Young Adult Supported Accommodation Inspection Report

IN045933

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:** Health and Social Care Trust **Located within:** – Belfast Health and Social Care Trust
Brief description of how the service operates: Supported Accommodation Projects provide housing support, care 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 10.15 a.m. and 4 p.m. The inspection was conducted by a care inspector.

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

Staff had a detailed understanding of young people's individual needs and positive relationships were evident. Young people were supported by an experienced and caring staff team.

Two areas requiring improvement were identified in relation to the project's statement of purpose and recruitment records. The inspection findings concluded there was safe, effective and compassionate support delivered in the project and the project was well led by the management team.

The findings of this report will provide the management team with the necessary information to improve staff practice and young people's experience.

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 project 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 project.

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 project. This included questionnaires and an electronic survey.

The findings of the inspection were discussed with the person in charge at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people and staff. Discussions with staff confirmed that they felt positive about their roles, how young people were being supported and managerial support. Staff spoke confidently about the detailed induction to their role and support they experienced and shared their view that the project was young person centred. There were no practice concerns identified and staff shared that there was a reflective and learning culture promoted within the team. Staff confirmed they were confident in managing risk and had appropriate risk management plans in place where required.

The inspector observed the young people and their interactions with staff on the day of inspection. The young peoples' body language presented as relaxed and content. The young people's feedback provided a positive view regarding the support received from staff, regularity of young people's meetings and were aware of how to raise a complaint if required. The young people understood why certain rules within the service had been put in place aimed at ensuring a safe and positive lived experience of the project for all young people, staff and visitors.

No feedback was received by RQIA via questionnaires or electronic survey post inspection

5.0 The inspection

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

<table>
<tr><th colspan="3">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Minimum Standards for Young Adults Supported Accommodation Projects in Northern Ireland 2012</td><td>Validation of compliance</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 3.1.2

Stated: First time</td><td>The provider should ensure all staff have completed mandatory training. This is specific to first aid training.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
This area for improvement was met.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 3.1.2

Stated: First time</td><td>The manager should improve the training records. The training records should be dated and accurately reflect the current staff team and any training attended.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
This area for improvement was met.</td></tr>
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5.2 Inspection findings

5.2.1 How does the service ensure young people experience a safe and high quality environment?

On arrival to the service a warm, clean and welcoming environment was observed. A kitchen, dining and living room area was available for shared activities. A good standard of décor and furnishings were observed throughout the project. The security and safety arrangements in place within the service did not impinge on the young people’s rights, and reflected the services aims and objectives as set out in their statement of purpose.

Review of records and discussions with the person in charge confirmed that prior to any new admission to the home; the decision was informed by a comprehensive assessment of the young people's needs and wishes. Where increased risks were identified, an enhanced referral document was completed to ensure all relevant information is available to inform decision making and ensure young people's needs were accurately assessed and matched to what the service could offer. Current dynamics and risks within the service were also considered. New admissions to the service were completed in a planned way and the service did not accept emergency admissions.

The projects statement of purpose was reviewed. The document described the nature and range of the service provided; however recent changes to the governance structure within the organisation were not reflected within the statement of purpose. The inspector gave advice to include within the statement of purpose; recent changes to the provider's governance structure, the providers position in relation to emergency admissions, disability access within the service, support for unaccompanied and separated young people and the number of beds held by respective trusts. The statement of purpose should be reviewed and updated where necessary to reflect the areas discussed. An area for improvement was identified.

5.2.2 How does the service ensure that safe staffing arrangements are in place?

Discussion with the person in charge and review of records confirmed agency staff records were maintained which contain essential information such as their qualifications, experience and professional registration. However, records were not available during the inspection to evidence that necessary pre-employment checks were in place in relation to the recruitment of core staff. The person in charge reported that the human resources department within the organisation undertake this role and records are maintained off site. Advice was provided by the inspector that evidence of the outcome of these checks should be available for review by the manager to give assurances that safe recruitment practice is in place for all staff, including core and bank staff. Arrangements must also be in place to ensure these records are available for inspection. An area for improvement was identified.

Training which is responsive to the needs of the young people and of the staff team contributes to building upon staff confidence, skill and resilience, and further ensures staff are equipped to meet the assessed needs of young the people in the project. Discussion with the person in charge and a review of the newly developed staff training matrix provided assurance that there is robust oversight of the competencies of the staff team, compliance rate and gaps can be easily identified in relation to mandatory training. The importance of training is promoted within the service and is necessary to ensure staff are skilled and equipped to deliver young person centred, safe and effective support.

5.2.3 What arrangements are in place to ensure that staff can learn from adverse incidents?

RQIA was made aware that an adverse incident had occurred in the service since the last inspection. Discussions with the person in charge and staff conveyed that reflection had taken place, learning from the incident had been identified and the recommendations acted upon. Learning had resulted in the development of a specific keeping safe plan in response to the incident so that there was a standard operating procedure and risk management plan; should circumstances require this approach again in the future. The person in charge and staff provided assurance that they recognised the value of reflecting upon incidents, identifying, and embedding learning in order to achieve best outcomes for young people.

Sampling of young people's files confirmed individual risk assessments and associated keeping safe risk management plans were in place for the young people and reviewed regularly. An open and transparent culture was observed at inspection and facilitated the sharing of information to ensure the young people were kept safe. Appropriate and safe staffing arrangements were in place to ensure that young people can access help in a crisis or emergency.

Staff demonstrated a good understanding of the young people living in the project and their identified needs. Records confirmed that the care provided within the service was well planned, person centred and tailored to the individual young person. Young people's involvement is key to ensuring their needs and views are embedded in practice and are at the centre of the service. It was noted that often young people did not formally sign their agreed keeping safe plans. It was advised that if young people were not willing or able to sign their agreement to plans, that this is evidenced within their records.

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	2

Areas for improvement and details of the Quality Improvement Plan were discussed with person in charge 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 1.1:1 **Stated:** First time **To be completed by:** 26 November 2024	The responsible person shall review and update the project's statement of statement of purpose to reflect any changes within the service. Ref: 5.2.1
	Response by responsible person detailing the actions taken: The statement of purpose has been updated to reflect the changes in the service.
Area for improvement 2 **Ref:** Standard 3.1:1 **Stated:** First time **To be completed by:** 26 November 2024	The responsible person shall ensure there is evidence available to verify that any staff member employed in the home have been subject to robust safe recruitment practices. This evidence should be available to review on inspection. Ref: 5.2.2
	Response by responsible person detailing the actions taken: **This response contained service identifiable information and therefore has not been included in this report.**

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

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