

## Announced Care Inspection Report 27 March 2017



## 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

## 1.0 Summary

An announced inspection of Mirabilis Health took place on 27 March 2017 from 09:55 to 12:20.

The inspection sought to assess progress with any issues raised during and since the previous care inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

A review of documentation and discussion with Dr Paul Miller, registered person and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention and control and decontamination and the general environment. No requirements or recommendations have been made.

### Is care effective?

Observations made, review of documentation and discussion with Dr Miller and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, audits and communication. No requirements or recommendations have been made.

### Is care compassionate?

A review of documentation and discussion with Dr Miller and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. Areas reviewed included informed decision making and patient consultation. No requirements or recommendations have been made.

### Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents/alerts and practising privileges, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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 Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. 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.

## 1.2 Actions/enforcement taken following the most recent variation to registration care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 July 2016.

## 2.0 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	

## 3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the establishment on behalf of the RQIA. Prior to inspection we analysed the following records: complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Dr Paul Miller, registered person, a nurse who works as a therapist and a receptionist. A tour of the premises was also undertaken.

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

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent variation to registration care inspection dated 21 July 2016

The most recent inspection of the establishment was an announced variation to registration 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 21 July 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 17.1  <b>Stated:</b> First time	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).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A copy of the fire risk assessment completed by an external organisation in respect of the new premises was submitted to RQIA on 27 July 2016. Dr Miller confirmed in an email to RQIA on 27 July 2016 that the recommendations made in the fire risk assessment had been actioned.	

### 4.3 Is care safe?

#### Staffing

Discussion with the 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 and staff 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 two 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 and review of staff questionnaires 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.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance. Dr Miller confirmed that an external organisation 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.

One overarching policy 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 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 as were the relevant contact details for patients who reside in the Republic of Ireland.

A discussion took place in relation to the adult safeguarding arrangements and in particular the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

On the afternoon of the inspection the following regional safeguarding documentation was forwarded to Mr Miller by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- Adult protection gateway contact information

Mr Miller readily agreed to update the practice safeguarding policy to ensure it fully reflects the regional guidance and share the updated policies with staff.

### **Management of medical emergencies**

The establishment has a policy and procedure for 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 was 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 were 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 were in place.

Arrangements were in place for maintaining the environment which included the routine servicing of the gas heating boiler, firefighting equipment, fire detection system, entrance and exit shutters and intruder alarm. Arrangements were also in place to ensure that portable appliance testing (PAT) of electrical equipment is completed annually 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.

## Patient and staff views

Twelve patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- “Good premises. Excellent risk assessment and care”
- “Calm and friendly atmosphere”
- “95% safe. I have anxiety difficulties having to sit in the new premises waiting room with other members of the public”
- “Staff are very welcoming and it is abundantly clear that my care is very important to them”
- “Environment is always clean and safe and treatment is discussed at length”
- “Very good”

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Comments provided included the following

- “No issues or concerns”
- “Had CPR refresher 28/02/17”

The patient comments outlined above were discussed with Dr Miller who confirmed that if required the training room or a free treatment room can be used as a waiting room for patients who find it difficult to wait in the designated waiting room.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.4 Is care effective?

## 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, in a filing room that has an electronic locking system. 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.

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:

- clinical outcomes
- prescribing

Dr Miller confirmed that a private doctor working in the establishment is in the process of further developing the audit programme.

### **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. Dr Miller confirmed that staff meetings are usually held on a monthly basis after the CPD training session.

Dr Miller confirmed that should the establishment receive complaints or have occurrences of accidents/incident these would be audited to identify trends and patterns and that any learning would be shared with staff.



## Patient and staff views

All 12 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- “I have had great benefit at a time and place I needed with full confidentiality”
- “I am totally up to date and aware of the treatment I require is the right treatment for me”
- “At the start of each session I am asked for observations on the last session and this informs the current session. Staff have explained treatment in detail and I feel free to raise any questions I have”
- “In general yes, although sometimes difficult to get appointments or feedback due to busy clinic”

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. Comments provided included the following:

- “No issues or concerns”
- “In process of auditing outcome of treatment with use of COPE questionnaire”

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

## 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 and Client Experience and legislative requirements for equality and rights.

It was 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 issues 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 January 2016. It was confirmed that the establishment are actively distributing patient feedback questionnaires and it is envisaged that a report detailing the main findings of the patient satisfaction surveys will be generated in the coming weeks.

### Patient and staff views

All 12 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- “Exceptional”
- “High standard of respect and dignity. Making use of external networks”
- “95% compassionate. Privacy issues in relation to sitting in busy waiting room”
- “At all times by all staff I have at all times been treated with dignity and respect. I am allowed the opportunity to input into my treatment”
- “Most of the services are provided with efficiency and professionalism. Not comfortable to make suggestions or suggest changes to the service”

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. Comments provided included the following:

- “Care is respectful and considerate”
- “Patient satisfaction last done June 2015, planning to repeat in a few months”

As discussed a summary report dated January 2016 was reviewed during the inspection and it was confirmed that the establishment is currently distributing patient satisfaction surveys and intends to generate a report in the coming weeks.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

### 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 is the nominated 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 a three yearly basis.

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 2015 to 31 March 2016.

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 the 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 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**

All 12 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Comments provided included the following:

- "Yes, the organisation is outstanding. This is helped by the exceptional receptionist. Doctors are professional, forward thinking and motivated to give me the best care. The director is highly professional and organised. He is up to date with the latest treatments and medications which is very reassuring"
- "100%"

- “Service is led excellently as shown by the caring, empathetic and professional service I have received. Staff are outstanding in their care and commitment”
- “My experience has been generally very positive and the quality of care has been very good”

All four submitted staff questionnaire responses indicated that they felt that the service is well led. The following comment was included in a submitted questionnaire response:

- “No concerns”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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