The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Maine Valley Supported Living

Provider: Praxis Care

Date of Inspection: 21 November 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:	Mrs Angela Turner
Service Profile – Maine Valley Supported Living Service is a domiciliary care agency, supported living type, located in Ballymena. The agency provides care and support to one service user with a learning disability and behaviours that challenge. The South Eastern Health and Social Care Trust (SEHSCT) commission the care and support provided.	

2.0 Inspection summary

An unannounced inspection took place on 21 November 2025, between 09.15 a.m. and 12.30 p.m. A care inspector carried out the inspection.

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.

The inspector identified good practice in relation to monthly monitoring, staff training and recruitment. There were good governance and management arrangements in place.

Maine Valley Supported Living uses the term 'person 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.

The inspector identified no Areas for Improvement during this 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 Maine Valley Supported Living 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.

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 the agency offers service users 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 the agency respects and empowers service users who have a learning disability to lead a full and healthy life in the community. RQIA will also examine the support they receive to make choices and decisions that enable them to develop and live safe, active and valued lives.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from relatives, staff or the commissioning trust.

Throughout the inspection, the inspector will seek the views of those working in the agency, as well as those of relatives and visiting professionals. The inspector will also review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

The inspector provided information to 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?

Throughout the inspection the RQIA inspector spoke with staff, relatives of the service user, as well as visiting professionals for their opinions on the quality of the care and support provided by the agency, as well as their experiences of visiting or working in the agency. Information was provided to relatives, staff and other stakeholders on how they could provide feedback. These included questionnaires and an electronic survey.

Respondents spoken to by the inspector gave generally positive feedback.

Staff reported that they enjoyed working in the agency and that the manager was supportive. The named worker of the service user commented that the service user 'is well settled and the staff provide daily updates to family. The agency has provided good support to the service user'.

Family of the service user commented that they 'are very happy with the care in Maine Valley Supported Living'.

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

A care inspector completed the last care inspection of the agency on 31 October 2024. No areas for improvement were identified.

4.0 Inspection findings

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

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. There was an identified Adult Safeguarding Champion (ASC).

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.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. The staff member who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. 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. The inspector discussed these with the manager and confirmed that the agency had managed these appropriately.

The manager was aware that she must inform RQIA of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The agency provided staff with training appropriate to the requirements of their role. The manager advised that the service user does not require assistance with moving and handling. A review of care records identified that risk assessments and care plans were up to date.

Both the agency and the commissioning trust had undertaken reviews in keeping with the agency's policies and procedures.

All staff, including bank and agency staff if required, receive training and supervision in relation to medicines management. The manager advised that the service user does not require the administration of oral medication via syringe.

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 staff assist only when required to do so. 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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that the service user was subject to DoLS. A resource folder was available for staff to reference if needed.

The inspector viewed the agency's fire risk assessment and this was within date, with no actions outstanding from the previous assessment.

4.2 What are the systems in place for meeting the Dysphagia needs of the service user?

The manager reported that the service user required a modified diet. She confirmed that all staff had received training in Dysphagia and were aware of action to be taken in the event of a service user choking. The service user's care plan followed the professional assessment.

4.3 What systems are in place for recruitment and are they robust?

The inspector reviewed the agency's staff recruitment records and 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. The agency made regular checks to ensure that staff held appropriate registration with the Northern Ireland Social Care Council (NISCC). There was a system in place for the manager to monitor staff registrations on a monthly basis. Staff confirmed that they were aware of their responsibilities to keep their registrations up to date by the completion of post registration training and learning.

4.4 What arrangements are in place for staff induction and training?

There was evidence that all newly appointed staff had completed a Praxis Care 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 day care setting's policies and procedures. There was a formal induction programme of at least three days, which included orientation and shadowing by a more experienced staff member. The agency retained records of the staff member'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; the agency does use agency staff and these staff can avail of specific training such as medication competency, which they cannot

obtain through their agency. The inspector reviewed the training matrix maintained by the agency and found all training to be up to date.

4.5 What are the arrangements to ensure robust managerial oversight and guidance?

There were comprehensive monthly monitoring arrangements in place in compliance with regulations. A review of the reports of the agency's monthly quality monitoring established that there was engagement with the relatives of the service users, staff and HSC Trust representatives. The reports included details of a review of the care records of the service user; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality report reviewed by the inspector and was satisfactory.

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

The agency's registration and insurance certificates were up to date and displayed appropriately.

There was a system in place to ensure that the agency managed complaints in accordance with its policy and procedure of the agency. While the agency had received no complaints, the inspector confirmed that the agency continued to review these as part of the monthly quality monitoring process.

The inspector reviewed records of regular staff supervision as well as annual appraisals. The inspector confirmed that the agency carried these out regularly as per the policies and procedures of the agency

5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. The inspector discussed the findings of the inspection with Mrs. Angela Turner (Registered Manager) as part of the inspection process. These can be found in the main body of the report.

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