

Inspection Report

Name of Service: Positive Futures Crescent Supported Living Service

Provider: Positive Futures: Achieving Dreams. Transforming Lives

Date of Inspection: 29 May 2026

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Positive Futures: Achieving Dreams. Transforming Lives.
Responsible Individual:	Ms. Agnes Philomena Lunny
Registered Manager:	Mr. Thomas Carson (awaiting registration)
Service Profile- Positive Futures Crescent is a domiciliary care agency, supported living type, based in Belfast. The agency provides a range of supported living services, housing support and personal care services to up to 10 individuals with a Learning Disability. The Belfast Health and Social Care Trust (BHSC) and Northern Health and Social Care Trust (NHSC) commission the care and support services. The accommodation where the people supported by the agency reside is rented from a selection of local Housing Associations.	

2.0 Inspection summary

A care Inspector completed an unannounced inspection on 29 May 2026 between 09.00 am and 2.00 pm.

The inspection examined Positive Future Crescent's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The Inspector also examined the processes for 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 monthly quality monitoring, care planning, staff training and recruitment. There were good governance and management arrangements in place.

The Inspector did not identify any Areas for Improvement during this inspection. The Inspector signed off the existing Quality Improvement Plan (QIP) as having been achieved.

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 Crescent Supported Living Service 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.

Throughout the inspection process, inspectors seek the views of those working for or receiving support from the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service?

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

The Inspector was not able to speak to any of the service users.

Relatives told us that they were happy with the care that their relatives received in the agency. One stated that 'the staff are generally very good'. Another stated that 'there is a pretty good staff team who know my relative well'.

Staff who spoke with the Inspector stated that they were happy working with the agency, had a good induction with shadowing and that they were well supported by the manager.

One care manager who spoke with the Inspector commented that 'staff are very good at keeping me up to date with any changes. Staff have a very good knowledge of service users and have a positive relationship with families'.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, mandatory training and supervision. This ensures that the number and skill of staff on duty each day meets the needs of service users. There was evidence of robust systems in place to manage staffing. Consultation with staff and the representatives of service users established that there were no concerns regarding staffing levels.

A review of a sample of recruitment records via the See Me Hired package used by the agency indicated that the agency had completed pre-employment checks before staff commenced employment and had direct contact with service users.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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, three-day induction programme, which also included shadowing of a more experienced staff member.

The agency retained records of all staff training and the Inspector noted that these were up to date. Staff confirmed that they got sufficient training for their roles. An area for improvement previously identified in relation to the safe use of wheelchair tie downs had been assessed as met.

All agency staff administer medications. Senior agency staff complete competency assessments on all staff to ensure that they were competent in the administration of medications. The agency provides full day medication training which includes anti-allergy pens.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care, which the staff needed to assist them in their roles.

The agency holds general staff meetings every third month. Individual house meetings take place monthly. Minutes are shared with staff who were unable to attend.

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences.

Staff met the needs of service users' needs through a range of individual and group activities. It was reassuring to note that staff consulted service users about the activities they preferred, ensuring their views informed and shaped the day-to day activities. Each service user has a Perfect Week plan.

3.3.3 Management of Care Records

The Inspector reviewed care records. The agency keeps computerised care plans, while staff complete daily notes in each individual service user dwelling. Discussion with the manager and staff indicated that there were robust systems in place to manage service users' nutrition and mealtime experience. The manager reported that none of the service users required a modified diet.

The manager confirmed that all service users were independently mobile. One service user uses a wheelchair when out of the house. Risk assessments such as those for the wheelchair user and medication were in date.

Care records were person centred, well maintained, regularly reviewed, and updated to ensure they continued to meet the service users' needs.

The manager confirmed that three of the service users was subject to Deprivation of Liberty Standards (DoLS). The Inspector confirmed that all forms were up to date. A resource file was available for staff reference.

There was a policy in place for the use of restrictive interventions and the agency maintained a register, which the agency reviewed and updated annually.

3.3.4 Quality of Management Systems

The Inspector reviewed of a sample of monthly quality monitoring reports, which evidenced that a robust system for reviewing the quality of care and staff practices was in place. The Inspector reviewed the reports and confirmed that these included engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of the care records of service users; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The Inspector noted that senior staff also completed monthly quality audits in each service user's dwelling.

The Inspector reviewed the agency's process for the management of complaints and noted that the agency had received one complaint since the last inspection. The manager had managed this appropriately.

The Inspector reviewed incident records and identified that the manager had managed these appropriately. There was evidence that the manager audited incidents on a regular basis, to establish any patterns/trends. The agency also reviewed incidents in detail as part of the monthly quality monitoring process.

The Inspector viewed the agency's annual quality report, which included stakeholder feedback.

The Inspector confirmed that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The Inspector viewed the annual safeguarding position report.

There was evidence that the agency responded to concerns, which had been raised with them and implemented measures to enhance both practice and the quality of service provided.

The Inspector confirmed that the agency had completed fire risk assessments for each individual service user in the venue risk assessment for each service user. The housing associations who own the individual dwellings are responsible for the overall fire risk assessments. These had been completed. There was evidence that fire safety checks had been completed as required. Staff had completed training in fire safety and had participated in a fire drill.

4.0 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 Mr. Thomas Carson (Registered Manager-awaiting registration) and Mrs. Anne Magee (Operations Manager) as part of the inspection process. These can be found in the main body of the report.



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