The Regulation and Quality Improvement Authority

Young Adult Supported Accommodation Inspection Report

IN043068

26 September 2024

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

1.0 Service information

Service Type:
Young Adult Supported Accommodation

Provider Type:
Independent Provider

Located within: – Northern Health and Social Care Trust

Brief description of how the service operates:
Supported Accommodation Projects provide housing support and accommodation for young people aged 16 – 21+ whose needs can best be met in a living environment that affords age and developmentally appropriate experiences in preparation for adult life.

2.0 Inspection summary

An unannounced inspection took place on 26 September 2024 between 9.15 a.m. and 4.45 p.m. and was completed on 7 October 2024 following review of additional information post inspection. The inspection was conducted by a care inspector.

The inspection assessed progress with areas for improvement identified during the last inspection and to determine if the service was delivering safe, effective and compassionate support and if the service was well led.

The inspection concluded that the manager was accessible and supportive to staff, and the service took a proactive approach to risk management, demonstrating flexibility and adaptability to meet the needs of the young people.

All areas for improvement identified at the last inspection were assessed as met. Three new areas for improvement were identified with regards to staff training, the service's Statement of Purpose and young people's participation in review processes.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help plan the inspection.

A range of documents were examined to determine that effective systems were in place to manage the service and deliver safe care.

RQIA inspectors seek to speak with young people, their relatives/carers, visitors and staff for their opinion on the quality of care and their experience of living, visiting or working in this service.

Information was provided to young people, relatives/carers, staff and other stakeholders on how they could provide feedback on the quality of care and support in this service. This included questionnaires and an electronic survey.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people, staff and the manager during the inspection process.

Feedback from young people during the inspection confirmed they felt staff were respectful, supportive, and that they were fully involved in decisions regarding their care. The young people reported they were able to exercise their own autonomy, while also feeling confident that support from staff was readily available whenever needed.

Discussions with staff established that there was effective leadership in place; the manager was supportive of staff, readily available to provide advice and guidance as needed. Staff confirmed that opportunities were provided for reflective practice which enabled staff to grow in confidence, develop their knowledge and skills, and continuously review how best to support the young people and meet their needs. Staff outlined how the manager was invested in promoting a culture of continuous learning. Management arrangements are discussed further in Section 5.2.2.

Questionnaires were received post inspection from young people and significant people in the young people's lives who identified they were answering on behalf of young people.

Responses from the young people varied. While some responses indicated young people felt that staff made them feel safe and where available when needed, others indicated that this was true only sometimes. Additionally, there were mixed responses regarding their involvement in decision making and staff understanding what was important to them.

Responses from significant people answering on behalf of young people indicated that the staff helped them to feel safe; supported them in making decisions about their health and life in the service; and were always available to them when needed. Additionally, they noted there was good communication maintained by the staff and they were kept informed about any relevant issues regarding individual young people.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 10 February 2023		
Action required to ensure compliance with the Standards for Young Adult Supported Accommodation Projects (DHSSPS 2012)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 3.2.1 **Stated:** Second time	The responsible person shall review the current system for recording and auditing staff training to ensure that all staff training is accurately recorded with an effective mechanism in place to identify any gaps or when update training is due. A training plan should also be returned with the QIP which details any outstanding staff training and how this is to be addressed.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 1.6:4 **Stated:** First time	The responsible person shall ensure that the service's medication policy is reviewed and implemented in order to ensure that a detailed and comprehensive support plan and risk assessment is put in place by staff when needed. This refers to those exceptional circumstances as outlined in Section 5.2.2.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

5.2 Inspection findings

5.2.1 How does the service ensure young people are getting the right support at the right time?

Before a young person is allocated a place within the service; a 16-plus resource panel, chaired by a senior representative of the local Health and Social Care Trust (HSCT) agrees the appropriateness of a referral to the service, based on the individual young person's needs and wishes.

Records to document this decision making process were not available in the service. However, there was evidence of initial assessments, safety plans and risk assessments completed by the service, informed by input from the young people and other relevant sources. Additionally, individualised "getting to know you" schedules, were developed and implemented, allowing young people to meet with staff and other residents before moving into the service. Transitioning to a new living environment can be challenging, and this familiarization period helps reduce anxiety, build relationships, and foster a sense of belonging from the outset. It also encourages open communication, enabling young people to express their thoughts, concerns and expectations before moving in.

A review of records outlining individual engagement between staff and young people, demonstrated that staff endeavoured to support the young people to problem solve; help navigate challenges by offering assistance, guidance and solutions. The level of support and collaboration with others in the young person's network varied based on the assessed level of concern or risk, as appropriate.

Review processes were established within the service for evaluating young people's individual support plans, to ensure they were regularly updated and tailored to meet the evolving needs of the young people. However, a review of a sample of the records revealed that the involvement of the young people in these reviews was not clearly documented, with many sections left blank. This represented a missed opportunity to capture their voices and contributions in the review process and result in missed insights, reduced engagement and potentially ineffective support plans. Addressing this gap is essential for fostering a more inclusive, effective, and empowering support system. An area for improvement was identified.

Another significant stage for young people is transitioning out of the service. Discussions with the manager and staff confirmed they understood the challenges experienced by young people when transitioning from the service. There was evidence the service had shown flexibility in supporting young people during these transitions. Although staff expressed concern and frustration when young people did not accept their support or advice during this critical period, they remained dedicated to offering assistance.

It was encouraging to note that, as a result of the actions outlined in the review of jointly commissioned supported accommodation projects for young people, September 2023, the manager now attended forums which have been established allowing stakeholders to identify challenges within the sector. These facilitated discussions on the provision of move-on options for young people transitioning to independence and focus on collaborative problem solving.

In discussions with the manager, it was agreed that the service's Statement of Purpose (SoP) needed to be reviewed and updated to ensure it reflects current practices, delivery of care and the dynamic needs of the young people accessing the service. Regularly reviewing the SoP helps ensure alignment with young people's needs and keeps all stakeholders informed about the support provided. This was identified as an area for improvement.

5.2.2 How does the service ensure staff have the necessary training and support to meet the needs of the young people?

Discussions with staff demonstrated that they understood their roles and responsibilities and that there was effective access to support from the manager, with the manager maintaining an open door approach. In addition, staff confirmed they had access to effective formal and informal support forums which included regular supervision, team meetings and on-call arrangements. This fostered a positive environment where staff felt comfortable seeking assistance and created a strong foundation for collaboration and development within the team.

Whilst staff reflected that the manager promoted continuous learning and development opportunities within the service, a review of the staff training matrix indicated that mandatory training was not sufficiently aligned to the needs of the young people, the service's SoP and the Standards for Young Adult Supported Accommodation Projects (DHSSPS 2012). Gaps in annual safeguarding and child protection refresher training were also identified; the manager advised that two planned training events had to be cancelled, however assurances were provided that in the interim alternative learning opportunities were provided within team meetings to keep staff informed about how to identify, respond to, and report safeguarding concerns. The manager recognised their responsibility to; maintain safe practices and ensure that staff are adequately supported and skilled to provide safe care; ensure any unmet training needs that could impact the safety and wellbeing of the young people are escalated to senior management to ensure robust risk management measures are implemented. An area for improvement was identified.

There was limited evidence of the impact of the implementation of the Northern Ireland Framework for Integrated Therapeutic Care (NIFITC) within the service, and staff had limited knowledge about the framework. However, it was encouraging that the HSCT were organising awareness raising sessions for supported accommodation services. Additionally, monthly operational meetings have been established with the HSCT to provide a forum for timely discussion of issues and concerns, enabling prompt solutions to enhance the young people's experience.

5.2.3 How does the service ensure that risks are effectively managed?

Discussions with the manager, staff and review of records provided assurance that the service proactively manages risks that could affect the safety and wellbeing of the young people. This was achieved through the use of individualised safety plans, incident reporting, one to one discussions with young people, adherence to the service's policy and procedures, collaboration with young people's families, social workers, personal assistants (PA), Police Service of Northern Ireland (PSNI) and Regional Emergency Social Work Service (RESWS) as necessary.

Staff fostered open and transparent communication with the young people about risk taking behaviour and the potential impact on their wellbeing and tenancy agreements. This approach

was essential for establishing boundaries, ensuring safety, and providing them with the opportunity to make positive changes.

The proactive management of risks not only safeguards the physical and emotional wellbeing of young people but also promotes a supportive and trusting environment that encourages personal growth and development.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the **Standards for Young Adult Supported Accommodation Projects (DHSSPS 2012).**

	Standards
Total number of Areas for Improvement	3

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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 Standards for Young Adult Supported Accommodation Projects (DHSSPS 2012)	
Area for improvement 1 **Ref:** Standard 1.4:2 **Stated:** First time **To be completed by:** 4 November 2024	The responsible person shall ensure clear documentation of young people's involvement in their review process is documented, demonstrating their active engagement in decision making regarding their care, accommodation and housing support arrangements. Ref: 5.2.1
	Response by responsible person detailing the actions taken: Proformas are already available within the service for staff to use when completing reviews. Inspection evidenced that these were not being used to their full effect. A team meeting has already been used to remind staff to record all interactions with young people - including those times young people decline or postpone opportunities for engagement. This includes when young people agree or decline to be involved in their reviews. In addition, staff and young people continue to be encouraged to use the Outcomes Star online which is an interactive tool and notes whether young people are involved in their action

	plans. Completed stars can be pasted into the review reports and further evidence young people's involvement.

Area for improvement 2 **Ref:** Standard 1.1:1 **Stated:** First time **To be completed by:** 30 December 2024	The responsible person shall ensure the Statement of Purpose is reviewed and updated to ensure it reflects current practices, delivery of care and the dynamic needs of the young people accessing the service; and a copy is submitted to RQIA. Ref: 5.2.1
	Response by responsible person detailing the actions taken: Statement of Purpose being reviewed and updated, as required, at present. An updated copy will be completed and submitted to RQIA by 30/12/24.
Area for improvement 3 **Ref:** Standard 3.1:2 **Stated:** First time **To be completed by:** 30 December 2024	The responsible person shall ensure that staff training is aligned to the needs of the young people, the Statement of Purpose and the Standards for Young Adult Supported Accommodation Projects (DHSSPS 2012). Ref: 5.2.2
	Response by responsible person detailing the actions taken: There is both a training matrix and a training log for the service. These are both, currently, being reviewed in light of the inspection findings. The review of the Statement of Purpose will also inform how these are implemented in the year ahead.

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

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