



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Kingdom Healthcare Ltd

Provider: Kingdom Healthcare Ltd

Date of Inspection: 7 October 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Registered Provider:	Kingdom Healthcare Ltd
Responsible Individual:	Ciaran Patrick Maynes (registration pending)
Registered Manager:	Ms Bridget Patricia Butler
Service Profile:	
<p>Kingdom Healthcare Ltd is a domiciliary care agency which provides personal care, practical and social support to 131 service users living in their own homes. Service users are supported by 40 staff.</p> <p>The service users' care is commissioned by the Southern Health and Social Care Trust (SHSCT).</p>	

2.0 Inspection summary

An unannounced inspection took place on 7 October 2025, between 9.30 am and 12.30 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 16 October 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that the care and support provided by Kingdom Healthcare Ltd was a good experience.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of the service users/relatives who are in receipt of care and support; the home care workers who work for the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users and their representatives told us that they were 'very happy' with the care and support provided and that the care 'couldn't be better'. They described the service as being 'excellent', 'brilliant', 'very professional' and 'first class'. One service user stated that 'the staff are very respectful.

I feel understood (and) valued as a person in my own home. I am not just a number. The staff care about me and how I am every day'. The staff were described as being 'first class', 'super' and 'polite' and that they go above and beyond the call of duty.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

Consultation with service users and their representatives established there were no concerns regarding service users receiving their calls in keeping with the care plan.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member.

Records of all staff training were retained and were noted to be up to date. Procedures were in place for appraising staff performance and supervisions had been undertaken with staff in keeping with the agency's policy and procedures. There was also a system in place to ensure that all staff had a spot check on their practice carried out.

3.3.2 Care Delivery and Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and this was reflective of the information included within the Trust care plan.

Care records were person centred, well maintained and updated to ensure they continued to meet the service users' needs. Any restrictive practices were reviewed alongside the care plan.

There was a system in place for identifying any missed calls; this included spot checks on staff practice, regular contact with service users and their relatives; and also regular auditing of the written records completed by the care workers.

Staff recorded regular evaluations about the care and support provided. Service users and/or their representatives had access to their written records within their home. A review of a sample of these records evidenced that they were legible, up to date and signed by the person making the entry. There was a system in place to ensure that completed daily notes were returned to the registered office on a regular basis, to ensure these were audited in a timely manner.

There was a robust system in place for retrieving the records of service users who were no longer receiving care and support from the agency.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Ms Patricia Butler has been the manager in this agency since 22 March 2024.

Those consulted with commented positively about the manager, describing her as being 'great' and always there if needed.

The agency was visited each month by the responsible individual, to consult with service users, their relatives and staff and to examine all areas of the running of the agency. The reports of these visits were completed in detail.

Complaints and incidents were managed appropriately.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy.

A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The annual safeguarding position report had been completed.

There was a protocol in place for staff to follow where service users were found not to be at home. It was good to note that this had been further developed based on learning from an incident that had occurred elsewhere. This is good practice.

The annual quality report was reviewed and noted to include stakeholder feedback. This report was completed in detail and included a plan to improve practice and/or the quality of services provided by the agency, as necessary.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Patricia Butler, Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews