The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Lisburn PBS Service**

Provider: **Praxis Care**

Date of Inspection: **2 February 2026**

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:	Miss Rosemary Doherty
Registered Manager:	Mr Hugh Pollock, Acting
Service Profile: This is a domiciliary care agency, supported living type, which provides care and support to a small number of service users who have a range of complex needs. The service users' care and support is commissioned by the Belfast Health and Social Care Trust.	

2.0 Inspection summary

An unannounced inspection took place on 2 February 2026, between 10.00 am and 3.15 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 24 September 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection found 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.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

The feedback from service users' representatives was very positive, showing positive outcomes for service users.

As a result of this inspection the previous area for improvement was assessed as having been addressed by the provider; no new areas for improvement were identified. Details can be found in the main body of this report.

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.

A service user's representative described the staff as being 'very proactive' and said that they are 'absolutely brilliant'. They told us how the staff can 'read (the service user) very well and that they 'genuinely love …. and get a real buzz' out of the service user. The relative spoken with described positive outcomes for their loved one.

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; it was noted that there was enough staff on duty to meet the needs of the service users.

Review of the 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. An area for improvement previously identified in relation to employment references and the recording of gaps in employment had been addressed.

Advice was given in relation to ensuring that the recruitment policy and procedure is further developed to ensure that employment histories are obtained going back to school leaving age. The manager was also advised that new employees should provide the addresses of their previous employers, as part of the application process. The manager agreed to relay this to the human resource department.

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

Records of all staff training were retained and were noted to be up to date. Service user specific training had also been provided to staff. It was good to note that training compliance was at 97 percent.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities; and in relation to their ability to be in charge in the absence of the manager.

Procedures were in place for appraising the staffs' performance and supervisions were undertaken in keeping with the agency's policy and procedures.

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. This included any incidents which may have occurred, or if any service user had displayed behaviours that required the use of prn medicine and the effectiveness of same.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

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.

Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

The care records included a one page profile which detailed the aspects of the service users' lives that were important to them; what people liked and admired about them; and how best to support them.

The care records included a comprehensive assessment of need, which was reviewed when there were any changes to the service users' needs.

A Positive Behaviour Support (PBS) Plan was in place, to support the staff in managing behaviours which may be deemed as challenging. This included a red, amber, green rating system, to support staff in recognising signs of distress at an early stage; this is important so that the staff can intervene and prevent any behaviours from escalating.

Risk assessment and management plans were then developed; these were noted to be person-centred and reflective of the assessed need; the details were shared and signed by service users and/or their representatives as appropriate.

Information on the service users' day and night routines were also detailed within the support plans; this assisted staff in providing consistency of care and support to service users.

Where service users required support with domestic tasks, the level of support required was included in their support plan. Staff used Backward Chaining Analysis to assist the service users in performing simple tasks. This involves a logical process to break down complex tasks into smaller, more logical steps.

Where service users displayed behaviours which may be considered challenging, staff completed ABC charts, as part of the incident reporting procedures. These charts were used to record the activities and interactions that occurred before the incident, therefore providing useful insight into what may have triggered the behaviour. These ABC charts were subject to regular review by the manager.

Where service users require medicine on an as needed basis (prn), there was a system in place to ensure that the first line prescribed was administered first; and review of records identified that this was only given after the staff had attempted to de-escalate the behaviour.

Review of records identified that the care plans were reflective of the recommendations outlined within the Speech and Language Therapy (SALT) Care Plan.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained the relevant authorisation documents.

Restrictive practice assessments were in place and there was evidence of regular review to ensure that any restrictions used were the least restrictive. Any restrictive practices were reviewed alongside the support plan, care review and subject to multidisciplinary review.

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.

Multidisciplinary Team Meetings were held on a regular basis; the outcome of these were shared with the staff, as relevant to their roles and responsibilities.

Service user agreements were in place for each service user and these were reviewed on an annual basis. It was identified that there was a need for a Bills Agreement and Guide to Costs to be reviewed, to reflect a change in the occupancy of one of the service user's homes. This related to the percentage of utility bills that Praxis were to contribute. Following the inspection, it was confirmed to RQIA that this matter had been addressed.

Service users care records were held confidentially.

3.3.3 Quality of Management Systems

There has been a temporary change in the management of the agency since the last inspection. Mr Hugh Pollack has been the acting manager in this agency since 8 August 2025.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency.

There was a process in place to manage any complaints; none had been received since the last care inspection.

Review of incident records identified that they were managed appropriately. 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.

Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

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.

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

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Hugh Pollack, Manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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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