

Inspection Report

Name of Service: Kilmorey House

Provider: Praxis Care

Date of Inspection: 16 June 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:	Grainne Close
Registered Manager:	Mrs Karen Ford
Service Profile – Kilmorey House is a domiciliary care agency supported living service (SLS) located in Newry. The agency's aim is to provide care and support to meet the assessed needs of people with enduring mental health issues. Under the direction of the manager, staff are available to support service users 24 hours per day 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.	

2.0 Inspection summary

An unannounced inspection took place on 16 June 2026, between 9.25 am and 2.pm
A care inspector conducted the inspection.

This inspection was undertaken to evidence how Kilmorey House 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.

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 and restrictive practices.

The Inspector identified good practice in relation to recruitment, induction and supervision.

As a result of this inspection, all of the previous areas for improvement identified at the last care inspection on 20 January 2026 were 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 service 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 Kilmorey House. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those living, working and visiting the service; and review/examine a sample of records to evidence how the Kilmorey House 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 survey.

3.2 What people told us about the service and their quality of life

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 "Staff make sure I am alright". Services users describe staff as "very good and kind."

Staff who spoke with the Inspector stated that while they loved working with the agency they are very busy due to current staffing levels. They said the team are supportive and a member of staff found the induction with the booklet and shadowing to be very useful. All staff stated that the manager is supportive.

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 systems in place to manage staffing. The Inspector reviewed the process for staffing the service according to the needs of service users and the escalation of staffing concerns should they occur. On the day of inspection, two staff

were on duty, which is the minimum staffing requirement. The Inspector noted that staff were very busy. Staff on duty described service users' increasing dependency levels and the staffs' efforts to provide support and encouragement with care and nutritional needs in the shared living facility and the individual flats. Following the inspection the inspector highlighted inspection findings including staffing levels in a telephone meeting with senior Praxis staff. They agreed to discuss staffing with the commissioning trust at the next scheduled meeting in July 2026. This matter will be reviewed at a future inspection.

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, three-day induction programme, which also included shadowing of a more experienced staff member.

Areas for improvement previously identified in relation to recruitment and induction were assessed during this inspection as having been addressed by the provider.

The agency retained records of all staff training; review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities. Competency assessments were undertaken on staff to ensure that they were competent in their roles and responsibilities.

Staff meetings were held regularly and minutes maintained of the meetings

3.3.2 Care Delivery

There were daily handovers during the day, at the beginning of each shift, 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.

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

The Inspector observed that staff interactions with service users were caring and supportive. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs. Where service users required support with domestic tasks, the level of support required was included in their support plan. 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.

It was also good 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.

3.3.3 Management of Care Records

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 person in charge reported that five service users were subject to restrictive practices. Some restrictive practices concerned medication and others referred to supervision levels.

A review of service users' care records identified that each service user had a detailed, person centred support plan of their care. Care records evidenced multi-disciplinary working and regular communication with relevant professionals. Care plans contained details about service users' likes and dislikes and the level of support they may require. These are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur in keeping with the setting's policies and procedures.

The inspector noted that care records audited during monthly monitoring identified missing elements for action by key workers which are currently being addressed. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

3.3.4 Quality of Management Systems

On the day of inspection, the manager and Head of Operations were on leave and the team leader was in charge. As described in 3.3.1 the Inspector contacted the Responsible Individual, Grainne Close, Praxis Regional Director and the Head of Operations to obtain information unavailable on the day of inspection and to communicate inspection findings.

The Inspector reviewed 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 not received any complaints since the last inspection. When the manager returned from leave she confirmed that she was due to complete 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 organisation 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 also viewed the annual safeguarding position report for 2025/2026.

There was evidence that some systems and processes were in place to manage environmental risks and infection prevention and control; however, the Inspector noted the safety and hygiene risks associated with pull cords in the bathrooms. These matters were also discussed following the inspection with senior staff who agreed to promptly review the associated risks and communicate with the landlord regarding actions to be taken. This issue will be reviewed at a future inspection.

RQIA was aware that the organisation had attended a meeting with the Southern Health and Social Care Trust (SHSCT) to discuss concerns about contact compliance issues including medication errors. The Inspector noted that there was evidence that the agency responded to concerns raised with them and had implemented measures to enhance practice in relation to the administration of medications. A satisfactory action plan was forwarded to the inspector and following the inspection senior management provided assurances that goals set to improve safety associated with the administration of medicines had been achieved. The Inspector noted all staff had been trained in medication administration and had competence assessed.

The agency had completed a fire risk assessment in 2026. Staff had also completed training fire safety and had participated in a fire evacuation drill.

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 Catherine Cunningham, person in charge and Shirley-Anne Hyslop, Regional Director and Carly Chambers, Head of Operations.



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