05/14