

# Inspection Report

**Name of Service:** Maine Valley Supported Living

**Provider:** Praxis Care

**Date of Inspection:** 3 July 2026

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

## 1.0 Service information

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| <b>Organisation/Registered Provider:</b>                                                                                                                                                                                                                                                                                                                          | Praxis Care        |
| <b>Responsible Individual/Responsible Person:</b>                                                                                                                                                                                                                                                                                                                 | Ms. Grainne Close  |
| <b>Registered Manager:</b>                                                                                                                                                                                                                                                                                                                                        | Mrs. Angela Turner |
| <b>Service Profile –</b><br>Maine Valley Supported Living Service is a domiciliary care agency, supported living type, located in Ballymena. The agency provides care and support to one service user with a learning disability and behaviours that challenge. The South Eastern Health and Social Care Trust (SEHSCT) commission the care and support provided. |                    |

## 2.0 Inspection summary

An unannounced inspection took place on 3 July 2026, between 9.40 am and 1.15 pm. It was carried out by care Inspector.

The last care inspection of the service was undertaken on 21 November 2025 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the service is performing in relation to the regulations and standards; and to determine if the service 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. No areas for improvement were identified during this inspection.

A family member of the service user said that the care and support provided by the agency was a positive experience.

It was established that staff promoted the dignity and well-being of the service user and that staff were knowledgeable and well 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 relatives, staff or the commissioning Trust.

Throughout the inspection process Inspectors seek the views of those working for or and representatives of those 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 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 actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Staff told us that they had no concerns about the care and support provided. One described their role as 'the best job I've ever had'.

A family member of the service user commended the care and support provided. They discussed the regular contact in place with the agency, how they felt that they knew the staff so well and how settled their loved one is in the agency.

## **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.

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.

Newly appointed staff, including those supplied by recruitment agencies, had completed a structured orientation and induction, to ensure they were competent to carry out the roles and responsibilities of their job.

Records of all staff training were retained and were noted to be up to date. This included staff that were supplied by recruitment agencies. Staff confirmed they received sufficient training for their roles. Service user specific training had also been provided to staff. Staff discussed with the Inspector how they were currently being facilitated to take part in additional training leading to a recognised qualification.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities.

### 3.3.2 Care Delivery and Care Records

Regular staff meetings were held, with minutes recorded and circulated to ensure staff unable to attend remained informed. There was a daily handover at the beginning of each shift, which included information about any changes to the service user's care that the staff needed to assist them in their roles.

The service user's needs were met through a range of individual activities targeted to the service user's needs and preferences. Staff were able to have a detailed discussion with the Inspector in relation to current activities and any issues noted in regard to some previous activities. All relevant risk assessments were in place. Birthdays and anniversaries were celebrated. A member of the service user's family told us how they felt the agency was 'so good' at organising and carrying out activities with their loved one.

The service user's needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment, a care plan was developed to direct staff on how to meet service user's needs and included any advice or recommendations made by other healthcare professionals.

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

The care records contained the relevant authorisation records for any deprivation of liberty experienced by the service user. There was a policy in place for the use of restrictive interventions and a register was in place which was reviewed and updated regularly. Any restrictive practices were reviewed alongside the support plan, care review and subject to multidisciplinary review.

Where specific support strategies were required to manage behaviours, this was reflected in the support plan. Staff also completed Antecedent, Behaviour and Consequence (ABC) charts.

These charts were used to record the activities and interactions that occurred before the incident, therefore providing useful insight into what may have triggered the behaviour. These ABC charts were subject to regular review by the manager.

The eating and drinking care plan referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan.

All staff had been provided with training in relation to medicines management. There was a robust system in place for the management of any medication errors.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service user's representatives, in line with the commissioning Trust's requirements.

### 3.3.3 Quality of Management Systems

There has been no change in the management of the service since the last inspection. Mrs. Angela Turner has been the registered manager in this service since 22 April 2024. Staff commented positively about the support and guidance offered by the manager. One staff member told the Inspector that they planned to nominate the manager for an award.

In the absence of the manager there was a nominated person-in-charge (PIC) to provide guidance and leadership. The PIC was clearly identified on the duty rota.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service user's relatives, staff and 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 Annual Quality Report was reviewed and was satisfactory.

A review of incident records evidenced that these had been managed appropriately. Records were detailed and comprehensive. It was good to note that these were reviewed as part of the monthly quality monitoring process.

There was a process in place to manage any complaints.

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. A specific individual was identified as the agency's ASC. There were processes in place for the management of any safeguarding concern. The annual safeguarding position report had been completed.

## 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 the manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and  
Quality Improvement  
Authority

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