The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Magherafelt Supported Living Service**

**Provider:** **Praxis Care**

**Date of Inspection:** **27 August 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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| **Organisation/Registered Provider:** | Praxis Care |
| **Responsible Individual/Responsible Person:** | Ms Grainne Close |
| **Registered Manager:** | Mrs Leanne McIlvenny |

**Service Profile:**

This is a supported living type of domiciliary care agency, which provides care and support for service users with mental health needs.

The service users support is commissioned by the Northern Health and Social Care Trust (NHSCT) and Supporting People. At the time of the inspection there were 12 individuals in receipt of a service.

This organisation also provides floating support, an older peoples' floating support; and a befriending service to service users who live in the community. RQIA does not regulate these elements of support.

## 2.0 Inspection summary

An unannounced inspection took place on 27 August 2026, between 9.00 am and 12.45 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 10 November 2025; and to determine if the agency 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.

Service users spoke positively about the support they received and said they were very happy with the service.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection the previous areas for improvement were assessed as having been met by the provider and 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 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 the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process Inspectors seek the views of those working for or 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.

## 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 spoke positively about the support they received and said they were very happy with the service. They reported that staff communicated well, understood their preferences, and helped them feel comfortable and respected. Service users told us they were supported to make their own choices about how they spent their time and enjoyed activities such as walking groups and gardening. Staff were described as very helpful, and feedback indicated positive relationships between service users and staff.

Staff told us that the service responds effectively to the needs of service users and provides good levels of support. They reported having access to learning and development opportunities and felt that staff were well supported in their roles, which helped them meet the needs of service users effectively.

## 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 no evidence that the staffing levels were not sufficient to meet the needs of the service users. A staffing contingency plan was in place to manage any staffing shortages.

There was a process in place to ensure that recruitment was undertaken in keeping with the regulations and standards. The policy on recruitment had been reviewed to include the process to follow when any applicants had previously been self-employed. An area for improvement previously identified in this regard had been assessed as met.

Regular checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC).

There was a robust, structured, induction programme which also included shadowing of a more experienced staff member.

Records of all staff training were available and it was good to note 100 percent compliance with mandatory training.

Competency assessments were undertaken on all staff to ensure that they were competent to be in charge in the absence of the registered manager.

Procedures were in place for appraising staff performance and all staff received regular supervision.

### 3.3.2 Care Delivery and care records

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

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

Service user meetings were offered on a regular basis and a survey had recently been undertaken with service users to ascertain ways in which the meetings could be made more enjoyable, accessible and meaningful.

There was a timetable of services in place which detailed the times and type of support each service user needed.

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment support plans were developed to direct staff on how to meet service users' needs. The support plans were detailed and updated on a monthly basis, as appropriate. An area for improvement previously identified in this regard had been assessed as met.

Staff recorded regular evaluations about the care and support provided. A review of a sample of these records evidenced that they were legible, up to date and signed by the person making the entry.

A Support Worker Toolkit was also available to staff; this is an electronic resource the staff can access, in assist them in signposting service users to various support services/websites.

Personal Safety Intervention plans had also been developed where risks had been identified. It was good to note that these were delivered to service users in the form of role play, where the staff talked them through different scenarios which they could encounter. This is good practice and is commended.

Protocols were in place for when service users were not contactable; this included staff having emergency access to the service users' accommodation, where consented to.

Service user agreements were in place in the records reviewed.

There was a procedure in place for the use of restrictive interventions and these were reviewed appropriately.

### 3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Leanne McIlvenny has been the manager in this agency since 26 November 2009.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place.

There was a process in place to ensure that any complaints and incidents were managed appropriately and it was good to note that the electronic records management system used to record both of these, automatically categorised the information, to enable any patterns/trends to be identified immediately. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process.

The annual quality report was reviewed and noted to include stakeholder feedback.

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 good 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.

## 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 Mrs Leanne McIlvenny, 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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