

# Inspection Report

**Name of Service:** PCG Lurgan DISH

**Provider:** Praxis Care

**Date of Inspection:** 27 June 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

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| <b>Organisation/Registered Provider:</b>  | Praxis Care          |
| <b>Responsible Person:</b>  | Mr Greer Wilson      |
| <b>Registered Manager:</b>  | Mrs Jennifer Bingham |
| <b>Service Profile –</b><br>This is a domiciliary care agency, supported living type, that provides support to 21 service users all living with enduring mental ill health. A range of support is provided through a Dispersed Intensive Supported Housing (DISH) service within the Lurgan area. Service users are supported by nine staff and live in a variety of accommodation throughout Lurgan. |                      |

## 2.0 Inspection summary

An unannounced inspection took place on 27 June 2025 between 10.05 am and 2.15 pm. It was carried out by a care inspector.

The last care inspection of the agency was undertaken on 24 October 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 by the agency was a good 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 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 home 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**

We spoke to a range of service users and staff to seek their views of living and working within the agency.

Service users told us that there was nothing that they didn't like about living in the agency, that the staff were supportive and friendly, and that they could come and go as they pleased.

Staff told us that they were 'very satisfied' that care provided by the agency was safe, effective and compassionate and that the service was well led. One staff member commented 'I know the service users believe we make a difference in their lives as they continually tell us in person and this makes me really happy'.

## **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 new system was in place for communication between staff members – the manager reported this is working well.

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

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

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

There was one volunteer in the agency working several hours a week in a specific activity area with service users. The manager confirmed that the volunteer did not undertake any personal care duties and that an AccessNI check had been completed.

Staff told us that they loved working in the service. They described the excellent team working in place and the high level of dedication of each staff member.

### 3.3.2 Care Delivery

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. Staff interactions with service users were observed to be friendly and supportive. It was observed that staff respected service users' privacy by their actions such as knocking on doors before entering their homes.

Activities for service users were provided which involved both group and one to one activities. Group activities included archery, fishing, gardening, bowling and visits to a large market. Service users were well informed of the activities and of their opportunity to be involved and looked forward to attending the planned events.

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.

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 use of sun cream, complaints procedure and planning for a holiday.

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.

### 3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency 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 stored securely and accessible to authorised personnel in accordance with data protection regulations.

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.

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 Health and Social Care (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

Mrs. Jennifer Bingham has been the manager in this agency since 13 May 2025. Staff described the agency as 'well managed' and the leadership as 'second to none'.

It was positive to note that staff required to be in charge in the absence of the manager had completed the necessary training and competencies to fulfil the responsibilities of the job role.

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.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

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

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 Jennifer Bingham, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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