

Inspection Report

Name of Service: Banbridge Supported Living Service (SLS)

Provider: Praxis Care

Date of Inspection: 17 June 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:	Miss Catherine Murphy
Service Profile: Banbridge SLS is a domiciliary care agency, supported living type, which provides services to up to 16 service users living in their own homes within the Southern Health and Social Care Trust (SHSCT) area. The service users require care and support with enduring mental ill health needs. The care and support services are commissioned by the SHSCT. This organisation also provides floating support to service users who live in the community. RQIA does not regulate these elements of support.	

2.0 Inspection summary

A care Inspector completed an unannounced inspection on 17 June 2026 between 9.00 a.m. and 1.00 p.m.

The last care inspection of the agency was undertaken on 2 June 2025 by a care Inspector. No areas for improvement were identified.

This inspection was undertaken to evidence how Banbridge SLS 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 recruitment, induction and supervision. The Inspector noted good practice in monthly quality monitoring, incident management and care planning. There were good governance and management arrangements in place.

The Inspector did not identify any Areas for Improvement during this 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 Banbridge SLS 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.

Service users who spoke with the Inspector gave very positive feedback. One service user stated that that 'I'm very happy here and the staff are great. I'm not here that long but I have settled in well'. Another said that 'I'm very happy here'.

Staff who spoke with the Inspector stated that they loved working with the agency; the team are supportive and found the induction with the booklet and shadowing to be very useful. All staff stated that the manager is supportive.

Relatives told the Inspector that they were happy with the care that their relatives received in Banbridge SLS. One stated that 'I'm very happy with the care. The staff are great and they keep me well informed'. Another commented that 'my relative is very well looked after'.

One care manager who spoke with the Inspector commented that 'my patients are happy. They are pleased with the service and support they receive. The service is very good'.

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. Consultation with staff, service users and their representatives established that there were no concerns regarding staffing levels.

A review of a sample of recruitment records indicated that the agency had completed pre-employment checks before staff commenced employment and had direct contact 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 induction programme, which also included shadowing of a more experienced staff member.

The agency retained records of all staff training and the Inspector noted that these were up to date. Staff confirmed that received sufficient training for their roles.

Senior agency staff complete competency assessments on all staff to ensure that they were competent in the supervision of service users administering their own medications.

The Inspector noted that the agency had procedures were in place for appraising staff performance and senior staff completed a robust programme of regular supervision in keeping with the agency's policy and procedures.

3.3.2 Care Delivery

There were twice daily handovers during the day, at the beginning of each shift and in the afternoon, which include 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 agency also held team leader meetings monthly. The area manager held managers' meetings monthly, from which the manager feeds information back to staff.

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

The Inspector observed that staff interactions with service users were friendly and supportive. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

Staff met 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 agency held service user meetings on a monthly basis, known as Residents Round Tables.

3.3.3 Management of Care Records

The Inspector reviewed care records, which staff record on the agency platform. Discussion with the manager confirmed that none of the service users required a modified diet.

The manager confirmed that all service users were independently mobile.

The Inspector noted that care plans, known as Everyday Living Plans, were person centred, well maintained, 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 if required.

There was a policy in place for the use of restrictive interventions and the agency maintained a register, which was reviewed and updated annually. The manager reported that several service users were subject to restrictive practices. The manager confirmed that all restrictive practices concern medications.

3.3.4 Quality of Management Systems

The Inspector reviewed a sample of monthly quality 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 and noted that the agency had received one complaint since the last inspection. The manager had undertaken further complaints training.

Review of incident records identified that the manager had managed these appropriately. There was evidence that the manager audited incidents on a regular basis using the Praxis Quality and Governance system, to establish any patterns/trends. The agency also reviewed incidents 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 effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The Inspector viewed the annual safeguarding position report. The agency had not made any safeguarding referrals since the last inspection. There was evidence that the agency responded to concerns raised with them and implemented measures to enhance both practice and the quality of service provided.

Fire risk assessments had been completed for the service user dwellings. There was evidence that staff completed fire safety checks as required. Staff had completed training fire safety and had participated in a fire evacuation drill on 26 March 2026.

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 Miss Catherine Murphy (Registered Manager) as part of the inspection process. These can be found in the main body of the report.



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