

Inspection Report

Name of Service: North Down Supported Living
Provider: Praxis Care
Date of Inspection: 25 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:	Praxis Care
Responsible Individual:	Mr Greer Wilson
Registered Manager:	Mr Andrew Synnott
Service Profile – North Down Supported Living 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

An unannounced inspection took place on 25 February 2025, between 8.50 a.m. and 1:50 p.m. This was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were also reviewed.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards, and to assess progress with the areas for improvement identified during the last care inspection on 10 October 2023.

No new areas for improvement were identified. As a result of this inspection three of the areas previously identified, were assessed as having been addressed by the provider, while the area for improvement in relation to Monthly Monitoring Reports was identified as not being addressed and has been stated for a third time. This finding was discussed with the Responsible Individual on 28 February 2025.

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.

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, relatives, staff or the commissioning Trust.

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

We spoke to a number of staff to seek their views of the agency.

Staff spoke very positively in regard to the care delivery and management support in the agency. One told us that they loved working here, and the service users have lots of choices for activities to be involved with, while another told us that they were aware of how to raise any safeguarding concerns and that the manager is great and very approachable. They remarked: "we could benefit from having more staff" but had no concerns about this service.

The responses to the questionnaires indicated that service users did not have any concerns about their care.

3.3 Inspection findings

3.3.1 Staffing Arrangements

A review of the agency's staff recruitment records confirmed that all pre-employment checks including criminal record checks (AccessNI) were completed and verified before staff members commenced employment and had direct engagement with service users.

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, induction programme which also included shadowing of a more experienced staff member.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

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

3.3.2 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

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.

All staff had been provided with training in relation to medicines management. A review of medication errors found that appropriate action was taken. A monthly medication audit is completed in the service.

The Mental Capacity Act (Northern Ireland) 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. 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 HSC Trust representative.

Care and support plans are kept under regular review.

3.3.3 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Person centred support plans were reviewed and found to involve the service user.

Since the last inspection, the agency had undertaken an evaluation of the service to include feedback from service users.

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.

3.3.4 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place. Although the review of the reports of the agency's quality monitoring established that there was engagement with service users and staff, these reports were found to lack robustness as they contained inaccurate information and duplication of information. One of these reports was found to have omitted details of an accident which had occurred within the service. This finding was discussed with the Responsible Individual following the inspection. Assurances have been given to RQIA that this finding will be addressed. An area for improvement has been identified and will be stated for a third time.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area 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.

Quality Improvement Plan	
Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 23 (1)</p> <p>Stated: Third and final time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered manager shall establish and maintain a system for evaluating the quality of the service.</p> <p>This relates specifically to the duplication evident in reports, the inclusion of inaccurate information and omission of relevant information</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Praxis Care has met with RQIA and provided a comprehensive response to this repeat QIP. The Director of Care has completed comprehensive monitoring report and provided to the inspector and Assistant Director at RQIA. We will communicate further with AD and inspector at the conclusion of our internal investigation.</p>



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