

Inspection Report

Name of Service: CLYN Group Domiciliary Care

Provider: Clyngroup Limited

Date of Inspection: 14 November 2024

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

1.0 Service information

Organisation/Registered Provider:	Clyngroup Limited
Responsible Individual/Responsible Person:	Mr Chijioke James Attoh
Registered Manager:	Miss Catherine Marie McCorry
Service Profile – CLYN Group Domiciliary Care is registered with RQIA as domiciliary care agency. It operates from offices located in Belfast. It supplies domiciliary care workers to other regulated services. Longer term, it also aims to provide personal care and social support to adults living in their own homes in Belfast and surrounding areas.	

2.0 Inspection summary

An announced inspection was undertaken on 14 November 2024 between 10.05 a.m. and 1.20 p.m. The inspection was conducted by a care inspector.

This inspection was the agency's first since it was registered with RQIA on 4 July 2024. The inspection was undertaken to evidence how the agency was performing in relation to the Regulations and Standards, and to assess progress with the areas for improvement identified during the pre-registration inspection on 17 June 2024. The inspection also sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Enforcement action resulted from the findings of this inspection. Deficits were identified in relation the safe recruitment of staff and to managerial oversight. During the inspection, the Registered Manager was unaware that staff supplied by the Domiciliary Care Agency had not been recruited in keeping with the Regulations and believed they could supply staff without carrying out all of the selection and recruitment checks as these staff had been previously recruited into CLYN Group Ltd (RQIA ID: 020921), a Nursing Agency.

In addition, a review of the monthly monitoring reports completed by the Responsible Individual highlighted that this breach in the Regulations had been neither identified nor addressed.

A meeting was arranged with the Responsible Individual on 2 December 2024 with the intention of issuing two Failure to Comply (FTC) notices in respect of The Domiciliary Care Agency Regulations (Northern Ireland) 2007; these were in relation to:

- Regulation 11 (1) relating to the agency being managed with sufficient care, competence and skill
- Regulation 13 (d) and Schedule 3 relating to recruitment practices

This meeting was attended by Mr James Attoh, Responsible Individual, and Miss Catherine McCorry, Registered Manager. At the meeting, RQIA was provided with an action plan and some assurances in relation to the concerns identified.

RQIA was not satisfied with assurances provided by the Responsible Individual in respect of the actions taken or planned to be taken to fully embed the systems and processes into practice to drive the necessary improvements. As a result, one FTC notice was served under The Domiciliary Care Agency Regulations (Northern Ireland) 2007; this in relation to:

- Regulation 11 (1) the Domiciliary Care Agency being managed with sufficient care, competence and skill.

The date of compliance for this FTC notice is 7 February 2025. Actions required to be taken in order to ensure compliance with the regulations are detailed in the FTC notice.

RQIA was provided with an assurance of the actions the Responsible Individual had in place to address staff recruitment. On this basis, the decision was made not to serve the FTC Notice in respect of Regulation 13 (d) and Schedule 3. One area for improvement has been included in the Quality Improvement Plan to ensure these improvements are embedded into practice.

One area for improvement identified at the last inspection was not met and has been stated for a second time.

The findings of this report will provide the management team with the necessary information to improve the quality of service provision.

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 areas for improvement issued, registration information, and any other written or verbal information received from service users or staff.

Information was provided to service users, staff and other stakeholders on how they could provide feedback on the quality of services. This included an electronic survey.

3.2 What people told us about the service

During the inspection we spoke to one service user. They indicated they were happy with the staff supplied from the agency and staff had all the requisite training prior to commencing work with them. Any issues had been resolved quickly.

The information provided indicated that they had no concerns with the agency.

No staff responded to the electronic survey.

3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on by a care inspector on 17 June 2024. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 17 June 2024		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 22 (2) Stated: First time	The registered person shall establish a procedure for considering complaints.	Not met
	This relates specifically to the management of informal complaints.	
	Action taken as confirmed during the inspection: Inspector confirmed there was no procedure in place for the management of informal complaints.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 9.1 Stated: First time	The registered person shall ensure that policies and procedures in place are in accordance with statutory requirements.	Met
	This relates to terminology used in the Safeguarding Policy and no reference to safeguarding training being included in the induction programme for staff.	

	Action taken as confirmed during the inspection: Records reviewed by the inspector evidenced that this area for improvement had been met.	
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3.4 Inspection findings

3.4.1. Staffing

Safe staffing begins at the point of recruitment and continues through to staff induction and regular staff training.

A review of the agency's staff recruitment records confirmed that a range of pre-employment checks had not been completed and verified before staff members commenced employment and had direct engagement with service users. It was concerning to note that criminal record checks (AccessNI) were not completed, only one reference had been obtained, gaps in employment had not been clarified and there was no health declaration in place for recruitment records reviewed. This was identified as an area for improvement.

A staff list was in place and checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

Staff were provided with training appropriate to the requirements of their role. This included Deprivation of Liberty Safeguards, medicines management and Adult Safeguarding.

There was evidence that staff had completed a structured orientation and induction, having regard to NISCC's 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 structured induction programme. Written records were retained by the agency of the person's capability and competency in relation to their job role.

3.4.2. Managerial Oversight

Miss Catherine McCorry has been Registered Manager since the agency was registered with RQIA.

Discussions with the Registered Manager established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting and managing adult safeguarding concerns. It was positive to note that the agency had a Safeguarding Log in place.

The Registered Manager was aware what incidents require to be notified to RQIA.

We reviewed the monthly quality monitoring reports which were available on the day of inspection. These were carried out by the Responsible Individual. There was no evidence of any reviews of staff recruitment files and there was a lack of clarity as to what month each report referred to. There was also no evidence of the reports having been shared with the

Registered Manager. These reports should identify any deficits in staff recruitment records and provide an analysis of any patterns or trends contained within all the information. This was identified as an area for improvement.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

While there was a system in place to ensure that formal complaints were managed in accordance with the agency's policy and procedure, there was no process in place for dealing with informal complaints. This has been stated as an area for improvement for the second time.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2*	0

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Catherine McCorry, Registered 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	
Area for improvement 1 Ref: Regulation 22 (2) Stated: Second time To be completed by: Immediate and ongoing from date of inspection	The registered person shall establish a procedure for considering complaints. This relates specifically to the management of informal complaints. Ref: 3.4.2
	Response by registered person detailing the actions taken: The complaints policy has been updated to include the procedure for the management of informal complaints.
Area for improvement 2 Ref: Regulation 13 (d) and Schedule 3 Stated: First time To be completed by: Immediate and ongoing from date of inspection	The Registered Person shall ensure criminal record checks (AccessNI) are completed, two references are obtained, gaps in employment are explained and there is a health declaration in place prior to staff having contact with service users. Ref: 3.4.1
	Response by registered person detailing the actions taken: The Registered Person took action following the inspection on the 14 th . AccessNI check and Two references obtained, Gaps in employment explained and Medical health declaration are now in place.

Please ensure this document is completed in full and returned via the Web Portal



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