The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Antrim & Ballyclare Supported Living Services**

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

**Date of Inspection:** **1 September 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:** | Mrs Grainne Close |
| **Registered Manager:** | Mrs Áine Martin |

**Service Profile –**

This is a domiciliary care agency supported living type located across the Antrim and Ballyclare areas. The agency's registered office is based in Antrim.

The service users care and support is commissioned by the Northern Health and Social Care Trust (NHSCT) and the Belfast Health and Social Care Trust (BHSCT). A small number of service users contribute privately for their care and support. At the time of the inspection there were 32 individuals in receipt of a service.

## 2.0 Inspection summary

An unannounced inspection took place on 1 September 2026, between 9.20 am and 1.50 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 14 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.

It was evident that staff promoted the well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that the care and support provided by Antrim & Ballyclare Supported Living Services was a positive experience. Refer to Section 3.2 for more details.

As a result of this inspection the previous area for improvement was assessed as having been addressed 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 very positively about the agency, highlighting the independence, security and social opportunities it provides. They described staff as approachable, supportive and skilled at building strong relationships, which helps them to understand the service users' individual preferences and promote independence. Overall, service users reported being happy with the care and support they receive and they said that they felt comfortable raising any concerns with staff or management. They reported having regular contact with staff and said that scheduled support sessions provided opportunities for ongoing discussions about their needs, preferences and any issues of importance to them. Feedback indicated that service users valued these interactions and felt well supported within their homes.

Staff told us that they had no concerns regarding the care and support provided.

## 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 were robust systems in place to manage staffing. Staffing levels were monitored to ensure that service users received safe and effective care and support.

A review of recruitment records confirmed that all appropriate recruitment checks had been undertaken and verified prior to staff commencing in post. It was also positive to note that enhanced criminal records checks were undertaken on a three-yearly basis, demonstrating the provider's commitment to maintaining robust safeguarding measures and ensuring the ongoing suitability of staff employed within the service.

Newly employed staff completed a structured induction at the commencement of their employment, which included mandatory training.

A robust system was in place to ensure that all staff were compliant with pre-determined mandatory training requirements.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities. These were also undertaken if and when an issue arose. Advice was given in relation to noting the nature of the medicine error on the form for medicines competency renewals.

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

### 3.3.2 Care Delivery and care records

There was a detailed handover at the beginning of each shift. The information shared included key aspects of service users' needs and any significant changes to their care and support arrangements. This helped to ensure continuity of care, promoted effective communication between staff and enabled service users to receive safe and consistent support that reflected their current needs.

Regular staff meetings were held to support effective communication and information sharing within the service. Minutes were recorded and circulated following each meeting, ensuring that staff who were unable to attend remained informed of discussions, decisions, and any actions required.

Staff demonstrated a good knowledge of individual service users' routines and wishes. Support was planned in accordance with their' individual needs and preferences and support schedules were in place which detailed the type and duration of support each service user needed.

Service users' needs had an Assessment Review Tool (ART) and a Risk Assessment and Management Plan (RAMP) completed when they were first referred to the agency and before care delivery commenced. Following these initial assessments, support plans (Everyday Living Plans) were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Review of records identified that risk assessments and care plans were updated following any incidents. An area for improvement previously identified had been assessed as met.

A central record was maintained of all service users' outpatient appointments, including those that had been cancelled or not attended. This provided the staff with oversight of attendance and helped to identify any patterns of missed appointments that may require follow-up.

This was good practice and demonstrated a proactive approach to coordinating and monitoring healthcare appointments.

A service user agreement was in place for each service user in keeping with the minimum standards.

Service users who were new to the service received a health and safety induction as part of their introduction to the agency. In addition, a move-in action plan was completed to support a structured and well-managed transition into the service. This is good practice and demonstrated a proactive approach to promoting the safety, well-being, and successful integration of new service users.

Review of records identified that service users' consent was sought in relation to the staff contacting/requesting information from other healthcare professionals on their behalf; this also included their consent for external professionals, including RQIA to access their care records. Service users were given the choice as to whether or not they wanted their photograph taken and used in any organisational promotional material or social media.

Care records were person centred, well maintained, 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 support plans were shared and signed by service users as appropriate. Service users care records were held confidentially.

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.

Review of records identified that the support plans were reflective of the recommendations outlined within the Speech and Language Therapy (SALT) Care Plan.
Care plans completed by the commissioning Trust were not consistently available within the care records. Following the inspection, it was confirmed to RQIA that the identified care plan had been received.

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.

Some service users may require a specialist approach due to their mental health needs and may be subject to Promoting Quality Care (PQC). PQC is regional guidance on the assessment and management of risk in mental health and learning disability services. Understanding the level of risk that a service user may present is an integral part of formulating an appropriate care package. Where service users are under PQC, a Comprehensive Risk and Management Plan was in place. Multidisciplinary reviews of the PQC had been undertaken on a regular basis, in keeping with good practice guidance. Following the inspection, it was confirmed to RQIA that the PQC was included in the support plan.

## 3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Áine Martin has been the manager in this agency since 20 April 2023.

Review of a sample of records evidenced that a robust system for reviewing the quality of care was in place; this included annual and monthly processes.

There was a process in place to manage any incidents; RQIA had been notified appropriately of any incidents in line with requirements.

Complaints had been managed appropriately. Advice was again given in relation to amending the complaints recording proforma to include a section to record where Trust' representatives have been informed.

There was a system in place for professional registrations to be monitored by the manager. It was advised, however, that a proforma is developed to ensure that checks are undertaken on a monthly basis. Following the inspection, it was confirmed to RQIA that this had been implemented.

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 had been appointed as the agency's ASC, with responsibility for implementing the regional adult safeguarding protocol and the organisation's safeguarding policy. It was evident that effective systems and processes were in place to safeguard and protect adults at risk of harm. Arrangements were in place to identify, respond to and monitor safeguarding concerns appropriately, supporting the safety and wellbeing of service users.

The annual safeguarding position report had been completed. Given that this document was developed for the whole Praxis organisation, advice was again given in relation to appending a service specific data to the report. The person in charge agreed to implement this going forward.

There was a protocol in place for staff to follow should they require to gain access to the service users' homes in an emergency.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice and/or the quality of services provided by the agency.

## 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 person in charge, 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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