

# Inspection Report

**Name of Service:** Clogrennan Supported Living Scheme  
**Provider:** Northern Health and Social Care Trust  
**Date of Inspection:** 20 March 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>	Northern Health and Social Care Trust
<b>Responsible Individual/Responsible Person:</b>	Ms. Jennifer Welsh
<b>Registered Manager:</b>	Mrs. Sheran Carson, acting
<b>Service Profile –</b>	
<p>Clogrennan Supported Living Scheme is a domiciliary care agency, supported living type. It provides services to 17 service users living in their own homes within Larne town. Service users require care and support with their learning disabilities and complex needs. Clogrennan is operated by the Northern Health and Social Care Trust (NHSCT). The service users are supported by 18 care staff.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 20 March 2025, between 10.20 am and 3 pm. It was carried out by care inspector.

The 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 safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users were observed to be relaxed and comfortable in their interactions with staff and spoke positively about the care and support they receive. Refer to Section 3.2 for more details.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

The agency uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

The inspector would like to thank the manager, service users and staff for their help and support in the completion of 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.

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

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

We spoke to a range of service users and staff to seek their views of living within, working within and liaising with the agency.

Service users told us they loved living in Clogrennan and commended the staff's kindness and the support they offered. One service user told us that they were going out for lunch on the day of inspection. All questionnaires returned from service users indicated they felt that the care and support was good or excellent.

Clogrennan staff told us that they were very satisfied that the care provided was safe, effective, compassionate and well led. One staff member commented that Clogrennan was the best place they had ever worked.

A NHSCT key worker stated that the agency is very person centred and proactive in relation to any issues that may arise.

The information provided indicated that they had no concerns in relation to the service.

## **3.3 Inspection findings**

### **3.3.1 Staffing Arrangements**

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 patients.

The staff rota was reviewed and there was evidence of robust systems in place to manage staffing. One staff member told us that the rota was always well covered.

A review of the provider's recruitment procedures confirmed that all pre-employment checks, including criminal record checks (AccessNI), would be completed and verified before staff members commenced employment and had direct engagement with service users.

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.

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, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Staff were provided with training appropriate to the requirements of their role. Records of all staff training were retained. Medicines Competency assessments were completed for any staff who administered medicines.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

### 3.3.2 Care Delivery

Staff interactions with service users were observed to be polite, friendly, 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.

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care or presentation, that the staff needed to assist them in their roles.

Staff were also observed offering choice to service users regarding the activities they wanted to engage in. Service users told us how they loved to go to the cinema and were animated about upcoming trips with staff to Spain and to a local hotel.

Service users said they had no concerns regarding their safety; they described how staff would help them if they needed it.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included fire alarms, personal space and safety on the stairs.

### 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.

Service users care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their own care and the details of care plans were shared with service users' relatives, if this was appropriate.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives.

Some service users had been assessed by a Speech and Language Therapist as requiring their food and fluids to be modified. These recommendations were recorded in service users' care plans.

The Mental Capacity Act (Northern Ireland) 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions, being helped to do so when needed, and any decisions made on their behalf are in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their roles. Where service users were subject to DoLS, the required documentation was in place and was kept under regular review.

### 3.3.4 Quality of Management Systems

There are currently acting manager arrangements in place within the agency, RQIA will keep this matter under review. Staff commented positively about the manager and described them as 'very supportive'.

There were monitoring arrangements in place in compliance with Regulations and Standards. 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 Annual Quality Report was reviewed and was satisfactory.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends.

It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting and managing adult safeguarding concerns.

No incidents had occurred within the agency since the last inspection that required to be notified to RQIA.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

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



The Regulation and  
Quality Improvement  
Authority

## 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