

Inspection Report

Name of Service: Belfast Supported Living Services

Provider: Praxis Care

Date of Inspection: 21 January 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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| Organisation/Registered Provider: | Praxis Care |
| Responsible Individual/Responsible Person: | Mr Greer Wilson |
| Registered Manager: | Ms Tara McManus |
| Service Profile – | |
| <p>Belfast Supported Living Service is a domiciliary care agency, supported living type located within the Belfast Health and Social Care Trust (BHSC) area. The agency provides personal care and housing support to 35 service users with enduring mental health problems. The service is spread over three locations in north and west Belfast. The service users are supported by 20 staff.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 21 January 2025, between 9.55 a.m. and 3.00 p.m. The inspection was carried out by a care inspector and facilitated by the deputy manager.

The 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 were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.3.2 for more details.

It was established that staff promoted the independence and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

No areas for improvement were identified.

Belfast Supported Living Service uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

The inspector would like to thank the person in charge, service users, relatives and staff for their help and support in the completion of the inspection.

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 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 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, relatives and staff to seek their views of living within, visiting and working within Belfast Supported Living Service.

Service users told us they liked living in Belfast Supported Living Services.

Service users' relatives commented that they could not speak highly enough of the agency. One described how staff offered their relative the correct balance of support, reassurance and promotion of independence. The ease with which relatives could approach staff with any queries was highlighted.

Staff spoken with told us how much they enjoyed their job and how well the staff team worked together.

The information provided indicated that they had no concerns in relation to the agency.

Service users told us in their returned questionnaires that they had no concerns in relation to the care and support provided. One service user emphasised the independence they had living in Belfast Supported Living Service.

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that

the service was well led. One respondent told us they were proud to be part of the staff team and to support the service users. Another reflected on the excellent team work in place within the staff group.

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) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; 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, three-day induction programme which also included shadowing of a more experienced staff member.

Staff were provided with training appropriate to the requirements of their role. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as risk assessment, medicines management and dysphagia.

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.

Staff meetings were facilitated on a regular basis. A record of matters discussed was retained.

3.3.2 Care Delivery

Service users told us that they were satisfied with the care and support offered within Belfast Supported Living Service.

Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

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 maintenance issues, activities and charitable donations.

It was positive to note that, in keeping with the ethos of supported living, service users' individual medication was stored in their flats.

3.3.3 Management of Care Records

Care and support plans were in place for service users and included any advice or recommendations made by other healthcare professionals.

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.

Service users' care records were held confidentially.

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

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.

A small number of service users were assessed by a Speech and Language Therapist with recommendations provided for their food and fluids to be of a specific consistency. These recommendations were recorded within care plans.

3.3.4 Quality of Management Systems

Ms Tara McManus has been registered manager of Belfast Supported Living Service since 11 October 2022. Staff commented that the manager 'has an open door approach and welcomes staff to ask for help and to discuss anything they need to'.

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.

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

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



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