The Regulation and Quality Improvement Authority

Inspection Report

7 January 2026



Kingsbridge Private Hospital

Type of Service: Independent Hospital (IH) - Cardiac Cath Lab services
811-815 Lisburn Road, Belfast, BT9 7GX
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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 the Minimum Care Standards for Independent Healthcare Establishments (July 2014)

1.0 Service information

Organisation/Registered Provider: Kingsbridge Healthcare Group Limited **Responsible Individual:** Mr Mark Regan	**Registered Manager:** Ms Kelly Macartney
Person in charge at the time of inspection: Ms Kelly Macartney	**Date manager registered:** 14 September 2022
Categories of care: AH - Acute hospitals (with overnight beds) AH (DS) - Acute Hospital (Day surgery) PD - Private Doctor PT(E): Prescribed techniques or prescribed technology: establishments using endoscopy	**Number of registered places:** 36 inpatients (to include 2 ICU post-cardiac surgery beds) 5 day case beds (re-purposed as a result of this variation to registration application)

2.0 Inspection summary

An announced variation to registration inspection was undertaken to Kingsbridge Private Hospital (KPH) on 7 January 2026. The inspection was carried out by a team of RQIA care inspectors, a RQIA estates inspector and an independent consultant interventional cardiologist.

In June 2025, Mr Mark Regan, Responsible Individual, submitted a variation to registration application in respect of KPH to establish an adult cardiac catheterisation laboratory (CCL) providing diagnostic coronary angiography, percutaneous coronary intervention (PCI), cardiac rhythm management device implantation and staged introduction of electrophysiology procedures.

This variation application proposed to create a CCL unit within the main hospital building. This involved repurposing theatre 2, the adjoining day procedure unit, adjoining 5 days case pods and a consultation room to formulate the self-contained CCL with recovery areas and discharge lounge.

The purpose of the inspection was to assess compliance with the legislation and minimum standards and review the readiness of the establishment associated with the variation to registration application.

This was the first time an independent sector provider, in Northern Ireland, has come forward to register an independent CCL service with RQIA.

In order to review and assess this application, RQIA engaged an external independent consultant interventional cardiologist based outside of Northern Ireland to provide expert advice and support. The advice and assistance provided by the consultant interventional cardiologist was drawn from their experience of registration of similar service types and the potential safety and quality issues that may arise in such services. Within this report they will be referred to as RQIA's external professional.

The inspection included direct observation of the new CCL physical environment and associated patient areas, review of facilities and equipment, assessment of staffing arrangements and detailed discussions with the multidisciplinary clinical and management teams responsible for establishing the service.

The inspection demonstrated that Kingsbridge Healthcare Group (KHG) has invested significantly in developing a purpose-built CCL supported by modern imaging equipment, appropriately designed patient pathways and a multidisciplinary staffing model.

The inspection also identified several opportunities to further strengthen governance documentation and clarify several operational processes prior to commencement of clinical activity. These observations related mainly to opportunities for improvement in governance documentation, operator credentialing, procedural outcome monitoring, consultant procedural volumes, conscious sedation governance, device follow-up responsibilities, discharge processes, emergency drug protocols, radiation governance, and several clinical standard operating procedures (SOPs).

Importantly, none of these observations represented fundamental deficiencies in infrastructure, facilities, staffing or clinical governance. Rather, they reflected the expected refinement of governance arrangements associated with commissioning a new CCL.

Following the inspection RQIA received additional documentation addressing each of the observations raised which further strengthened the governance framework supporting the CCL service.

The proposed phased introduction of procedures is appropriate and reflects recognised good practice for commencement of a new CCL. KHG has demonstrated an appropriate commitment to continuous quality improvement and has responded positively and comprehensively to the recommendations made during the inspection.

Overall, having considered the pre-inspection documentation, onsite observations, discussions with a range of CCL staff and the subsequent documentation submitted following the inspection, it was determined that the CCL has appropriate facilities, staffing equipment, operational and governance arrangements to support safe commencement of clinical practice within the approved scope of service.

The variation to registration application in respect of KPH to establish an adult cardiac catheterisation laboratory (CCL) providing specific procedures as outlined above, was approved following this inspection.

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.

A range of staff and management were interviewed in person including the responsible individual; the registered manager; the medical director; the CCL clinical lead; a consultant cardiologist; the CCL manager; two CCL nurses; a radiographer and a cardiac physiologist.

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

This variation to registration application relates to a proposed CCL service which is not yet operational. Therefore there were no patients who had experienced the service present during the inspection. It was confirmed that KPH will ensure that the views of CCL patients' will be included in their patient survey mechanisms.

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 KPH was undertaken on 10 September 2025; no areas for improvement were identified.

5.2 Inspection Findings

5.2.1 How does the responsible individual assure themselves of the quality of the services provided?

Contemporary guidance from the British Cardiovascular Intervention Society (BCIS) emphasizes that the quality and safety of an interventional cardiology service are dependent not only upon the physical environment and technical capability of the laboratory but also upon clearly defined governance arrangements, transparent clinical leadership, prospective audit, multidisciplinary review and a culture of continuous quality improvement.

During the onsite inspection it was evident that there was strong organisational commitment to establishing a high-quality CCL service supported by experienced consultant interventional cardiologists, senior nursing staff, cardiac physiologists, radiographers and hospital management.

It was demonstrated that KPH has an established organisational governance framework incorporating executive accountability together with operational responsibility for development and phased implementation of the CCL.

The CCL will be managed within the existing clinical framework, led by the clinical lead and the CCL manager. Quality and safety will be reviewed through regular hospital based local quality meetings, regular cardiac/cardiac morbidity and mortality meetings and with independent oversight provided by the Medical Advisory Committee (MAC).

The proposed model appropriately recognised that governance of an interventional cardiology service extends beyond procedural activity itself and incorporates patient selection, multidisciplinary decision-making, peri-procedural care, emergency preparedness, quality assurance, incident review and long-term follow-up.

During discussions with the clinical leadership team it was apparent that there was a clear understanding of these responsibilities and an appropriate commitment to introducing services in a staged and carefully governed manner.

During the inspection we met with members of the consultant cardiology team together with senior nursing staff, a cardiac physiologist and management representatives.

Discussions demonstrated an appropriate appreciation of the responsibilities associated with establishing a new CCL service and a shared commitment to maintaining patient safety throughout phased implementation.

Following the inspection a formal description of the role and responsibilities of the CCL clinical lead was provided.

This provided clarity regarding accountability for:

- clinical governance
- maintenance of professional standards
- supervision and review of procedural practice
- consultant appraisal
- development of policies and SOPs
- oversight of audit programmes
- review of significant events
- review of incidents and complications; morbidity and mortality conference and cardiac and CCL team meetings
- multidisciplinary governance meetings
- oversight of quality improvement initiatives
- liaison with executive management

The establishment of clearly documented leadership responsibilities strengthens the governance arrangements and aligns with recommendations contained within BCIS guidance regarding accountability within CCLs. It was determined that these defined responsibilities provide clarity regarding clinical accountability and strengthen the governance framework supporting the developing service.

It was confirmed that the governance and compliance strategy and framework in place includes the provision of CCL services. Senior management and staff spoken to demonstrated a good understanding of the governance arrangements. Policies and procedures were available outlining the arrangements associated with the CCL service. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

At present, independent sector providers in Northern Ireland cannot submit data to the National Institute for Cardiovascular Outcomes Research (NICOR) due to the absence of a regional Data Sharing Agreement (DSA). This position has been confirmed by NICOR. Until a DSA is established, the service will maintain a comprehensive internal CCL database capturing all key activity, outcomes, complications and audit metrics equivalent to NICOR requirements. Data will be reviewed through clinical governance and used to benchmark performance, with the service prepared to commence full NICOR submission immediately once a regional DSA is implemented.

Having reviewed the original governance documentation, observed governance arrangements during the onsite inspection, discussed operational processes with members of the multidisciplinary team and subsequently reviewed the comprehensive portfolio of revised governance documents submitted following the inspection, the inspection team consider that the governance framework supporting the proposed CCL is appropriate for commencement of the planned service.

The revised documentation provides clear executive accountability, defined clinical leadership, robust arrangements for practitioner credentialing, prospective audit, morbidity and mortality review, maintenance of consultant competency and continuous quality improvement.

These arrangements are consistent with the principles described within current BCIS guidance for CCLs and provide an appropriate governance structure to support the safe introduction of interventional cardiology services.

As the service develops it will be important that these governance arrangements continue to mature through regular multidisciplinary review, prospective audit and benchmarking against BCIS and relevant national standards.

It was determined that the governance systems were in place to enable the proposed service to safely commence clinical practice and to provide continuous oversight and monitoring of patient outcomes.

5.2.2 How does this service ensure that staffing levels are safe to meet the needs of patients?

Staffing arrangements for the provision of the proposed CCL service in KPH were examined across all staff disciplines.

Members of senior management told us that the service will be delivered by a team comprising of:-

- Consultant interventional cardiologists
- Consultant anaesthetists
- A CCL manager
- A team of CCL trained nurses
- Two radiographers plus supply staff
- Two cardiac physiologists plus supply staff
- Cardiology co-ordinator for administrative support
- Hospital liaison nurses for pre-admission support
- Inpatient ward staff for admission process
- Post anaesthesia Care Unit (PACU) staff for general anaesthetic procedures, and
- The resident medical officer (formulate part of the cardiac arrest team)

Examples of staff rotas were reviewed for the proposed CCL unit. Managers described how they intend to staff the CCL unit for the duration of the patients stay in the unit. Staffing levels for the CCL unit will be structured to ensure safe activity with appropriate skill mix at every session.

Each list will be staffed by a consultant cardiologist, two CCL nurses to provide circulating and scrub functions, supported by two recovery nurses who manage post-procedure care. A minimum of one radiographer and one cardiac physiologist will be allocated to every session to operate imaging equipment, monitoring systems and physiological equipment safely.

Admissions and patient flow are additionally supported by ward nursing staff**,** ensuring continuity of care from arrival through discharge. General anaesthetic will be supported by a consultant anaesthetist and the hospital main PACU Unit. Training and competence is further discussed in section 5.2.4.

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

Recruitment and selection policies and procedures adhered to legislation and best practice guidance for the recruitment of staff. These arrangements ensure that all required recruitment documentation has been sought and retained for inspection.

A review of a sample personnel files of staff recruited in relation to the provision of a CCL service and discussion with a human resource officer, confirmed that new staff have been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

There was evidence of job descriptions for specific staff roles.

It was confirmed that professional registrations are checked as part of recruitment by the human resource department and annually thereafter by the staff member's line manager.

5.2.4 How does the service ensure that staff are suitably qualified and skilled to provide care to cardiac catheterisation laboratory (CCL) patients?

Management and staff confirmed they undertake a structured induction programme that is tailored to their professional role. This includes orientation to the CCL environment, introduction to local policies and SOPs (including radiation safety, contrast use, consent, and emergency procedures), competency-based training for equipment and clinical tasks, and completion of mandatory training requirements.

The proposed consultant body comprises of experienced consultant cardiologists with established NHS substantive appointments together with extensive experience in interventional cardiology and cardiac rhythm management.

Consultant cardiologists have declared competency in providing specialised CCL procedures through a detailed competency framework which forms part of a review of qualifications and experience before they are granted practising privileges by the chair of the MAC.

CCL nurses have or were in the process of undertaking training and CCL competency assessment in line with the European Society of Cardiology national core competencies. Staff are supervised by the CCL manager and for the radiographer, the radiology service manager. Consultants and the Clinical Lead provide clinical oversight for procedural activity. Supervision is embedded into daily practice, with staff encouraged to seek support for unfamiliar procedures, new equipment, or complex cases. Staff participate in the hospital group annual appraisal process.

It was demonstrated that the workforce supporting the CCL is appropriately experienced and skilled and are suitably organised for commencement of the planned CCL service.

5.2.5 Are practising privileges being effectively managed?

KPH has a policy and procedure in place which outlines the arrangements for the application, granting, maintenance, suspension and withdrawal of practising privileges. This formal process includes verification of specialist registration, professional indemnity, appraisal, continuing professional development and evidence of revalidation with the General Medical Council (GMC).

Management and medical staff outlined the process for granting practising privileges and confirmed medical practitioners would meet with chairperson of the MAC prior to privileges being granted.

The practising privileges agreements for four consultant interventional cardiologists and supporting documentation were reviewed. It was noted that each consultant had completed a signed declaration that included the specific CCL procedures for which they were granted practising privileges. There was evidence of information being sought from applicants to ensure compliance with the legislation and standards

It was confirmed practising privileges will be reviewed two yearly.

An alert system is in place to highlight those due for renewal or those with any expired information such as professional indemnity insurance. It was confirmed there are robust follow up arrangements in place on this matter.

It was determined that appropriate measures are in place to manage practising privileges agreements.

5.2.6 How does the service ensure that it adheres to infection prevention and control and decontamination procedures?

This unit was bright, spacious, uncluttered and in excellent decorative order. The standard of cleaning throughout the unit was excellent. Environmental cleaning guidelines were available which detailed guidance on routine cleaning, enhanced cleaning and terminal cleaning. An audit programme was in place for routine environmental cleaning. Cleaning schedules were available for domestic and nursing staff, detailing specific roles and responsibilities and cleaning frequencies.

Patient equipment including specialist equipment was newly purchased and clean. There was clear guidance describing the arrangements for the decontamination of equipment and plans were in place for the routine auditing of the cleaning, storage and replacement of equipment. All equipment is on a routine maintenance programme.

Hand washing facilities and a range of consumables were available to enable hygiene practices to be carried out effectively. Clinical hand washing sinks were clean, located near to the point of care and dedicated only for the use of hand hygiene. Clinical hand wash sinks were positioned appropriately to prevent splashing of patients, beds and equipment. All clinical hand wash sinks in the unit were in line with Health Building Note 00-09: Infection control in the built environment.[1] Arrangements have been put in place to ensure that after hand washing, patients, visitors and staff use an alcohol hand rub. Sufficient supplies of PPE were available within the unit to facilitate standard infection control precautions and transmission based precautions (contact, droplet, airborne). Clear guidance on the donning and doffing of PPE was available. Staff confirmed that cath lab procedures would be carried out using single use instrumentation.

Nursing staff demonstrated good aseptic non-touch technique (ANTT) knowledge in the management of invasive devices. Quality improvement tools were in place to monitor ANTT compliance with invasive devices. Policies for the insertion and on-going management of invasive devices were available to guide practices.

A screening programme for infectious organisms prior to admission, will be in place and staff had good awareness of all necessary transmission based precautions.

Plans for mandatory and non-mandatory surveillance of microorganisms were in place for the purpose of identifying trends, prioritising resources to improve patient outcomes and benchmarking performance against regional datasets. In addition, a process was in place for the mandatory reporting of alert organisms to the NI Public Health Agency.

[1] HBN 00-09 - Infection control in the built environment

It was confirmed that specialised IPC advice and support can be accessed from a dedicated infection prevention and control nurse independent advisor. An IPC steering group has been set up and meet on a quarterly basis to discuss IPC topics and identify areas for learning and improvement in practice. This group reports into the governance and quality teams and the MAC. Members of the group include: IPC nurse; microbiologist; CEO; lead nurse; general manager; IPC champions, departmental managers for domestic and environmental cleanliness manager.

The proposed management of IPC and decontamination systems were in line with best practice guidance and it was determined that appropriate actions had been taken in this regard.

5.2.7 How does the service ensure there is safe equipment in place to meet the patient needs?

A range of clinical equipment has been procured to meet the needs of CCL patients in line with professional standards. The clinical equipment was selected with the involvement of consultant cardiologists and the CCL manager.

It was confirmed that training on all equipment had been carried out for staff and competency on use was assessed. All equipment conforms to the relevant safety standards, and will be regularly serviced and maintained in accordance with the manufacturer's guidance. All equipment is new and is in warranty.

All servicing and replacement has been embedded in the asset register. The clinical equipment lead will identify any issues that cannot be dealt with in house and will go through the facilities manager to ensure the equipment is appropriately serviced.

There are clear arrangements for the decontamination of equipment and staff confirmed they have received training on the decontamination of specific clinical equipment such as the transoesophageal echocardiogram machine.

5.2.8 How does the service ensure that patients have a planned programme of care and have sufficient information to consent to treatment?

The CCL patient journey was examined, through discussion with key medical, nursing, cardiac physiologist and radiology staff; review of the facilities, scrutiny of relevant policies/ procedures and care pathway documentation.

It was confirmed that there will be a clear selection criteria in place for KPH CCL patients. With the absolute exclusion criteria of patients under 18 years of age and the patient must not be pregnant.

Referrals

Patients will attend an outpatient consultation with a consultant cardiologist having either self-referred or been referred by a general practitioner (GP). Although not yet in place, in the future it is intended patients may be referred as part of a waiting list initiative or cross border directive.

Pre-admission

Patients are scheduled through a structured booking process, with all patients having an outpatient consultation with a cardiologist before being accepted for a procedure. Following consultant review and confirmation of suitability, patients are allocated to CCL lists based on clinical priority, procedure type and resource requirements. The scheduling team contacts patients with a suitable date and book the patients. The hospital liaison team check pre-procedure instructions and ensures all investigations and documentation are completed. Daily list checks and coordination with ward and recovery staff support safe and efficient patient flow.

Pre –CCL procedure assessment

As stated, all patients undergo an outpatient consultation with a cardiologist prior to scheduling, during which suitability is confirmed, risks are discussed, and pre consent is taken. Prior to admission, the Hospital Liaison Nurse Team complete pre-admission checks ensuring investigations are available (e.g. ECG, bloods)**,** preparation instruction have been given, allergy status has been documented and medication instructions have been given. Patients receive written pre-procedure instructions, fasting guidance, and medication advice from their consultant.

Admission

On the day of the procedure, patients are admitted by ward staff. The patient will see the operating cardiologist to consent the procedure, confirm there is no clinical change in the patient since outpatient consultation and answer any further questions the patient may have. The admission process is completed by ward staff confirming consent and a pre-procedure safety checklist will be completed to ensure readiness for transfer to the Cath Lab.

Intra –operative care

The patient is accompanied to the CCL by a ward nurse or a CCL nurse. An anaesthetic or circulating nurse will meet the patient at the door of the CCL and will carry out a detailed CCL checklist. If the patient has been taken to the CCL by the CCL nurse the cath lab checklist will be carried out on the ward. The patient will be taken into CCL where pre-operative health and safety equipment checks will be completed and recorded. A detailed CCL safety checklist will be carried out including the World Health Organisation (WHO) surgical safety checklist and surgical pause. This will be recorded in the CCL care pathway documentation.

During CCL procedures, patients will be managed according to established invasive cardiology protocols to ensure safety and high-quality care. All invasive lines are clearly labelled in line with hospital policy to prevent error and ensure accurate identification throughout the procedure. Continuous physiological monitoring is carried out by the cardiac physiologist and nursing team, including ECG, blood pressure, oxygen saturation and procedural haemodynamic measurements, with the consultant cardiologist overseeing clinical decision-making.

A CCL surgical register is completed for every procedure, recording patient details, staff present, procedure type, consumables, times, and any complications. This forms part of the legal record and supports governance, audit and traceability requirements. The CCL procedure notes are completed by the consultant cardiologist.

Post –procedure

Following the procedure, patients are transferred to the recovery lounge, staffed by trained CCL recovery nurses who provide continuous monitoring of ECG, blood pressure, oxygen saturation and access sites. The nursing team follows a standardised post-procedure care protocol, including pain assessment, haemostasis checks, management of sedation recovery, and monitoring for early complications. The consultant cardiologist provides a postoperative handover, and observations are recorded at defined intervals until the patient is stable. Once discharge criteria are met, patients will be discharged home from the recovery lounge. Where General Anaesthetic (GA) is used handover will be to the hospital PACU team. Once recovery criteria are met, patients transition to ward-based care for ongoing monitoring and discharge planning.

It was confirmed the medical cover at ward level will be a Resident Medical Officer (RMO) who will provide 24 hour live-in cover. The consultant cardiologist will conduct a daily ward round with the RMO and nursing team looking after the patient on the ward. During this ward round the management decisions on the patient's continuity of care will be taken and documented in the CCL pathway accordingly. A consultant-to-consultant handover will take place should there be a change in the consultant in charge of the patient. This may be done in person or verbally. It was confirmed that the consultant cardiologist and a consultant anaesthetist will be contactable by phone and available to attend within 30 minutes following CCL unit discharge.

The arrangements for the prevention of venous thromboembolism (VTE) was reviewed to ensure it is in line with best practice. VTE prevention follows national best practice and policy. Where required patients will receive a VTE risk assessment at admission to identify individual risk factors. Mechanical and pharmacological prophylaxis are provided as indicated, taking into account bleeding risk and the nature of the planned procedure. Early mobilisation is encouraged wherever appropriate, and recovery staff monitor for signs of VTE during the post-procedure period. Compliance with VTE assessment and prophylaxis is audited through governance to ensure adherence to best practice.

Discharge from KPH

There are clear discharge procedures in place and the patient will be deemed fit for discharge by the consultant cardiologist. The discharge section of the CCL care pathway will be completed by the nursing staff. This includes arrangements for providing the patient with written discharge information and education booklets; GP letter; district nurse letter(if required); drug information list; medication; patients own medication; outpatients review planned and details of how to contact the CCL unit or ward for advice if concerned.

Post-procedure CCL patients who do not follow the expected patient pathway.

Whilst patients selected for CCL procedures in KPH will be viewed as lower risk group, however, given the nature of the CCL programme, it is understood that a small number of patients may experience complications. These patients may deteriorate quickly and on occasions require advanced therapies such as renal replacement therapy; advanced interventions relating to airway management; ventilation and cardiac assistance.

Formal Patient Transfer Out policies and procedures are in place, outlining the steps to be taken if a patient requires urgent transfer to an HSC hospital following a medical emergency or serious post-procedure complication.

The service also operates under a Memorandum of Understanding (MOU) with the Belfast Trust Royal Victoria Hospital (RVH), which provides emergency cardiology and cardiothoracic support, including access to specialist intervention, critical care and surgical teams if required.

In the event of an emergency, the consultant cardiologist leads the clinical stabilisation of the patient while the circulating nurse /PACU nurse initiates the transfer protocol. This includes early communication with the receiving hospital, provision of clinical details, preparation of documentation, and handover arrangements. The Northern Ireland Ambulance Service (NIAS) or Northern Ireland specialist transfer and retrieval (NISTAR) team is contacted through the emergency transfer line for priority conveyance, with blue-light transfer utilised where clinically indicated. Staff will remain with the patient until transfer is complete, ensuring safe continuity of care.

All CCL staff are made aware of the transfer arrangements during induction, through the Emergency and Resuscitation SOP, and via regular team briefings.

Implantable Devices

A range of clear standard operating procedures were in place which to ensure the safe, effective device implantation in compliance with British Heart Rhythm Society (BHRS) , National Institute for Health and Care Excellence (NICE) guidance and other relevant legal frameworks.

They included responsibilities, indications, pre-procedure, post –procedure, possible complications; and review and follow up arrangements. The implantable devices are recorded in line with the National Institute for Cardiovascular Outcomes Research (NICOR) requirements.

5.2.9 How does the service ensure that medical emergency and resuscitation procedures are safe?

Emergency preparedness forms an essential component of any invasive cardiology service. The CCL service has policies and procedures in place for the management of medical emergencies and resuscitation, aligned with hospital policy and Resuscitation Council (UK) standards. A full risk assessment has been completed for emergency response within the CCL, and all staff are trained in accordance with their role, including Immediate Life Support (ILS) and Advanced life support (ALS) requirements. Procedures outline how to summon help, the escalation pathway, documentation of incidents, and post-event debriefing.

The external professional advised expansion of the written complications manual to provide additional detail regarding several uncommon but potentially serious procedural complications including acute stroke, coronary perforation, major vascular complications and use of specialized equipment such as covered stents and coronary coils.

Subsequently revised emergency protocols were submitted which now provide significantly greater detail regarding these scenarios together with defined escalation pathways to the Royal Victoria Hospital where appropriate. This represents a substantial strengthening of the emergency preparedness documentation. During discussion with staff there was a clear understanding of escalation procedures for procedural complications.

Emergency medicines and resuscitation equipment are provided in line with the British National Formulary (BNF) and Resuscitation Council (UK) guidelines. A fully stocked resuscitation

trolley, defibrillator and emergency drug pack are available in the CCL at all times. Equipment is standardised with the wider hospital to ensure familiarity and rapid response.

A defined member of staff is responsible for daily checking of the resuscitation trolley, emergency medicines, airway equipment and defibrillator. This includes verification of stock levels, expiry dates, battery status and functionality. All checks are recorded on a documented checklist that is retained locally and monitored.

Medicines required for resuscitation are clearly listed within the emergency trolley and are stored in secure, tamper-evident packaging. Items are monitored regularly and replaced immediately following use. Records of all emergency medicines, including expiry dates and stock rotation, are kept up to date and are available for audit.

Any emergency event is documented fully in the patient record and reported through the KHG incident management system. A structured debrief is offered to all staff involved, and learning is shared through local governance meetings.

Massive blood loss management

Patients are assessed pre-procedure for anaemia, bleeding risk and anticoagulation status, with exclusion criteria in place to prevent high-risk cases from undergoing elective procedures. In the event of unexpected blood loss, staff initiate immediate clinical management including haemodynamic support, rapid escalation and activation of the hospital's Massive Blood Loss Policy.

Group-and-save samples are taken as required, and transfusion requests follow the hospital Maximum Blood Ordering Schedule (MBOS) to ensure timely provision of blood products. Staff receive training on identification of haemorrhage and escalation procedures as part of induction and annual updates.

A massive blood loss trolley is available and contains the essential equipment required to manage acute haemorrhage until additional support arrives. This includes IV access equipment, large-bore cannulas, fluid administration sets, pressure bags, crystalloids, emergency blood request forms, and transfusion documentation. Emergency medicines such as vasopressors, tranexamic acid, and appropriate resuscitation drugs are stocked on the emergency drug trolley/ drug cabinets. Daily checks ensure all equipment is present, in date, and immediately accessible.

Staff spoken with confirmed that they had training in the management of a medical emergency. All staff have undertaken ILS training and at least one member of CCL staff is on duty with ALS training.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service will provide safe and effective care in a caring and compassionate manner; and that the service is well led by the responsible individual.

This variation to registration application has been approved from an estates and care perspective.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Mark Regan, Responsible Individual and Ms Kelly Macartney, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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