

Inspection Report

28 January 2022



Mirabilis Health

Type of Service: Independent Clinic (IC) – Private Doctor
Address: 148 Monkstown Road, Newtownabbey, BT37 OLF
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Registered Provider: Mirabilis Health	Registered Manager: Dr Paul Miller
Responsible Individual: Dr Paul Miller	Date registered: 6 February 2012
Person in charge at the time of inspection: Dr Paul Miller	
Categories of care: Private Doctor (PD)	
Brief description of the accommodation/how the service operates: <p>Mirabilis Health is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent clinic (IC) with a private doctor (PD) category of care. Mirabilis Health offers a range of therapy, counselling and mental health services to adults and children over the age of 18 on an outpatient basis. This inspection pertains only to the scope of practice of the PD service which falls within the legislative framework.</p> <p>A variation to registration application was submitted to RQIA prior to the inspection as Mirabilis Health has relocated to new premises and changed the name of the service to Mirabilis Health Institute.</p>	

2.0 Inspection summary

This was an announced care and variation to registration inspection, undertaken by a care inspector on 28 January 2022 from 10.30 am to 1.15 pm. The inspection was facilitated by Dr Paul Miller, Responsible Individual and the clinic manager.

An RQIA estates inspector will undertake a desk based review of the variation to registration application and will inform Dr Miller, Responsible Individual, of the outcome of their review in due course.

The purpose of the inspection was to assess progress with areas for improvement identified since the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning patient safety in respect of staffing; recruitment and selection of staff; staff training; infection prevention and control; the environment; and the adherence to best practice guidance in relation to COVID-19. Other examples included the management of the patients' care pathway; communication; records management and governance arrangements.

One area for improvement has been identified against the standards to update the adult safeguarding policy.

No immediate concerns were identified regarding the delivery of front line patient care.

The variation to registration application in relation to the new premises and change of name is granted from a care perspective, subject to submission to RQIA of a QIP agreeing that the area for improvement will be addressed within the specified timescale. Dr Miller and the clinic manager are aware that separate approval has yet to be confirmed by the RQIA estates team.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

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

- the submitted variation to registration application and associated documents
- the statement of purpose
- the patient guide

The information obtained is then considered before a determination is made on whether the practice is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

4.0 What people told us about the service

Posters were issued to Mirabilis Health by RQIA, prior to the inspection, inviting patients and staff to complete an electronic questionnaire.

Eight patients submitted questionnaire responses and indicated they felt that care was safe, effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied or satisfied with each of these areas of patient care. No comments were included in the submitted patient questionnaire responses.

No staff questionnaire responses were received.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Mirabilis Health was undertaken on 16 October 2020; no areas for improvement were identified.

5.2.1 How does this service ensure that staffing levels are safe to meet the needs of patients?

A PD is a medical practitioner who is registered with the General Medical Council (GMC) and who is not on the General Practitioner (GP) performers list in Northern Ireland (NI) or not employed in a substantive post in the Health and Social Care (HSC) sector within NI. If a PD is not directly employed by the establishment they require the granting of a practising privileges agreement in order to work in the establishment. It was confirmed that three PDs work in Mirabilis Health, one of which is Dr Miller. Practising privileges arrangements are further discussed in section 5.2.10 of this report.

In accordance with legislation and to evidence that robust medical governance arrangements are in place, services must retain evidence of the following for any PD:

- confirmation of identity
- current 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 (RO)
- arrangements for revalidation

A review of the three PD's files confirmed this information listed above was in place for each PD.

In accordance with the requirements of registration with the GMC, all doctors must revalidate every five years. The revalidation process requires doctors to collect examples of their work to understand what they are doing well and how they can improve. Experienced senior doctors work as RO's with the GMC to make sure doctors are reviewing their work. As part of the revalidation process, RO's make a revalidation recommendation to the GMC. It was established that Mirabilis Health is registered with the GMC as a designated body and Dr Miller is the appointed RO.

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

A review of training records evidenced that Dr Millar had undertaken training in basic life support; fire safety, infection prevention and control; and safeguarding adults at risk of harm. Training records were also available for basic life support for the other two PDs. However, there were no training records to evidence that the other two PDs had undertaken training in fire safety, infection prevention and control and safeguarding adults at risk of harm. Dr Miller stated that as the RO he had reviewed the training records for the other two PDs and confirmed that they had completed the training in keeping with RQIA [training guidance](#). A discussion took place regarding the provision and availability of PD's training records and Dr Miller agreed that individual records of mandatory training would be retained for each PD.

Discussion with Dr Miller and staff confirmed that the PDs are fully aware of their responsibilities under GMC 'Good Medical Practice'.

Staffing levels were sufficient to meet the needs of the PD service.

5.2.2 How does the service ensure that recruitment and selection procedures are safe?

Review of the recruitment policy and procedure identified that the policy did not include detail of all the required documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. It was noted that a recruitment checklist was provided however the checklist had not been incorporated into the written recruitment process. Dr Miller and the clinic manager informed us that the recruitment checklist would be adhered to for the recruitment of any new PD. Dr Miller advised that the recruitment policy and procedure would be further developed and outline the requirement of ensuring that all records in the recruitment checklist are in place for any new PD.

Dr Miller informed us that no new PDs had been recruited since the previous inspection. However, one new PD was in the early stages of the recruitment process. A discussion took place regarding the terms of the new PD's employment status and the circumstances under which a practising privileges agreement is required.

All establishments registered with RQIA are required to maintain a staff register. A review of this register confirmed that it did not include all required information and advice was provided on the additional information required to be added. During the inspection the staff register was revised to include all the required information.

The recruitment of PDs complies with the legislation and best practice guidance.

5.2.3 How does the service ensure that it is equipped to manage a safeguarding issue should it arise?

A policy and procedure was in place for the safeguarding and protection of children and adults 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.

However it was identified that the adult safeguarding policy needed to be updated to reflect current best practice guidance as outlined in the '[Adult Safeguarding Prevention and Protection in Partnership](#)' (July 2015); and to also provide the relevant contact details for onward referral to the local HSC Trust should a safeguarding issue arise. An area for improvement has been made against the standards in this regard.

Discussion with Dr Miller demonstrated that he was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

It was evidenced that Dr Miller as the safeguarding lead had completed formal Level 2 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership training strategy (revised 2016).

Dr Miller confirmed that the PDs had all completed training in safeguarding of adults and children, as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

It was demonstrated that PDs had access to copies of the regional policy entitled '[Co-operating to Safeguard Children and Young People in Northern Ireland](#)' (August 2017) and the regional guidance document entitled '[Adult Safeguarding Prevention and Protection in Partnership](#)' (July 2015).

With the further development of the safeguarding policy the service will have the appropriate arrangements in place to manage a safeguarding issue should it arise.

5.2.4 How does the service ensure that medical emergency procedures are safe?

There was a resuscitation policy in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance. Dr Miller and the clinic manager demonstrated a good understanding of the actions to be taken in the event of a medical emergency.

A review of records confirmed that each PD had completed refresher training in basic life support in keeping with RQIA [training guidance](#).

The service had appropriate arrangements in place to manage a medical emergency should it arise.

5.2.5 How does the service ensure that it adheres to infection prevention and control (IPC) and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance. Dr Miller confirmed that the PDs had all completed refresher training in IPC in keeping with RQIA training guidance.

Review of the premises noted that the clinic was clean, tidy and uncluttered. All areas of the clinic were fully equipped to meet the needs of patients. It was confirmed that each consultation room had adequate supplies of alcohol based hand gels, disposable face coverings and disposable hand towels.

A monthly cleaning audit is undertaken and the results are shared with all relevant staff.

Dr Miller confirmed that no reusable medical devices requiring decontamination are used in the establishment.

The service had appropriate arrangements in place in relation to IPC and decontamination.

5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their patients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Dr Miller and the clinical manager who outlined the measures taken by the establishment to ensure current best practice measures are in place. It was confirmed that appropriate arrangements were in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the patient pathway to include COVID-19 screening prior to attending appointments. The clinic manager told us that reception staff undertake frequent cleaning of touch points when the clinic is use.

Dr Miller advised that some patients are starting to return to the clinic for one to one assessments and treatments; these visits are pre-arranged and by appointment only to ensure the risk of cross contamination is reduced as far as possible.

The management of COVID-19 was in line with best practice guidance and it was determined that appropriate actions had been taken in this regard.

5.2.7 How does the service ensure the environment is safe?

The establishment was found to be clean, tidy and well maintained. Dr Miller confirmed that arrangements for maintaining the environment were in place.

As previously discussed a RQIA estates inspector will undertake a desk based review of the variation to registration application and will inform Dr Miller of the outcome of their review in due course.

5.2.8 Are records being effectively managed?

The arrangements for the management of records were reviewed to ensure that records are managed in keeping with legislation and best practice guidance.

Review of documentation confirmed that the establishment had a policy and procedure in place for the management of records. The policy reviewed included the arrangements for the creation; use; storage; transfer; disposal of and access to records in keeping with best practice guidance and legislative requirements.

Dr Miller confirmed that the PDs involved in the delivery of regulated services were aware of the importance of effective records management and that records are held in line with best practice guidance and legislative requirements.

The patient pathway was discussed with Dr Miller who stated that the PDs submit a list of their patients who are due to attend Mirabilis Health in advance of their appointment.

It was confirmed that each PD is responsible for maintaining their own clinical records in accordance with GMC guidance and Good Medical Practice. Dr Miller confirmed that all patients' medical records are stored securely and can be located if required.

The establishment is registered with the Information Commissioner's Office (ICO).

Discussion with Dr Miller 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 General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

It was determined that clinical records are managed in accordance with legislation and best practice guidance.

5.2.9 How does the service ensure that patients are treated with dignity and respect and are involved in the decision making process?

Discussion with Dr Miller regarding the consultation and treatment process confirmed that patients are treated with dignity and respect. The consultations and treatments are provided in consultation rooms with the patient and PD present. If required, information is provided to the patient in verbal and written form during their consultation to allow patients to make choices about their care and treatment and provide informed consent.

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. A review of the most recent patient satisfaction surveys completed during November and December 2021 evidence that patients were satisfied with the quality of treatment, information and care received. The information received from the patient feedback questionnaires is collated into an annual summary report which is made available to patients and the PDs.

Appropriate measures are in place to treat patients with dignity and respect and to ensure they have sufficient information to make informed decisions.

5.2.10 Are robust arrangements in place regarding organisational and medical governance

Where the business entity operating an establishment registered with us is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, unannounced quality monitoring visits by the responsible individual must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. Dr Miller is in day to day charge; therefore unannounced quality monitoring visits are not required.

The only mechanism for a clinician to work in a registered independent hospital is either under a practising privileges agreement or through direct employment by the establishment. Practising privileges can only be granted or renewed when full and satisfactory information has been sought and retained in respect of each of the records specified in Regulation 19 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended. As previously discussed, three PDs work in Mirabilis Health, one of which is Dr Miller. As Dr Miller is a director of Mirabilis Health, a practising privileges agreement is not required.

Dr Miller outlined the process for granting practising privileges and it was noted that a practising privileges policy was in place that included the arrangements for the application; granting; maintenance; suspension and withdrawal of practising privileges.

Review of the other two PD's personnel files demonstrated that there was a written agreement between each PD and the establishment setting out the terms and conditions of practising privileges. It was evidenced that a system was in place to review practising privileges agreements every two years. It was determined that robust arrangements are in place to manage practising privileges agreements.

Dr Miller demonstrated a clear understanding of his role and responsibilities in accordance with legislation. Information requested by RQIA had been submitted within specified timeframes.

Policies and procedures were available for staff reference. A system was in place to ensure that policies and procedures are signed and dated when issued and reviewed and updated at least three yearly.

There was a complaints policy and procedure in place which was in accordance with legislation and Department of Health (DoH) guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the patients' guide.

Dr Miller confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. There had been no complaints made regarding the regulated services since the previous inspection. Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Dr Miller and the clinic manager demonstrated good knowledgeable about how to respond to complaints.

Dr Miller was aware that notifiable events should be investigated and reported to RQIA or other relevant bodies as appropriate.

The RQIA certificate of registration was displayed in a prominent place.

It was determined that appropriate arrangements were in place to ensure that Dr Miller is assured of the quality of the services provided.

5.2.11 Does the service have suitable arrangements in place to record equality data?

The arrangements in relation to the equality of opportunity for patients and the importance of being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed and it was demonstrated that equality data is collected and managed in line with best practice.

5.3 Is the Statement of Purpose in keeping with Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A Statement of Purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. The Statement of Purpose had been updated to reflect any changes detailed in the variation to registration application.

5.4 Is the Patient Guide in keeping with Regulation 8, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A Patient Guide was available in a recognised format which covered the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. The Patient Guide had been updated to reflect any changes detailed in the variation to registration application.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and detail of the QIP were discussed with Dr Paul Miller, Responsible Individual and the clinic manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 3.1 Stated: First time To be completed by: 17 April 2022	The responsible individual shall ensure the adult safeguarding policy is updated to reflect current best practice regional guidance and also provides the relevant contact details for onward referral to the local HSC Trust should a safeguarding issue arise. Ref: 5.2.3 Response by registered person detailing the actions taken: Adult safeguarding policy created and adopted. Currently with external policy expert for Mirabilis Health Institute (MHI), to integrate with all other MHI policies and procedures.

Please ensure this document is completed in full and returned via Web Portal



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