

# Inspection Report

**Name of Service:** Kingdom Healthcare Ltd  
**Provider:** Kingdom Healthcare Ltd  
**Date of Inspection:** 27 January 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Kingdom Healthcare Limited
<b>Responsible Individual:</b>	Mr Ciarán Maynes (registration pending)
<b>Registered Manager:</b>	Mrs Myra Belmote (Acting)
<p><b>Service Profile:</b> Kingdom Healthcare Ltd is a nursing agency which supplies registered nurses to care for a small number of patients, with complex needs, who are being cared for in their own homes.</p> <p>Kingdom Healthcare also acts as a Recruitment Agency and supplies Health Care Assistants (HCA) to care homes. RQIA does not regulate Recruitment Agencies.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 27 January 2025, from 10.00 a.m. to 1.00 p.m. The inspection was undertaken by a care Inspector.

This inspection was undertaken to assess compliance with the actions required within the Failure to Comply (FTC) notices (FTC Ref: FTC000233, FTC000234 and FTC000235) issued on 12 December 2024 under The Nursing Agencies Regulations (Northern Ireland) 2005; Regulation 10 (1) relating to the management and governance arrangements; Regulation 12 (1)(a)(b)(c)(d) relating to the fitness of the nurses; and Regulation 20 (1)(2)(3)(4) relating to monthly quality monitoring processes.

The date of compliance for the notices to be achieved was 23 January 2025.

During this inspection, there was evidence that sufficient improvements had been made to address the actions stated within the notices. No new areas for improvement were identified during this inspection.

### 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 any previous areas for improvement issued, registration information, and any other written or verbal information received from service users or patients' representatives.

Throughout the inspection process inspectors seek the views of those in receipt of nursing care; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

#### 3.2 What people told us about the service

Due to the specific inspection focus, service users were not consulted with as part of the inspection process.

#### 3.3 Inspection findings

***FTC Ref: FTC000233***

***Notice of failure to comply with Regulation 10 (1) of The Nursing Agencies Regulations (Northern Ireland) 2005***

**Registered person – general requirements and training**

***Regulation 10***

(1) The registered provider and the registered Manager shall, having regard to the size of the agency, its statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.

**In relation to this notice the following nine actions were required to comply with this regulation:**

The registered person shall ensure that:

1. a robust system is put in place to ensure that there are effective governance and managerial arrangements in place; this includes but is not limited to ensuring that there is a suitable Manager in place at all times
2. a written contingency plan is developed and implemented to ensure that adequate arrangements are in place for the oversight and escalation of operational issues, in the absence of the Manager and/or Responsible Individual at any time
3. RQIA is notified in a timely manner of any change in manager and/or Responsible Individual; a robust system must also be in place to ensure that such changes are clearly communicated to all staff in a timely and effective manner
4. the agency ceases and desists from commissioning other registered nursing agencies for the purposes of supplying registered nursing staff to patients on behalf of all Health and Social Care Trusts; this cessation is to take immediate effect from 10 December 2024
5. a robust system is put in place to proactively audit and monitor the working patterns of all registered nursing staff so as to ensure they are physically and mentally fit for the work they are supplied to undertake; records of such audits and any resulting actions must be retained and made available to RQIA upon request
6. the alphabetical list of registered nursing staff supplied is accurately maintained at all times; this information should contain both active and inactive nurses. These records should also include the starting date of all registered nursing staff and include those registered nurses supplied to both 'complex care' patients and/or all other settings
7. registered nurse profiles are supplied to any Health and Social Care Trust which commissions the services of the agency; these profiles must also be shared with patients' representatives, as appropriate, and in keeping with Regulation
8. a robust system must be developed and implemented so as to ensure that all registered nursing staff receive formal supervision and appraisal in keeping with Regulation
9. a robust system must be developed and implemented so as to ensure that staff are adequately supported in the discharge of their duties and that any concerns raised by them are managed in a timely, robust and effective manner

**Action taken by the registered persons:**

1. Acting management arrangements have been in place following the issuing of the FTC Notices. A new manager has been appointed and is due to commence work in the agency in the near future. An application for registration as manager has been received by RQIA and will be reviewed in due course. The acting manager will assume the position of Clinical Nurse Lead when the new manager starts in post.
2. Review of the contingency plan identified that there are adequate arrangements in place for the oversight and escalation of operational issues, in the absence of the Manager and/or Responsible Individual at any time.

3. The contingency plan outlined the arrangements for ensuring that RQIA is notified in a timely manner of any change in manager and/or Responsible Individual; this included how any such changes would be communicated to staff in a timely manner.
4. The agency has ceased commissioning other registered nursing agencies to supply nurses to the patients; the commissioning Health and Social Care Trusts are informed of any gaps in rotas and they arrange for nurses from other agencies to cover the rota gaps.
5. A system was implemented to proactively audit and monitor the working patterns of all registered nursing staff so as to ensure they are physically and mentally fit for the work they are supplied to undertake. Review of the audits identified that whilst the hours worked per week were reviewed, there was no account taken of the number of consecutive days worked. This was discussed with the General Manager who took immediate action and amended the procedure to include a review of a two-week timeframe. Advice was given in relation to recording the reasons for any deviation from the policy.
6. The alphabetical list of registered nursing staff supplied was noted to be accurate; inactive nurse names can be extrapolated from the electronic system used.
7. Registered nurse profiles were supplied to the relevant Health and Social Care Trust which commissions the services of the agency; amended versions of these profiles were also prepared for sharing with patients' representatives to ensure the identity of the presenting nurse.
8. There was a system in place to ensure that all registered nursing staff receive formal supervision and appraisal in keeping with Regulation.
9. There was a system in place to ensure that nurses are adequately supported in the discharge of their duties and that any concerns raised by them are managed in a timely, robust and effective manner.

Evidence was available to validate compliance with the Failure to Comply Notice.

**FTC Ref: FTC000234**

**Notice of failure to comply with Regulation 10 (1) of The Nursing Agencies Regulations (Northern Ireland) 2005**

***Fitness of nurses supplied by an agency***

***Regulation 12***

- (1)** *The registered person shall ensure that no nurse is supplied by the agency unless –*
- (a) he is of integrity and good character;*
  - (b) he has the qualifications, knowledge, skills and competencies which are necessary for the work which he is to perform;*
  - (c) he is physically and mentally fit for that work; and*
  - (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.*

**In relation to this notice the following four actions were required to comply with this regulation:**

The registered person shall ensure that:

1. enhanced AccessNI checks must be undertaken by Kingdom Healthcare Limited in respect of all registered nursing staff supplied by this agency going forward. A retrospective audit should also be undertaken immediately to identify any registered nursing staff currently employed by the agency who have not undergone an enhanced AccessNI check by the agency in keeping with Regulation; the agency must ensure that such staff are not supplied until a renewed and satisfactory enhanced AccessNI check has been undertaken
2. a robust and effective selection and recruitment process is developed and maintained; this includes, but is not limited to, ensuring that registered nurses' employment histories are effectively and meaningfully reviewed in a timely manner; that references are obtained in keeping with Regulation; and that governance records are maintained so as to demonstrate a robust and consistent interview process is being adhered to
3. a robust system is developed and maintained which enables the Manager to ensure that all registered nurses are competent to work in the clinical areas they are being supplied to at all times
4. a robust system is in place to ensure that registered nurses' training needs is proactively monitored at all times

**Action taken by the registered persons:**

1. There was evidence that enhanced AccessNI checks had been undertaken by Kingdom Healthcare Limited in respect of all registered nursing staff supplied. The agency was only supplying nurses to a small number of complex care patients, who receive care in their own homes. Discussion with the General Manager identified that there was a system in place for recording all AccessNI checks undertaken; this involved printing relevant checks from the AccessNI web portal.
2. Review of governance and management records identified that there was a system in place to review all employment histories; where any issues were identified, these were included in the monthly quality monitoring report action plan. A system had also been implemented to ensure that gaps in employment are explored and that reasons for leaving previous employments are recorded. A system was also in place to ensure that the dates provided on the nurses' employment histories are cross referenced against the dates of employment provided on the references. A robust interview process had been developed.
3. There was a system in place which enables the manager to ensure that all registered nurses are competent to work in the clinical areas they are being supplied to.
4. There was a system in place to ensure that the registered nurses' training needs were proactively monitored at all times.

Evidence was available to validate compliance with the Failure to Comply Notice.

**FTC Ref: FTC000235**

**Notice of failure to comply with Regulation 10 (1) of The Nursing Agencies Regulations (Northern Ireland) 2005**

**Review of quality of service provision**

**Regulation 20**

- (1) The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency.*
- (2) The registered person shall supply to the Regulation and Improvement Authority a report in respect of any review conducted by him for the purposes of paragraph (1) and shall make a copy of the report available upon request for inspection by service users and persons acting on behalf of service users.*
- (3) The system referred to in paragraph (1) shall provide for consultation with service users and persons acting on behalf of service users.*
- (4) The registered manager shall ensure that the agency delivers services effectively on a daily basis and reports as required to the registered person.*

**In relation to this notice the following six actions were required to comply with this regulation:**

The registered person shall ensure:

1. that quality monitoring reports are robustly and comprehensively completed in keeping with Regulation; the reports must contain a time-bound action plan outlining how all identified areas for improvement are to be addressed and/or kept under meaningful review by the Responsible Individual
2. that quality monitoring reports evidence meaningful, timely and ongoing review by the Manager
3. that quality monitoring reports contain meaningful feedback from relevant stakeholders
4. that the Responsible Individual (or other delegated persons) responsible for undertaking monthly quality monitoring visits reviews registered nurses' selection and recruitment records and competency assessments; quality monitoring reports should also include a system for identifying all records sampled during such visits
5. that all quality monitoring reports are reviewed and signed by the Responsible Individual and the Manager in a timely manner
6. that a copy of monthly monitoring reports is maintained within the agency and made available upon request to RQIA and/or other appropriate third parties in keeping with Regulation

**Action taken by the registered persons:**

1. Review of the quality monitoring reports evidenced that they had been comprehensively completed in keeping with Regulation; and the reports contained a time-bound action plan

outlining how all identified areas for improvement are to be addressed and/or kept under meaningful review by the manager and the Responsible Individual.

2. The Inspector was satisfied that the acting manager had been provided with the recent monthly monitoring report. This was discussed with the proposed new manager, who was present during the inspection.
3. There was evidence that this action had been met.
4. There was evidence that this action had been met.
5. There was evidence that this action had been met.
6. There was evidence that this action had been met.

Evidence was available to validate compliance with the Failure to Comply Notice.

#### **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 the General Manager, as part of the inspection process and can be found in the main body of the report.



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