The Regulation and Quality Improvement Authority

Inspection Report

20 February 2026

Mirabilis Health Institute

Type of service: Independent Clinic (IC) - Private Doctor
Address: 148 Monkstown Road, Newtownabbey BT37 0LF
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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

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	
Category 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. A private doctor is a General Medical Council registered doctor who does not have a prescribed connection to a Responsible Officer within the Health and Social Care (HSC) sector in Northern Ireland. 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. During the inspection it was identified that the provider of the service had changed from Mr Paul Miller to Mirabilis Health Limited. This was discussed with Mr Miller who was advised to submit a retrospective service application to reflect the change in service provider for the clinic. Mr Miller was receptive to the advice and provided assurances that a retrospective service application would be submitted following the inspection.	

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 20 February 2026 from 10.00 am to 2.30 pm.

It focused on the themes for the 2025/26 inspection year. The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

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; client 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 client 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 inspection was facilitated by the clinic training and facilities manager.

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.

Six patients submitted responses. In the main, patient responses indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. One patient response indicated that they were neither satisfied nor dissatisfied regarding the service being well led. A number of patient responses included positive comments pertaining to the knowledge, compassion and friendliness of staff.

Two staff members submitted questionnaire responses. Staff responses indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of patient care.

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 2 May 2025; 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 that staff are suitably trained?

The staffing arrangements in respect of Mirabilis Heath Institute were reviewed. As previously stated a private doctor is a General Medical Council registered doctor who does not have a prescribed connection to a Responsible Officer within the Health and Social Care (HSC) sector in Northern Ireland. Mr Miller confirmed that three private doctors work in Mirabilis Heath Institute.

A review of the details of the private doctor 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
- arrangements for revalidation

The training and facilities manager confirmed that the PDs working in Mirabilis Heath Institute are aware of their responsibilities under GMC Good Medical Practice.

A review of a sample of training records evidenced that staff had completed basic life support, IPC, fire safety awareness and safeguarding adults at risk of harm training in keeping with RQIA training guidance. However, it was identified that fire safety awareness training was due to be renewed for one staff member. This was discussed with the training and facilities manager and following the inspection, RQIA received confirmation that this matter had been addressed.

Advice and guidance was also provided to ensure that all relevant staff have completed medicines management training, in keeping with RQIA training guidance. Following the inspection, RQIA received confirmation that this matter was being addressed.

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.

It was demonstrated that staffing levels are safe and as a result of the actions taken by the clinic following the inspection, it is determined that staff are appropriately trained to meet the needs of patients.

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 that adhered to legislation and best practice guidance.

Mr Miller oversees recruitment and selection and approves all staff appointments. Discussion with the training and facilities manager confirmed that he had a clear understanding of the legislation and best practice guidance.

Registered establishments are required to maintain a staff register. A review of the staff register evidenced that no new staff pertaining to the PD service had been recruited since the previous inspection.

A review of the recruitment policy confirmed that should staff be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, would be sought and retained for inspection.

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.

There were robust recruitment and selection procedures in place that adhered to the legislation and best practice guidance to ensure suitably skilled and qualified staff work in the clinic.

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

The training and facilities manager confirmed that PD services are not provided to persons under the age of 18 years.

A policy and procedure was in place for the safeguarding and protection of 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. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. Review of records demonstrated that Mr 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. Following the inspection, a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was provided to the clinic. RQIA received assurance that it would be made available for staff 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 medical emergency policy and procedure in place.

An automated external defibrillator (AED) was available in the premises. A system is in place to routinely check the AED. A review of the equipment demonstrated that the adult and paediatric pads were in date.

As mentioned previously, refresher training in basic life support has been undertake by all staff.

It was determined that the service had appropriate arrangements in place to manage a medical emergency.

5.2.5 How does the service ensure that it adheres to infection prevention and control and decontamination 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.

The consultation rooms reviewed were clean and clutter free. Cleaning schedules for the establishment were in place. Hand washing facilities were available with adequate supply of liquid and alcohol based hand gels. Advice and guidance was provided to ensure that hand hygiene posters were on display by hand washing facilities. Following the inspection RQIA received confirmation that this matter has been addressed. There were arrangements in place for the management of waste and sharps resulting from the clinical trials process if required.

As discussed previously, staff had up to date training in IPC.

The training and facilities manager 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 and decontamination.

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 2025.

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

5.2.7Are 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.

The training and facilities manager 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 the training and facilities manager who confirmed that a record is retained for patients who attend Mirabilis Health Institute.

It was confirmed that each private doctor is responsible for maintaining clinical records in accordance with GMC guidance and Good Medical Practice. Discussion with the training and facilities manager confirmed 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).

Discussion with the training and facilities manager confirmed that patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations (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.

5.2.8 How does the service ensure that patients are treated with dignity and respect and are involved in the decision making process?

Discussion with the training and facilities manager 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.

The training and facilities manager told us that patients are provided with the opportunity to complete a satisfaction survey when their treatment is complete.

Results are collated to provide an anonymised summary report which is made available to patients and other interested parties. The training and facilities manager 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.

5.2.9 Are robust arrangements in place regarding organisational and medical governance?

Organisational 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.

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

Medical Governance and Practising Privileges

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.

Review of documentation confirmed that the establishment had a policy and procedure in place for the granting, review and withdrawal of practicing privileges agreements.

There was a written agreement between each medical practitioner and Mirabilis Health Institute that clearly sets out the terms and conditions of granting practising privileges. Advice and guidance was provided to ensure practising privileges granted, defined the speciality or specialities in which the private doctor may treat patients. Following the inspection, RQIA received confirmation that this matter was being addressed. Arrangements were in place to review each of the practising privileges agreements every two years or more frequently if required.

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. There are arrangements for extraordinary meetings where necessary.

The MAC reviews the latest key performance indicators, audit findings within the establishment and advises the private doctor service on developments in clinical practice.

Complaints Management

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.

Notifiable Events/Incidents

Discussion with the training and facilities manager confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. The training and facilities manager 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.

Quality Assurance

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.

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

The training and facilities manager 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.

5.2.10 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 the training and facilities manager.

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 the training and facilities manager, as part of the inspection process and can be found in the main body of the report.

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