

Inspection Report

2 May 2025



Mirabilis Health Institute

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 [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Registered Provider: Dr Paul Miller	Registered Manager: 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: Mirabilis Health Institute 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 Institute offers a range of therapy, counselling and mental health services to persons over the age of 18 on an outpatient basis. It is a clinical research facility studying the development of effective treatments for depression, anxiety and PTSD. This inspection pertains only to the scope of practice of the PD service which falls within the legislative framework.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 2 May 2025 from 9.30 am to 12.30 pm.

It focused on the themes for the 2024/25 inspection year and assessed progress with any areas for improvement identified during the last care inspection.

There was evidence of good practice concerning patient safety in respect of staffing; recruitment and selection of staff; staff training; safeguarding; management of medical emergencies; infection prevention and control (IPC); the environment; records management. Other examples included the management of the patients' care pathway; patient confidentiality; communication; governance arrangements and ensuring the core values of privacy and dignity were upheld.

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

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.

The information obtained is then considered before a determination is made on whether the clinic 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

We issued posters to the registered provider prior to the inspection inviting patients and members of staff to complete an electronic questionnaire.

No completed staff or patient questionnaires were received prior to the inspection.

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 Institute was undertaken on 8 March 2024; no areas for improvement were identified.

5.2 Inspection outcome

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

The staffing arrangements in respect of Mirabilis Health Institute were reviewed. A medical practitioner is considered to be a wholly PD if they are not affiliated with the HSC sector in NI or not on the GP performers list in NI. Dr Miller confirmed that himself and another PD work in Mirabilis Health Institute.

A review of the details of the PD records evidenced 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

Dr Miller confirmed that he is aware of his responsibilities under GMC Good Medical Practice.

As discussed in section 1.0, consultant led research is conducted at the clinic. The PDs act as the principal investigators for these clinical trials and are facilitated in this regard by a clinical trials manager.

A review of training records evidenced that both PDs had completed IPC, fire safety awareness and safeguarding adults at risk of harm training in keeping with [RQIA training guidance](#). Dr Miller confirmed that training in basic life support is booked for all staff in June 2025.

It was identified that training records were not available for review in respect of the clinical trials manager and advice was provided to Dr Miller in this regard. Following the inspection, RQIA received evidence that these records were now retained and would be made available on future inspections.

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment.

Through discussion and review of relevant documentation, it was confirmed that there were rigorous systems in place for undertaking, recording, and monitoring all aspects of staff supervision, appraisal, and ongoing professional development.

Evidence was available that staff who have a professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations.

As a result of the actions taken following inspection, it was determined that staffing levels are safe and staff are appropriately trained to meet the needs of private doctor service.

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

There were recruitment and selection policies and procedures in place. On review of the recruitment policy it was noted that it did not fully reflect the legislation. This was discussed with Dr Miller who assured us that the policy would be amended following the conclusion of the inspection to fully reflect the legislative requirements.

Dr Miller oversees recruitment and selection and approves all staff appointments. Dr Miller confirmed that staff employed for the purposes of clinical trials are also vetted by the affiliated research organisation.

It was identified that one new staff member had been recruited to the PD service since the previous inspection.

A review of documentation identified that not all information listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 had been sought and retained within the personnel file. This was discussed with Dr Miller, who assured us that recruitment documentation sought in respect of this staff member, had been retained in partnership with the research organisation. Advice was provided to Dr Miller to ensure that recruitment documentation is always retained in the personnel file and made available for inspection. On 19 May 2025, RQIA received confirmation that all required recruitment documentation had been collated and retained for inspection.

There was evidence of job descriptions and induction checklists for the different staff roles. A review of records confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

Members of the PD service have been provided with a job description, contract of employment/ practicing privileges agreement and received induction training when they commenced work in the clinic.

As a result of the action taken following the inspection, it is determined that the recruitment of the PD service complies with the legislation and best practice guidance, ensuring suitably skilled and qualified staff work in the establishment.

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

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies 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 were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Dr Miller confirmed 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.

Review of records demonstrated that Dr Miller, as the safeguarding lead, has completed formal level two training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

It was confirmed that copies of the regional policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (November 2024) and the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) were available for reference.

It was determined that the service had 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 demonstrated a good understanding of the actions to be taken in the event of a medical emergency.

A first aid box and automated external defibrillator (AED) were available on the premises. A system is in place to routinely check the AED and the adult and paediatric pads were confirmed to be in da

As mentioned previously, refresher training in basic life support for all staff will take place in June 2025.

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 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.

Consultation and treatment rooms were clean and clutter free. Cleaning schedules for the establishment were in place. Hand washing facilities were available. There were arrangements in place for the management of waste and sharps resulting from the clinical trials process.

As discussed previously, the PD service had up to date training in IPC.

Dr Miller is aware that the Department of Health (DOH) and Public Health Agency (PHA) websites provide advisory information, guidance and alerts with regards to IPC.

It was determined that the service had appropriate arrangements in place in relation to IPC.

5.2.6 How does the service ensure the environment is safe?

The premises were maintained to a good standard of maintenance and décor.

The most recent fire risk assessment had been undertaken during June 2024.

A review of training records evidenced that fire safety awareness training had been completed by staff.

It was determined that appropriate arrangements were in place to maintain the environment.

5.2.7 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 he was 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 a record is retained for patients who attend Mirabilis Health Institute.

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

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

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 private consultation rooms. 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 Institute 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. A review of the most recent patient satisfaction surveys, completed during April 2025, evidenced that patients were very 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 other interested parties. Dr Miller confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

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 the service is a corporate body or partnership or an individual owner who is not in day to day management of the clinic, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Dr Miller was in day to day management of the clinic, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

The only mechanism for a clinician to work in a registered independent clinic 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 previously discussed, two PDs work in Mirabilis Health Institute, one of which is Dr Miller. As Dr Miller is a director of Mirabilis Health Institute, a practising privileges agreement is not required.

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 PD's personnel file demonstrated that there was a written agreement between the 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.

Review of minutes of meetings confirmed that the Medical Advisory Committee (MAC) meets quarterly as a minimum; formal minutes are kept; and a record of meetings is maintained. The MAC acts as a forum for the multi-disciplinary discussion of complex cases, it reviews the latest clinical outcomes and performance indicators, audit findings within the establishment and advises the PD service on evidence based practice and any developments in clinical practice.

Policies and procedures were available outlining the arrangements associated with the Mirabilis Health Institute. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for patients and staff to follow. Patients were made aware of how to make a complaint by way of the patient's guide.

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.

A review of records confirmed that no complaints had been received since the previous inspection.

Discussion with Dr Miller confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Dr Miller confirmed that incidents would be effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

Dr Miller demonstrated a clear understanding of his role and responsibility in accordance with legislation.

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 displayed in a prominent place.

Observation of insurance documentation confirmed that current insurance policies were in place.

It was determined that suitable arrangements are in place to enable the registered person to assure themselves 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 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.

6.0 Quality Improvement Plan/Areas for Improvement

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.



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