

Inspection Report

Name of Service: East Coast Supported Living Service

Provider: Positive Futures

Date of Inspection: 28 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:	Positive Futures
Responsible Individual/Responsible Person:	Ms Agnes Philomena Lunny
Registered Manager:	Ms Lindsay Blaney (Acting)
Service Profile – East Coast Supported Living Service is a domiciliary care agency (supported living type) which currently provides a range of personal care services to 15 people living in their own homes. The people supported have a range of needs and require support to live as independently as possible in a range of accommodation types.	

2.0 Inspection summary

An unannounced inspection took place on 28 July 2026, from 9.20 am to 3.30 pm. by a care Inspector.

The inspection was undertaken to evidence how the service 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 2 January 2026; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection examined the service'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 and Restrictive practices.

As a result of this inspection both areas for improvement previously identified were assessed as having been addressed by the provider. No new areas for improvement were identified.

Good practice was identified in relation to the provision of awareness sessions on the role of Northern Ireland (NI) Disclosure and Barring Service; staff training; and the monthly quality monitoring reports.

East Coast 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 the previous areas for improvement 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 the service users/relatives who are in receipt of care and support; the home 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 good. They stated staff respond promptly to concerns raised.

Staff told us that they had no concerns about the care and support provided. They were generally happy working for the agency.

Service users commended the care and support provided. They discussed how they felt that the staff were "kind" and supported them to do things they enjoyed.

Some information received following the inspection indicated that there were concerns in relation to the agency's financial controls to ensure service user balances are monitored. The information was discussed with the manager who subsequently provided a summary of the action taken to address the concerns raised, which included ongoing engagement with the senior management team and commissioning Trust.

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.

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.

Staff had managed incidents appropriately and reported to RQIA within appropriate timeframes in keeping with the regulations.

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 manager stated the agency had not received any complaints since the previous inspection. 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. It was good to note that staff had received awareness training in the role of Northern Ireland (NI) Disclosure and Barring Service and were supported to complete Level 1 and Level 2: Qualifications and Credit Framework (QCF) in Health and Social Care.

There were no volunteers deployed within the agency.

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.

The manager reported that a number of the service users currently required the use of specialised equipment. Staff had received training in the use of the various pieces of equipment currently in use.

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.

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.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

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 a number of service users were subject to DoLS. There were also some restrictive practices in place. The arrangements in relation to both DoLS and restrictive practices are regularly reviewed. There was evidence provided in relation to challenges the agency have experienced obtaining the appropriate documentation from the commissioning Trusts and their actions to address this issue. The manager advised they maintained a DoLS and restrictive practices register, which supported their oversight arrangements.

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



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