



**The Regulation and
Quality Improvement
Authority**

Announced Inspection

Name of Establishment:	Transform Medical Group
Establishment ID No:	12198
Date of Inspection:	16 September 2014
Inspector's Name:	Winnie Maguire
Inspection No:	18573

**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:	Transform Medical Group
Address:	354 Lisburn Road Belfast BT9 6GJ
Telephone number:	028 9068 1692
Registered organisation/ registered provider:	Transform Medial Group (CS) Ltd Mr Alan David Forsythe
Registered manager:	Mr Alan David Forsythe
Person in charge of the establishment at the time of inspection:	Mr Alan David Forsythe
Registration category:	PD – Private Doctor
Date and time of inspection:	16 September 2014
Date and type of previous inspection:	29 January 2014 11.00 – 14.00
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 Alan Forsythe, registered provider/manager
- Discussion with Ms Marva Hammond, lead clinic nurse
- Discussion with Ms Lindsay Mullins, compliance manager
- Discussion with Ms Orlaith Darragh, clinic manager
- Discussion with Ms Alison Woods, regional 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	5
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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 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

Transform Medical Group is located within a residential building on the Lisburn Road, Belfast, which has been converted for use as an independent clinic.

Private car parking and on street car parking is available for patients. The clinic is close to local amenities and public transport routes.

The clinic has a reception/waiting area, toilet, kitchen area, office space and nurses treatment room on the ground floor. Available on the first floor are three consulting rooms, a waiting room, toilet facilities and storage space.

The ground floor of the clinic is accessible to patients with a disability.

Transform Medical Group owns and operates two private hospitals and 27 clinics across the UK. This report refers to inspection of the Belfast clinic.

Transform Medical Group provides consultation at the clinic for surgical and non-surgical cosmetic procedures. Surgery is provided by Transform surgeons at a local private hospital. Post-operative consultation and review is provided at the clinic.

The establishment's Statement of Purpose outlines the range of surgical and non-surgical services provided.

Mr Alan Forsythe has been the registered provider/manger since registration in March 2014.

Transform Medical Group 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 16 September 2014 from 10.00 am to 4.00 pm. 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 were two requirements and four recommendations made as a result of the pre-registration inspection on 29 January 2014. All of the previous requirements/recommendations 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.

Mr Forsythe and members of the management team were 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 patient information leaflet and their website.

Transform Medical Group issued four questionnaires to patients at various points of the patient's journey. The inspector was informed a summary report of the findings from patient questionnaires will be available for patients and other interested parties in October 2014.

Transform Medical Group has established a Clear Charter Committee consisting of various interested parties including former patients. The purpose is to strengthen a patient focused approach to the delivery of services.

Transform Medical Group has a complaints policy and procedure in place which was amended on inspection to be fully in line with DHSSPS guidance and legislation.

Complaints are managed by the compliance team in England. The inspector was informed the registered manager is kept apprised of the progress of the complaint, the outcome and any action required.

The inspector reviewed the complaints records available in the establishment. A recommendation was made to ensure records of investigation of complaints are retained by the establishment and made available for inspection.

There is a defined management structure within the establishment and clear lines of accountability. The registered person/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 person/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. A recommendation was made to amend the incident policy to include reporting arrangements to RQIA.

Systems are in place for dealing with alert letters and managing lack of competency or poor staff performance. A recommendation was made to sign, date and record any action taken on the safety alert notices forwarded to the establishment. The registered manager ensures that all staff abides 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 five 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 hallway of the establishment.

Three recommendations were made as a result of this inspection. These are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

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 Mr Alan Forsythe and members of the management team for Transform Medical Group for their hospitality and contribution to the inspection process.

5.0 Follow Up on Previous Issues

No.	Regulation Ref.	Requirements	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	19 (2) (d)	Ensure that an AccessNI enhanced disclosure check is obtained for the private doctor and confirmation of the check forwarded to RQIA.	Confirmation of AccessNI checks were in place.	One	Compliant
2	18 (2) (a)	Ensure the private doctor undertakes mandatory training in infection prevention and control, fire safety and safeguarding. Confirmation of the completed training must be forwarded to RQIA.	Records of mandatory training for the private doctors were in place.	One	Compliant

No.	Minimum Standard Ref.	Recommendations	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	C11	Ensure the documentation is updated as outlined in the main body of the report.	Documentation has been updated as outlined in the pre-registration inspection of 29 January 2014.	One	Compliant
2	C22	Ensure that sharps containers are wall mounted.	Sharps containers were noted to be wall mounted.	One	Compliant
3	C22	Ensure that the pull cords for the light and patient call bells in the toilet facilities are covered with a wipeable material to facilitate decontamination and cleaning.	Pull cords for lights and patient call bells were noted to be covered with a wipeable material.	One	Compliant
4	C27	Ensure that daily temperatures of the medicine fridge are recorded to confirm the temperature range remains between 2°C and 8°C.	A record of daily temperatures for the medicine fridge was in place.	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. The clinic also has a website which contains comprehensive information regarding the types of treatment available. Prospective patients and other interested parties can contact the clinic for information via the website.</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 waiting area and on the website.</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>Transform Medical Group obtains the views of patients on a formal and informal basis as an integral part of the service they deliver.</p> <p>The establishment issues four feedback questionnaires to patients at various points along the patient journey. The inspector found that patients were highly satisfied with the quality of treatment, information and care received. Comments from patients included:</p> <ul style="list-style-type: none"> • “Very friendly and caring” • “Helpful and knowledgeable” <p>The information received from the feedback questionnaires will be collated into an annual summary report in October 2014 which will be made available to patients and other interested parties in the clinic.</p> <p>Transform Medical Group has established a Clear Charter Committee consisting of various interested parties including former patients. Its purpose is to strengthen a patient focused approach to the delivery of service.</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.

The establishment has a complaints policy and procedure in place which was amended on inspection to be in line with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation. The registered provider/manager demonstrated a good understanding of complaints management.

All patients are provided with a copy of the complaints procedure, which is contained within the Patient Guide. The compliance manager confirmed that the complaints procedure could be made available in alternative formats and languages if required.

Complaints are managed by the compliance team in England. The registered manager is kept apprised of the complaints progress, the outcome and any action required.

The inspector reviewed the complaints records available in the establishment; this included a complaints log, overview of the complaint, acknowledgement letters and the final response to complainants. All were found to be satisfactory and in line with the complaints procedure.

A recommendation was made to ensure records of the investigation of complaints are retained in the establishment and available for inspection.

Systems are in place to audit complaints.

Evidenced by:

Review of complaints procedure

Complaint procedure made available to patients and other interested parties

Discussion with staff

Review of complaints records

Review of the audit of complaints

STANDARD 8**Records:**

Records are maintained for every patient and client in accordance with legislative requirements and best practice guidelines.

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

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

The inspector reviewed five 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.

Any alterations or additions were dated, signed and made in such a way that the original entry could still be read.

Patient care records are held in secure locked filing cabinets. Computerised records are secured by individual usernames and passwords.

There are systems in place to audit the completion of clinical records. An audit of 45 files was carried out between July 2014 and August 2014 and an action plan was developed to address any identified issues.

Information was available for patients on how to access their health records, under the Data Protection Act 1998. The establishment is registered with the Information Commissioner's Office (ICO).

The management of records within the establishment was found to be in line with legislation and best practice.

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

Review of ICO registration

Review of audit of 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 provider/manager ensures the establishment delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.

Discussion with the registered manager confirmed that systems are in place to ensure that staff receive appropriate training when new procedures are introduced.

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:

- Clinic surgeons record audit
- Pathology services audit
- Risk assessment audit
- Audit based on Minimum Standards for Independent Healthcare Establishments

The establishment has an incident policy and procedure in place. A recommendation was made to amend the policy and procedure to include reporting arrangements to RQIA.

The inspector reviewed incident management and found that incidents were documented, fully investigated and had outcomes recorded.

Audits of incidents are undertaken regularly and learning outcomes are identified and disseminated throughout the organisation.

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

Evidenced by:

Review of policies and procedures

Discussion with registered provider/manager

Review of audits

Review of incident management

Review of research arrangements

STANDARD 10**Qualified Practitioners, Staff and Indemnity****Staff are educated, trained and qualified for their role and responsibilities and maintain their training and qualifications.**

The inspector reviewed the personnel files of two medical practitioners and confirmed that:

- 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 the types of services provided by the clinic
- Evidence of enhanced Access NI disclosure check
- 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

The inspector confirmed that each medical practitioner has an appointed responsible officer.

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. The inspector reviewed the alert files as part of the inspection process and recommended safety alerts forwarded to establishment are signed, dated and details of action taken recorded.

Discussion with the registered manager and staff confirmed that medical practitioners are aware of their responsibilities under GMC Good Medical Practice.

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

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 hallway 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>All medical practitioners have received training in basic life support and basic medical emergency equipment is available.</p> <p>Systems are in place to check the equipment and medication on a weekly basis.</p>	

Evidenced by:

Review of resuscitation policy and procedure
Review of equipment and checks
Review of training records
Discussion with staff

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Alan Forsythe as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

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**

Quality Improvement Plan

Announced Inspection

Transform Medical Group

16 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Alan Forsythe either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 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.

RECOMMENDATIONS

These recommendations are based on the DHSSPS draft Independent Health Care Minimum Standards for Hospitals and Clinics, research or recognised sources. They promote current good practice and if adopted by the registered person/manager may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	Standard 7	The registered person should ensure records of complaints investigation are retained within the establishment and available for inspection. Ref: Standard 7	One	Actioned , Notes/Statements as part of the compliant investigation will be available in Clinic	Immediate and ongoing
2	Standard 9	The registered person should amend the incident policy and procedure to include reporting arrangements to RQIA. Ref: Standard 9	One	Actioned, Incident Policy amended to incorporate reporting arrangements to RQIA	One month
3	Standard 10	The registered person should ensure safety alerts forwarded to the establishment are signed, dated and action taken recorded. Ref: Standard 10	One	Actioned, Safety Alert, File now in Clinic marked Alerts complete with action/sign off sheet.	Immediate and ongoing

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to independent.healthcare@rqia.org.uk

Name of Registered Manager Completing QIP	Alan Forsythe
Name of Responsible Person / Identified Responsible Person Approving QIP	Alan Forsythe

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	W Maguire	17/11/14
Further information requested from provider			



**The Regulation and
Quality Improvement
Authority**

Pre-Inspection Self-Assessment Private Doctor

Name of Establishment:	Transform Medical Group
Establishment ID No:	12198
Date of Inspection:	16 September 2014
Inspector's Name:	Jo Browne
Inspection No:	18573

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

27 AUG 2014

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) Minimum Care Standards for Independent Healthcare Establishments July 2014

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?	✓	
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 LOCATED IN A CENTRAL AREA ALL STAFF AWARE OF LOCATION		

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?	✓	
Does the clinic have a safeguarding children policy and procedure in place which is in line with the legislation and regional guidance? (where applicable)	✓	
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)?	✓	
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?	✓	
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?	✓	
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	✓	
Protection of vulnerable adults (where services are provided to vulnerable adults)– every 3 years	✓	
Safeguarding children (where services are provided to children) – every 3 years	✓	
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, 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
Alan Forsythe	A Forsythe	Registered Person	22 Aug 2014