

Inspection Report

Name of Service: Forest Hill Supported Living Services

Provider: Praxis Care

Date of Inspection: 21 July 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:	Praxis Care
Responsible Individual:	Ms Grainne Close
Registered Manager:	Mr Andrew Synnott
Service Profile – Forest Hill Supported Living Services is a domiciliary care agency, supported living type. The agency's aim is to provide care and support to meet the individual assessed needs of people who live in single dwellings, and group living arrangements in the North Down area.	

2.0 Inspection summary

A care Inspector completed an unannounced inspection on 21 July 2026 between 9.45 am and 2.15 pm.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards. To assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 25 February 2025; and to determine if Forest Hill Supported Living Services 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.

The Inspector identified good practice in monthly quality monitoring and care planning. There were good governance and management arrangements in place.

As a result of this inspection, the previous area for improvement identified at the last care inspection on 25 February 2025 was assessed as having been addressed by the provider. No new areas for improvement were identified. Details can be found in the main body of this report.

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 Forest Hill SLS 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.

Throughout the inspection process, inspectors seek the views of those working for or receiving support from 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

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

Service users who spoke with the Inspector gave positive feedback. One service user stated that that 'I'm happy enough, staff treat me well'. Others described feeling safe and happy and discussed recent outings.

Staff who spoke with the Inspector stated that they loved working with the agency. One staff member said, "Sometimes it doesn't even feel like a job, it is that good" Staff also described feeling supported by management stating, "Andrew and the team leaders are great."

Relatives told the Inspector that they were happy with the care that their relatives received in Forest Hill SLS. One stated that 'We are over the moon. The staff are fantastic'

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.

Consultation with staff, service users and their representatives established that there were no concerns regarding staffing levels although one service user described how they preferred to have familiar staff who are directly employed by Praxis.

A review of a sample of recruitment records indicated that the agency had completed pre-employment checks before staff commenced employment and had direct contact with service users.

Volunteers had also completed Enhanced Access NI checks.

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 retained records of all staff training and the Inspector noted that these were up to date or dates for completion had been booked. Staff confirmed that received sufficient training for their roles.

Senior agency staff complete competency assessments on all staff to ensure that they were competent in administering medications.

The Inspector noted that the agency had procedures were in place for appraising staff performance and senior staff completed a robust programme of regular supervision in keeping with the agency's policy and procedures.

3.3.2 Care Delivery

There were daily handovers at the beginning of each shift, which include information about any changes to the service users' care, which the staff needed to assist them in their roles.

Staff were very knowledgeable of individual service users' needs, their daily routine wishes and preferences.

The Inspector observed that staff interactions with service users were caring and supportive. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs. Where service users required support with domestic tasks, the level of support required was included in their support plan. Information on the service users' day and night routines were also detailed within the support plans; this assisted staff in providing consistency of care and support to service users.

Staff met the needs of service users' needs through a range of individual and group activities. Some service users required additional support and supervision levels and staff were allocated accordingly.

It was reassuring to note that staff consulted service users about the activities they preferred, ensuring their views informed and shaped the day-to day activities. The inspector noted that the manager compiles a newsletter to keep service users in the different houses within Forest Hill SLS informed about social and domestic matters.

3.3.3 Management of Care Records

There was a policy in place for the use of restrictive interventions and the agency maintained a register, which was reviewed and updated at least annually. The manager reported that some restrictive practices concerned medication and others referred to supervision levels and environmental restrictions. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the Health and Social Care (HSC) Trust representative

A review of service users' care records identified that each service user had a detailed, person centred support plan of their care. Care records evidenced multi-disciplinary working and regular communication with relevant professionals. Care plans contained details about service users' likes and dislikes and the level of support they may require. These are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur in keeping with the setting's policies and procedures.

The inspector noted that care records were audited during monthly monitoring. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

3.3.4 Quality of Management Systems

The Inspector reviewed a sample of monthly quality monitoring reports, which evidenced that a robust system for reviewing the quality of care and staff practices was in place. The Inspector reviewed the reports and confirmed that these included engagement with service users, service users' relatives, staff and HSC Trust representatives. An area for improvement previously identified regarding monthly monitoring reports was assessed as having been met at this inspection. The robust reports included details of a review of the care records of service users; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Inspector reviewed the agency's process for the management of complaints and noted that the agency had received one complaint since the last inspection. The manager had also undertaken further complaints training.

Review of incident records identified that the manager had managed these appropriately. There was evidence that the manager audited incidents on a regular basis using the Praxis Quality and Governance system, to establish any patterns/trends. The agency also reviewed incidents as part of the monthly quality monitoring process.

The Inspector examined the agency's annual quality report, which included stakeholder feedback.

The Inspector confirmed that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The Inspector viewed the annual safeguarding position report. There was evidence that the agency responded to concerns raised with them and implemented measures to enhance both practice and the quality of service provided.

Fire risk assessments had been completed for the service users' houses and the manager confirmed there was a six monthly fire drill in each dwelling.

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 Andrew Synott, (Registered Manager) as part of the inspection process.



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