The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Foyle Mental Health & Stepdown Service

Provider: Praxis Care

Date of Inspection: 26 March 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	Greer Wilson
Registered Manager:	Alana Hamill
Service Profile: Foyle Mental Health and Step Down Service is a domiciliary care agency supported living type which provides support to service users with mental ill-health within the Western Health and Social Care Trust (WHSCT) area. Service users all live in their own homes within a five-mile radius of the registered office.	

2.0 Inspection summary

An unannounced inspection took place on 26 March 2026, between 11.15 am and 4.30 pm by a care Inspector.

The last care inspection of the agency was undertaken on 4 June 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 evidenced 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.

No areas for improvement were identified during this inspection.

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

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/examine 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

During the inspection, we spoke with a service user and staff members.

The service user spoke positively about the care and support they receive. Comments included: "The communication is consistently excellent, and I can contact them at any time. The staff are remarkable and work diligently to pair me with a team member with whom I have a good rapport. The staff engage in activities with me, providing an outstanding service. They accompany me shopping, involve me in my care reviews, and are very understanding. They are attentive listeners."

Staff spoke positively about the management, care, and support offered to the service users. Comments included: "The manager is excellent; she has been very supportive since I joined. She is positive and provides constructive feedback. We are a very person-centred service. The service users are involved in their initial assessment, care planning, and reviews. I am up to date with all my training, and my NISCC registration is current. We have a very good team. We reflect on our experiences and share knowledge."

3.3.1 Staffing Arrangements

Safe staffing starts at the point of recruitment and continues through staff induction, regular staff training, and ensuring that the number and skills of staff on duty each day meet the needs of service users. There is evidence that the agency has systems in place to manage staffing effectively.

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.

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

The agency has maintained a record for each member of staff, documenting all training, including induction and professional development activities undertaken. A review of a sample of staff training records established that staff had received mandatory training relevant to their roles and responsibilities. It is positive to note that the agency provides training in suicide awareness. Staff confirmed that they receive sufficient training for their roles.

Procedures were in place for appraising staff performance, and supervisions were undertaken in accordance with the agency's policy and procedures.

Regular staff meetings were conducted, and minutes were recorded to facilitate information sharing for staff members who were unable to attend.

3.3.2 Care Delivery

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.

A system is in place to ensure that the activities offered to service users are varied and tailored to their individual needs and preferences. Service users are supported in accessing activities of their own choice. The manager advised that all service users are independent and choose which activities they engage in.

Service users spoke positively about the care and support they received.

3.3.3 Management of Care Records

The service users' care plans contained details of their likes, dislikes, preferences, and the level of care and support they may require. 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 regarding how their support was provided. The details of care plans were shared with and signed by service users and/or their representatives as appropriate.

Care records were person centred, regularly reviewed, and updated to ensure they continued to meet the service users' needs.

Care reviews had been undertaken in accordance with the agency's policies and procedures.

Staff electronically recorded regular evaluations of the care and support provided. A review of a sample of these records evidenced that they were legible, up to date, and noted the name of the person making the entry.

Service users' care records were held confidentially.

3.3.4 Quality of Management Systems

Alana Hamill has been the registered manager in this agency since 23 December 2024. Staff spoke positively about the management team.

Monitoring arrangements were in place in compliance with regulations and standards. A review of the agency's quality monitoring reports 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, accidents/incidents, safeguarding matters, staff recruitment and training, and staffing arrangements.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was positive to note that these were reviewed in detail as part of the monthly quality monitoring process.

The annual quality report was reviewed, and it was noted that stakeholder feedback was included.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who is responsible for implementing the regional protocol and the agency's adult safeguarding policy. There was an appointed ASC for the agency. It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. It was positive to note that staff had completed adult safeguarding training, and those spoken with demonstrated a clear understanding of their responsibility in identifying and responding to any actual or suspected incidences of abuse, as well as the process for reporting concerns.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

There was evidence that the management team 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.

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

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