

# Announced Care Inspection Report 16 October 2020



## Mirabilis Health

**Type of Service: Independent Hospital (IH) – Private Doctor**

**Address: 7 Farmley Road, Glengormley, BT36 7TY**

**Tel No: 028 9042 6918**

**Inspector: Carmel McKeegan**

[www.rqia.org.uk](http://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 18 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>Organisation/Registered Provider:</b> Mirabilis Health Dr Paul Miller	<b>Registered Manager:</b> Dr Paul Miller
<b>Person in charge at the time of inspection:</b> Dr Paul Miller	<b>Date manager registered:</b> 06 February 2012
<b>Categories of care:</b> Independent Hospital (IH) – Private Doctor	

### 4.0 Inspection summary

An announced inspection took place on 16 October 2020 from 10.00 to 11.30.

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 (DoH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing patients that an inspection was being conducted was displayed during the inspection.

We found evidence of good practice in relation to the management of operations in response to COVID-19 pandemic; Infection Prevention and Control (IPC) procedures; patient feedback; and the organisational and medical governance arrangements.

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

### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr 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 4 March 2019**

The most recent inspection was an announced care inspection.

## **4.3 Review of areas for improvement from the most recent inspection dated 4 March 2019**

No further actions were required to be taken following the most recent inspection on 4 March 2019.

## **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; and
- the previous care inspection report.

Questionnaires were provided to patients prior to the inspection by the establishment on our behalf. Returned completed patient questionnaires were analysed prior to the inspection and are discussed in section 6.6 of this report. We invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were submitted to us.

During the inspection, we spoke with, Mr Paul Miller, Registered Person and met briefly with a personal assistant/administrator.

We examined records relating to the following areas:

- management of operations in response to COVID-19 pandemic
- personnel records for the private doctors
- patient records
- IPC procedures
- patient feedback
- organisational and medical governance arrangements
- documents in relation to the day to day operation of the clinic

The findings of the inspection were provided to Mr Miller at the conclusion of the inspection.

## 6.0 Inspection findings

### 6.1 Management of operations in response to the COVID-19 pandemic

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 consider the risks to their clients and staff.

We discussed the management of operations in response to the COVID-19 pandemic with Mr Miller who outlined the measures taken by Mirabilis Health to ensure current best practice measures were in place. We determined that appropriate actions had been taken in this regard.

We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

#### Areas of good practice: Management of operations in response to COVID-19 pandemic

We confirmed the establishment had identified a COVID-19 lead; had reviewed and amended policies and procedures in accordance with DoH guidance to include arrangements to maintain social distancing; prepare staff; implement enhanced IPC procedures; and the client pathway.

#### Areas for improvement: Management of operations in response to COVID-19 pandemic

We identified no areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

	Regulations	Standards
Areas for improvement	0	0

### 6.2 IPC

We undertook a tour of the premises and noted that the clinic was clean, tidy and uncluttered. We found that all areas of the clinic were fully equipped to meet the needs of patients. We reviewed arrangements in relation to IPC procedures throughout the clinic and found that the risk of infection transmission to patients, visitors and staff was minimised.

We confirmed that no reusable medical devices are used in the clinic. We established that personal protective equipment (PPE) was readily available in keeping with best practice guidance. We observed that there were social distancing screens in place at the reception desk and hand sanitisers were readily available for staff and patient use throughout the clinic.

We confirmed waste management arrangements were in place and waste bins were pedal operated in keeping with best practice guidance.

We found that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. Staff who spoke with us demonstrated good knowledge and understanding of IPC procedures.

Staff told us that appointments are scheduled to minimise the number of patients in the waiting area and that following every appointment the seating in the waiting area and all touchpoints (door handles etc.) are decontaminated.

### Areas of good practice: IPC

We reviewed the current arrangements with respect to IPC practice and evidenced good practice that was being actively reviewed.

### Areas for improvement: IPC

We identified no areas for improvement regarding IPC practice.

	Regulations	Standards
Areas for improvement	0	0

## 6.3 Patient feedback

Mr Miller described the arrangements for obtaining feedback from patients about the quality of treatment provided in the current situation as paper questionnaires cannot be distributed to patients. Mr Miller informed us that as the clinic was closed for some time in response to the COVID-19 pandemic a report detailing the findings of the patient satisfaction surveys completed during 2020 has yet to be generated. Mr Miller confirmed that a patient feedback report would be generated before the end of the year.

### Areas of good practice: Patient feedback

We reviewed the current arrangements concerning patient feedback and found robust arrangements in place.

### Areas for improvement: Patient feedback

We identified no areas for improvement regarding patient feedback.

	Regulations	Standards
Areas for improvement	0	0

## 6.4 Organisational and medical governance

We examined various aspects of the organisational and medical governance systems in place and found there was a clear organisational structure within the clinic. We confirmed that Mr Miller is in day to day charge of the clinic.

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. Mr Miller is in day to day charge; therefore unannounced quality monitoring visits are not required.

We confirmed that three medical practitioners who work in the clinic are considered to be wholly private doctors as they do not have a substantive post in the NHS in Northern Ireland (NI) and or are on the General Practitioner's performers list in NI.

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 Good Medical Practice (GMC).

All medical practitioners working within the clinic must have a designated Responsible Officer (RO). Per the requirements of registration with the GMC, all medical practitioners must revalidate every five years. The revalidation process requires medical practitioners 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. Where concerns are raised regarding a doctor's practice information must be shared with their RO who then has the responsibility to share this information with all relevant stakeholders in all areas of the doctor's work.

We established that Mr Miller is the RO for two private doctors working within Mirabilis Health and Mr Millar confirmed that as a private doctor himself, he has an external RO. We discussed with Mr Miller how concerns regarding a doctor's practice would be shared with the external RO network if required.

We reviewed records and confirmed that all private doctors had completed refresher training in keeping with our training guidance for [Independent Clinic – Private Doctor](#) services.

We reviewed records and confirmed there is a written agreement between the clinic and the medical practitioners that are reviewed at least every two years in keeping with best practice guidance.

We reviewed three patient records relating to the private doctor services and found that all entries were in line with best practice. We confirmed that there were systems in place to audit the completion of clinical records, develop an action plan if required and that the outcome of audits was reviewed through the clinic's governance structures.

Mr Miller demonstrated a clear understanding of his role and responsibilities in accordance with legislation. Information requested by RQIA had been submitted within specified timeframes. Mr Miller told us that the Statement of Purpose and Patient's Guide were kept under review, revised and updated when necessary and were available to patients on request.

## **Areas of good practice: Organisational and medical governance**



We found examples of good practice regarding organisational and medical governance.

### Areas for improvement: Organisational and medical governance

We identified no areas for improvement in relation to organisational and medical governance.

	Regulations	Standards
Areas for improvement	0	0

#### 6.5 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. Mr Miller demonstrated that equality data collected was managed in line with best practice.

#### 6.6 Patient and staff views

One patient submitted a questionnaire response to RQIA and indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. This patient also indicated that they were very satisfied with each of these areas of their care.

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

#### Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

#### 7.0 Quality improvement plan (QIP)

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





The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care