The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Antrim & Ballyclare Supported Living Services**

Provider: **Praxis Care**

Date of Inspection: **14 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/Responsible Person:	Mr Greer Wilson
Registered Manager:	Mrs Áine Martin
Service Profile: This is a domiciliary care agency supported living type located across the Antrim and Ballyclare areas. The agency's registered office is based in Antrim. The service users care and support is commissioned by the Northern Health and Social Care Trust (NHSCT) and the Belfast Health and Social Care Trust (BHSCT). A small number of service users pay privately for their care and support. At the time of the inspection there were 34 individuals in receipt of a service.	

2.0 Inspection summary

An unannounced inspection took place on 14 November 2025, between 9.25 am and 2 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 29 October 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. Improvements were required, however, to ensure the effectiveness and oversight of a certain aspects of the agency, such as updating risk assessments and care plans following any incidents.

Service users said that the care and support provided by Antrim & Ballyclare Supported Living Services was a good experience.

As a result of this inspection the areas for improvement previously identified were assessed as having been addressed by the provider. Full details, including a new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those working for or being supported by the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that they had 'flourished' since they started getting care and support from Antrim and Ballyclare Supported Living Services. Service users described the agency as being 'absolutely incredible' and 'very helpful'. They described the staff as being 'friendly, professional and personal'. One service user described how 'impressed' they have been by the way they are treated.

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 no evidence that the staffing levels were not sufficient to meet the needs of the service users. A staffing contingency plan was in place to manage any staffing shortages.

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 Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager.

There was a robust, structured, induction programme which also included shadowing of a more experienced staff member.

Records of all staff training were available and there were mechanisms in place to support oversight of the training matrix to ensure compliance. A number of staff had yet to undertake training in relation to Mental Health awareness. This was discussed with the manager who agreed to liaise with the Learning and Development team to ensure that this training is mandatory for all staff and added to the training matrix going forward.

It was good to note that plans are in place to further develop the medicines training to ensure that all staff received the appropriate level of training. This will be reviewed at a future inspection.

Competency assessments were undertaken on all staff relevant to their roles and responsibilities.

Procedures were in place for appraising staff performance and all staff received regular supervision.

3.3.2 Care Delivery and care records

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care, which 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, to read for information sharing.

There was a support schedule in place which detailed the type and duration of support each service user needed. The manager was advised to ensure that this was accurately referenced with the support plans.

Additionally, service users were encouraged to attend group activities such as walking groups, arts and crafts, ladies night, games and quiz nights, movie night and going to coffee shops. All service users were able to commemorate Remembrance Day, if they so wished. The service users had afternoon tea to mark National Schizophrenia Day and they also celebrated World Mental Health day.

Service users' meetings were held on a regular basis. The meetings also included matters such as the complaints procedure. It was good to note that service users were provided with a copy of the Service User Involvement Strategy and a Charter for service users which outlined their rights and the organisation's values.

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment support plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were generally detailed and person centred. The manager was advised to ensure that all issues identified in risk assessments should be reflected within the support plans.

A review of records identified, however, that the risk assessments and support plans were not consistently reviewed after an incident had occurred. An area for improvement has been identified.

Promoting Quality Care (PQC) is regional guidance on the assessment and management of risk in mental health and learning disability services. A core function of mental health and learning disability services is to assess the treatment and care needs of people presenting to them. An integral part of such an assessment is the consideration of risks posed by some people with a mental disorder to either themselves or others. Understanding the level of risk that a service user may present forms part of the service users' overall assessment, nevertheless it is an integral part of formulating an appropriate care package.

Where service users were under PQC, Comprehensive Risk and Management Plans were in place. The manager was advised to develop a matrix to track the six monthly review dates required for service users who are under PQCs. Whilst it is the responsibility of the Trust to ensure that multidisciplinary reviews are undertaken on a six monthly basis, more joined up working to ensure that no risks are missed was advised.

Advice was given in relation to centrally recording any cancelled or non-attended Out Patient Appointments, in each service users care record. This would enable any patterns or trends to be identified in a timely manner.

Service user agreements were in place in the records reviewed.

It was evident that the service users had been included in the development of their care plans.

Staff recorded regular evaluations about the care and support provided. A review of a sample of these records evidenced that they were legible, up to date and signed by the person making the entry. Staff recorded their initials, rather than their full name, when signing the daily notes. There was a list of initials and full staff signatures available, however, there were some gaps in completion noted. This was discussed with the manager who agreed to address the matter; this will be reviewed at a future inspection.

The records pertaining to service users were retained in both the Antrim and Ballyclare offices. Following the inspection, the operation of the Ballyclare office was discussed with a member of the senior management team. Assurances were provided that the Ballyclare office would not be used as a fully functioning office and that all records would be retained within the Antrim office; and that care and support would also be coordinated out of the Antrim office, going forward.

There was a procedure in place for the use of restrictive interventions. Advice was given in relation to maintaining one restrictive practice register, which should include the last and the next review date; this should enhance the manager's oversight and regular review of any restrictions. This will be reviewed at a future inspection.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Áine Martin has been the manager in this agency since 20 April 2023.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place.

Complaints and incidents were managed appropriately and it was good to note that the electronic records management system used to record both of these, automatically categorised the information, to enable any patterns/trends to be identified immediately. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process. Trust' representatives had been informed in a timely manner of any incidents.

Advice was given in relation to amending the complaints recording proforma to include a section to record where Trust' representatives have been informed.

The annual quality report was reviewed and noted to include stakeholder feedback.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. Review of staff meeting minutes evidenced that safeguarding matters were included as a standing item for discussion at each meeting. This gave the staff the opportunity to discuss different safeguarding scenarios. Managers within Praxis also met on a monthly basis, where any safeguarding issues were discussed.

The annual safeguarding position report had been completed. Given that this document was developed for the whole Praxis organisation, advice was again given in relation to appending a service specific table to the report.

It was good to note that service users were provided with information regarding how and to whom their data could be shared with. Advice was given, however, in relation to adding RQIA to the record.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice and/or the quality of services provided by the agency, as necessary.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Áine Martin, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021

Area for improvement 1 **Ref:** Standard 8 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that risk assessments and care plans are updated following the completion of any incident reports. Ref: 3.3.2 **Response by registered person detailing the actions taken:** Following a review, all incidents and accidents will now be included in Risk Assessment and Everyday Living Plan (care/support plan). This will ensure a cohesive approach to the recording of data so it is recorded in all relevant document. A discussion was held at the team meeting and and all staff are aware of this requirement moving forward.

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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