

CQC registration application

for The Roseland Surgeries

Your confirmation number is **PMS6758**

You are applying to register as a:

Partnership

Provider information

Name & contact details

Name of partnership (official, legal name)

The Roseland Surgeries

Other name (trading name)

None

Provider address

The Surgery

Gerrans Hill, Portscatho

Truro

Cornwall

TR2 5EE

Phone number

01872 580345

Website address (This will be published on the CQC website)

www.theroselandsurgeries.co.uk

Partners

You have given details of 4 partners

(Every clinical or business partner in your practice must be included.)

1. William Hynds

Contact address

The Surgery

Gerrans Hill, Portscatho
Truro
Cornwall
TR2 5EE

Email address

william.hynds@portscatho.cornwall.nhs.uk

GMC number

4067546

2. Terese Tubman

Contact address

The Surgery
Gerrans Hill, Portscatho
Truro
Cornwall
TR2 5EE

Email address

terese.tubman@portscatho.cornwall.nhs.uk

GMC number

4295606

3. Jonathan Jacoby

Contact address

The Surgery
Gerrans Hill, Portscatho
Truro
Cornwall
TR2 5EE

Email address

jonathan.jacoby@portscatho.cornwall.nhs.uk

GMC number

6115217

4. Michael Patrick Black

You have indicated that this partner will be the main point of contact with CQC.

Contact address

The Surgery
Gerrans Hill, Portscatho
Truro
Cornwall
TR2 5EE

Email address

michael.black@portscatho.cornwall.nhs.uk

GMC number

2310905

Regulated activities

You have selected the following regulated activities:

Diagnostic and screening procedures
Family planning
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Supporting information

You have confirmed that the following documentation can be made available to demonstrate that each partner is fit to be registered:

- Statutory proof of identity (photo ID, e.g. passport or driving licence).
- References providing evidence of satisfactory conduct in relevant previous employment relating to health and social care, or children or vulnerable adults.

- Where the person has previously worked with vulnerable adults or children, reasonable verification of the reason why that employment ended.
- Documentary evidence of any relevant qualification.
- Full employment history, including explanation of any gaps in employment.
- Satisfactory information about any physical or mental condition relevant to the person's ability to provide or manage regulated activities.

Important: You do not need to submit this information now. You only need confirm that you can make the information available if requested by CQC.

By law, you are required to have a statement of purpose on file by 1 April 2013.

You have confirmed that you will have a statement of purpose on file by this date.

Locations

You have given details of 1 location

1. The Roseland Surgeries

Other name (trading name)

None

Location address

The Surgery

Gerrans Hill, Portscatho

Truro

Cornwall

TR2 5EE

Type of location

You have selected:

• GP practice

Service types at this location

You have selected:

- . Doctors treatment services
- . Doctors consultation services

Patients

You have selected:

General public

Regulated activities at this location

You have selected:

- . Treatment of disease, disorder or injury
- . Diagnostic and screening procedures
- . Family planning
- . Surgical procedures
- . Maternity and midwifery services

Declaration of compliance for this location

You have declared this location:

Fully compliant

Registered managers

You have added 4 registered managers

Each registered manager must fill in a registered manager application, to be submitted with your provider application. See the registered manager applications at the end of this document.

1. Michael Patrick Black

At The Roseland Surgeries

The Surgery, Gerrans Hill, Portscatho, Truro, Cornwall, TR2 5EE

This registered manager is responsible for:

- . Diagnostic and screening procedures
- . Family planning
- . Maternity and midwifery services
- . Surgical procedures
- . Treatment of disease, disorder or injury

Family planning is jobshared with Terese Tubman, Jonathan Jacoby, William Hynds.

Diagnostic and screening procedures is jobshared with Jonathan Jacoby, Terese Tubman, William Hynds.

Surgical procedures is jobshared with William Hynds, Terese Tubman, Jonathan Jacoby.

Maternity and midwifery services is jobshared with Terese Tubman, Jonathan Jacoby, William Hynds.

Treatment of disease, disorder or injury is jobshared with Jonathan Jacoby, Terese Tubman, William Hynds.

2. Terese Tubman

At The Roseland Surgeries

The Surgery, Gerrans Hill, Portscatho, Truro, Cornwall, TR2 5EE

This registered manager is responsible for:

- . Diagnostic and screening procedures
- . Family planning
- . Maternity and midwifery services
- . Surgical procedures
- . Treatment of disease, disorder or injury

Family planning is jobshared with Michael Patrick Black, Jonathan Jacoby, William Hynds.

Maternity and midwifery services is jobshared with Michael Patrick Black, Jonathan Jacoby, William Hynds.

Surgical procedures is jobshared with Michael Patrick Black, William Hynds, Jonathan Jacoby.

Treatment of disease, disorder or injury is jobshared with Michael Patrick Black, Jonathan Jacoby, William Hynds.

Diagnostic and screening procedures is jobshared with Michael Patrick Black, Jonathan Jacoby, William Hynds.

3. William Hynds

At The Roseland Surgeries

The Surgery, Gerrans Hill, Portscatho, Truro, Cornwall, TR2 5EE

This registered manager is responsible for:

- . Diagnostic and screening procedures
- . Family planning
- . Maternity and midwifery services
- . Surgical procedures
- . Treatment of disease, disorder or injury

Surgical procedures is jobshared with Michael Patrick Black, Terese Tubman, Jonathan Jacoby.

Family planning is jobshared with Michael Patrick Black, Terese Tubman, Jonathan Jacoby.

Treatment of disease, disorder or injury is jobshared with Michael Patrick Black, Jonathan Jacoby, Terese Tubman.

Diagnostic and screening procedures is jobshared with Michael Patrick Black, Jonathan Jacoby, Terese Tubman.

Maternity and midwifery services is jobshared with Michael Patrick Black, Terese Tubman, Jonathan Jacoby.

4. Jonathan Jacoby

At The Roseland Surgeries

The Surgery, Gerrans Hill, Portscatho, Truro, Cornwall, TR2 5EE

This registered manager is responsible for:

- . Diagnostic and screening procedures
- . Family planning
- . Maternity and midwifery services
- . Surgical procedures
- . Treatment of disease, disorder or injury

Family planning is jobshared with Michael Patrick Black, Terese Tubman, William Hynds.

Diagnostic and screening procedures is jobshared with Michael Patrick Black, Terese Tubman, William Hynds.

Maternity and midwifery services is jobshared with Michael Patrick Black, Terese Tubman, William Hynds.

Treatment of disease, disorder or injury is jobshared with Michael Patrick Black, Terese Tubman, William Hynds.

Surgical procedures is jobshared with Michael Patrick Black, William Hynds, Terese Tubman.

Statutory Declaration

This declaration must be signed by the applicant. In the case of an organisation or a partnership, it must be signed by an individual who has been duly authorised to do so.

I hereby declare that the information detailed in this provider application is true, accurate and up to date.

I understand that Section 37 of the Health and Social Care Act 2008 makes it an offence to knowingly make a statement which is false or misleading in a material respect in this application. I understand that to knowingly make a false declaration could render me liable to prosecution and could lead to the refusal of this application.

I understand that it is my responsibility to inform the Care Quality Commission of any information that is relevant to this application but which may not have been requested, and to update this information accordingly.

I have kept a copy for my records of all the documentation submitted for this application.

In making this application for registration with the Care Quality Commission, I agree to comply with the Health and Social Care Act 2008 and associated regulations.

Once registered, I agree to inform the Care Quality Commission if there are any changes to this provider's compliance with the regulations.

I understand that non-compliance with the relevant legislation could lead to the refusal of this application or cancellation of registration if this provider does not comply once registered.

I agree that all the information entered in this registration application form may be used as the basis for any conditions of registration.

Enter your name (we will accept this as your signature)

Dr Michael P Black

I agree to this declaration and that this application is true, accurate and up to date.

Date: 10/12/2012

Registered Manager Applications

Registered Manager Application for **Michael Patrick Black** at **The Roseland Surgeries**

Name and contact details

Name (as name will appear in the register)

Michael Patrick Black

Please provide an address we can contact you at (home or work)

The Surgery
Gerrans Hill, Portscatho
Truro
Cornwall
TR2 5EE

Your phone number

01872 580345

Email address

michael.black@portscatho.cornwall.nhs.uk

The Care Quality Commission has decided that its preferred method of sending statutory notices, including notices of proposal and decision about applications, is by email. Email ensures fast and efficient delivery of important information.

By submitting this application I am confirming my willingness for you to send me statutory notices by email.

I declare that any email address supplied within my application may be used to serve notices upon.

I agree to receive all statutory notices from CQC by email at this address

Yes

Responsibilities

You have been asked to take responsibility for the following regulated activities at **The Roseland Surgeries**

At The Roseland Surgeries you will be responsible for:

Family planning

Diagnostic and screening procedures

Surgical procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

I understand the responsibilities are of being a registered manager for the regulated activities above

Yes

GMC or CRB

Many people applying to be a registered manager should have a GMC number. If you do not you will need to apply for and enhanced CRB disclosure

Does this registered manager have a GMC number?

Yes

GMC number

2310905

Previous registrations or applications

Are you currently, or have you ever been, registered with a professional health or social care regulatory body in the UK or in any other country?

No

Have you ever been disqualified from practice, or have you ever been, or are you currently, the subject of any investigation or proceedings by the professional bodies you have listed?

No

Have you ever had an application refused or a registration cancelled by a regulator under any of the Acts of Parliament listed below?

You have selected

None

Information you should have available

Do you have the skills and competencies to meet the responsibilities that are involved in managing the regulated activities you have included in your application?

Yes

Important: You should not send the information on this step. You only need to confirm that you can make this information available if requested and that it is satisfactory.

If requested, can the following be made available to demonstrate that you are fit to be registered?

- proof of identity including a recent photograph
- satisfactory evidence of conduct in relevant previous employment where such employment was concerned with the provision of services relating to either health and social care or children or vulnerable adults
 - where the person has previously worked in a position whose duties involved work with vulnerable adults or children, verification so far as is reasonably practical of the reason why the employment ended
- documentary evidence of any relevant qualification
- a full employment history together with a satisfactory written explanation of any gaps in employment

- satisfactory information about any physical or mental conditions which are relevant to the person's ability to carry on, manage or work for the purposes of, the regulated activity
- job description detailing what duties and delegated authority you will perform

Yes, I can make this information available if requested

Declaration

I hereby declare that the information detailed in this application is true and accurate.

I understand that Section 37 of the Health and Social Care Act 2008 makes it an offence to knowingly make a statement which is false or misleading in a material respect in this application. I understand that to knowingly make a false declaration could render me liable to prosecution and could lead to the refusal of this application.

I understand that it is my responsibility to inform the Care Quality Commission of any information that is relevant to my application, and which may not have been requested, and to update this information accordingly.

In making this application for registration with the Care Quality Commission, I agree to comply with the Health and Social Care Act 2008 and associated regulations.

Once registered, I agree to inform the Care Quality Commission if there are any changes to compliance with the regulations.

I understand that non-compliance with the relevant legislation could lead to the refusal of this application or cancellation of registration if I do not comply following registration.

I agree that the information contained in this form may be used as conditions of registration

Enter your name (we will accept this as your signature)

Michael Patrick Black

I agree to this declaration and that this application is accurate and up to date

Date: 08/11/2012

Registered Manager Application

for **Terese Tubman** at **The Roseland Surgeries**

Name and contact details

Name (as name will appear in the register)

Terese Tubman

Please provide an address we can contact you at (home or work)

The Surgery
Gerrans Hill, Portscatho
Truro
Cornwall
TR2 5EE

Your phone number

01872580345

Email address

terese.tubman@portscatho.cornwall.nhs.uk

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By submitting this application I am confirming my willingness for you to send me statutory notices by email.

I declare that any email address supplied within my application may be used to serve notices upon.

I agree to receive all statutory notices from CQC by email at this address

Yes

Responsibilities

You have been asked to take responsibility for the following regulated activities at **The Roseland Surgeries**

At The Roseland Surgeries you will be responsible for:

Family planning
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury
Diagnostic and screening procedures

I understand the responsibilities are of being a registered manager for the regulated activities above

Yes

GMC or CRB

Many people applying to be a registered manager should have a GMC number. If you do not you will need to apply for and enhanced CRB disclosure

Does this registered manager have a GMC number?

Yes

GMC number

4295606

Previous registrations or applications

Are you currently, or have you ever been, registered with a professional health or social care regulatory body in the UK or in any other country?

Yes

Please give details

GMC, RCGP, Faculty Sexual and Reproductive Healthcare

Have you ever been disqualified from practice, or have you ever been, or are you currently, the subject of any investigation or proceedings by the professional bodies you have listed?

No

Have you ever had an application refused or a registration cancelled by a regulator under any of the Acts of Parliament listed below?

You have selected

None

Information you should have available

Do you have the skills and competencies to meet the responsibilities that are involved in managing the regulated activities you have included in your application?

Yes

Important: You should not send the information on this step. You only need to confirm that you can make this information available if requested and that it is satisfactory.

If requested, can the following be made available to demonstrate that you are fit to be registered?

- proof of identity including a recent photograph
- satisfactory evidence of conduct in relevant previous employment where such employment was concerned with the provision of services relating to either health and social care or children or vulnerable adults
- where the person has previously worked in a position whose duties involved work with vulnerable adults or children, verification so far as is reasonably practical of the reason why the employment ended
- documentary evidence of any relevant qualification
- a full employment history together with a satisfactory written explanation of any gaps in employment
- satisfactory information about any physical or mental conditions which are relevant to the person's ability to carry on, manage or work for the purposes of, the regulated activity
- job description detailing what duties and delegated authority you will perform

Yes, I can make this information available if requested

Declaration

I hereby declare that the information detailed in this application is true and accurate.

I understand that Section 37 of the Health and Social Care Act 2008 makes it an offence to knowingly make a statement which is false or misleading in a material respect in this application. I understand that to knowingly make a false declaration could render me liable to prosecution and could lead to the refusal of this application.

I understand that it is my responsibility to inform the Care Quality Commission of any information that is relevant to my application, and which may not have been requested, and to update this information accordingly.

In making this application for registration with the Care Quality Commission, I agree to comply with the Health and Social Care Act 2008 and associated regulations.

Once registered, I agree to inform the Care Quality Commission if there are any changes to compliance with the regulations.

I understand that non-compliance with the relevant legislation could lead to the refusal of this application or cancellation of registration if I do not comply following registration.

I agree that the information contained in this form may be used as conditions of registration

Enter your name (we will accept this as your signature)

Terese Margaret Tubman

I agree to this declaration and that this application is accurate and up to date

Date: 09/11/2012

Registered Manager Application for **William Hynds** at **The Roseland Surgeries**

Name and contact details

Name (as name will appear in the register)

William Hynds

Please provide an address we can contact you at (home or work)

The Surgery

Gerrans Hill, Portscatho

Truro

Cornwall

TR2 5EE

Your phone number

01872580345

Email address

william.hynds@portscatho.cornwall.nhs.uk

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By submitting this application I am confirming my willingness for you to send me statutory notices by email.

I declare that any email address supplied within my application may be used to serve notices upon.

I agree to receive all statutory notices from CQC by email at this address

Yes

Responsibilities

You have been asked to take responsibility for the following regulated activities at **The Roseland Surgeries**

At The Roseland Surgeries you will be responsible for:

Surgical procedures

Family planning

Treatment of disease, disorder or injury

Diagnostic and screening procedures

Maternity and midwifery services

I understand the responsibilities are of being a registered manager for the regulated activities above

Yes

GMC or CRB

Many people applying to be a registered manager should have a GMC number. If you do not you will need to apply for and enhanced CRB disclosure

Does this registered manager have a GMC number?

Yes

GMC number

4067546

Previous registrations or applications

Are you currently, or have you ever been, registered with a professional health or social care regulatory body in the UK or in any other country?

No

Have you ever been disqualified from practice, or have you ever been, or are you currently, the subject of any investigation or proceedings by the professional bodies you have listed?

No

Have you ever had an application refused or a registration cancelled by a regulator under any of the Acts of Parliament listed below?

You have selected

None

Information you should have available

Do you have the skills and competencies to meet the responsibilities that are involved in managing the regulated activities you have included in your application?

Yes

Important: You should not send the information on this step. You only need to confirm that you can make this information available if requested and that it is satisfactory.

If requested, can the following be made available to demonstrate that you are fit to be registered?

- proof of identity including a recent photograph
- satisfactory evidence of conduct in relevant previous employment where such employment was concerned with the provision of services relating to either health and social care or children or vulnerable adults
- where the person has previously worked in a position whose duties involved work with vulnerable adults or children, verification so far as is reasonably practical of the reason why the employment ended
- documentary evidence of any relevant qualification
- a full employment history together with a satisfactory written explanation of any gaps in employment
- satisfactory information about any physical or mental conditions which are relevant to the person's ability to carry on, manage or work for the purposes of, the regulated activity
- job description detailing what duties and delegated authority you will perform

Yes, I can make this information available if requested

Declaration

I hereby declare that the information detailed in this application is true and accurate.

I understand that Section 37 of the Health and Social Care Act 2008 makes it an offence to knowingly make a statement which is false or misleading in a material

respect in this application. I understand that to knowingly make a false declaration could render me liable to prosecution and could lead to the refusal of this application.

I understand that it is my responsibility to inform the Care Quality Commission of any information that is relevant to my application, and which may not have been requested, and to update this information accordingly.

In making this application for registration with the Care Quality Commission, I agree to comply with the Health and Social Care Act 2008 and associated regulations.

Once registered, I agree to inform the Care Quality Commission if there are any changes to compliance with the regulations.

I understand that non-compliance with the relevant legislation could lead to the refusal of this application or cancellation of registration if I do not comply following registration.

I agree that the information contained in this form may be used as conditions of registration

Enter your name (we will accept this as your signature)

William Robert George Hynds

I agree to this declaration and that this application is accurate and up to date

Date: 11/11/2012

Registered Manager Application for **Jonathan Jacoby** at **The Roseland Surgeries**

Name and contact details

Name (as name will appear in the register)

Jonathan Jacoby

Please provide an address we can contact you at (home or work)

The Surgery
Gerrans Hill, Portscatho
Truro
Cornwall
TR2 5EE

Your phone number

01872 580345

Email address

jonathan.jacoby@portscatho.cornwall.nhs.uk

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By submitting this application I am confirming my willingness for you to send me statutory notices by email.

I declare that any email address supplied within my application may be used to serve notices upon.

I agree to receive all statutory notices from CQC by email at this address

Yes

Responsibilities

You have been asked to take responsibility for the following regulated activities at **The Roseland Surgeries**

At The Roseland Surgeries you will be responsible for:

Family planning
Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury
Surgical procedures

I understand the responsibilities are of being a registered manager for the regulated activities above

Yes

GMC or CRB

Many people applying to be a registered manager should have a GMC number. If you do not you will need to apply for and enhanced CRB disclosure

Does this registered manager have a GMC number?

Yes

GMC number

6115217

Previous registrations or applications

Are you currently, or have you ever been, registered with a professional health or social care regulatory body in the UK or in any other country?

Yes

Please give details

GMC since 2005

Have you ever been disqualified from practice, or have you ever been, or are you currently, the subject of any investigation or proceedings by the professional bodies you have listed?

No

Have you ever had an application refused or a registration cancelled by a regulator under any of the Acts of Parliament listed below?

You have selected

None

Information you should have available

Do you have the skills and competencies to meet the responsibilities that are involved in managing the regulated activities you have included in your application?

Yes

Important: You should not send the information on this step. You only need to confirm that you can make this information available if requested and that it is satisfactory.

If requested, can the following be made available to demonstrate that you are fit to be registered?

- proof of identity including a recent photograph
- satisfactory evidence of conduct in relevant previous employment where such employment was concerned with the provision of services relating to either health and social care or children or vulnerable adults
- where the person has previously worked in a position whose duties involved work with vulnerable adults or children, verification so far as is reasonably practical of the reason why the employment ended
- documentary evidence of any relevant qualification
- a full employment history together with a satisfactory written explanation of any gaps in employment
- satisfactory information about any physical or mental conditions which are relevant to the person's ability to carry on, manage or work for the purposes of, the regulated activity
- job description detailing what duties and delegated authority you will perform

Yes, I can make this information available if requested

Declaration

I hereby declare that the information detailed in this application is true and accurate.

I understand that Section 37 of the Health and Social Care Act 2008 makes it an offence to knowingly make a statement which is false or misleading in a material respect in this application. I understand that to knowingly make a false declaration could render me liable to prosecution and could lead to the refusal of this application.

I understand that it is my responsibility to inform the Care Quality Commission of any information that is relevant to my application, and which may not have been requested, and to update this information accordingly.

In making this application for registration with the Care Quality Commission, I agree to comply with the Health and Social Care Act 2008 and associated regulations.

Once registered, I agree to inform the Care Quality Commission if there are any changes to compliance with the regulations.

I understand that non-compliance with the relevant legislation could lead to the refusal of this application or cancellation of registration if I do not comply following registration.

I agree that the information contained in this form may be used as conditions of registration

Enter your name (we will accept this as your signature)

Jonathan Treeve Jacoby

I agree to this declaration and that this application is accurate and up to date

Date: 28/11/2012