

Inspection Report

Name of Service: Belfast Supported Living Services

Provider: Praxis Care

Date of Inspection: 23 July 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
Registered Manager:	Ms. Tara McManus
Service Profile – Belfast Supported Living Service is a domiciliary care agency, supported living type located within the Belfast Health and Social Care Trust (BHSCT) area. The agency provides personal care and housing support to service users with enduring mental health problems.	

2.0 Inspection summary

An unannounced inspection took place on 23 July 2026, between 10.40 am and 4.15 pm. It was carried out by a care Inspector.

The last care inspection of the agency was undertaken on 21 January 2025 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency 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 led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led. No areas for improvement were identified as a result of this inspection.

Service users said that the care and support provided by the agency was a supportive experience.

It was established that the staff promoted the dignity and well-being of service users and 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 information held by RQIA about this agency was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

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

We spoke to a range of service users and staff to seek their views of living within, visiting and working within agency.

Service users described the agency as a 'great wee place' and that the agency was very much 'their home'.

All staff whom we spoke with, told us that they enjoyed their job and had no concerns about the care and support provided.

3.4 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. One staff member outlined that 'there is always a mix of experienced and newer staff on duty'.

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.

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. Discussion took place with the manager regarding the benefit of adding the dates of new staffs' shadow shifts to induction documentation. This will be reviewed at the next inspection.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body.

A robust system was in place to ensure that all staff were compliant with pre-determined mandatory training requirements. Service user specific training had also been provided to staff. For example, where a service user required support with the management of a specific medical condition, all staff had been provided with the required training.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities. One member of staff discussed with the inspector that they felt they would be skilled to lead an RQIA inspection should the manager not be available.

Procedures were in place for appraising the staffs' performance and supervisions were undertaken in keeping with the agency's policy and procedures.

One staff member fed back to us that there was 'good team work and staff camaraderie' in place. Service users and staff both commented on the high standard of staff training.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care that the staff needed to assist them in their roles. The notes of the handover were recorded in detail and the inspector witnessed staff referring to these during the course of the inspection.

Regular staff meetings were held, with minutes recorded and circulated to ensure staff unable to attend remained informed.

Service users' needs were met through a range of individual and group activities. Planned activities included coffee mornings, barbecues, trips to local attractions and walking groups. It was reassuring to note that service users were consulted about the activities they preferred, ensuring their views informed and shaped the day to day activities.

The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns. Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. They indicated that they highly valued the support offered to them by staff; one told us that there were 'always staff about to ask questions and answer them'.

Where service users required support with domestic tasks, the level of support required was included in their support plan.

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.

Service users care records were held confidentially.

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

Staff recorded regular evaluations with each service user about the care and support provided; this promoted oversight by enabling review of the quality of care and identifying any emerging issues or needs.

There was a policy in place for the use of restrictive interventions and a register was in place which was reviewed and updated regularly. Restrictive practices were reviewed alongside the support plan during the care review and were subject to multidisciplinary review.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Staff commented positively about the manager and described the agency as 'well managed',

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 users, service users' relatives, staff and 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 Annual Quality Report was reviewed and was satisfactory.

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.

It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The annual safeguarding position report had been completed.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns/trends. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process. RQIA had been notified appropriately of any incidents in line with requirements. Complaints were managed appropriately and it was good to note that any identified learning was shared with staff on a regular basis.

Where staff are unable to gain access to a service user's home, the agency has an operational procedure in place that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

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 Tara McManus, Manager, as part of the inspection process and can be found in the main body of the report.



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