

## **Announced Care Inspection Report 5 March 2018**



# **Mirabilis Health**

**Service Type: Independent Clinic (IC) - Private Doctor**  
**Address: 7 Farmley Road, Glengormley, Newtownabbey, BT36 7TY**  
**Tel No: 02890426918**  
**Inspector: Stephen O'Connor**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is an independent clinic registered with a private doctor category of care. Mirabilis Health offers a range of therapy, counselling and mental health services to adults and children over the age of 14 on an outpatient basis. This inspection pertains only to the scope of practice of the private doctor service which falls within the legislative framework.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Mirabilis Health Dr Paul Miller	<b>Registered manager:</b> Dr Paul Miller
<b>Person in charge of the home at the time of inspection:</b> Dr Paul Miller	<b>Date manager registered:</b> 6 February 2012
<b>Categories of care:</b> Independent Clinic – Private Doctor	

### 4.0 Inspection summary

An announced inspection took place on 5 March 2018 from 09:55 to 12:00.

This inspection was underpinned by The Health and Personal Social Services (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 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to: patient safety in respect of staffing, the management of medical emergencies and infection prevention control. Other examples included: the management of the patients' care pathway; communication; records management, practising privileges arrangements and engagement to enhance the patients' experience.

No areas requiring improvement were identified.

Both of the patients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

## 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Dr Paul Miller, registered person, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 27 March 2017

No further actions were required to be taken following the most recent inspection on 27 March 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Paul Miller, registered person and a receptionist. A tour of the premises was also undertaken.

A sample of records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- information provided to patients
- patient care records
- completed patient satisfaction questionnaires and summary report
- policies and procedures
- practising privileges agreements

- medical practitioner personnel files
- clinical records
- management and governance arrangements
- insurance documentation

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 27 March 2017**

The most recent inspection of the establishment was an announced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 27 March 2017**

There were no areas for improvement made as a result of the last care inspection.

## **6.3 Inspection findings**

### **6.4 Is care safe?**

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

## **Staffing**

Discussion with Dr Miller, registered person and review of completed staff questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the establishment and patients.

Induction programme templates were in place relevant to specific roles within the establishment.

There are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

Dr Miller confirmed that there is a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. Mirabilis Health facilitates monthly Continuing Professional Development (CPD) training sessions.

A review of three private doctors' details confirmed there was evidence of the following:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Discussion with Dr Miller confirmed each private doctor is aware of their responsibilities under GMC Good Medical Practice.

## **Recruitment and selection**

Discussion with Dr Miller demonstrated that no new staff have been recruited since the previous inspection. During discussion Dr Miller confirmed that should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

Review of recruitment and selection procedures demonstrated good practice in line with legislative requirements. There was a recruitment policy and procedure available. Dr Miller confirmed that an external consultant has been appointed to provide human resources (HR) support to the establishment.

## **Safeguarding**

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Staff were aware of who the nominated safeguarding lead was within the establishment.

Review of records demonstrated that all staff in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

One overarching policy was in place for the safeguarding and protection of adults and children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

**Management of medical emergencies**

The establishment has a policy and procedure on dealing with medical emergencies.

Discussion with staff confirmed they were aware what action to take in the event of a medical emergency.

All medical practitioners have received training in basic life support and basic medical emergency equipment is available.

**Infection prevention control and decontamination procedures**

The establishment has a range of infection prevention and control policies and procedures.

A range of information for patients and staff regarding hand washing techniques were available.

There are arrangements in place to ensure the decontamination of equipment and reusable medical devices in line with manufacturer's instructions and current best practice.

Staff are provided with infection prevention and control (IPC) training commensurate with their role.

Discussion with staff confirmed they had a good knowledge and understanding of IPC measures.

**Environment**

The establishment was found to be clean, tidy and well maintained. Detailed cleaning schedules are in place and completed records of cleaning were displayed in various areas.

Arrangements are in place for maintaining the environment which included the routine servicing and maintenance of the gas central heating burner, firefighting equipment, entrance/exit shutters and intruder alarm. Arrangements were also in place to ensure that portable appliance testing (PAT) of electrical equipment and that the fixed wiring installations are inspected every five years.

It was confirmed that the fire and legionella risk assessments have been undertaken by external organisations and arrangements are in place to review these risk assessments annually.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

**Patient and staff views**

Two patients submitted questionnaire responses to RQIA. Both indicated that they felt their care was safe and that they were very satisfied with this aspect of their care. No comments were included in submitted questionnaire responses.

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “Regular training sessions and thorough appraisal in place.”
- “This is an excellent service and the welfare of patients is always put first.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention and control and decontamination and the general environment.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

### Clinical records

Review of documentation confirmed that the establishment has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records. The establishment also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

Staff spoken to were aware of the importance of effective records management and records were found to be held in line with best practice guidance and legislative requirements. Patient care records are held in secure locked filing cabinets. Computerised records are accessed using individual usernames and passwords.

The establishment is registered with the Information Commissioner's Office (ICO). Discussion with Dr Miller and staff and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the Data Protection Act 1988 and where appropriate ICO regulations and Freedom of Information legislation.

Review of three patient care records relating to the private doctor services found that all entries were dated and signed by the medical practitioner and outlined a contemporaneous record of the treatment provided. The records were found to be maintained in line with best practice guidance.

Records required by legislation were retained and made available for inspection at all times.



## Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- completion of medication charts
- correspondence with patients general practitioner's (GP's)

## Communication

Information about services provided by the establishment was reviewed and found to accurately reflect the types of private doctor service provided and were in line with GMC Good Medical Practice.

Information provided to patients and/or their representatives is written in plain English.

Mr Miller confirmed that any complaints and/or incidents would be reviewed to identify any trends or patterns and that any learning would be shared with staff at the time and reinforced during staff meetings.

## Patient and staff views

Both patients who submitted questionnaire responses indicated that they felt their care was effective and that they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

All four submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. All four staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- "Referrals are responded to in a timely fashion and record keeping is of a high standard."
- "I feel that the whole service attempts to give the best outcome for the people who attend."

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to clinical records, audits and communication.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

### Dignity, respect and involvement with decision making

Discussion regarding the consultation and treatment process with Dr Miller and staff confirmed that patients' modesty and dignity is respected. Consultations and treatments are provided within private rooms with the patient and medical practitioner present.

It was confirmed through the above discussion that patients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience and legislative requirements for equality and rights.

Dr Miller and staff confirmed that patient care records are stored securely and are accessible online via secure online patient records systems.

Mirabilis Health obtains the views of patients on a formal and informal basis as an integral part of the service they deliver.

Patients are asked for their comments in relation to the quality of treatment provided, information and care received.

The establishment issued feedback questionnaires to patients. The information received from the patient feedback questionnaires is collated into an annual summary report which is made available to patients and other interested parties. The most recent report was dated May 2017. This report was based on 19 completed patient responses. A number of completed questionnaires included comments as follows:

- "Articulate, kind and entirely helpful."
- "Professional and understanding."
- "Polite, understanding and fair."
- "Felt very at ease and treatment process very well explained."

The information received from the patient feedback questionnaires is collated into an annual summary report which is made available to patients and other interested parties.

### Patient and staff views

Both patients who submitted questionnaire responses indicated that they felt they were treated with compassion and that they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

All four submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. All four staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

- “The service is patient centred.”
- “This is at the core of Mirabilis, the dignity of the person.”
- “Staff are experienced in working collaboratively with patients often presenting with complex pathologies.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to informed decision making and patient consultation.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

### Management and governance arrangements

There was a clear organisational structure within the establishment and staff were able to describe their role and responsibilities and were aware of who to speak to if they had a concern. Dr Miller, registered person is the individual with overall responsibility for the day to day management of the establishment.

Policies and procedures were available for staff reference. A review of a sample of policies and procedures found they were indexed, dated and systematically reviewed on an annual basis. It was confirmed that the external consultant who provides HR support also provides support in respect of the annual review of policies and procedures.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Dr Miller outlined the process for granting practising privileges and confirmed medical practitioners meet with registered person prior to privileges being granted.

Two medical practitioner's personnel files reviewed confirmed that there was a written agreement between each medical practitioner and the establishment setting out the terms and conditions of practising privileges which has been signed by both parties.

There are systems in place to review practising privileges agreements every two years.

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

Dr Miller confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available.

Dr Miller, registered person, demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Dr Miller confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

### **Patient and staff views**

Both patients who submitted questionnaire responses indicated that they felt that the service is well led and that they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

All four submitted staff questionnaire responses indicated that they felt that the service is well led that they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

- "I have no concerns about the management."
- "Prof Miller leads this service very well."
- "Dr Paul Miller exercises leadership in a dynamic and also personable manner."

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, incidents and alerts, the arrangements for managing practising privileges, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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