The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Larne Supported Living Service

Provider: Praxis Care

Date of Inspection: 13 August 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 Norah Christie
Service Profile – Larne Supported Living Service is a registered domiciliary care agency - supported living type. The agency provides care and support to service users who have a range of enduring mental health needs. The service users reside in a combination of shared accommodation, self-contained flats and houses situated in the Larne and Carrickfergus areas.	

2.0 Inspection summary

An unannounced inspection took place on 13 August 2026, between 9.00 am and 2.40 pm. by care Inspector.

The last care inspection of the agency was undertaken on 28 November 2024 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 examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management.

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.

Good practice was identified in relation to service user involvement; governance and management arrangements; training compliance; monthly quality monitoring reports and the provision of a Learning Matters Bulletin.

Larne Supported Living Service uses the term 'people who we support' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 service users, relatives, staff or the commissioning trust.

Throughout the inspection process Inspectors seek the views of the service users/relatives who are in receipt of care and support; the care workers who work for 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 service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff 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.

Trust representatives stated they had no concerns in relation to the care delivered by the agency and communication was very good. They stated staff are professional, kind, friendly and dedicated to caring for all of the service users. The agency investigate concerns raised promptly and thoroughly.

Staff told us that they had no concerns about the care and support provided. They were happy working for the agency. They stated staff worked well together and the manager was approachable and supportive.

Service users and their relatives commended the care and support provided. They discussed how they felt that the staff were "kind" and supported them to do things they enjoyed. staff provide person centred care and enabled their relatives to live active lives within the community.

3.3 Inspection findings

3.3.1 Governance and Managerial Oversight

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

Staff commented positively about the manager. In the absence of the manager there was a nominated person-in-charge (PIC) to provide guidance and leadership.

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.

There were processes in place to review the quality of the service on an annual basis. The Annual Quality Report was reviewed and was satisfactory.

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,

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Staff demonstrated a good awareness of both the complaints procedure and whistleblowing policy. The agency had received one complaint since the previous inspection and this was actioned appropriately. Details relating to the complaints process was included in the statement of purpose and service users guide. There was evidence of a system to ensure oversight of complaints; this included a review of complaints during the monthly quality monitoring visits.

3.3.2 Staffing (recruitment and selection, induction and training).

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 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. Written records were retained by the agency of the person's capability and competency in relation to their job role.

A review of the agency's 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. Checks were made to ensure that staff were appropriately registered with NISCC and there was a system in place for professional registrations to be monitored by the person in charge.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. Staff received an opportunity to discuss their post registration training requirements during supervision and appraisal meetings.

Records of all staff training were retained and the person in charge maintained oversight of the training matrix to ensure compliance. Staff were provided with opportunities to complete training commensurate with their role.

Regular staff meetings were held, with minutes recorded and circulated to ensure staff unable to attend remained informed. It was good to note that any identified learning was shared with staff on a regular basis and they had access to an organisational Learning Matters Newsletter.

3.3.3 Care Records

From reviewing service users' care records and through discussions with a service user, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis or when changes occur.

Review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

There was a daily handover, which included information about changes to the service users' care to assist staff in their roles.

3.3.4 Safeguarding

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult and children's safeguarding training during induction and every two years thereafter. Review of training records evidenced good compliance.

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.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

3.3.5 Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The manager demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that no service users were subject to DoLS. There were some restrictive practices in place. The arrangements in relation to restrictive practices are regularly reviewed and reflected in the monthly quality monitoring reports.

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 Norah Christie, 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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