The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Clogrennan Supported Living Scheme**

Provider: **Northern Health and Social Care Trust**

Date of Inspection: **5 May 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:	Northern Health and Social Care Trust
Responsible Individual/Responsible Person:	Mrs. Suzanne Pullins
Registered Manager:	Mrs. Heather Wilson (acting)
Service Profile – 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).	

2.0 Inspection summary

An unannounced inspection took place on 5 May 2026, between 10.45 am and 2.45 pm. It was carried out by a care Inspector.

The last care inspection of the agency was undertaken on 20 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 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. No areas for improvement were identified during this inspection.

Service users said that the care and support provided by the agency was a positive experience. 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.

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 information held by RQIA about this agency was reviewed. This included registration information, and any other written or verbal information received from 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/examine 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 survey.

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that 'all was good' and that they 'loved living in the agency'.

Staff told us that they were happy with the care and support provided and that they felt very much felt supported within their roles.

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 service users. There was evidence of robust systems in place to manage staffing.

There was a process in place to ensure that recruitment was managed appropriately; this ensured that all pre-employment checks are completed and verified before staff members commenced employment and have direct engagement with service users.

It was identified that some staff currently employed within the agency had transferred internally by means of an Expression of Interest without enhanced AccessNI checks having been completed. RQIA recently issued communication to all providers outlining the responsibility under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (known as the 2003 Order) to undertake pre-employment checks for staff who work in the Establishment or Agency, with an effective date of compliance of 1 June 2026. This matter will be reviewed at a future inspection.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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 induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC); there was a system in place for professional registrations to be monitored by the manager.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities. It was noted a proportion of these had not been updated in some time. Feedback was given to the person in charge and this will be reviewed at the next inspection.

3.3.2 Care Delivery

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

Staff interactions with service users were observed to be friendly and supportive. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

Service users' needs were met through a range of individual and group activities. It was reassuring to note that service users were consulted about the activities they preferred, ensuring their views informed and shaped the day-to day activities. One service user told us 'I love the fun activities we do'. The agency had recently commenced the production of a newsletter to ensure service users were well informed of the activities planned for the month and of their opportunity to be involved. 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.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

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, in line with the commissioning trust's requirements.

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. One service user told the inspector how staff were supporting them with some current dental issues.

3.3.3 Management of Care Records

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 and regularly reviewed and updated to ensure they continued to meet the service users' needs. 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 users' 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.

Review of records identified that the care plans were reflective of the recommendations outlined within any Speech and Language Therapy (SALT) Care Plan.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty (DoL), the care records contained the relevant authorisation documents. A central register was in place to enable tracking of any DoL due for review.

3.3.4 Quality of Management Systems

There has been a change in the management of the agency since the last inspection.

Mrs. Heather Wilson has been the manager in this agency since 11 March 2026. She is also manager of several other registered services. We discussed the current acting management arrangements; RQIA will keep this matter under review.

In the absence of the manager, there was a nominated person-in-charge (PIC) to provide guidance and leadership. The PIC was clearly identified on the duty rota.

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.

Advice was given to ensure that that there was evidence in place that the reports had been reviewed by the manager.

The Annual Quality Report was reviewed and was satisfactory. It was noted to include stakeholder feedback.

A review of records indicated that incidents had been managed appropriately. The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). 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. A specific individual was identified as the agency's ASC. It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. Discussions with the person in charge 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.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed. It was positive to note that the person in charge had received training in the management and investigation of complaints.

The Statement of Purpose required updating to reflect the appointment of the manager. This will be reviewed at the next inspection.

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 and deputy 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

Tel: 028 9536 1111

Email: info@rqia.org.uk

Web: www.rqia.org.uk

Twitter: @RQIANews