Inspection Report

Name of Service: **Positive Futures Families Matter Shared Lives Service**

Provider: **Positive Futures**

Date of Inspection: **10 March 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:	Positive Futures
Responsible Individual/Responsible Person:	Ms Agnes Lunny
Registered Manager:	Mrs Julie McDowell
Service Profile –Positive Futures Families Matter Shared Lives Service provides service users living with a learning disability, acquired brain injury or autistic spectrum condition, short breaks or longer stays with approved individuals or families who are known as Adult Placement Carers. The agency has placed 21 service users supported by 33 Adult Placement Carers.	

2.0 Inspection summary

An announced inspection took place on 10 March 2026, between 10.00 am and 3.45pm by care Inspectors.

Positive Futures Families Matter Shared Lives Service uses the term ‘people who we support’ or ‘people supported’ to describe the individuals 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.

The last care inspection of this adult placement agency was undertaken on 20 March 2025 by two care inspectors. No areas for improvement were identified.

This inspection was undertaken to evidence how the adult placement agency was performing in relation to the regulations and standards, and to determine if the adult placement agency was delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to service users and that the agency was well led. No areas for improvement were identified during this inspection. Details of the findings of this inspection can be found in the main body of the 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 we reviewed information held by RQIA about this service. This included registration information, and any other written or verbal information received from carers, service users or staff.

Information was provided to service users, carers, 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 received feedback from service users, their relatives, carers, staff and Health and Social Care (HSC) professionals in regard to the agency.

A service user who was present on the day of the inspection said that they were very happy with the care and support provided by the agency and carers. They advised that they get to participate in different activities that they enjoy such as going shopping in the local community.

Carers who spoke to the inspector spoke positively about the agency and were satisfied with the support provided to them. They said that there was good communication with the staff and manager whom they felt they could easily approach about any issues that may arise.

Staff working within the agency indicated that they had no concerns about the care and support provided by the agency and spoke very highly about the manager and the assistance given to all carers and service users supported by the agency.

HSC professionals who provided feedback on the service said that communication with the agency was clear and consistent; and that the manager was positively regarded by staff and service users who would express confidence in their leadership and approach.

Another professional said that the service provided a "sanctuary" and "safe space" where service users feel they belong. The HSC professional also expressed a desire to see an increased availability of similar services for service users highlighting the effective and compassionate support provided to service users and carers by this agency.

The feedback received evidenced that safe, effective compassionate care was provided and that the service was well led.

3.3 Inspection findings

3.3.1 Staffing and Carer arrangements

Safety in Adult Placement Agencies begins at the point of staff and carer recruitment and continues through to induction with regular training, continued monitoring and support for carers and supervision for agency staff.

A review of records evidenced that there were robust arrangements in place for the recruitment of staff and carers. For carers, this included full employment histories, obtaining criminal record checks (AccessNI) for all household members over 10 years old, suitable references and proof or declaration of medical fitness.

All applications to become an Adult Placement Carer are assessed by a Panel before being approved. There was also a system to match the needs of individual service users with suitable carers.

There were records of carer induction and training. A review of these records confirmed that carers and the agency staff had completed sufficient training for their roles including mandatory training elements such as Safeguarding Adults and Children, Fire Safety, Manual Handling, Infection Prevention and Control, Dysphagia and Deprivation of Liberty (DoLS). Where particular training needs were identified for carers such as Epilepsy training or use of specialised equipment, this was arranged in conjunction with relevant Health care professionals. The agency had also maintained a record for each member of staff of all training undertaken.

Supervision was also provided to staff who reported that they had good support from the manager.

There were arrangements in place for each placement to be regularly monitored by agency staff to ensure service users received safe and effective care and that carers were sufficiently supported by the agency.

3.3.2 Systems in place for identifying and addressing risks

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns.

The organisation has an identified Adult Safeguarding Champion (ASC). The manager was knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. The agency has a system for retaining a record of any referrals made to the HSCT in relation to adult safeguarding.

Staff were required to complete adult safeguarding training and regular updates thereafter. Staff indicated they had a clear understanding of their responsibilities in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to

whistleblowing. A review of records relating to adult safeguarding concerns confirmed that these had been managed appropriately.

Carers were required to complete adult safeguarding training during their induction programme and updates thereafter in line with legislation and draft standards.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately. Any incidents that arose since the last inspection had been managed in accordance with the agency's policy and procedures.

3.3.3 Mental Capacity Act and Restrictive Practice

The Mental Capacity Act (Northern Ireland) 2016 (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, being helped to do so when needed, and any decisions made on their behalf are in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their roles. Where service users were subject to DoLs, the required documentation was in place and was kept under regular review.

It was good to note that the agency maintained a detailed Restrictive Practice register to record use of restrictive interventions such as: storage and oversight of medication administration, locked car doors or access to service user finances. It was evident that these restrictive practices had been assessed with input from the multi-disciplinary team and was regularly reviewed to ensure proportionality and necessity in line with regional policy and guidance.

3.3.4 Arrangements for promoting service user involvement and management of Care Records

RQIA was assured that service users were central in directing their care plans as far as possible. This was confirmed by service users, carers and staff. The service users' care plans were person centred and contained details about their preferences and choices, the level of support they required and how this should be delivered.

Annual reviews of care plans were signed by service users, their family / representative or by an appropriate advocate. Care plans and associated risk assessments were written in a professional and respectful manner which promoted the dignity and confidentiality of the service user and all other relevant parties.

There was evidence of regular contact with service users and their representatives and it was positive to note that the agency provided opportunities for carers to meet at pre- arranged events such as the Positive Futures Families Matter Shared Lives 30th Year celebratory day, summer day out and a Christmas pantomime.

A review of care records identified that moving and handling risk assessments were not routinely obtained for all service users and some required use of equipment for safe mobilising. This was discussed with the manager who agreed to review all service users' records and seek up to date

manual handling risk assessments where there were identified risks around safe mobilising and transfers.

A review of training records confirmed that all carers were provided with manual handling awareness training which was refreshed every 3 years. It was recommended to the manager that where service users require use of equipment, that this is reviewed to ensure that carers receive the requisite training before using such equipment. The manager welcomed this advice and agreed to review the training needs of all carers and action as necessary. This will be reviewed at a future inspection.

Some service users had been assessed by a Speech and Language Therapist in respect of their dietary needs. These recommendations were clearly recorded in service users' care plans.

3.3.5 Quality of Management Systems

There have been no changes to the managerial arrangements within the agency since the previous inspection. Staff described the manager as 'very supportive', 'approachable' and 'responsive' to any concerns that arise within the service from staff or carers.

There were monitoring arrangements in place in compliance with the regulations. Records reviewed showed that monitoring visits were undertaken on a regular basis to ascertain if the quality assurance systems in place were effective in achieving positive outcomes for service users.

Monthly monitoring reports included engagement with service users, carers, staff and HSCT representatives and reviewed matters such as: staffing levels, accidents/incidents, safeguarding arrangements, mandatory training, Northern Ireland Social Care Council (NISCC) registrations, medication management, DoLs, restrictive practice, complaints and the agency's risk register; monthly monitoring reports also highlighted any identified actions required which were risk-rated as necessary.

There was a system of internal audits and an annual satisfaction survey where feedback from service users, their relatives, carers and other stakeholders was sought. The feedback was incorporated into an annual Monitoring Quality in Adult Placement Agencies report which was reviewed and was satisfactory.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

The manager was aware of the type of incidents which are required to be notified to RQIA. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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 Julie McDowell (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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