

Inspection Report

Name of Service:	Positive Futures Crescent SLS
Provider:	Positive Futures
Date of Inspection:	8 September 2025

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:	Miss Sophie Spence
Service Profile – Positive Futures Crescent Supported Living Service is a domiciliary care agency (DCA) which provides a range of supported living services, housing support and personal care services to 10 individuals living in the Belfast area. Their care is commissioned by the Belfast Health and Social Care Trust and the Northern Health and Social Care (HSC) Trust.	

2.0 Inspection summary

An unannounced inspection took place on 8 September 2025, between 9.20 a.m. and 2:30 p.m. This was conducted by a care Inspector.

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 were also reviewed.

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.

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 during the last care inspection on 25 March 2024.

A new area for improvement was identified, this was related to the availability of clear instructions and training for specialised equipment.

As a result of this inspection, the areas for improvement previously identified were assessed as having been addressed by the provider.

Positive Futures Crescent 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.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the previous area 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

We spoke to a number of staff to seek their views of the agency.

Staff spoke very positively concerning the care delivery and management support in the agency. One told us that there had been a number of changes in the service; managers, staff and the location of the service since the last inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's 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.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia, at a level appropriate to their job roles. Staff confirmed that they were provided with opportunities to complete training commensurate with their role. Service user related training was completed by relevant staff this included: Mental health Awareness, Autism Awareness ELK cushion training and Positive Behaviour Support training.

No clear instructions for staff in relation to the use of specialised equipment was available on inspection specifically for the use of safe use of wheelchair tie downs and occupant restraint systems (WTORS).

Procedures were in place for appraising staff performance. The Manager shared an action plan in relation to improving staff appraisals. Progress with appraisals will be reviewed at future inspections.

3.3.2 Care Delivery

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. There was a system in place to ensure that the activities offered to service users were geared towards their individual needs and preferences. Service users' needs were met through a range of individual activities.

Records reviewed evidenced that staff were prompt in recognising service users' needs and any early signs of distress or illness, including those service users who had difficulty in making their wishes or feelings known.

3.3.3 Management of Care Records

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. Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their own care.

Any restrictive practices were reviewed alongside the support plan review and the multidisciplinary review.

3.3.4 Quality of Management Systems

There has been a change of manager in the agency since the last inspection, Miss Sophie Spence has been a manager in this agency since 02 December 2024. Staff commented positively about the manager and described her as supportive and approachable.

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 agency. The reports of these visits were completed in detail.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

A review of incident records identified that they were managed appropriately.

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 safeguarding policy. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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

4.0 Quality Improvement Plan/Areas for Improvement

An Area for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Sophie Spence, Manager and Ms Anne Magee, Operations Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 15 (8) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall make suitable arrangements, including training, to ensure domiciliary care workers operate a safe system of working. This refers to the clear instructions for use of profile beds and safe use of wheelchair tie downs and occupant restraint systems (WTORS) Ref: 3.3.1
	Response by registered person detailing the actions taken: A Wheelchair Tie-Down Competency Assessment has been created. The staff on the current driver's list will be assessed for competency and a Service record will be held for this. This should be completed by 31.10.25. A prompt will be included in the Service specific induction programme so that new staff who have been added to the drivers list will be assessed when they commence driving duties across the Service. In relation to the use of profile beds this is including in the Moving and Handling practical training facilitated by Safe2Care. Postiive Futures receives a record of competence which details what is covered in the practical session which includes the use of profile beds.

****Please ensure this document is completed in full and returned via the Web Portal****



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