The Regulation and Quality Improvement Authority

Inspection Report

28 April and 1 May 2026

Combat Stress

Type of service: Independent Clinic – Private Doctor
Address: 1st Floor, 21 Talbot Street, Belfast, BT1 2LD
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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

Organisation/Registered Provider: Combat Stress **Responsible Individual:** Ms Chloe MacKay	**Registered Manager:** Dr Lauren Quigley **Date registered:** 23 April 2025
Person in charge at the time of inspection: Dr Lauren Quigley	
Categories of care: Private Doctor (PD)	

Brief description of the accommodation/how the service operates:
Combat Stress 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 (GMC) registered doctor who does not have a prescribed connection to a Responsible Officer (RO) within the Health and Social Care (HSC) sector in Northern Ireland (NI).

During August 2024 Ms MacKay informed RQIA that the PD service had been placed on hold pending the recruitment of a new PD and on 23 April 2025 a condition was placed on the registration of Combat Stress in relation to this.

During April 2026 Dr Quigley informed RQIA that Combat Stress was ready to resume the provision of the PD service and an inspection was undertaken that focused solely on the PD service; that falls within regulated activity and the category of care for which the establishment is registered with RQIA. Following this inspection the condition which had been placed on the registration of Combat Stress was removed and Ms MacKay was informed that the PD service could recommence.

Combat Stress is a registered charity providing a range of services to veterans for over 100 years. The charity is based in England and has a hub in NI that offers welfare support. Combat Stress provides specialist mental health treatment and support for veterans focusing on those with Post Traumatic Stress Disorder (PTSD), complex-PTSD and moral injury resulting from their experiences during military service. Available support includes a helpline, a range of self-help resources, peer support and support for families of veterans. Dependent on presenting need a veteran may be offered an assessment with a consultant psychiatrist. The psychiatry service available to veterans via the NI Hub is provided by the PD.

2.0 Inspection summary

This was an announced on site inspection, undertaken by a care inspector on 28 April 2026 from 10.00 am to 4.15 pm followed by a Microsoft Teams (MST) meeting held on 1 May 2026 to conclude the inspection.

It focused on the themes for the 2026/27 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 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 veterans' care pathway; 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 veteran 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 veterans and members of staff to complete an electronic questionnaire.

Three veterans and one relative/carer submitted responses. Veteran responses indicated that they felt their care was effective, that they were treated with compassion and that the service was well led and indicated that they were very satisfied with each of these areas of their care. Two veterans indicated they were very satisfied that care was safe and one veteran indicated a level of dissatisfaction with this area of care however, included positive comments regarding service provision and staffing in their response. Other veteran responses included similarly positive comments.

One relative/carer submitted a response and indicated a level of dissatisfaction across all areas of care however, the respondent included positive comments praising the service and staff.

Four staff submitted questionnaire responses. Staff responses indicated that they felt veteran care was safe, effective, that veterans were treated with compassion and that the service was well led. All staff indicated that they were either satisfied or very satisfied with each of these areas of care. No staff responses included comments.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at the last inspection?

The last inspection to Combat Stress was undertaken on 20 February 2024; no areas for improvement were identified.

5.2 Inspection outcome

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

The staffing arrangements in respect of Combat Stress were reviewed. As previously stated a PD is a GMC registered doctor who does not have a prescribed connection to a RO within the HSC sector in NI. Dr Quigley confirmed that one PD works in Combat Stress.

A review of the details of the PD records during the onsite inspection evidenced that a number of records were not available for review. Advice and guidance was provided to Dr Quigley in this regard. As a result a MST meeting was held on 1 May 2026 with a representative from Combat Stress's Human Resources (HR) department and during this meeting the following documentation in relation to the PD was confirmed as having been sought and retained:

- confirmation of identity
- current 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 RO
- arrangements for revalidation

Discussion with the PD confirmed that she is aware of her responsibilities under GMC Good Medical Practice.

A review of training records and discussion with Dr Quigley evidenced that staff, including the PD, had completed basic life support, IPC, fire safety awareness and safeguarding adults at risk of harm training in keeping with RQIA training guidance.

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.

It was demonstrated that staffing levels are safe and staff are appropriately trained to meet the needs of veterans.

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.

Combat Stress HR department supports registered managers during the recruitment process and are responsible for developing job description, induction templates and employment contracts bespoke to roles and responsibilities; and seeking and retaining all required recruitment documentation. Discussion with Dr Quigley confirmed that she had access to all recruitment documentation via the HR department. Dr Quigley had an 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 one new PD had been recruited since the previous inspection. As discussed in section 5.2.1 a review of personnel records was facilitated by the HR department on 1 May 2026 to evidence that the relevant recruitment records had been sought; reviewed and stored as required.

There was evidence of job descriptions and induction checklists for the PD role. 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.

Discussion with Dr Quigley and a HR representative confirmed the PD has been provided with a job description, contract of employment/agreement and received induction training when they commenced work in the clinic.

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?

A policy and procedure was in place for the safeguarding and protection of adults and children 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 were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Dr Quigley confirmed that she 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 Quigley, 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 medical emergency policy and procedure in place and a review of this evidenced that it reflected legislation and best practice guidance.

Systems were in place to ensure that emergency equipment is immediately available and arrangements are in place to maintain the equipment in keeping with the manufacturer's instructions.

Managing medical emergencies is included in the induction programme and refresher training is undertaken annually.

It was determined that 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 (IPC) procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to veterans, 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.

Review of the premises evidenced that the establishment was clean, tidy and uncluttered. It was confirmed that hand hygiene information was displayed at hand washing facilities, and that liquid soap, alcohol based hand gels and disposable hand towels were available. A range of IPC audits were made available for review which evidenced compliance with IPC targets.

Cleaning schedules for the establishment were in place. As discussed previously, staff had up to date training in IPC.

Dr Quigley 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 best practice guidance.

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 November 2025. Review of the fire risk assessment evidenced that an action plan had been stated, however the action plan had not been signed and dated to confirm that the actions had been completed. Advice was provided to Dr Quigley in this regard and following the inspection RQIA received evidence that this matter had been addressed.

As a result of the action taken following the inspection, 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 clinic 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 Quigley and the PD confirmed that they were aware of the importance of effective records management and that records are held in line with best practice guidance and legislative requirements.

The veteran pathway was discussed with Dr Quigley and the PD who stated that a record is retained for veterans who attend Combat Stress.

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

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

Discussion with Dr Quigley and review of the management of records policy confirmed that veterans 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.

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

Discussion with Dr Quigley and the PD regarding the consultation and treatment process confirmed that veterans are treated with dignity and respect.

PD assessments are provided in private, either in consultation rooms or remotely (on line), and information is provided to veterans on the format of these meeting options. Dr Quigley told us that all veterans are provided with a welcome pack following referral to Combat Stress which includes information on Combat Stress and the various service provision options open to them.

Dr Quigley and the PD told us that veterans are provided with feedback opportunities via a veteran experience questionnaire. Veteran experience questionnaire results are collated by Dr Quigley and inform reporting to the National Quality Clinical Governance (NQCG) group on a quarterly basis. Dr Quigley was advised to clearly identify veteran feedback in relation to the NI Hubs PD services and collate this into an anonymous, annual summary report. This annual veteran feedback summary report is to be made available to veterans and other interested parties. Dr Quigley gave assurances this would be addressed following the inspection. Dr Quigley also confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Appropriate measures are in place to treat veterans 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?

Where the business entity operating the service is a charity, 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 Quigley is the nominated individual with overall responsibility for the day to day management of the clinic and is responsible for reporting to Ms MacKay, Responsible Individual. Ms MacKay was advised to reinstate unannounced quality monitoring visits following the inspection.

Ms MacKay gave assurances that she, or the person acting on her behalf, will monitor the quality of services and undertake a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits along with any identified actions will be made available for inspection.

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.

Dr Quigley confirmed that the PD is directly employed by Combat Stress and therefore a practicing privileges agreement is not required. As discussed in section 5.2.1 and 5.2.2 documentation pertaining to the PD had been sought and retained as required.

Combat Stress has a Senior Clinical Advisory Forum (SCAF) which meets on a quarterly basis and includes the functions of a Medical Advisory Committee (MAC). The terms of reference for the SCAF were made available for review.

It was evident that the SCAF meetings have standing agenda items and are used as a forum to discuss clinical governance issues; emerging therapeutic approaches and interventions; corrective action in relation to adverse clinical incidents; and any other untoward event or incident as relevant. Minutes of the SCAF were not reviewed as the PD service for the NI Hub will recommence following this inspection.

Ms MacKay and the PD told us that the MAC function of the SCAF is currently under review. Advice and guidance was provided to ensure that, when reviewing the MAC functions, the terms of reference for the MAC are developed in accordance with Standard 30 of the Minimum Care Standards for Independent Healthcare Establishments (2014). Ms MacKay was receptive to this advice and guidance.

All medical practitioners working within the clinic must have a designated RO. In accordance with the requirements of registration with the GMC, all doctors must revalidate every five years. The revalidation process requires doctors to collect examples of their work to understand what they are doing well and how they can improve. 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.

Discussion with Ms MacKay confirmed the arrangements in place regarding the clinical oversight of the PD, including the ongoing annual appraisal by a trained medical appraiser and revalidation. Advice and guidance was provided to Ms MacKay regarding this in keeping with the Minimum Care Standards or Independent Healthcare Establishments (2014). Ms MacKay was receptive to this advice and guidance.

Complaints and Incident 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 veterans and staff to follow. Veterans were made aware of how to make a complaint by way of the veteran's guide and information available on the Combat Stress website.

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.

Dr Quigley confirmed that no complaints had been received since the previous inspection with regards to the NI Hub PD service. Dr Quigley confirmed that arrangements are in place to undertake complaints audits to identify trends, drive quality improvement and to enhance service provision.

A policy for the management and reporting of clinical risks and incidents was in place. Dr Quigley confirmed that incidents are 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 Quigley confirmed that learning from complaints and incidents is shared at both national and regional levels via the national and regional Quality and Clinical Governance groups.

Quality Assurance

Policies and procedures outlining the arrangements for clinical and organisational governance were reviewed and discussed with Dr Quigley. It was demonstrated that there was a clear management structure with defined lines of responsibility and accountability for the service provided at the NI Hub.

Discussion with Ms MacKay, Dr Quigley and the PD described an effective governance structure that provided a process and system of accountability to support the delivery of a good quality service and to monitor and maintain high standards of care.

A range of minutes from national and regional governance meetings were made available for review.

Risk management procedures and arrangements for the oversight and management of incidents were reviewed and provided assurance that risks identified within the NI Hub are identified, assessed, escalated and managed appropriately.

Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required. Dr Quigley confirmed policies and procedures are retained in a way that is easily accessible to all staff.

Discussion with Dr Quigley and a review of records evidenced that regular structured staff meetings take place and minutes were available for review.

Dr Quigley demonstrated a clear understanding of her role and responsibility in accordance with legislation.

Dr Quigley confirmed that the statement of purpose and veteran'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 Ms MacKay, Responsible Individual to assure herself 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 veterans and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of veterans was discussed with Dr Quigley and the PD.

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 Ms MacKay, Responsible Individual, and Dr Quigley, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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