The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: CLYN Group Domiciliary Care

Provider: Clyngroup Limited

Date of Inspection: 10 February 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/Responsible Person:	Mr Chijioke James Attoh
Registered Manager:	Miss 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 10 February 2025 from 9.45 a.m. until 12.30 p.m. It was carried out by a care inspector and facilitated by the manager.

This inspection was undertaken to assess compliance with the actions required within the Failure to Comply (FTC) notice (FTC Ref: FTC000232) issued on 6 December 2024 under The Domiciliary Care Agency Regulations (Northern Ireland) 2007; Regulation 11 (1) relating to the Domiciliary Care Agency being managed with sufficient care, competence and skill.

The date of compliance for the notice to be achieved was 7 February 2025.

There was evidence that a number of improvements had been made to address the required actions stated within the notice. However, sufficient evidence was not available to validate full compliance with the FTC Notice. RQIA considered the inspection findings and it was decided to extend the compliance date of the FTC notice. FTC Ref: FTC000232 (E)1 was issued with compliance to be achieved by 6 March 2025.

One area for improvement identified at the last inspection was assessed as having been met. The other area for improvement identified has been subsumed into the FTC notice.

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.

3.2 What people told us about the service

Due to the specific inspection focus, service users and staff were not consulted as part of this inspection process.

3.3 Inspection findings

FTC Ref: FTC000232 Notice of failure to comply with Regulation 11 (1) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Registered person — general requirements and training

Regulation 11.- (1)

The registered provider and the registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.

The Responsible Individual shall ensure that:

1. no staff are supplied by the Agency unless they have been robustly selected and recruited in keeping with Regulation

2. monthly quality monitoring visits and reports are robustly and comprehensively completed by the Responsible Individual in keeping with Regulation; the reports must contain a time bound action plan outlining how areas for improvement are to be addressed and/or kept under meaningful review by the Responsible Individual and Registered Manager

3. monthly quality monitoring reports evidence meaningful, timely and contemporaneous review by the Registered Manager on an ongoing basis

4. monthly quality monitoring reports include a robust analysis of all staff selection and recruitment in keeping with the regulations

5. monthly quality monitoring visits facilitate robust and meaningful quality assurance of service provision and care delivery; this includes but is not limited to a review of: staff training records; service users' care records; feedback from staff and relevant stakeholders; registration of staff with the Northern Ireland Social Care Council; accidents and incidents; adult safeguarding incidents; and complaints management

6. monthly quality monitoring reports include a system for identifying all records sampled during such visits. The reports should also include a system for maintaining anonymised details of all stakeholders contacted by the Responsible Individual for the purposes of completing the report

7. the quality monitoring reports are reviewed and signed by the Responsible Individual and Registered Manager in a timely manner

8. a copy of monthly monitoring reports is maintained within the agency and made available upon request to RQIA and/or other appropriate third parties in keeping with Regulation.

Action taken by the Responsible Individual:

1. Review of a sample of selection and recruitment records did not provide evidence that robust selection and recruitment practices were in place. For instance, in one record examined, a gap in employment had not been explored, a second reference was not in place and there was no health declaration signed by the manager or responsible individual.

2. While the monthly monitoring demonstrated robust analysis of some areas, this was not consistent throughout the reports. There was evidence that this action had been partially met.

3. The Inspector was satisfied that the manager had been provided with recent monthly monitoring reports and there was evidence of their contemporaneous review. There was evidence that this action had been met.

4. There was no evidence in the monthly monitoring reports that a robust review of selection and recruitment had taken place. For example, in the December 2024 report, "no issues" was recorded in relation to recruitment; there was no outline of what exact aspects were reviewed. The deficits noted during this inspection in the recruitment of a staff member that took place in January 2025 were not identified in that month's monthly monitoring report.

5. There was evidence that this action had been met.

6. There was evidence that this action had been met.

7. There was evidence that this action had been met.

8. The monthly monitoring reports were available for inspection – this action had been met.

4.0 Conclusion

There was evidence of some improvement and progress made to address the required actions within the notice. However, evidence was not available to validate overall compliance with the FTC notice.

The FTC notice has been extended and compliance must be achieved by 6 March 2025.

The Regulation and Quality Improvement Authority

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