MYND AT ONE

Policy library

The complete set of published policies for the space, gathered in one document for reading, sharing and printing. Written as the standards the space will operate to from opening in September 2026.

16 policies · Issued 19 August 2026 · St Peter Port, Guernsey

Contents

Data protection and GDPR

The full position on personal data. The privacy notice is the short version. This is the working document behind it.

Applies to Everyone who contacts us, visits the space, holds an account or works here.

i. LAW THAT APPLIES

MYND AT ONE operates in the Bailiwick of Guernsey and follows the Data Protection (Bailiwick of Guernsey) Law, 2017. Where we handle data belonging to people in the United Kingdom or the European Union, we also apply the UK GDPR and the EU GDPR. Guernsey holds an adequacy decision, so data can move between the Bailiwick and the EU without additional safeguards.

ii. WHO IS THE CONTROLLER

MYND AT ONE is the controller for enquiry data, practitioner account data, website data and employment data. Independent practitioners working from the space are separate controllers for their own client records. Where a practitioner holds clinical notes about you, those notes are theirs, and a request about them should be made to that practitioner. We will pass any such request on.

iii. LAWFUL BASES

We do not rely on a single basis for everything. Each purpose has its own.

- Consent, for enquiry messages, marketing contact and anything you volunteer.
- Contract, for room licences, bookings and practitioner arrangements.
- Legal obligation, for tax, insurance and safeguarding records.
- Legitimate interests, for site security, error logs and fraud prevention, balanced against your rights.
- Substantial public interest or health care, for the limited special category data a practitioner needs in order to treat safely.

iv. SPECIAL CATEGORY DATA

Health data, and any data revealing a diagnosis, medication, neurodivergence or substance use, is special category data. It is collected only where the person providing care needs it, it is stored with access limited to that person, and it is never used for marketing, profiling or any secondary purpose. We do not ask for health information through the public enquiry form and we ask that you do not send it there.

v. RETENTION

Nothing is kept indefinitely. Each category has a set life.

- Enquiries, two years from last contact, or sooner on request.
- Data requests and the audit trail behind them, six years, as evidence of compliance.
- Practitioner qualifications, insurance and room licences, the length of the licence plus seven years.
- Financial and tax records, seven years.

- Incident, complaint and safeguarding records, the period required by the relevant authority, and in the case of safeguarding concerning a child, until that person's twenty fifth birthday at the earliest.
- Website technical logs, thirty days.
- CCTV, if installed at the entrance for security, thirty one days, then overwritten.

vi. YOUR RIGHTS

You can ask for a copy of your data, ask us to correct it, ask us to delete it, ask us to restrict or stop processing it, object to processing, and ask for it in a portable format. You can withdraw consent at any time, and withdrawal does not affect what was lawful before it. We respond within one month and will tell you if we need longer for a complex request. Use the data request form on this site, or write to us.

vii. PROCESSORS AND TRANSFERS

We use a small number of service providers to host the site, hold the database, deliver email and provide the on-site assistant. Each is bound by a written processing agreement and may only act on our instructions. Where data is processed outside the Bailiwick, it is covered by adequacy or by standard contractual clauses. We do not sell data and we do not share it with advertisers.

viii. BREACHES

If a breach is likely to risk your rights and freedoms, we notify the Office of the Data Protection Authority within seventy two hours of becoming aware of it, and we tell affected people directly where the risk is high. Every breach, reportable or not, is logged, investigated and used to change practice.

ix. COMPLAINTS

Please raise it with us first. If you are not satisfied, you can complain to the Office of the Data Protection Authority, Bailiwick of Guernsey, or to the Information Commissioner's Office if you are in the United Kingdom.

Late arrival, cancellation and missed appointments

Time is the one thing we cannot make more of on the day. This sets out what happens when it slips, without any drama attached.

Applies to Anyone with a booked appointment, class place or room booking.

i. ARRIVING LATE

Your appointment ends at the time it was booked to end. If you arrive late, we will use the time that remains rather than push into the next person's slot. Where a treatment cannot be safely shortened, the practitioner may decide it should be rescheduled instead. That is a clinical judgement, not a penalty. If we are running late, we tell you why and you keep your full time.

ii. GRACE PERIOD

Fifteen minutes, or half the booked duration if the appointment is shorter than thirty minutes. After that point the appointment is treated as missed and the practitioner is released to their next commitment.

iii. CHANGING OR CANCELLING

We ask for at least twenty four hours' notice, by phone, email or through the person you booked with. Give us that and there is nothing further to settle. Inside twenty four hours, a charge may apply. Where a charge applies, its amount is set by the individual practitioner and confirmed to you at the time of booking. It is never a surprise and it is never applied without being explained first.

iv. MISSED APPOINTMENTS

A missed appointment is one where no notice was given. The first is noted and nothing more. Repeated missed appointments may mean we ask for confirmation before holding future slots, or ask a practitioner to review the arrangement. We do this to protect the availability of the rooms, not to make a point.

v. WHEN LIFE HAPPENS

Illness, bereavement, a caring emergency, a child sent home from school, a broken down car, a mental health day that could not be predicted. Tell us and any charge will normally be waived. We would rather you told us the truth late than invented something on time. Discretion sits with the practitioner and it is exercised generously.

vi. ACCESS AND NEURODIVERGENCE

Time blindness, executive dysfunction and appointment anxiety are real and common, and they are not treated as bad behaviour here. If keeping appointments is genuinely hard for you, say so once and we will put something practical in place, such as a reminder the day before, a standing slot at the same time each week, or a quieter arrival time. Ask before it becomes a problem and it does not have to become one.

vii. IF WE CANCEL

If we or a practitioner cancel, we tell you as soon as we know, offer the next available time, and nothing is charged. Where a practitioner has to cancel repeatedly, we will offer you an alternative practitioner if one is suitable and available.

Alcohol, drugs and substance misuse

Two separate things sit in this policy. What is not permitted on the premises, and how we behave towards someone who is struggling. The first is firm. The second is not a judgement.

Applies to Clients, visitors, practitioners, staff, contractors and anyone using the rooms.

i. ON THE PREMISES

No alcohol is served or consumed on the premises. No illegal drug may be brought onto, used at or supplied from the premises under any circumstance. Smoking and vaping are not permitted anywhere inside the building. Prescribed and pharmacy medication is entirely your own business and is welcome on site.

ii. ATTENDING UNDER THE INFLUENCE

We will not deliver a treatment, class or session to anyone who appears to be under the influence of alcohol or a non-prescribed drug. Consent given in that state is not reliable consent, and some treatments carry real physical risk. The appointment will be ended calmly and privately, without an audience, and it will be treated as a missed appointment for scheduling purposes. We will offer to rebook.

iii. HOW THAT CONVERSATION HAPPENS

Quietly, in a room with the door shut, by one person and not a group. No accusation is made about what you have taken. What is described is what was observed and why the session cannot safely go ahead today. If you are not safe to get yourself home, we will help you arrange a taxi or contact someone for you. We will not put you out onto the street.

iv. PRESCRIBED MEDICATION

Tell your practitioner what you take before treatment, not because we are checking up on you, but because some infusions, oils, pressures and heat treatments interact with medication. Anything you disclose stays with that practitioner. It is health data and it is handled as special category data under the data protection policy.

v. IF A SUBSTANCE IS HARMING YOU

Say it plainly and it will be received plainly. Nobody will be lectured, removed from a waiting list, or refused a future appointment simply for being honest about drinking or using. Where the issue sits outside what a practitioner here can safely support, we will say so and help you find the right service rather than quietly work around it.

vi. LIMITS OF WHAT WE DO

MYND AT ONE is not a detoxification service, a rehabilitation service or a substitute prescribing service, and no treatment offered here is presented as a treatment for dependence. Where dependence is present, the right first call is your GP or a specialist service in the Bailiwick. We will make that referral conversation as easy as we can, and we will keep working with you on everything else that is within scope.

vii. PRACTITIONERS AND STAFF

Nobody works here while impaired. A practitioner or member of staff who is unfit to practise will be stood down for the day, with cover arranged, and the matter handled privately under the code of conduct. Where a professional register requires notification, that obligation is met. Coming forward voluntarily is treated as a health matter and supported. Being found out after harm has occurred is treated as a conduct matter.

viii. DUTY TO REPORT

Supply of controlled drugs on the premises will be reported to Guernsey Police. So will any situation where a child or an adult at risk is endangered. Everything short of that stays between the people in the room.

Safeguarding children and adults at risk

Safeguarding overrides confidentiality. That is the one rule in this building that has no exceptions.

Applies to All practitioners, staff, volunteers and contractors.

i. COMMITMENT

Every person who works from MYND AT ONE has a duty to act on a concern about the safety or welfare of a child, a young person, or an adult who is at risk because of age, disability, illness or circumstance. Acting means recording and reporting. It never means investigating alone.

ii. THE NAMED PERSON

A designated safeguarding lead and a deputy are appointed for the space, and their names are displayed on site and given to every practitioner at induction. Concerns go to them the same day. If both are unavailable and the risk is immediate, the referral is made directly and they are told afterwards.

iii. WHAT TO DO WITH A CONCERN

In order, without deviation.

- If someone is in immediate danger, call 999.
- Listen without leading, and do not promise to keep it secret.
- Write it down the same day, in the person's own words where possible, with date, time and what was observed rather than what was assumed.
- Pass it to the safeguarding lead without delay.
- Refer on to the Multi Agency Support Hub or the appropriate Bailiwick service where the threshold is met.
- Tell nobody else, including colleagues who do not need to know.

iv. VETTING

Anyone working unsupervised with children or adults at risk holds an enhanced disclosure from the Guernsey Vetting Bureau, or the equivalent for the jurisdiction they trained in, and it is checked before they start and reviewed periodically. Registration with a professional body is verified at the same time.

v. UNDER EIGHTEENS

Clients under eighteen attend with the written consent of a person with parental responsibility, and a parent or carer remains on the premises unless the practitioner's own professional body permits otherwise and the young person has capacity to consent. Treatment rooms are never used with a young person and a single adult behind a locked door.

vi. ALLEGATIONS AGAINST A PERSON WORKING HERE

Reported to the safeguarding lead immediately, and to the statutory authorities and the person's professional register. The individual is stood down from client contact while the matter is dealt with, which is a neutral act and not a finding.

Confidentiality and record keeping

You should know the limits of confidentiality before you rely on it, not afterwards.

Applies to All client contact, in every room, by every practitioner.

i. THE DEFAULT

What you say in a session stays with the practitioner you said it to. Practitioners here do not discuss clients with each other socially, do not confirm to anyone that you attend, and do not greet you first in the street. If we are asked whether you are a client, the answer is that we do not confirm who attends.

ii. WHEN IT IS BROKEN

There are four situations, and only four.

- A child or an adult at risk is in danger.
- There is a real and immediate risk to your life or to someone else's.
- A court orders disclosure, or the law requires it, including terrorism and proceeds of crime obligations.
- You have asked us in writing to share something, for example with your GP.

iii. HOW THAT IS HANDLED

Wherever it is safe to do so, you will be told what is being shared, with whom and why, before it happens. Only the minimum necessary is shared. Breaking confidentiality is never used as a threat and never used to manage difficult behaviour.

iv. NOTES

Practitioners keep clinical notes for the period their professional body and insurer require. Notes are factual, proportionate and written on the assumption that you may one day read them, because you are entitled to. They are held securely, under password or lock, and never left in a shared room. Independent practitioners are the controllers of their own notes.

v. SUPERVISION

Therapeutic practitioners are required to take their work to clinical supervision. Cases are discussed there without identifying details, which is a professional safeguard for you rather than a loophole. Supervisors are bound by the same duty of confidence.

vi. SHARED SPACES

Reception conversations are kept brief and non-clinical, waiting areas are arranged so that nothing needs to be said out loud, and paperwork is never left face up. If you would rather not be seen arriving, ask, and we will find you a quieter time.

Consent, capacity and chaperones

Consent is a conversation that continues through the whole appointment, not a signature at the start of it.

Applies to Every treatment, therapy, class and consultation.

i. INFORMED CONSENT

Before anything begins, you are told what is proposed, what it involves physically, what the common side effects are, what the material risks are, what the alternatives are including doing nothing, and what happens next. Questions are answered before you are asked to agree, not after. Consent is recorded in writing for anything invasive.

ii. WITHDRAWING IT

You can stop at any point, for any reason or none, without explaining yourself. Say stop and everything stops. Ending a session early in this way is never treated as a missed appointment and is never held against you.

iii. CAPACITY

Capacity is assumed unless there is clear reason to think otherwise, and it is decision specific. Where capacity is in doubt, the practitioner follows the Capacity (Bailiwick of Guernsey) Law and involves the appropriate representative. An unwise decision is not the same thing as a lack of capacity.

iv. CHAPERONES

You may ask for a chaperone for any appointment, at any time, and you do not have to give a reason. You may bring your own. Where an examination or treatment involves an intimate area, a chaperone is offered as a matter of course, and the offer and the outcome are recorded. If no chaperone is available and you want one, the appointment is rescheduled rather than pushed through.

v. UNDRESSING AND DRAPING

You are told in advance what you will be asked to remove, you are left alone to change, and you remain covered other than the area being worked on. Nothing is uncovered without being announced first.

Code of conduct and professional boundaries

Calm is not an accident. It is a set of behaviours everyone agrees to before they walk in.

Applies to Practitioners, staff, clients and visitors.

i. WHAT WE EXPECT OF PRACTITIONERS

Current registration with a recognised professional body, current professional indemnity insurance, practice within the limits of their training, honesty about what a treatment does and does not do, no claims about curing or treating disease, no pressure selling, and prompt referral onward when something falls outside their scope.

ii. BOUNDARIES

No romantic or sexual relationship with a client, during the professional relationship or within the period the practitioner's own regulator specifies afterwards. No borrowing or lending money. No gifts beyond the token and inexpensive. No treating close family or friends where objectivity would be compromised. Social media contact with clients is declined politely and without offence.

iii. WHAT WE EXPECT OF CLIENTS

Courtesy towards practitioners and other clients, honesty about health information that affects safety, respect for the quiet of the shared areas, phones silenced, and arrival sober. That is the whole list.

iv. BEHAVIOUR WE WILL NOT ACCEPT

Aggression, threats, racist, homophobic, transphobic, ableist or sexist language, sexual comments or advances towards anyone, filming or recording another person without consent, and damage to the building. Any of these ends the appointment immediately and may end the arrangement permanently. Serious incidents are reported to the police.

v. CONFLICTS OF INTEREST

Practitioners declare any financial interest in a product or service they recommend. Recommendations are made because they are clinically appropriate, never because of a commission arrangement.

Complaints and feedback

A complaint is information. We would far rather hear it than not.

Applies to Anyone who has used the space or dealt with us.

i. RAISING IT

Speak to the practitioner directly if you feel able to, because most things are resolved in a two minute conversation. If you would rather not, or it did not help, write to us at the address on the privacy page and mark it for the attention of the directors.

ii. WHAT HAPPENS

A fixed sequence, so you always know where a complaint has got to.

- Acknowledged within three working days.
- Looked into by someone not involved in what happened.
- A written response within twenty working days, or an explanation of the delay and a new date.
- A clear statement of what we found, what we are changing, and what we are not able to change.
- A review by a director if you tell us the response is not adequate.

iii. TIME LIMITS

Please raise a complaint within six months of the event, or within six months of realising there was something to raise. We will still look at older matters where it is fair and possible to do so.

iv. GOING ELSEWHERE

Complaining to us never removes your right to go elsewhere. Clinical matters can go to the practitioner's own professional register, which every practitioner is required to display. Data matters can go to the Office of the Data Protection Authority. Nothing here is a condition of anything else, and no complaint affects the care you receive.

v. VEXATIOUS COMPLAINTS

Very rarely, contact becomes abusive or so persistent that it prevents us running the space. In that case we will set out in writing a single point of contact and a reasonable limit, and we will still deal with anything new and substantive.

Accessibility and reasonable adjustments

Access is designed in from the drawings, not bolted on after the complaint.

Applies to The building, the website and every appointment.

i. THE BUILDING

The space is being fitted out during 2026 and access is part of the specification rather than an afterthought. Full and accurate detail on step free entry, door widths, accessible facilities and parking will be published on the location page before opening, and it will describe the building as it actually is, including anything it cannot do.

ii. SENSORY ACCESS

Lighting is warm and dimmable rather than overhead and clinical. Scent is used sparingly and can be removed from a room on request. Quiet arrival times, a low stimulus waiting option and permission to wait outside until your practitioner is ready are all available by asking once.

iii. THE WEBSITE

We aim at WCAG 2.2 level AA. There is a quiet mode that removes movement and ambient sound, text size and line spacing controls in the reading sections, and audio narration for longer pieces. The site is built to work with a keyboard and with a screen reader. If something here defeats you, tell us and it gets fixed rather than explained away.

iv. COMMUNICATION

We can confirm things in writing rather than by phone, avoid phone calls entirely, send reminders, use plain language, allow longer appointments where processing time is needed, or let you bring a supporter. Ask for the adjustment, not for permission to need one.

v. ASSISTANCE DOGS

Assistance dogs are welcome throughout the building. Other animals are not permitted, other than a therapy dog working with one of the MYND Guides as part of a planned session.

Equality, diversity and inclusion

A wellness space that is only comfortable for one kind of person has failed at the first step.

Applies to Clients, practitioners, staff and applicants.

i. COMMITMENT

No one is treated less favourably on grounds of race, colour, nationality, ethnic origin, sex, sexual orientation, gender identity or history, marital or civil partnership status, pregnancy or maternity, religion or belief, age, disability, neurodivergence, carer status or health condition. This applies to bookings, treatment, recruitment, room licences and pay.

ii. GUERNSEY LAW

We follow the Prevention of Discrimination (Bailiwick of Guernsey) Ordinance, 2022 and the duty to make reasonable adjustments that sits within it. Where a wider standard offers people more protection, we apply the wider standard.

iii. IN PRACTICE

Commitments are only real when they change something concrete.

- Names and pronouns are used as given, without comment, and corrected quietly when we get them wrong.
- Forms ask only what is needed and leave room for people who do not fit the boxes.
- Practitioner recruitment is on skill, registration and fit with the ethos, never on background.
- Every practitioner is briefed on neurodivergence, trauma awareness and inclusive language before they begin.
- Discriminatory language from anyone, including a client towards a practitioner, ends the appointment.

Health, safety and infection control

The unglamorous part, written down properly, because it is the part that protects people.

Applies to Everyone on the premises.

i. GENERAL DUTIES

We follow the Health and Safety at Work (General) (Guernsey) Ordinance and the guidance of the Health and Safety Executive for the Bailiwick. Risk assessments cover the premises, each treatment type, lone working and fire, and they are reviewed annually and after any incident.

ii. FIRE AND FIRST AID

Escape routes are kept clear, alarms and extinguishers are serviced on schedule, and the assembly point is displayed at reception. Trained first aiders are on site during opening hours and the accident book is kept securely.

iii. INFECTION CONTROL

Hand hygiene between every client, single use consumables where single use is appropriate, couch roll changed for every client, linens laundered at the correct temperature and never reused, and surfaces cleaned between appointments. Rooms used for anything invasive follow the practitioner's own clinical protocol, which is checked at licence.

iv. SHARPS AND CLINICAL WASTE

Sharps go into approved containers at the point of use, never into general waste, and clinical waste is collected by a licensed contractor. Any needlestick injury is reported the same day and the person affected is sent for occupational health advice immediately.

v. IF YOU ARE UNWELL

Please do not come in with a fever, vomiting, diarrhoea or an infectious rash. Rebook instead, and no charge applies for a cancellation on health grounds. This is one of the few places where staying at home is the more considerate choice.

vi. INCIDENTS

Accidents, near misses and adverse reactions are recorded, reported to the relevant authority where required, and reviewed so the same thing does not happen twice. Where an adverse reaction to a treatment occurs, the practitioner's insurer is notified.

Practitioner standards and room licences

Everything on this list is verified before a key is handed over. None of it is taken on trust.

Applies to Every practitioner holding or applying for a room licence.

i. BEFORE YOU START

Documents are uploaded to the private practitioner area and checked individually.

- Proof of qualification from a recognised training route.
- Current registration with the professional body relevant to your discipline.
- Current professional indemnity and public liability insurance naming your scope of practice.
- Enhanced vetting where you will work with children or adults at risk.
- A signed room licence and a signed copy of this policy set.
- Evidence of continuing professional development, and supervision where your body requires it.

ii. KEEPING IT CURRENT

Expiry dates are tracked. A lapsed insurance certificate or registration suspends practice from the space on the day it lapses, without exception and without discussion, until it is renewed. It is your responsibility to upload the renewal before the date, not after.

iii. SCOPE

Practise only what you are trained, registered and insured to practise. Do not diagnose outside your competence. Do not advise a client to stop or change prescribed medication. Refer on rather than stretch.

iv. ADVERTISING AND CLAIMS

Everything written about your work here must be capable of substantiation and must comply with advertising rules and, where relevant, the Cancer Act 1939. Describe what happens in a session. Do not promise what it will achieve. Testimonials may not be used to make a claim that could not be made directly.

v. THE LICENCE

A room licence is a licence to occupy, not a tenancy, and it does not create an employment relationship. You remain self employed, responsible for your own tax, your own records and your own clinical decisions. Notice periods, hours and access arrangements are set out in the licence itself.

vi. ENDING AN ARRANGEMENT

Either side may end a licence on the notice stated in it. Where a serious conduct or safety issue arises, access can be withdrawn immediately while the matter is looked into. Clients are told only that a practitioner is no longer working from the space, and are helped to obtain their records and continue their care.

Children and young people

Young people get real confidentiality and real safeguarding at the same time. The two are balanced deliberately.

Applies to Clients under eighteen and the adults responsible for them.

i. CONSENT TO TREATMENT

Written consent from a person with parental responsibility is required for anyone under sixteen. Between sixteen and eighteen, a young person may consent for themselves where the practitioner is satisfied they understand what is proposed. Practitioners follow their own professional body's guidance where it is stricter than this.

ii. ATTENDANCE

A parent or carer stays on the premises for the duration of an appointment with a client under sixteen, unless the practitioner's professional body specifically permits otherwise and it has been agreed in advance.

iii. WHAT WE TELL PARENTS

A young person is told at the start exactly what will and will not be shared with a parent. In general, whether they attended and how the work is going in broad terms may be shared. The content of what they say is not, unless they agree, or unless the safeguarding policy requires it. Practitioners do not make promises to a young person that they will later have to break.

iv. RECORDS

Records concerning a child are kept until that person's twenty fifth birthday at the earliest, in line with the safeguarding and data protection policies.

Photography, recording and social media

Nobody should have to worry that a moment in a waiting room ends up on a feed.

Applies to Clients, practitioners, staff and visitors.

i. IN THE BUILDING

Do not photograph or film anyone else, in any part of the building, without their express agreement. This includes reception, corridors and treatment rooms. Any recording of a session, by either party, requires the agreement of both, given in advance.

ii. OUR OWN IMAGES

Where MYND AT ONE photographs the space for its own use, sessions are arranged outside opening hours or with written consent from everyone appearing. Consent can be withdrawn later and the image will be removed from anything we control. Client images are never used in marketing.

iii. SOCIAL MEDIA

Practitioners and staff do not post about identifiable clients, do not post from inside treatment rooms during working hours, and do not respond to clinical questions in public comments. Personal accounts should not be used to give professional advice about a specific person.

iv. REVIEWS

You are free to write whatever you honestly think, anywhere you like. We will not offer anything in return for a review and we will not ask you to remove one. A public reply from us will never confirm that you were a client.

Environment and sustainability

Stated plainly, with the compromises included, because a sustainability page with no compromises in it is fiction.

Applies to The fit out, the running of the building and what we buy.

i. FIT OUT

Existing structure and existing materials are kept wherever they can be. Where new material is needed, we choose repairable and long lived over fashionable. Furniture is bought second hand or built to last rather than replaced on a cycle.

ii. RUNNING THE SPACE

Low energy lighting on sensors in circulation areas, heating zoned by room rather than by building, refillable rather than single use wherever hygiene permits, and recycling separated on site under States of Guernsey requirements.

iii. THE HONEST LIMITS

Clinical hygiene sometimes requires single use items, and hygiene wins that argument every time. Island logistics mean much of what we buy arrives by boat. We are not carbon neutral and we will not claim to be. Where we cannot do better yet, we would rather say so than buy an offset and call it done.

16 · WEBSITE

Website, cookies and the assistant

Short, because there genuinely is not much to declare.

Applies to Everyone using this website.

i. COOKIES

We run no analytics, no advertising and no third party trackers. The site stores your reading preferences, such as quiet mode, text size and line spacing, and a secure sign-in token if you hold an account. That is the complete list, it stays on your device, and it is why there is no consent banner to dismiss.

ii. THE ASSISTANT

The chat assistant answers questions about the space using published information. It is not a practitioner, it does not give medical, legal or financial advice, and it will not diagnose anything. Do not send it health details or anything you would not put in an email. Conversations may be reviewed to improve answers, and are covered by the data protection policy.

iii. ACCURACY

The space opens in September 2026, so parts of this site describe what is planned rather than what already exists. Any image marked as a placeholder is exactly that, and is not a photograph of the finished space. We correct pages as the building becomes real.

iv. LINKS OUT

Where we link to another organisation, we do so because it may be useful. We do not control those sites and we are not responsible for what they publish or how they handle your data.

Questions about any policy can be sent through the enquiry form on the website. This document is a printed snapshot; the website holds the current version.