The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Beechcote Supported Living**

Provider: **Praxis Care**

Date of inspection: **30 April 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:	Ms Grainne Close (Acting)
Registered Manager:	Ms Jamie McGurk (Acting)
Service Profile – Beechcote Supported Living is a domiciliary care agency, supported living type. The agency provides care and support to a number of service users who have a range of health needs. The service users reside in two houses located in Portadown; the agency office is located in the home of a number of the service users. The service is commissioned by the Western, Southern and Belfast Health and Social Care (HSC) Trusts.	

2.0 Inspection summary

An unannounced inspection took place on 30 April 2026, between 9.55 am and 5.45 pm. A care Inspector conducted the inspection.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 12 September 2025; 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 promoted the dignity and well-being of service users and that staff were well trained to deliver safe and effective care.

Good practice was identified in relation to service user involvement, care records and staff training. There were effective governance and management arrangements in place. Feedback from the service user reflected their positive experience of the care and support provided. Refer to Section 3.2 for more details.

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

The Inspector would like to thank the manager, service users 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 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 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

The Inspector spoke to a service user and staff to seek their views of living and working within the agency.

The service user indicated that they enjoyed their experience of living in Beechcote Supported Living and they spoke highly of the staff and manager.

The service user told us that they were able to choose how they spend their day. The service user's comments included; "I like living here" and "I can come and go as I please".

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; "I got a very good induction and shadowed senior staff for a number of weeks", "Service users' views are respected and always supported" and "Care and support is very much person centred and the person is very much included in the process".

Returned staff questionnaires confirmed that safe, effective and compassionate care was delivered to service users and the agency was well led. Comments included; “I am supported in my development and learning within the service”.

The information provided indicated that those who engaged with us had 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.

It was identified that three staff currently employed within the agency had transferred internally by means of an Expression of Interest without enhanced AccessNI checks having been completed.

RQIA recently issued communication to all providers outlining the responsibility under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to undertake pre-employment checks for staff who work in the Establishment or Agency, with an effective date of compliance of 1 June 2026. This matter will be reviewed at a future inspection.

An area for improvement had been identified during the previous inspection regarding obtaining two staff references. The required improvements were evidenced during this inspection.

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. Written records were retained by the agency of the person’s capability and competency in relation to their job role.

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 last care inspection, including moving and handling, Dysphagia and medicines management. The agency had also provided training in regard to awareness of risk and communication and recording, which strengthened staff competence in these areas.

Staff confirmed that they were provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge.

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 also 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.

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 are supported to access activities of their own choice; this included going to the cinema, shopping, visiting restaurants and bowling.

Staff interactions with service users were observed to be polite, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

It was positive to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included: activities, the complaints process and ideas on how to improve the service.

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, regularly reviewed and updated to ensure they continued to meet the service users' needs.

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. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

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.

Discussion with the manager and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

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.

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

Records relating to consent were signed by the service user, dated and their purpose was clear.

3.3.4 Quality of Management Systems

We discussed the acting management arrangements, which have been ongoing since 19 January 2026; RQIA will keep this matter under review. Those consulted commented positively about the manager and described her as approachable and supportive.

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

Incidents were managed appropriately and it was positive to note that any identified learning was shared with staff.

The manager described a transparent learning culture within the agency in which staff are supported and encouraged to engage in reflective practice; the manager stated that this approach allows staff to consider any lessons learnt and review how to improve service delivery.

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 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. 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. 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.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the previous inspection. Discussions 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 manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. Staff received regular supervision and annual appraisals which supported their professional development and enabled them to discuss concerns and training needs.

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

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