The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Kesh/Enniskillen Supported Living Services

Provider: Praxis Care

Date of Inspection: 31 December 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 Larissa McCaffrey
Service Profile – This is a domiciliary care agency supported living type which provides personal care and housing support for seven people within the Western Health and Social Care Trust (WHSCT) area.	

2.0 Inspection summary

An unannounced inspection took place on 31 December 2025, between 10.50 am and 3.55 pm. A care Inspector conducted the inspection.

The last care inspection of the agency was undertaken on 4 July 2024 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. No areas for improvement were identified.

Good practice was identified in relation to service user involvement, mandatory training compliance and monthly monitoring report arrangements. There were good governance and management arrangements in place.

The inspector would like to thank the person in charge and staff team for their support and co-operation during 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 seek the views of those working for or being supported by the agency and review 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 staff survey.

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

No service users took the opportunity to meet with the Inspector.

We spoke to staff to seek their views of the agency.

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the agency. Staff comments included; "Good communication within the agency and there is a handover at each shift.", "Detailed records are maintained in relation to restrictive practice and there is regular review of these records." and "Care and support planned on the individual's assessed needs".

Returned service user questionnaires indicated that the respondents were very satisfied with the care and support provided. Comments included "Everything is amazing." and "The staff are great and they are kind to me".

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

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

Review of the agency's staff recruitment records confirmed that 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 and a record of checks retained. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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, programme which also included shadowing of a more experienced staff member.

Staff provided positive feedback regarding the training they received and confirmed that it enabled them to fulfil the duties and responsibilities of their roles. Staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on a colour coded training matrix. The review concluded that staff had received mandatory and other role specific training since the previous care inspection, including moving and handling, fire awareness and medicines management. The agency had also provided training in regard to awareness of risk and positive behaviour support, which strengthened staff competence in these areas.

There was evidence of effective systems in place to manage staffing. Staff reported collaborative team working and confirmed that they felt well supported in their roles by the manager. Staff reported staffing levels were sufficient to meet the needs of the service users, and staff demonstrated a clear understanding of the needs, preferences and wishes of individual service users.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development.

3.3.2 Care Delivery

There was a handover at the beginning of each shift, which all staff attended. These meetings focused on information about any changes in the service users' care needs.

There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. Service users were supported to access activities of their own choice; this included going shopping, swimming, visiting restaurants and attending the cinema and the theatre.

Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. Easy read documents were also available to support service users' understanding, including a service user's guide and information on how to raise a complaint.

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.

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. Staff recorded regular evaluations about the care and support provided, which were used to monitor quality and inform ongoing practice.

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.

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. There was evidence that the agency contributed to the review process by completing a written report prior to the review meeting, detailing any matters regarding the current care plan and important events such as incidents or accidents.

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the Health and Social Care (HSC) Trust representative.

Restrictive practice agreements were in place and were reviewed on a regular basis.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Miss Larissa McCaffrey has been the manager in this agency since 27 June 2022. Those consulted described having open and supportive relationships with the manager.

The agency was visited each month by a representative of the registered provider. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and Health and Social Care (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 reports of these visits were completed in detail.

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

The agency retained records of all accidents/incidents and a review of a sample of these records indicated that they had been managed appropriately.

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

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. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the agency. The annual safeguarding position report had been completed and was found to be satisfactory.

Discussions with the person in charge 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. Adult safeguarding matters were reviewed as part of the quality monitoring process.

The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

There was a system in place to ensure that complaints were managed in line 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.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed.

Discussions with the person in charge and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 3.3.1, staff spoken with during the inspection confirmed the availability of continuous update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings, which they described in positive terms and found beneficial.

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

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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