The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Positive Futures Sperrin Supported Living & Peripatetic Housing Support Service

Provider: Positive Futures

Date of Inspection: 19 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 Philomena Lunny
Registered Manager:	Miss Chloe Smyth (Acting)
Service Profile – Positive Futures Sperrin Supported Living Service is a domiciliary care agency which provides a range of supported living services, housing support and personal care services to individuals living in the local area. Their care is commissioned by the Western Health and Social Care Trust (WHSCT) and the Southern Health and Social Care Trust (SHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 19 March 2026, between 10 am and 5.25 pm. A care Inspector conducted the inspection.

The last care inspection of the agency was undertaken on 10 January 2025 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led.

Good practice was identified in relation to service user involvement, mandatory training compliance, service user activities and monthly monitoring report arrangements. There were good governance and management arrangements in place.

Those spoken with said that living in Positive Futures Sperrin Supported Living Service was a positive experience with good support from staff. Refer to Section 3.2 for more details.

No areas for improvement were identified during this inspection. Findings of this inspection are discussed within the main body of this report.

The Inspector would like to thank the manager, service users, a Health and Social Care (HSC) professional and staff team for their support and co-operation during and following the inspection.

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 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

The Inspector spoke to a range of service users, staff and a HSC professional to seek their views of the agency.

Service users said that they were happy with the care and support provided and that staff were helpful and kind. Service users' comments included; "The staff are very good to me and help me with cooking and keeping my house", "All is good with me and I am well looked after" and "Staff are brilliant".

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 very well supported by management and they are helpful and approachable. I would feel confident raising any concerns and feel I would be listened too", "We have regular staff meetings and you can add to the agenda and everyone is encouraged to express their views" and "I got a good induction which included shadowing".

One HSC professional who provided feedback on the service said that the agency was responsive and they had no concerns in relation to the care and support provided. Service users were said to be happy with the service and support provided by the agency's staff.

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

3.3 Inspection findings

3.3.1 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 staff recruitment records confirmed that generally pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. It was identified that one staff member currently employed within the agency commenced work without an enhanced AccessNI check having been completed. It was explained that this was due to the individual having had an AccessNI check undertaken for another role within Positive Futures. Confirmation of a further enhanced AccessNI check was received prior to issuing this report.

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. 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.

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 dysphagia. The agency had also provided training in regard to the management of finances and positive behaviour support, which strengthened staff competence in these areas.

All staff had been provided with training in relation to medicines management and were required to complete a competency assessment prior to undertaking this task.

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.

Staff further reported that 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.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development.

3.3.2 Care Delivery

There was a handover at the beginning of each shift, which all staff attended. These meetings focused on information about any changes in the service users' care needs.

Staff confirmed that they felt care was safe in this agency. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user.

There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. Service users were supported to access activities of their own choice; this included going shopping, attending the gym, visiting restaurants and the cinema and attending college courses.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

Staff interactions with service users were observed to be friendly, respectful and supportive.

Service users were provided with easy read documents which supported them to fully participate in all aspects of their care. These documents included a service information handbook and how to make a complaint.

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 and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate. Staff recorded regular evaluations about the care and support provided, which were used to monitor quality and inform ongoing practice.

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 in care records reviewed that service users rights were recognised; for example, the Inspector noted a number of consent forms signed by service users with regard to staff taking photographs and video material, access to care records and consultation/involvement in care planning and risk assessments.

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. Review of the records confirmed that the appropriate documentation was in place for any service user who was subject to DoLS.

Restrictive practice agreements were in place and were reviewed on a regular basis.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was evidence that the agency contributed to the review process by completing a written report prior to the review meeting, detailing any matters regarding the current care plan and important events such as incidents or accidents.

3.3.4 Quality of Management Systems

Miss Chloe Smyth has been the acting manager in this agency since 1 July 2025. RQIA will keep these arrangements under review. Those consulted described having open and supportive relationships with the manager.

The agency was visited each month by a representative of the registered provider. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and Health and Social Care (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. The reports of these visits were completed in detail.

The agency retained records of all accidents/incidents and a review of a sample of these records indicated that they had been managed appropriately. It was positive to note that a tracking system was in place to record accidents/incidents arising, which was reviewed on a monthly basis.

The annual quality report was reviewed and noted to include stakeholder consultation.

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 adult safeguarding policy. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the agency. The agency's annual Adult Safeguarding Position Report was reviewed and found to be satisfactory. It was positive to note that an Easy Read Adult Safeguarding Position Report was also available.

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.

There was a system in place to ensure that complaints were managed in line with the agency's policy and procedure. Where complaints were received since the previous inspection, these were appropriately managed and reviewed as part of the agency's quality monitoring processes. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed.

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 3.3.1, staff spoken with during the inspection confirmed the availability of regular update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings, which they described in positive terms and found beneficial. Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development.

The manager confirmed there was a system in place to ensure that staff could access the service users' homes in the event of emergencies.

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

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 Miss Chloe Smyth, 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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