The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Positive Futures - Lagan**

Provider: **Positive Futures**

Date of Inspection: **5 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:	Ms. Agnes Lunny
Registered Manager:	Ms. Anja Biskovitch-Grunder

Service Profile –
Positive Futures Lagan is a domiciliary care agency, supported living type, based in Belfast. The agency provides care and support to seven people with Learning Disability, autism and complex needs. The agency provides this support in the service users' own homes. The agency is part of the Positive Futures network of services, which operates throughout Northern Ireland.

This organisation also provides a peripatetic service. RQIA does not regulate these elements of support.

2.0 Inspection summary

A care Inspector carried out an unannounced inspection on 06 March 2026 between 9.30am and 12.30pm.

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 Inspector also reviewed arrangements for the reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management.

The Inspector identified good practice in relation to care planning and behavioural support, the process of consultation with service users and relatives, monthly monitoring and staff training. There were good governance and management arrangements in place.

Positive Futures Lagan uses the term 'people 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.

The Inspector identified no Areas for Improvement during this inspection. The Inspector assessed the Areas for Improvement identified at the last inspection as having been addressed.

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 Positive Futures Lagan 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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support the agency offers service users to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how the agency respects and empowers service users who have a learning disability to lead a full and healthy life in the community. RQIA will also examine the support they receive to make choices and decisions that enable them to develop and live safe, active and valued lives.

To prepare for this inspection the Inspector reviewed information held by RQIA about this agency. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from relatives, staff or the commissioning trust.

Throughout the inspection, the Inspector will seek the views of service users, those working in the agency, as well as those of relatives and visiting professionals. The Inspector will also review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

The Inspector provided information to 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?

The service user spoken to by the inspector gave generally positive feedback. He stated that 'the staff are lovely. They help me a lot'.

Staff reported that they enjoyed working in the agency and that the training and induction were good. All staff stated that the manager was supportive.

Relatives of service users gave similarly positive feedback. One relative of a service user commented that 'the staff are absolutely amazing. My relative is very happy with the support'.

One visiting professional stated that she had 'only good things to say about Positive Futures Lagan'.

4.0 Inspection findings

4.1 What are the systems in place for identifying and addressing risks?

The Inspector reviewed the agency's provision for the welfare, care and protection of service users. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. There was an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that she was 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. 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 Inspector noted that there had been one referral made to the HSC Trust in relation to adult safeguarding since the last inspection. In discussion with the manager, the Inspector confirmed that she had managed this incident appropriately.

The manager was aware that she must inform RQIA of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The agency provided staff with training appropriate to the requirements of their role. The manager advised that some of the service users require assistance with moving and handling. A review of care records confirmed that risk assessments and care plans were up to date. The Inspector was unable to confirm the hoist name on the care plan as the service user had not given consent to view the care plan.

Both the agency and the commissioning trust had undertaken reviews in keeping with the agency's policies and procedures.

All staff receive training and supervision in relation to medicines management. The manager advised that several service users could receive oral medication via syringe if required. The manager confirmed that staff have not had to administer medication via this route.

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 staff assist only when required to do so. 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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that four of the service users was subject to DoLS. A resource folder was available for staff to reference if needed. The Inspector noted that the agency kept a record of restrictive practices.

The inspector viewed the fire risk assessments for service users' homes and these were within date, with no actions outstanding from the previous assessments.

4.2 What are the systems in place for meeting the Dysphagia needs of the service user?

The manager reported that the one of the service users required a modified diet. She confirmed that all staff had received training in Dysphagia and were aware of action required in the event of a service user choking. The Inspector confirmed that the service user's care plan followed the recommendations of the professional Speech and Language Therapy assessment.

4.3 What systems are in place for recruitment and are they robust?

The Inspector reviewed the agency's staff recruitment records. The agency manages staff recruitment through the 'See Me Hired' software package. The Inspector 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. The agency made regular checks to ensure that staff held appropriate registration with the Northern Ireland Social Care Council (NISCC). There was a system in place for the manager to monitor staff registrations on a weekly basis. Staff confirmed that they were aware of their responsibilities to keep their registrations up to date by the completion of post registration training and learning.

4.4 What arrangements are in place for staff induction and training?

There was evidence that all newly appointed staff had completed a structured orientation and induction programme, 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. The Inspector confirmed the existence of a formal induction programme of at least three days, which included orientation and shadowing by a more experienced staff member. The agency retained records of the staff member's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; the agency does not use agency staff as a rule. The Inspector reviewed the training matrix maintained by the agency and found that where training was due to expire, updates had been booked. The manager confirmed that the agency reviews training compliance on a weekly basis.

4.5 What are the arrangements to ensure robust managerial oversight and guidance?

There were monthly monitoring arrangements in place in compliance with regulations. A review of the reports of the agency's monthly quality monitoring established that there was engagement with the service users, their relatives, staff and HSC Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The Inspector confirmed that the agency used a combination of announced and unannounced monitoring visits.

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

There was a system in place to ensure that the agency managed complaints in accordance with its policy and procedure of the agency. The manager confirmed that the agency had received two complaints since the last inspection and the Inspector confirmed that the manager had handled these appropriately. The Inspector confirmed that the agency continued to monitor complaints as part of the monthly quality monitoring process.

The Inspector reviewed records of regular staff supervision as well as annual appraisals. The Inspector confirmed that the agency carried these out regularly as per the policies and procedures of the agency.

5.0 Quality Improvement Plan/Areas for Improvement

The Inspector did not identify any areas for improvement during this inspection. The Inspector discussed the findings of the inspection with Ms. Anja Biskovich-Grunder (Registered Manager) as part of the inspection process. These can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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