

Inspection Report

Name of Service: Positive Futures Windermere Supported Living Service

Provider: Positive Futures: Achieving Dreams, Transforming Lives

Date of Inspection: 22 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: Achieving Dreams, Transforming Lives
Responsible Individual/Responsible Person:	Ms Agnes Philomena Lunny
Registered Manager:	Mrs Elizabeth Hollinger
Service Profile Positive Futures Windermere Supported Living Service is a domiciliary care agency (supported living type) which provides personal care and housing support to individuals who reside in the Lisburn area. At the time of the inspection there were 10 individuals in receipt of a service.	

2.0 Inspection summary

An unannounced inspection took place on 22 July 2026 between 9.45 am and 2.30 pm by a care inspector.

The last care inspection undertaken on 15 September 2025 identified three areas for improvement relating to medication incident management, quality monitoring reports, and accident/incident reporting. This inspection was undertaken to assess progress with the areas for improvement identified during the last care inspection and to evidence how the agency is performing in relation to the regulations and standards.

As a result of this inspection the areas of improvement identified in the previous inspection were assessed as having been addressed by the provider. This is discussed in more detail in sections 3.3.1, 3.3.2 and 3.3.5.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. Details of the findings of the 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.

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.

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 survey.

3.2 What people told us about the service and their quality of life

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We contacted service users, relatives, staff and HSC professionals to seek their views of visiting and working within Positive Futures Windermere Supported Living Service.

Service users told us that they were happy with the care and support provided to them from Positive Futures Windermere Supported Living Service; and they had no concerns to raise.

A relative who provided feedback on the service made the following comments, "Our relative has the best of everything, he is a very contented man. We congratulate all the wonderful teams who give them such a good life".

Staff who spoke with the inspector spoke positively about the approachability and support of management and that they felt the service was well-led. Staff said the care provided to service users was safe, effective and compassionate. Staff said that they were happy with the service as it was presently and that staff morale and team work was good.

One HSC professional who provided feedback on the day of inspection said that the service was good at communicating with them to ensure that service user's care needs are met safely within the agency. There were no concerns raised regarding the service or management.

3.3 Inspection findings

3.3.1 Staff Recruitment, Induction and Training 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.

A review of a sample of recruitment records indicated that pre-employment checks had been completed before staff commenced employment. Newly employed staff completed a structured induction at the commencement of their employment which included mandatory training. Staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care. The induction programme included shadowing of a more experienced staff member. This was reviewed periodically and signed off to ensure competence in carrying out the duties of their job in line with the agency's policies and procedures.

All staff had been provided with training in relation to medicines management. Competency assessments were undertaken with staff to ensure that they were proficient in administration of medications and these were refreshed annually. An area for improvement identified at the previous inspection related to record keeping in relation to medication errors. A review of the systems to address medication errors confirmed that sufficient improvements had been made to ensure staff competence and record keeping in this area and the area for improvement identified was assessed as met.

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

The agency maintained an electronic record of all staff training. A review of this record, evidenced that the majority of mandatory refresher training elements had been provided to staff. However, a number of staff required to complete refresher training in respect of Basic Life Support, Mental Capacity Act and Manual handling. This was discussed with the manager who provided assurances that training for those identified staff would be completed in a timely manner. Compliance will be assessed at the next care inspection. Staff confirmed that they were provided with opportunities to complete training commensurate with their role.

3.3.2 What are the 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 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).

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours.

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. The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of safeguarding records evidenced that these were 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).

A review of the agency's governance arrangements for the management of accidents/incidents confirmed that a robust incident/accident reporting policy and system was in place. An area for improvement identified at the previous inspection related to the storage of accident/incident documents. A review of records relating to accidents/incidents arising within the agency since the last inspection confirmed that all relevant information was recorded on an electronic database which was reviewed regularly by the manager to ensure that all necessary actions in response to incidents are completed in line with policies and procedures. On this basis the area for improvement was assessed as met by the provider.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

3.3.3 Mental Capacity Act / Deprivation of Liberty Safeguards (DoLS) 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 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.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. The service maintained a register of all service users subject to DoLS and reviewed this on a regular basis to ensure that any deprivations of liberty were proportionate, necessary and applied for no longer than is necessary in line with the MCA legislation. A review of a sample service user records where DoLS were in place, evidenced that care records contained details of assessments completed and agreed outcomes as developed in conjunction with the relevant HSC Trust representatives.

There was a policy in place for the use of restrictive interventions and any restrictive practices applied such as locked safes for medication were reviewed regularly alongside the support plan, care review and included multidisciplinary input for the safety and well-being of the individual.

3.3.4 Management of Care Records and Care delivery

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this, initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. The service users' care plans contained details about their likes and dislikes and the level of support they may require. The details of care plans were shared and signed by service users and/or their representatives as appropriate. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

There was a daily handover at the beginning of each shift and staff recorded regular evaluations about the care and support provided on a template. This included information about any changes to the service users' care needs so that staff could assist them as needed accordingly. There was a system in place for recording the management of individual service users' monies in accordance with the guidance.

A number of service users were assessed by Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents at induction and there were arrangements to complete refresher training every two years.

Discussions with staff and 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. Staff implemented the specific recommendations of the SALT which were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified to ensure that the care received in the setting was safe and effective.

3.3.5 Managerial oversight and Governance

There has been no change in the management of the service since the last inspection. Mrs Elizabeth Hollinger has been the registered manager since 15 August 2024. Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the service. An area for improvement identified at the previous inspection identified that incorrect information had been recorded on a sample of reports completed after quality monitoring visits; and that progress made in relation to any areas for improvement included in the RQIA Quality Improvement Plan up to the next inspection had not been referenced. An examination of a sample of reports evidenced that this area for improvement had been addressed by the provider.

There was a range of policies available to direct staff in care delivery and support planning based on individual risk assessments. The annual quality report was reviewed and noted to include stakeholder feedback, the majority of which was very positive about the service.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and 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 Elizabeth Hollinger (Manager), as part of the inspection process and can be found in the main body of the report.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews