



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Kingdom Healthcare Ltd

Provider: Kingdom Healthcare Ltd

Date of Inspection: 12 May 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:	Mr Ciaran Maynes (registration pending)
Registered Manager:	Mrs Tracey McLaughlin
Service Profile: Kingdom Healthcare Ltd is a domiciliary care agency which provides a range of personal care and social support services to 101 service users living in their own home. Services are supported by 65 staff. The service users care is commissioned by the South Eastern Health and Social Care Trust (SEHSCT); and one service user's care is commissioned by the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 12 May 2025, between 10 am and 1.15 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 7 September 2023; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as recruitment.

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

As a result of this inspection all the areas for improvement were assessed as having been addressed by the provider. Full details, including a new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 and their quality of life

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 relatives told us that they had 'no complaints' and that they were very satisfied in relation to all aspects of care delivery and support provided. Comments received included 'I am very happy with the consistency of staff', 'if there are any changes they run it past me first'. The staff were described as being 'always polite and respectful' and that they were never late in calling to the service users. One response received praised the staff for 'going over and above in their job'.

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.

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

However, there were significant deficits identified in one staff member's recruitment records. For instance, the employment history was inaccurate and also did not commence from school leaving age; and there were also gaps in the employment history that had not been explained. The record contained a number of references from employers, who did not feature in the staff member's employment history. Additionally, references were not up to date and the application was deemed to be in poor order. An area for improvement has been identified.

Newly appointed staff, had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

Records of all staff training were retained and were noted to be up to date. All staff received regular supervision, spot checks on their practice and appraisals on an annual basis.

3.3.2 Care Delivery and Management of 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 included any advice or recommendations made by other healthcare professionals. It was good to note that important information was highlighted in red font, to ensure that the care workers could see the importance of certain recommendations.

Care records were person centred, well maintained and updated to ensure they continued to meet the service users' needs.

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.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained the relevant documentation.

Any restrictive practices were reviewed alongside the care plan.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Tracey McLaughlin has been the manager in this agency since 9 January 2023.

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.

The annual quality report was reviewed and noted to include stakeholder feedback.

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. The manager was identified as the appointed ASC for the agency. 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.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice and/or the quality of services provided by the agency, as necessary.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Regulations.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Tracey McLaughlin, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The Registered Person shall ensure that the recruitment process is robust; this refers to the need for all staff involved in recruitment to be trained in relation to recruitment, particularly in relation to the need for full employment histories, gaps in employment and up to date references.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Recruitment policy and procedure has been reissued to all staff involved in the process and their understanding of what the requirements are obtained. Applicants are not permitted to commence duties until the Responsible Individual or General Manager has reviewed their file and ensured that they have been recruited in line with regulations, ensuring a full and complete employment history has been provided and reference have been obtained from their most recent employer who must have been the applicants manager. Cross reference of employment history with dates of employment noted on the supplied reference should be carried out.</p>

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