

Inspection Report

Name of Service: Ballymena Supported Living Service

Provider: Praxis Care

Date of Inspection: 9 July 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/Responsible Person:	Mr. Greer Wilson
Registered Manager:	Mrs. Bronagh McCaw
<p>Service Profile – Ballymena Supported Living Service is a domiciliary care, supported living type which provides personal care and housing support to people with a learning disability and associated needs.</p> <p>The service is spread over a variety of sites – newly appointed individual flats in Ballymena within one of which the registered office is sited, one house in Hugomont Drive in Ballymena and one house in Grange Road, Ballymena.</p>	

2.0 Inspection summary

An unannounced inspection took place on 9 July 2025, between 10.25 a.m. and 4 pm. It was carried out by a care inspector.

The last care inspection of the agency was undertaken on 16 November 2023 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.

Service users said that the care and support provided was a good experience.

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 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 registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors will seek the views of those living, working and visiting 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 User Friendly questionnaires and an electronic survey.

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

We received feedback from a range of service users and staff.

Service users told us that they liked their new flats and that they were very happy with the care and support offered by the agency. They commended the staff and told us about a lot of individual and group activities that staff support them with.

Staff told us that they loved their job and that service users were at the heart of everything within the agency. One staff member described it as a 'great service'. Feedback from the electronic survey indicated that staff were very satisfied that the care provided was safe, effective, compassionate and that the service was well led.

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.

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.

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

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. Staff spoken with commended the high standard of their induction.

Written records were retained by the agency of the person's capability and competency in relation to their job role. 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.

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. Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend.

3.3.2 Service Users

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. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed 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 and individual service users' communication books; this assisted staff in providing consistency of care and support. Where service users required assistance in managing their food stocks, the staff assisted by undertaking daily food checks to ensure that the food was always in date.

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. Some matters discussed included: recycling, the complaints process and ideas on how to improve the service.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency/day care setting 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.

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.

A review of a sample of daily notes evidenced that they were objective, legible, up to date and signed by the person making the entry. One staff member commented that the agency was reviewing some of their processes since the recent move to Ballymena.

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.

The agency's Restrictive Practice register was reviewed and found to be satisfactory.

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). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs. Bronagh McCaw has been the manager in this since 9 November 2018.

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.

The Annual Quality Report was reviewed and was 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.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. The manager is aware what incidents require to be notified to RQIA in keeping with the regulations.

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

It was disappointing to note that a planned extension in one house to include a new staff office has not progressed since the last inspection. This extension will negate the current need for staff to walk through dedicated service users' areas to access the office. RQIA will monitor this and review in detail at the next inspection.

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 and were reviewed as part of the agency's quality monitoring process.

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 Mrs. Bronagh McCaw, the manager, as part of the inspection process and can be found in the main body of the report.



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