The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: CLYN Group Domiciliary Care

Provider: Clyngroup Limited

Date of Inspection: 18 August 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:	**Clyngroup Limited**
Responsible Individual:	Mr. Chijioke James Attoh
Registered Manager:	Ms. Catherine Marie McCorry
Service Profile – CLYN Group Domiciliary Care is registered with RQIA as a domiciliary care agency. It operates from offices located in Belfast. The agency supplies domiciliary care workers to other regulated services.	

2.0 Inspection summary

An unannounced inspection took place on 18 August 2025, between 12.30 pm and 2.50 pm. It was carried out by a care Inspector.

The last care inspection of the agency was undertaken on 7 March 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.

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 the Annual Quality Report, the review of policies and the lack of a procedure for RQIA inspections in the absence of the manager.

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.

For the purposes of the inspection report, the term ‘service user’ describes the care homes that the agency’s nurses are supplied to work in.

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 or staff.

Throughout the inspection process inspectors will seek the views of service users who use the domiciliary care workers 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 and their quality of life

Service users described the agency as 'responsive' if any issues were raised and they were happy with the knowledge and skills of the staff supplied.

No staff responded to the electronic survey.

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, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were 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.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia, at a level appropriate to their job roles.

All staff received supervision and appraisals in keeping with the agency's policy.

3.3.2 Governance and Managerial Oversight

There has been no change in the management of the agency since the last inspection. Ms. Cathy McCorry has been the manager in this agency since 4 July 2024. She is also the Registered Manager of the provider's registered nursing agency. RQIA will review the manager's capacity for the level of governance and oversight required for both these roles at the next inspection.

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.

In the absence of the manager, the Responsible Individual (RI) is the only other staff member deemed competent and capable to be in charge of the agency. The RI is not based in Northern Ireland. While the RI may be able to manage the agency remotely for short periods e.g. during the manager's annual leave, a procedure for any unannounced RQIA inspections during such periods was not in place. This has been identified as an area for improvement.

The Annual Quality report was reviewed. It was noted that this contained some incorrect detail in relation to the agency's performance in the previous year. An area for improvement has been identified.

RQIA had been notified appropriately of any incidents in keeping with the regulations. Incidents had been managed appropriately. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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. The manager was identified as the appointed ASC for the agency. 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.

Several of the agency's policies were reviewed. It was identified that the Health and Safety policy did not reflect current best practice. This has been stated as an area for improvement.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was positive to note that the manager had completed training in the handling and management of complaints.

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

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	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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 11.1 **Stated:** First time **To be completed by:** Immediately after date of inspection	The Registered Person shall ensure that there is a procedure in place for unannounced RQIA inspections in the absence of the manager and that is circulated to all agency staff. Ref: 3.3.2 **Response by registered person detailing the actions taken:** The policy and procedure for absense of the registered manager has been reviewed and updated .
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 8.12 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall ensure all detail contained within the agency's Annual Quality Report is correct. Ref: 3.3.2 **Response by registered person detailing the actions taken:** Annual report has been updated with correct details.
Area for improvement 2 **Ref:** Standard 2 **Stated:** First time **To be completed by:** Immediate and ongoing form date of inspection	The Registered Person shall ensure information contained within the agency's policies is reflective of current best practice. This refers specifically to the Health and Safety policy. Ref: 3.3.2 **Response by registered person detailing the actions taken:** Health and Safety policy has been reviewed and updated.

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

The Regulation and Quality Improvement Authority

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews