

# Inspection Report

**Name of Service:** CLYN Group Ltd  
**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

<b>Organisation/Registered Provider:</b>	Clyngroup Limited
<b>Responsible Individual/Responsible Person:</b>	Mr. Chijioke James Attoh
<b>Registered Manager:</b>	Ms. Catherine Marie McCorry
<b>Service Profile –</b>	
<p>Clyn Group Ltd is registered with RQIA as a Nursing Agency and currently supplies registered nurses to a range of nursing and residential care homes throughout Northern Ireland. The agency operates from an office located in Belfast.</p> <p>Clyn Group Ltd also acts as a recruitment agency and supplies Health Care Assistants (HCAs) to various healthcare settings. RQIA does not regulate recruitment agencies.</p>	

## 2.0 Inspection summary

An announced inspection took place on 18 August 2025, from 10 am and 12.30 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 assess progress with the area for improvement identified, by RQIA, during the last care inspection on 20 August 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that the nurses provided safe, effective and compassionate care in the various settings they were supplied to work in. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as adult safeguarding documentation and review of certain policies.

As a result of this inspection the area for improvement previously identified was assessed as having been addressed by the provider. 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.

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 the previous area for improvement issued, 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 nurses 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 told us that the standard of the nurses supplied by the agency was 'good'. The nurses were described as well trained.

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 induction, regular training and continued supervision and support.

A review of the agency's staff recruitment records confirmed that pre-employment checks including criminal record checks (AccessNI), were completed and verified before registered nurses were supplied to the various health care settings.

A review of the records confirmed that all registered nurses were appropriately registered with the NMC. Information regarding registration details, renewal and revalidation dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards.

The interview process was reviewed and written records were retained by the agency of the nurses' capability and competence in relation to their job role.

There was a system in place to ensure that the registered nurses were placed into settings where their skills closely matched the needs of patients.

Nurses were provided with training appropriate to the requirements of the settings in which they were placed. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia, and Suicide Awareness.

### 3.3.2 Quality of Management Systems

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 8 April 2022. She is also the Registered Manager of the provider's registered domiciliary care 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 quality 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 and staff. It was noted that the reports routinely monitored any incidents as part of the monthly checks to identify any patterns or trends.

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.

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. There were systems and processes in place to manage the safeguarding and protection of adults at risk of harm. However, there was no Annual Safeguarding Report in place for the agency. This has been identified as an area for improvement.

The alphabetical list of staff employed by the agency was up to date.

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

The out of hours, on-call arrangement for the agency was discussed. It was noted that there was no rota in place indicating which staff were scheduled to cover what periods. The manager agreed to establish this with immediate effect. This will be reviewed at the next inspection.

Several policies were reviewed. The Accident and Adverse Incident policy did not fully reflect procedures in place within the agency. This has been identified as an area for improvement.

## 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
<b>Total number of Areas for Improvement</b>	0	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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 9.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2025	<p>The Registered Person shall ensure there is a current Annual Safeguarding Report in place at all times for the agency</p> <p>Ref: 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The Annual Safeguarding report is in place and has recorded no safeguarding incidents reported for the period during August 2024 to August 2025.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2025	<p>The Registered Person shall ensure all policies accurately reflect procedures in place within the agency</p> <p>This refers specifically to the Accident and Adverse Incident Policy</p> <p>Ref: 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Policy reviewed and updated.</p>

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



## The Regulation and Quality Improvement Authority

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