The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Clondermott House**

Provider: **Apex Housing Association**

Date of Inspection: **18 September 2025**

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:	Apex Housing Association
Responsible Individual/Responsible Person:	Ms Sheena McCallion
Registered Manager:	Mrs Bridgeen McCloskey
Service Profile – Clondermott House is a supported living type domiciliary care agency, which provides care and support services for up to 16 service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services with the overall goal of promoting health and maximising quality of life. Service users have individual rooms and a range of shared facilities which includes a lounge, a number of bathrooms and a kitchen.	

2.0 Inspection summary

An unannounced inspection took place on 18 September 2025, between 10.20 am and 4.25 pm. A care Inspector conducted the inspection.

The last care inspection of the agency was undertaken on 2 September 2024 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.

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 practices and the completion of competency assessments for staff in charge of the service, in the absence of the manager.

Good practice was identified in relation to service user involvement and staff training. There were good governance and management arrangements in place.

Feedback from service users reflected their positive experience of the care and support provided. Refer to Section 3.2 for more details.

Full details, including areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

We would like to thank the manager, service users, a Health and Social Care (HSC) staff member and staff team for their support and co-operation during the 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, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those working for or being supported by the agency and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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

3.2 What people told us about the service and their quality of life

We spoke to a range of service users, agency staff and a HSC staff member to seek their views of the agency.

The service users indicated that they enjoyed their experience of living in Clondermott House and they spoke highly of the staff and manager.

The service users told us that they were able to choose how they spend their day. Service users' comments included; "I can talk to the staff about anything" and "My room is lovely and I get to choose what I have in it".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the agency. Staff comments included; "We encourage service users to be as independent as possible and they are always offered choice", "The manager is excellent and always listens" and "We look at individual need".

The HSC staff member who provided feedback about the service commented that the agency was professional and that service users' needs were met safely. HSC staff member's comments included; "In my view clients are well looked after and supported" and "Staff raise matters very promptly and we are informed of all changes in the clients' well-being".

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

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 and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

Review of the agency's staff recruitment records confirmed that criminal records checks (AccessNI), were completed and verified before staff members commenced employment and had direct contact with service users. A recently recruited staff member's recruitment record did not evidence that gaps in employment were explored. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations, to be monitored by the manager and a record of checks retained. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed 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 robust, structured, programme which also included shadowing of a more experienced staff member

Staff consulted spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Staff were provided with training appropriate to the requirements of their role which was recorded on a colour coded matrix. Review concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as moving and handling, fire awareness and medicines management. It was positive to note that the agency provided training in regard to Epilepsy awareness and General Data Protection Regulation (GDPR).

It was noted that two staff who were left in charge of the agency in the absence of the manager had not been assessed as competent and capable to do so. An area for improvement has been identified.

There was evidence of effective systems in place to manage staffing. Staff said there was good teamwork and that they felt well supported in their role by the manager. Staff said that there were sufficient staff to meet the needs of the service users. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 Care Delivery

There was a handover at the beginning of each shift, which all staff attended. These meetings focused on information about any changes in the service users' care needs.

There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. Service users are supported to access activities of their own choice; this included going shopping, bowling, visiting restaurants and movie nights.

The service user told us they enjoyed the independence that living in Clondermott House affords them and how they are encouraged to make their own decisions.

Staff interactions with service users were observed to be polite, genuine, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

3.3.3 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.

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

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

A number of service users were assessed by Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of records identified that service users' care plans accurately reflected SALT recommendations. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Staff recorded regular evaluations about the care and support provided.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

3.3.4 Quality of Management Systems

Mrs Bridgeen McCloskey has been the manager in this agency since 8 July 2025. Those consulted with described having good relationships with the manager.

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

The agency was visited each month by a representative of the registered provider. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The reports of these visits were completed in detail.

Incidents were managed appropriately and it was positive to note that any identified learning was shared with staff.

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. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the agency. The annual safeguarding position report had been completed and was found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately. Adult safeguarding matters were reviewed as part of the quality monitoring process.

There was a system in place to ensure that complaints were managed in accordance with the settings policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

Discussions with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns

or suggestions made would be listened to and addressed. One staff member commented: “The manager is approachable and encourages discussions”.

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 3.3.1, staff spoken with during the inspection confirmed the availability of continuous update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings, which they described in positive terms and found beneficial.

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	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Bridgeen McCloskey, 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 13 (d) Schedule 3 **Stated:** First time **To be completed by:** Immediate from the date of inspection	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Director of Corporate Services has introduced a mandatory practice of direct questioning regarding any gaps in employment during the interview and recruitment process. Explanations provided by candidates will be recorded in the recruitment documentation and made available upon request to relevant personnel, including the Registered Person.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them; this relates to the need for competency assessments to be undertaken for those who may be in charge of the service, in the absence of the manager. Ref: 3.3.1
	Response by registered person detailing the actions taken: This issue pertained to incomplete documentation for two staff members. The required paperwork has now been completed and forwarded to the inspector by the Registered Manager. Going forward, the Registered Manager will ensure that each competency is clearly detailed within the recruitment documentation, including a description of how it was assessed.

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

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