

Announced Care Inspection Report 4 March 2019



Mirabilis Health

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

www.rqia.org.uk

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

Registered organisation/registered person: Mirabilis Health Dr Paul Miller	Registered Manager: Dr Paul Miller
Person in charge at the time of inspection: Dr Paul Miller	Date manager registered: 6 February 2012
Categories of care: Independent Hospital (IH) – Private Doctor	

4.0 Inspection summary

An announced inspection took place on 4 March 2019 from 14:00 to 16:50.

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.

All four patients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided. A patient who met with the inspector spoke very positively about their experience of using this service.

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 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 5 March 2018

No further actions were required to be taken following the most recent inspection on 5 March 2018.

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

Questionnaires were provided to patients prior to the inspection by the establishment on behalf of RQIA. Returned completed patient questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were returned to RQIA.

During the inspection the inspector held discussions with met with Dr Paul Miller, registered person, a personal assistant/administrator and the training and facilities manager.

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 Dr Miller at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 March 2018

The most recent inspection of Mirabilis Health was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 5 March 2018

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.

Discussion with Dr Miller, registered person 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.

Discussion with Dr Miller and review of documentation evidenced that three private doctors provide services in the establishment. A review of the 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 private doctors have been recruited since the previous inspection. During discussion Dr Miller confirmed that should any private doctors 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) and that they are due to undertake further refresher training in the coming months.

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' (August 2017) 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.

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
Areas for improvement	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, 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 General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

Review of six 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 clinical records
- diagnostic coding
- demographics
- medico-legal

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.

Staff confirmed that management is approachable and their views and opinions are listened to. Staff confirmed that staff meetings are held on a monthly basis. Review of documentation demonstrated that minutes of staff meetings are retained.

Dr Miller Review confirmed that any learning arising from a review of complaints and/or incidents would be shared with staff at the time and discussed again during the next staff meeting.

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
Areas for improvement	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 individual summary reports for each private doctor. These reports are made available to patients and other interested parties. The most recent reports were generated during the inspection. A number of completed questionnaires included comments as follows:

- “Successfully builds trust, excellent care and progress.”
- “Very helpful, excellent explanation of some of the questions I had.”
- “Friendly easy to talk to, non-judgemental, caring.”
- “Very supportive and professional.”
- “1st class professional.”
- “Knows me better than I know myself.”
- “I feel safe in this clinic, they have been very kind and understanding of my personal circumstances.”

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
Total number of areas for improvement	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 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 him 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.

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
Areas for improvement	0	0

6.8 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Dr Miller. .

6.9 Patient and staff views

Four patients submitted questionnaire responses to RQIA. All four patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care. Comments included in submitted questionnaire responses are as follows:

- “I have been helped through the hardest part of my life by Dr Miller and am hugely grateful.”
- “The services provided are exceptional very trustworthy and professional. Well done.”
- “Excellent therapy very grateful.”

A patient who has regular review appointments with Dr Miller specifically attended the clinic so that he could speak with the inspector. This patient confirmed that he has had enduring mental health issues and has been under the care and treatment of Dr Miller for many years. The patient spoke very positively about his care and treatment and expressed that Dr Miller supported him through some of the most difficult times of his life. He confirmed that he felt fully involved in all decisions about his care and treatment and that he is always given sufficient information to allow him to make informed decisions.

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed electronic questionnaires were submitted to RQIA.

Total number of areas for improvement

	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 quality improvement plan (QIP) is not required or included, as part of this inspection report.



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