

Inspection Report

Name of Service: NDA Mental Health Services

Provider: Praxis Care

Date of Inspection: 18 May 2026

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Registered Provider:	Praxis Care
Responsible Person:	Ms. Grainne Close
Registered Manager:	Ms. Hazel Campbell
Service Profile – NDA Mental Health Services is a domiciliary care agency, supported living type; the agency office is located in Newtownards. The agency provides care and support to service users with mental health needs, in a variety of locations in the North Down and Ards locality. Service users live in their own homes or shared accommodation in six flats located in Bangor. Staff are available to provide care and support to service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life. The South Eastern Health and Social Care Trust (SEHSCT) commission the care and support services. The agency currently provides care and support to 37 service users.	

2.0 Inspection summary

A care Inspector completed an unannounced inspection on 18 May 2026 between 9.00 a.m. and 2.00 pm.

The last care inspection of the agency was undertaken on 29 July 2025 by a care Inspector. One area for improvement was identified.

This inspection was undertaken to evidence how NDA Mental Health Services 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-managed.

To that end, the inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The Inspector also examined the processes for reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and dysphagia management.

The Inspector identified good practice in relation to care planning, monthly quality monitoring, service user and staff feedback. There were good governance and management arrangements in place.

The Inspector did not identify any Areas for Improvement during this inspection. The Inspector signed off the existing Quality Improvement Plan (QIP) as having been achieved.

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 NDA Mental Health Services 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.

Throughout the inspection process, inspectors seek the views of those working for or receiving support from 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.

One service user who spoke to the Inspector commented that 'I am very happy with my care. I like the staff. Another said that 'I am very happy with Praxis. They have been a great help to me'.

Staff who spoke with the Inspector stated that they were happy working with the agency. One stated that 'this is one of the best teams I have ever worked with; the training is more intensive than the trust. The induction and shadowing was great'. Another stated that 'I love it here and the manager is very supportive'. Another stated that 'I enjoy working in the service. I had a good induction with shadowing I find the manager supportive'.

Relatives told us that they were happy with the care that their relatives received from the agency. One stated that 'I am very happy with the service my relative receives. I had a great time at the barbecue last week'.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction and ongoing supervision. There was evidence of robust systems in place to manage staffing. The manager described in detail the process for staffing the service according to the needs of service users and the escalation of staffing concerns should they occur.

The Praxis Care Human Resources Team manages recruitment for the agency. The Inspector reviewed a sample of recruitment records, which indicated that the agency had completed all pre-employment checks before staff commenced employment and had direct contact with service users. The manager reported that the agency currently had three vacancies and was using agency staff while the recruitment process continues. The agency has currently block booked one agency member of staff. The manager reported that the agency uses a small number of agency staff to maintain continuity of care with service users.

There was evidence that all 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 robust, structured, three-day induction syllabus, which also included shadowing of a more experienced staff member for 2 weeks. The manager reported that agency staff undergo an induction.

The agency retained records of all staff training and the Inspector noted that most were up to date. Where training was expiring, further dates had been booked. Staff confirmed that they received sufficient training for their roles. The agency staff receive their mandatory training through the agency but some service specific training is available.

Senior agency staff complete competency assessments on all staff to ensure that they were competent in the administration of medications. The manager reported that the block booked agency staff receive full medication training and competence assessment. The manager confirmed that all team leaders complete an Absence of Manager Competency Assessment. The manager also confirmed that Praxis operate a service manager buddy system to cover for leave.

The Inspector noted that the agency had procedures in place for appraising staff performance and senior staff completed regular supervisions in keeping with the agency's policy and procedures.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift in the supported living facility, which included information about any changes to the service users' care, which the staff needed to assist them in their roles.

The agency held staff meetings every month and retained the minutes to share with staff who were unable to attend. The manager also held team leader meetings.

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences.

The manager confirmed that all service users were mobile and self-caring. Staff meet the needs of service users' needs through a range of individual and group activities. It was reassuring to note that staff consulted service users about the activities they preferred, ensuring their views informed and shaped the day-to day activities. The Inspector also noted that the service maintained service user handbooks, which contained all service user information.

3.3.3 Management of Care Records

The Inspector reviewed care records, which staff record on both computer and paper notes. The inspector noted that risk assessments were in date.

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

The manager confirmed that none of the service users was subject to Deprivation of Liberty Standards (DoLS). A resource file was available for staff reference.

There was a policy in place for the use of restrictive interventions and the agency maintained a register, which the agency reviewed and updated annually. The manager reported that five service users were subject to restrictive practices. All restrictive practices concerned medication compliance.

3.3.4 Quality of Management Systems

The Inspector reviewed of a sample of monthly monitoring reports, which evidenced that a robust system for reviewing the quality of care and staff practices was in place. The Inspector reviewed the reports and confirmed that these included engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of the care records of service users; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Inspector reviewed the agency's process for the management of complaints. The agency manages complaints via the Praxis Quality and Governance system. The Inspector noted that the agency had received one complaint since the last inspection. The manager had managed this appropriately. The manager confirmed that she had received training in the management of complaints, over and above that which all agency staff complete.

A review of incident records identified that the manager had managed these appropriately. There was evidence that the manager audited incidents on a regular basis, to establish any patterns/trends. The Inspector confirmed that the agency reviewed incidents in detail as part of the monthly quality monitoring process.

The Inspector viewed the agency's annual quality report, which included stakeholder feedback.

The Inspector confirmed that the agency had an effective system and process to manage the safeguarding and protection of adults at risk of harm. The agency manages such incidents via the Praxis Quality and Governance system. The Inspector viewed the annual safeguarding position report.

The manager discussed the safeguarding incidents and demonstrated in-depth knowledge of both notifications and concerns. The Inspector felt that the manager was open and honest about the issues arising from these incidents, such as staff misconduct. The Inspector confirmed that the manager had handled these incidents appropriately. The manager confirmed that the agency was awaiting a meeting with the SEHSCT to discuss concerns about the agency. The Inspector noted that there was evidence that the agency responded to concerns raised with them and had implemented measures to enhance both practice and the quality of service provided.

The agency had completed a fire risk assessment had been completed on 5 February 2026. The Inspector viewed specific health and safety risk assessments for all agency premises. There was evidence that fire safety checks had been completed as required. Staff had completed training fire safety and had participated in a fire evacuation drill.

4.0 Quality Improvement Plan/Areas for Improvement

The Inspector did not identify any Areas for Improvement during this inspection. The Inspector discussed the findings of the inspection with Ms. Hazel Campbell (Registered Manager) as part of the inspection process. These can be found in the main body of the report.



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