

Variation to Registration Inspection Report

21 July 2016



Mirabilis Health

Type of Service: Private Doctor Service
Address: 7 Farmley Road, Glengormley, BT36 7TY
Tel No: 028 90426918
Inspector: Stephen O'Connor

1.0 Summary

An announced inspection of Mirabilis Health took place on 21 July 2016 from 13:50 to 15:15.

An application was submitted to RQIA by Dr Paul Miller, registered person, to vary the current registration of Mirabilis Health. The establishment was initially registered on 6 February 2012 and the application was made to relocate the establishment to new premises. The purpose of this inspection was to review the readiness of the establishment to provide private doctor services in the new premises.

The variation to registration application to relocate the establishment was approved following this inspection.

This inspection was underpinned by 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 DHSSPS Minimum Care Standards for Independent Healthcare Establishments (July 2014).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dr Paul Miller, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

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

3.0 Methods/processes

The methods/process used in this inspection included the following:

- review of the submitted variation to registration application
- discussion with Dr Paul Miller, registered person
- discussion with staff
- assessment of the environment
- review of documentation required by legislation and good practice and
- evaluation and feedback

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 January 2016

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 19 January 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 8 Stated: First time	It is recommended that the establishment's record management policy and procedure and the relevant individual medical practitioners practising privileges agreements are amended to reflect the arrangement of three medical practitioners who do not store their patient records within the establishment as outlined in section 5.5 of this report	Met
	Action taken as confirmed during the inspection: Review of documentation demonstrated that the records management policy and procedure had been further developed to reflect the arrangements in regards to medical practitioners who do not store their patient records within the establishment.	

4.3 Inspection findings

4.3.1 Statement of purpose

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 document had been updated to reflect the new address of the establishment.

4.3.2 Patient guide

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.

4.3.3 Records Management

Both manual and computerised records were maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities.

Patient records were observed to be securely stored in locked filing cabinets. The filing room has an electronic lock and can only be accessed using a fob. Discussion with staff and observations made evidenced that appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

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

4.3.4 Recruitment of staff

Dr Miller confirmed that no new staff have commenced employment in the establishment since the previous inspection. It was confirmed that following relocation to the new premises all staff in the establishment have completed an induction programme to include orientation to the building and emergency procedures such as evacuation in the event of a fire.

4.3.5 Practising privileges

As discussed above no new staff have commenced employment in the establishment since the previous inspection. The practising privileges arrangements were reviewed during the most recent care inspection undertaken on 19 January 2016.

It was confirmed that Mirabilis Health has a policy and procedure in place which outlines the arrangements for the application, granting, maintenance, suspension and withdrawal of practising privileges. The practising privileges agreement defines the scope of practice for each individual medical practitioner. All practising privileges are reviewed and approved by the medical director prior to privileges being granted. Practising privileges are reviewed annually.

4.3.6 Environment

The establishment is now located within a one storey building located in close proximity to local amenities and public transport routes. A limited number of car parking spaces are available at the front of the establishment. A large car park is available a short distance from the establishment. The establishment is accessible for patients with a disability.

The establishment accommodates a reception and waiting area, three consultation rooms and toilet facilities for patients. A back corridor leads to a large training room, a staff kitchen area and storage facilities. A file room and additional storage areas are provided off the entrance foyer.

The arrangements in regards to the consultation rooms were reviewed. It was observed that the consultation rooms are comfortably furnished and suitable for use for the type of private doctor services provided in the establishment.

Dr Miller confirmed that the establishment has been operating in the new address from the 27 June 2016. Prior to relocating the establishment a programme of refurbishment works had been completed. The refurbishment programme included replacing the kitchen, installation of new flooring and lighting throughout the premises, installation of a new ceiling in the training room and a new gas heating boiler, reopening of original windows that had been bricked up, widening of the door to toilet facilities to facilitate disabled access and a general redecoration of the premises.

Review of documentation demonstrated that the fire detection system was serviced on the 24 June 2016. Dr Miller confirmed that the same external company that serviced the fire detection system also completed a fire risk assessment and that they verbally confirmed that no deficits had been identified as a result of the fire risk assessment. Dr Miller confirmed that he had yet to receive the fire risk assessment. A recommendation has been made in this regard.

It was confirmed that arrangements are in place for the routine testing of the emergency lighting system and emergency break glass points and that fire drills are undertaken annually.

As discussed above during the refurbishment of the establishment new lighting was installed. A domestic electrical installation condition report to include fuse board change and new lighting dated 20 June 2016 was reviewed.

As discussed above a new gas boiler was installed during the refurbishment programme. Dr Miller confirmed that the gas boiler primarily supplies heat to the premises and hot water to the staff kitchen. It was confirmed that the gas boiler is mains fed and that no gas is stored on the premises. A gas boiler commissioning certificate dated 16 June 2016 was reviewed.

4.3.7 Infection prevention and control

It was confirmed that the establishment has a range of infection prevention and control policies and procedures in place.

The establishment was clean, tidy and maintained to a high standard of décor. There were good supplies of liquid soap, disposable hand towels and alcohol based hand gels available.

The establishment does not undertake any clinical procedures and operates as outpatient service for mental health services, therapy and counselling. It was confirmed that the only reusable medical device used in the establishment is an eye movement desensitization and reprocessing (EMDR) device and that suitable arrangements are in place to decontaminate this device between patients.

It was confirmed that a clinical waste contractor has been appointed in regards to sanitary waste.

4.3.8 Review of medical emergency arrangements

It was observed that a first aid grab bag, first aid kit and biohazard disposal kit are available in the establishment. Some emergency medicines have also been provided and Dr Miller checks emergency equipment and medicines on a regular basis.

All medical practitioners have received training in basic life support.

The establishment has a policy and procedure on resuscitation in place.

Areas for improvement

A copy of the fire risk assessment in respect of the new premises and confirmation that any recommendations/action points made within the risk assessment have been addressed should be submitted to RQIA upon return of this Quality Improvement Plan (QIP).

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Dr Paul Miller, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Care Standards for Independent Healthcare Establishments (July 2014). They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Independent.Healthcare@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 Ref: Standard 17.1 Stated: First time To be completed by: 21 September 2016	A copy of the fire risk assessment in respect of the new premises and confirmation that any recommendations/action points made within the risk assessment have been addressed should be submitted to RQIA upon return of this Quality Improvement Plan (QIP). Response by registered provider detailing the actions taken: Risk Assessment completed and copy emailed to Stephen O'Connor for his records 08/08/16. & acknowledged by email 08/08/16



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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews