The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Clare House

Provider: Western Health and Social Care Trust

Date of Inspection: 6 February 2026

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:	Western Health and Social Care Trust
Responsible Individual/Responsible Person:	Mr Neil Guckian
Registered Manager:	Ms Mary Patricia McBride (Acting)
Service Profile – This is a domiciliary care agency, supported living type service, which provides services to 25 service users living at two locations within the Western Health and Social Care Trust (WHSCT). Service users live in their own homes and have the use of communal indoor and outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 6 February 2026, between 9.20 am and 5.50 pm. A care Inspector conducted the inspection.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 2 January 2025; 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 care records and recruitment practices.

Good practice was identified in relation to service user involvement, mandatory training compliance and monthly monitoring report arrangements.

During this inspection, service users were observed to be relaxed and comfortable in their surroundings and those spoken with said that living in Clare House was a positive experience with good support from staff. Refer to Section 3.2 for more details.

As a result of this inspection the previous area for improvement, was assessed as having been addressed by the provider. This is discussed in more detail in Section 3.3.1. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

The Inspector would like to thank the manager, relative, service users 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 the previous QIP issued, 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

During the inspection, we spoke to a range of service users, a relative and staff to seek their views of the agency.

Service users said that they were happy with the care and support provided and that staff were approachable and kind. Service users comments included; "The staff are kind and supportive." and "This is a great place to live and we are well looked after".

A relative who spoke with the Inspector indicated that they were happy with the care and support provided to their loved one and they could approach the staff with any concerns they had if they needed to. Comments included; "My relative is very well cared for and supported in Clare House." and "They are treated with respect and kindness".

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; "Good training is provided and the training is beneficial to the service user group.", "Service users are the focus of Clare House." and "Independence is encouraged and service users have choice in all that they do".

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.

An area for improvement identified during the previous inspection highlighted that an Enhanced AccessNI check had not been completed in respect of an employee before they commenced employment in the agency. A review of recruitment records for a recently recruited staff member confirmed that an Enhanced AccessNI check had been completed before the staff member had commenced employment and had direct engagement with service users. On this basis the previous area for improvement was deemed to have been addressed by the provider.

However, review identified that a full employment history and reasons for leaving previous employment had not been obtained. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with the Nursing and Midwifery Council (NMC) and/or 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.

A competency and capability assessment had been completed for staff members who were in charge of the agency in the absence of the manager. Review of the competency and capability assessments confirmed that the staff members had received training and were assessed as competent to undertake their role and responsibilities.

Staff provided positive feedback regarding the training they received and confirmed that it enabled them to fulfil the duties and responsibilities of their roles. Staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on a colour coded training matrix. The review concluded that staff had received mandatory and other role specific training since the previous care inspection, including moving and handling, fire awareness and medicines management. The agency had also provided training in regard to fundamentals of mental health and food hygiene, which strengthened staff competence in these areas.

There was evidence of effective systems in place to manage staffing. Staff reported collaborative team working and confirmed that they felt well supported in their roles by the manager. Staff confirmed staffing levels were sufficient to meet the needs of the service users, and staff demonstrated a clear understanding of the needs, preferences and wishes 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.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development.

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 were supported to access activities of their own choice; this included going shopping, visiting restaurants and attending the cinema and the theatre.

Staff interactions with service users were observed to be respectful, friendly and supportive.

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.

Review of a sample of care records identified that a service user's risk assessment and care plan had not been reviewed and updated following a significant incident. An area for improvement has been identified.

The details of care plans were shared and signed by service users and/or their representatives as appropriate. Staff recorded regular evaluations about the care and support provided, which were used to monitor quality and inform ongoing practice.

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.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was evidence that the agency contributed to the review process by completing a written report prior to the review meeting, detailing any matters regarding the current care plan and important events such as incidents or accidents.

3.3.4 Quality of Management Systems

Ms Mary McBride has been the acting manager in this agency since 18 July 2025. RQIA will keep these arrangements under review. Those consulted described having open and supportive relationships with the manager.

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 Health and Social Care (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.

The annual quality report was reviewed and noted to include stakeholder consultation.

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 adult 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 in normal business hours and out of hours. 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 had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

There was a system in place to ensure that complaints were managed in line with the agency's policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since the previous inspection. Discussion 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.

A review of finance arrangements identified a 'Pay as You Eat Scheme', which were discussed with RQIA's Finance Inspector and it was agreed to seek further information from the manager in relation to service users' finances; discussions are ongoing.

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.

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.

The agency's registration certificate was up to date and displayed appropriately.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Mary McBride, 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) **Stated:** First time	The Registered Person shall ensure that that a full employment history and reasons for leaving previous employment are obtained before staff commence employment. Ref: 3.3.1
To be completed by: Immediate from the date of inspection	**Response by Registered Person detailing the actions taken:** There is a system in place to ensure that the initial application form contains a full employment history, reasons for leaving previous employment and information on gaps in employment . Prior to interview, the panel will carry out a check of the application form to ensure this information is satisfactorily provided. If the informaiton is not found to be sufficient, supplementary information will be requested at interview. A candidate interview checklist will be completed for all candidates interviewed through BSO or Healthdaq. This will detail any supplementary information obtained relating to: Proof of identity, Appropriate references, reasons for gaps in employment, reasons for leaving previous employment and applicant signatures (for manual applications). The candidate interview checklist will be retained with the initial application form and interview notes.
Area for improvement 2 **Ref:** Regulation 15 (3) (b) **Stated:** First time	The Registered Person shall ensure that risk assessments and care plans are reviewed and updated following significant incidents. Ref: 3.3.3
To be completed by: Immediate from the date of inspection	**Response by Registered Person detailing the actions taken**: There s a system in place to ensure that all staff update care plans and risk assessments following significant incidents. Guidance has been displayed in the staff office and the incident file to remind staff of the steps that need to be taken following all incidents, this includes the need to update the risk assessment and care plan.

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