The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Kimberley House Supported Living Service**

Provider: **Praxis Care**

Date of Inspection: **17 June 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:	Miss Nikki McMullan
Service Profile – Kimberley House Supported Living Service is a domiciliary care agency, supported living type. The agency provides 24-hour care and support to nine service users with Learning Disability. Seven of the service users reside in individual apartments within a shared facility and two in a house located adjacent to the service. There are approximately 28 staff employed by the domiciliary care agency and the service also use agency staff not employed by the Praxis Care organisation.	

2.0 Inspection summary

An unannounced inspection took place on 17 June 2025, between 9.00 am and 1.25 pm. by care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards. The inspection also sought to determine if the agency is delivering safe, effective and compassionate care and if the agency is well led.

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 examined.

No areas for improvement were identified.

It was established that staff treated service users with dignity and respect, effective and compassionate care was delivered to service users receiving support from the agency and care records were person centred and provided evidence of service user involvement.

There were good governance and oversight arrangements in place, which included the review of incidents, person centred care records and the availability of a service users' newsletter.

Kimberley House Supported Living Service uses the term 'people who we support' 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.

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

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

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 for staff.

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

Throughout the inspection, the RQIA Inspector will seek to speak with service users their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of living, visiting or working in this service.

Service users spoke positively about their experience of the support provided by the agency; they said they enjoyed living in the supported living service and that the staff supported them well. Observations of staff interacting with service users was noted to be person centred and respectful.

Staff spoke very positively in regard to the care delivery in the agency. They confirmed they enjoyed working in the service and everyone worked together as a team. Staff indicated that the induction and training provided was good and they were supported to develop new skills. Staff described the support they provided to service users to help them participate in activities of their choice.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Some comments related to suggestions for social activities. Staff comments were very positive and complimentary of the manager.

The information provided indicated that there were no concerns in relation to the service.

3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 12 October 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Governance and Managerial Oversight

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

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.

There were processes in place to review the quality of the service on an annual basis. The Annual Quality Report was reviewed and was satisfactory.

Staff had managed incidents appropriately and reported to RQIA within appropriate timeframes in keeping with the regulations.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Staff demonstrated a good awareness of both the complaints procedure and whistleblowing policy. A register of complaints was retained by the service. Details relating to the complaints process was included in the statement of purpose and service users guide. There was evidence of a system to ensure oversight of complaints, this included a review of complaints during the monthly quality monitoring visits

The agency held one to one meetings with service users on a regular basis which enabled the service users to discuss the provisions of their care. A contemporaneous record was available to review. The service users availed of a variety of activities which included going for walks, shopping and travel opportunities.

There was a selection of policies available to direct staff in care delivery and support planning based on individual risk assessments. Staff confirmed they had access to policies and that those relevant to individual service users would be reflected in their care plans.

Staff confirmed they had opportunity to attend staff meetings where they are provided with updates on policies and additional training requirements. They stated they could add to the meeting agenda if there were items they wished to discuss. Staff told us that they would have no issue in raising any concerns regarding service users' safety or care practices and that they were confident that the manager or person in charge would address their concerns.

3.4.2 Staffing (recruitment and selection, induction and training).

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 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, three-day 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.

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 NISCC or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. Staff said they get an opportunity to discuss the post registration training requirements during supervision and appraisal meetings.

Records of all staff training were retained and a senior member of staff maintained oversight of the training matrix to ensure compliance. Staff confirmed that they were provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge to prepare for career progression.

There were good systems in place to manage staffing. There were enough staff on duty to support service users. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff were seen assisting service users in a caring and compassionate manner.

There were no volunteers deployed within the agency.

3.4.3 Care Records

From reviewing service users' care records and through discussions with service users, 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. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

The person in charge reported that a number of the service user currently required the use of specialised equipment, such as wheelchairs and walking aids. They were aware of how to source training should it be required.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

3.4.4 Safeguarding

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.

Discussions with staff 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.

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. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

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.

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 service had provided service users with information about the process for reporting any concerns.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

3.4.5 Deprivation of Liberty Safeguards (DoLs)

The Mental Capacity Act (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 who spoke with the Inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The person in charge reported that a number of the service users were subject to DoLS, and some restrictive practices were in place. There was a restrictive practices register in place which was reviewed and kept up to date. All relevant documentation was available in the service users' care records.

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 person in charge, Team leader, as part of the inspection process and can be found in the main body of the report.

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