



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: Therapie Optilase, Newry
Establishment ID No: 12157
Date of Inspection: 22 January 2015
Inspector's Name: Winnie Maguire
Inspection No: 17402

**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:	Therapie Optilase
Address:	Unit 1 Canal Court Merchants Quay Newry BT30 8HF
Telephone number:	028 3083 2799
Registered organisation/ registered provider:	Mr Mark Shortt
Registered manager:	Ms Orla Catherine Mulholland
Person in charge of the establishment at the time of inspection:	Mr Mark Shortt
Registration category:	PT(L) - Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers
Date and time of inspection:	22 January 2015 10:00-12:45
Date and type of previous inspection:	Announced 2 December 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 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 clients 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 laser 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 (DHSPPS) Minimum Care Standards for Healthcare Establishments

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

2.2 Method/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 Mark Shortt, registered provider
- Examination of records
- Consultation with clients and/or their representatives where applicable
- 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 client feedback questionnaires, issued by the establishment	19
Spoke with staff	2

2.4 Inspection Focus

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

- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 9 – Clinical Governance
- Standard 16 – Management and Control of Operations
- Standard 48 – Laser and Intense Light Sources

3.0 Profile of Service

Therapie Optilase (Newry) clinic is situated in a commercial building located in Newry city centre.

Public car parking is available for clients.

The establishment is accessible for clients with a disability.

A waiting area and toilet facilities are available for client use.

Laser Equipment

Manufacturer: Alma
Laser Class: Class 4
Model: Soprano XL
Serial number SP12P0827

Laser Protection Advisor (LPA)

Alex Zarneth

Laser Protection Supervisor (LPS)

Orla Mulholland

Medical Support Service

Dr Ross Martin

Authorised Users

Orla Mulholland
Louise Linkins
Lisa McNally
Karen McMahan
Rachel McNally

Type of Treatments Provided

Hair removal

Therapie Optilase is registered as an independent hospital with the PT(L) category of registration.

4.0 Summary of Inspection

An announced inspection was undertaken by Winnie Maguire on 22 January 2015 from 10:00 to 12:45. 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 two recommendations made as a result of the previous annual announced inspection on 2 December 2013. All of the requirements and 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.

Mark Shortt 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.

The establishment has robust systems in place to obtain the views of clients on a formal and informal basis. The inspector reviewed the completed client feedback questionnaires and found that clients 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 registered manager collates the information from the questionnaires into a summary report which is made available to clients and other interested parties in the information folder.

Therapie Optilase has a complaints policy and procedure in place which was found to be 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 person 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 establishment has systems in place to audit the quality of service provided as outlined in the main body of the report.

The inspector also reviewed incident management and found this to be 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.

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.

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

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

Clients are provided with written information regarding the treatment to be provided and fees, risks, complications and expected outcomes are discussed with the client during the initial consultation. Written aftercare instructions are provided following treatment.

There were clear medical treatment protocols and local rules in place. Systems are in place to review the medical treatment protocols and local rules on an annual basis. A service level agreement was in place between the establishment and the LPA.

The establishment has a laser register which is completed every time the equipment is operated.

Eight client care records were examined and found to be well completed. The records contained the client's personal details, a completed health questionnaire, signed consent form, evidence of patch test and treatment provided.

A risk assessment had been undertaken by the establishment's LPA on December 2014 and no issues were identified.

Review of the training records confirmed that mandatory training was up to date and authorised users had received appropriate training in the safe use and operation of the laser equipment. There are no other staff working in the establishment, who are not directly involved in the use of laser equipment, who require laser safety awareness training.

The environment in which the laser equipment is used was found to be safe and controlled. Protective eyewear was available for the client and operator as outlined in the local rules.

Laser safety warning signs are displayed when the laser equipment is in use. The laser equipment is operated using a key. Arrangements are in place for the safe custody of the laser key when not in use.

Systems were in place to service and maintain the laser equipment in line with the manufacturers' guidance. The most recent service report was reviewed by the inspector. A laser safety file was in place.

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

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

Overall, on the day of inspection, the establishment was found to be providing a safe and effective service.

The inspector would like to extend her gratitude to Mark Shortt and the staff of Therapie Optilase 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	39	The registered manager must ensure a suitable laser warning sign /light is in place and utilised in line with the local rules.	There is a suitable laser warning sign in place which is used in line with local rules.	One	Compliant
2	18	The registered manager must ensure training as outlined in the main body of the report is provided	All authorised users had evidence of up to date mandatory training.	One	Compliant

No.	Minimum Standard Ref.	Recommendations	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	P2	The registered manager should retitle the register to accurately reflect the class of laser in use.	The laser register is accurate.	One	Compliant
2	C22	The registered manager should amend the infection prevention and control policy and procedure as outlined in 7.0.	The infection prevention and control policy and procedure have been amended.	One	Compliant

6.0 Inspection Findings

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>Therapie Optilase obtains the views of clients on a formal and informal basis as an integral part of the service they deliver.</p> <p>The establishment issued feedback questionnaires to clients on an ongoing basis. The inspector reviewed the completed questionnaires and found that clients were highly satisfied with the quality of treatment, information and care received. No written comments from clients were outlined.</p> <p>The results of the survey are reviewed by the management team 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 information received from the client feedback questionnaires is collated into monthly summary report which is made available to clients and other interested parties to read.</p>	

Evidenced by:

Review of client satisfaction surveys

Review of summary report of client satisfaction surveys

Summary report made available to clients 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 provider demonstrated a good understanding of complaints management.</p> <p>All clients are provided with a copy of the complaints procedure, which is contained within the Client Guide. The registered provider 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 found that no complaints had been received by the establishment; however systems are in place to effectively document and manage complaints.</p> <p>The registered provider confirmed there are systems to undertake an audit of complaints regularly as part of the establishment's quality assurance mechanisms if necessary.</p>	

Evidenced by:

Review of complaints procedure

Complaint procedure made available to clients and other interested parties

Discussion with staff

Review of complaints 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.
<p>The registered manager ensures the establishment delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.</p> <p>Discussion with the registered provider and review of training records confirmed that systems are in place to ensure that staff receive appropriate training when new procedures are introduced.</p> <p>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:</p> <ul style="list-style-type: none"> • Monthly notes audit • Infection prevention and control audit • Client feedback audit <p>Systems are in place to ensure that the registered provider is kept informed regarding the day to day running of the establishment. Mr Shortt confirmed he visits the clinic at least twice a month.</p> <p>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.</p> <p>The registered manager confirmed that no research is currently being undertaken within the establishment.</p>	

Evidenced by:

Review of policies and procedures
Discussion with registered provider
Review of audits
Review of incident management
Review of research arrangements

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 Client 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 certificate of registration was clearly displayed in the reception of the premises.</p>	

Evidenced by:

- Review of policies and procedures**
- Review of training records**
- Review of Client Guide**
- Review of Statement of Purpose**
- Review of insurance arrangements**

STANDARD 48**Laser and Intense Light Sources:**

Laser and intense light source procedures are carried out by appropriately trained staff in accordance with best practice.

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. The establishment has a list of fees available for each laser procedure. Fees for treatments are agreed during the initial consultation and may vary depending on the treatment provided and the individual requirements of the client.

Clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner, with their consent, for further information if necessary.

Clients are provided with written information on the specific laser procedure to be provided that explains the risks, complications and expected outcomes of the treatment.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Ross Martin on August 2013 with a review date of May 2015.

The medical treatment protocols set out:

- Indications
- Contraindications
- Technique
- Pre-treatment tests
- Pre-treatment care
- Post-treatment care
- Recognition of treatment related problems
- Procedure if anything goes wrong with the treatment
- Permitted variation on machine variables
- Procedure in the event of equipment failure

The inspector advised that the medical treatment protocols should be re-issued in a better quality of photocopy.

There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis.

The establishment has local rules in place which have been developed by their LPA on December 2014

The local rules cover:

- The potential hazards associated with lasers
- Controlled and safe access
- Authorised operator's responsibilities

- Methods of safe working
- Safety checks
- Personal protective equipment
- Prevention of use by unauthorised persons
- Adverse incidents procedures

The laser protection supervisor has overall responsibility for safety during laser treatments as recorded within the local rules.

A list of authorised users is maintained and authorised users have signed to state that they have read and understood the local rules and medical treatment protocols.

The establishment has a laser register which is completed every time the equipment is operated and includes:

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

Eight client care records were reviewed and found to contain information regarding the client's personal details, a completed health questionnaire, signed consent form, record of treatment and evidence of a patch test being undertaken.

Clients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises in December 2014 and no recommendations were made

The authorised users have completed training in core of knowledge and the safe use and application of the laser equipment.

Review of the training records confirmed that all authorised users had also undertaken the following required mandatory training in line with RQIA guidance:

- Basic life support annually
- Fire safety annually
- Infection prevention and control annually

The environment in which the laser equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use, as described within the local rules.

Protective eyewear is available for the client and operator as outlined in the local rules. The inspector reviewed the protective eyewear available as part of the inspection process.

The door to the treatment room is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency.

The laser equipment is operated using a key. Arrangements are in place for the safe custody of the laser key when not in use.

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service report dated 6 October 2014 was reviewed as part of the inspection process.

There is a laser safety file in place that contains all of the relevant information relating to the laser equipment.

Evidenced by:

Discussion with staff
Review of policies and procedures
Review of information provided to clients
Review of local rules
Review of medical treatment protocols
Review of laser register
Review of client care records
Review of LPA's risk assessment
Review of staff personnel files
Review of training records
Review of premises and controlled area
Review of maintenance records
Review of Laser safety file

7.0 Quality Improvement Plan

The details of the inspection were discussed with Mark Shortt as part of the inspection process.

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.

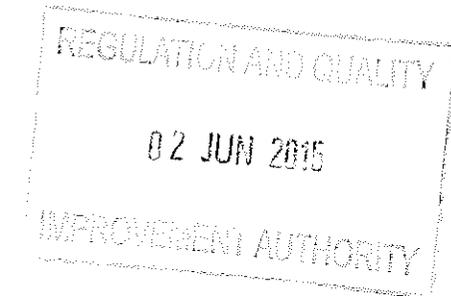
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of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



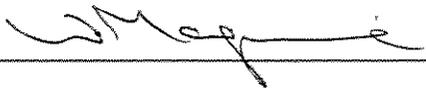
Report Approval
Announced Inspection
Therapie Optilase, Newry
22 January 2015



No requirements or recommendations resulted from the announced inspection of Therapie Optilase, Newry which was undertaken on 22 January 2015 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	
Name of responsible person/identified responsible person approving	

Approved by: (Inspector to complete)	Date
	3/6/15



The Regulation and
Quality Improvement
Authority

Pre-Inspection Self-Assessment Laser/IPL Service

Name of Establishment: Optilase Therapie
Establishment ID No: 12157
Date of Inspection: 22 January 2015
Inspector's Name: Winnie Maguire
Inspection No: 17402

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 laser/IPL 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 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 establishment since the previous inspection?		
Yes, please comment		

Policies and Procedures

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

Records Management

	YES	NO
Does the establishment 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?	Y	
Are care records maintained for each individual client?	Y	
Are arrangements in place to securely store client care records?	Y	
No, please comment		

Patient Partnerships

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

Medical Emergencies

	YES	NO
Are arrangements in place to deal with medical emergencies?	Y	
No, please comment		

Complaints

	YES	NO
Does the establishment 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?	Y	
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the establishment's complaints policy and procedure?	Y	
No, please comment		

Incidents

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

Infection Prevention and Control

	YES	NO
Does the establishment have an infection prevention and control policy and procedure in place?	Y	
Are appropriate arrangements in place to decontaminate equipment between clients?	Y	
No, please comment		

Recruitment of staff

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

Mandatory Training

	YES	NO
Are arrangements in place for all new authorised users to participate in an induction programme?	Y	
Are training records available which confirm that the following mandatory training has been undertaken:		
AUTHORISED USERS	YES	NO
Core of knowledge training – within the past 5 year years	Y	
Application training for all equipment and all laser/IPL treatments provided - within the past 5 years	Y	
Infection prevention and control training – annually	Y	
Fire safety – annually	Y	
Basic life support – annually or valid certificate e.g. First Aid at Work which is valid for 3 years	Y	
OTHER STAFF – NOT INVOLVED IN LASER/IPL SERVICES (If applicable)	YES	NO
Laser safety awareness training – annually	Y	
If No, please comment		

Appraisal

	YES	NO
Does the establishment have an appraisal policy and procedure in place?	Y	
Are systems in place to provide recorded annual appraisals for authorised users? (if applicable)	Y	
No, please comment		

Qualifications of Medical Practitioners and Nurses

	YES	NO
Are systems in place to ensure medical and nursing staff, who are authorised users, have a current registration with their relevant professional bodies?	Y	
Are systems in place to ensure that medical practitioners have up to date professional indemnity insurance?	Y	
Are systems in place to ensure that medical practitioners have an annual appraisal undertaken with a trained medical appraiser?	Y	
Are arrangements in place to ensure medical practitioners have a responsible officer?	Y	
No, please comment		

Lasers/IPL Service

	YES	NO
Does the establishment have a certified Laser Protection Advisor (LPA)?	Y	
Has the establishment an up to date LPA report?	Y	
Has the establishment an up to date risk assessment undertaken by their LPA?	Y	
Does the establishment have up to date local rules in place?	Y	
Does the establishment have up to date medical treatment protocols in place?	Y	
Are systems in place to review local rules and medical treatment protocols on an annual basis?	Y	
Does the establishment have arrangements in place for a medical support service?	Y	
Does the establishment have a list of authorised users?	Y	
Does the establishment have arrangements in place for maintenance and servicing of equipment in line with manufacturer's guidance?	Y	
Does the establishment have protective eyewear in place, as outlined in the local rules?	Y	
Is the controlled area clearly defined?	Y	
Is the door to the treatment room where the laser/IPL used locked during treatment and can be opened from the outside in the event of an emergency?	Y	
Does the establishment display laser/IPL warning signs as outlined in the local rules?	Y	
Are arrangements in place for the safe custody of laser/IPL keys and/or keypad codes?	Y	
Does the establishment have a laser/IPL safety file in place?	Y	

Does the establishment have a laser/IPL register(s) in place?	Y	
<p>No, please comment</p>		

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
Mark Shortt	<i>M Shortt</i>	RI	20/01/15