

# Inspection Report

**Name of Service:** Kingdom Healthcare Ltd  
**Provider:** Kingdom Healthcare Ltd  
**Date of Inspection:** 26 June 2025

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

## 1.0 Service information

<b>Registered Provider:</b>	Kingdom Healthcare Limited
<b>Responsible Individual:</b>	Mr Ciarán Maynes (registration pending)
<b>Registered Manager:</b>	Mrs Laura O'Reilly (registration pending)
<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.  Kingdom Healthcare also acts as a Recruitment Agency and supplies Health Care Assistants (HCA) to care homes. RQIA does not regulate Recruitment Agencies.	

## 2.0 Inspection summary

An announced inspection took place on 25 June 2025, between 9.45 am and 12.30 pm by a care Inspector.

The last care inspection of the agency was undertaken on 24 January 2025 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

There were no concerns identified in relation to nursing practice and the inspection established that the agency was well led. Details of the inspection findings can be found in the main body of the report.

No 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, registration information, and any other written or verbal information received from service users, nurses or the commissioning trust.

Throughout the inspection process inspectors seek the views of the service users, who use the nurses supplied by 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**

Due to the current provision of nurses to such a small number of patients, we did not receive any feedback from patients and/or their representatives.

Nurses provided feedback, indicating they were very satisfied with the support and mentorship provided. The feedback reflected that the nurses felt the training was excellent and the comments received were very praiseworthy of the manager. Refer to Section 3.3.2 for more details.

### **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 induction, regular training and continued supervision and support.

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

A review of the records confirmed that all registered nurses were appropriately registered with the Nursing and Midwifery Council (NMC). Information regarding registration details, renewal and revalidation dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards.

The interview process was reviewed and written records were retained by the agency of the nurses' capability and competency in relation to their job role. Interview records were detailed. The manager may wish to consider tailoring the interview questions to the relevant speciality area going forward.

Newly appointed nurses had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job. This included shadowing with an experienced nurse, until they were confident in their role.

Records of all nurse training were retained and were noted to be up to date. Nurses confirmed that got sufficient training for their roles. The training courses were described as being 'enjoyable, relevant and well designed' and the nurses confirmed that they were reminded by

agency staff to update mandatory training 'in a timely and appropriate manner'. Advice was given in relation to developing a medicines competency assessment that should be used in conjunction with medicines training going forward. This will be followed up at a future inspection.

Procedures were in place for appraising the nurses' performance and providing them with regular supervision. The nurses told us they felt supported and involved in discussions about their personal development. Records evidenced one hundred per cent of nurse appraisals had been completed on an annual basis.

### **3.3.2 Quality of Management Systems**

There has been a change in the management of the agency since the last inspection. Mrs Laura O'Reilly has been the manager in this agency since 24 February 2025. Feedback received from the nurses described the manager as being 'very approachable' and that the nurses feel 'valued' by the manager. One comment included 'having recently completed my appraisal, I consider (the manager) to be capable and diligent with a keen eye for detail and for the delivery of quality care'.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and nurse practices was in place. Advice was given in relation to adding in the dates formal feedback was received in relation to the nurses' practice, to the training matrix. This advice was welcomed by the manager who agreed to action this going forward.

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. 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 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**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Laura O'Reilly, 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

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**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews