The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: East Coast Supported Living Service

Provider: Positive Futures

Date of Inspection: 2 January 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 2 January 2026, between 9.25 am and 3.30 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards and to assess progress with the area for improvement identified at the last care inspection on 28 January 2025. The inspection also sought to determine if the agency is delivering safe, effective and compassionate care and if the agency 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 and restrictive practices was also examined.

Good practice was identified in relation to the quality of the monthly quality monitoring reports, service user involvement, supervision, incident management and the oversight of DoLS and restrictive practice. There were good governance and oversight arrangements in place.

As a result of this inspection, the area for improvement previously identified was assessed as having been addressed by the provider. There were two new areas for improvement identified which related to recruitment and staff appraisals. Full details, including the new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Positive Futures Ards Supported Living Services Peninsula 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 review of previous areas of improvement, 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 those working for or being supported by the agency and review 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

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

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the agency. Staff comments included; "I am well supported by the manager and given opportunities to develop new skills."

Returned questionnaires indicated that the service users were very satisfied with the care and support provided. Some comments indicated that staff support service users on outings and this makes the respondants feel safe.

The information provided indicated that there were no concerns in relation to the service.

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 a sample 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 it was noted that stakeholder feedback was included. The report was assessed as satisfactory.

There was a system in place to ensure that complaints are managed in accordance with the agency's policy and procedure. Staff demonstrated a good awareness of both the complaints procedure and whistleblowing policy. There was evidence of a system to ensure oversight of complaints; this included a review of complaints during the monthly quality monitoring visits. Details relating to the complaints process was included in the Statement of Purpose and Service Users Guide (SUG).

There was a selection of policies available to direct staff in care delivery and support planning based on individual risk assessments. Staff confirmed they had access to policies.

The service has an operational policy, procedure and protocol that clearly directs staff from the agency as to what actions they should take if they are unable to gain access to a service user's home. This policy includes information on how to manage and report such situations in a timely manner.

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

Safe staffing begins at the point of recruitment and continues through to staff induction and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

Review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. It was noted, that gaps in employment had not been explored for a number of staff. An area for improvement has been identified in relation to the recruitment of staff.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager and a record of checks retained. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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, programme, which also included shadowing of a more experienced staff member. The manager was advised to ensure induction records are signed by both the staff member and their assessor.

Staff provided positive feedback regarding the training they received and confirmed that it enabled them to fulfil the duties and responsibilities of their roles. Staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on a colour coded training matrix. The review concluded that staff had received mandatory and other role specific training since the previous care inspection, including moving and handling, fire awareness and medicines management. The agency had also provided training in regard to Autism awareness, which strengthened staff competence in this area.

There was evidence of effective systems in place to manage staffing. Staff reported collaborative team working and confirmed that they felt well supported in their roles by the manager. Staffing levels were sufficient to meet the needs of the service users, and staff demonstrated a clear understanding of the needs, preferences and wishes of individual service users.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

Staff told us they felt supported and involved in discussions about their personal development. Procedures were in place for appraising staff performance however staff confirmed that appraisals had not taken place for all staff. An area for improvement has been identified.

3.3.3 Care Records

From reviewing service users' care records, 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 were kept under regular review. It was evident services users and /or their relatives participate in this process, where appropriate, and a review of the care provided is completed on an annual basis, or when changes occur.

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. 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. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was 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 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. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

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 (DoL-S)

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.

Staff who spoke with the Inspector 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 DoLS training appropriate to their job roles. The manager reported that a number of the service users were subject to DoLS and some restrictive practices were employed. There was evidence of robust governance and oversight of DoLS and use of restrictive practices. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

4.0 Quality Improvement Plan/Areas for Improvement

Areas 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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Lindsay Blaney, 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 The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 13 (d) **Stated:** First time **To be completed by:** Immediate from the date of inspection.	The Registered Person shall ensure that during the recruitment process gaps in employment are explored and these checks are evident in the recruitment records Ref: 3.3.2
	Response by registered person detailing the actions taken: Positive Futures have now moved to a new recruitment system which ensures all gaps in employment are identified and explained. The new system also gives a clearer oversight of the entire recruitment process with access to all applicants at hand for all Managers and Human Resource staff involved in the recruitment process. Positive Futures has also reminded Service Managers at the recent Service Manager Meeting about the importance of ensuring there are no gaps in employment and explanations available if there is a gap. For the two staff members who during inspection were noted to have gaps in their employment the Service Manager has went back to the staff for an explanation. Both staff gave satisfactory explanations and these have been noted on their recruitment documents.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021

Area for improvement 1 **Ref:** Standard 13.5 **Stated:** First time **To be completed by:** Immediate from the date of inspection	The Registered Person shall ensure all staff have a recorded appraisal with their line manager to review their performance against their job description and agree personal development plans. Ref: 3.3.2
	Response by registered person detailing the actions taken: During the RQIA inspection the Service Manager provided RQIA with DSM & SSW Appraisals and explained the changes in the management structure which has led to a delay in all support workers completing their appraisals. This has now been completed for a number of the support workers with a plan in place to complete all remaining outstanding.

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

The Regulation and Quality Improvement Authority

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