The Regulation and Quality Improvement Authority

Young Adult Supported Accommodation Inspection Report

IN045964

21 March 2025

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: – Belfast Health and Social Care Trust area

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 21 March 2025 between 8.55 a.m. and 5.55 p.m. and feedback was provided to the manager and senior manager on 25 March 2025. 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.

Four new areas for improvement were identified with regards to audit arrangements for young people's records, individual sessions with young people, staff training and the service's Statement of Purpose. One previous area for improvement with regard to fire safety measures was stated for a second time.

The inspection concluded that there was a respectful and thoughtful culture in the service, with staff maintaining clear communication with the young people.

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 home 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 home.

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 home. 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, the manager and a senior manager.

Young people spoke positively about their relationships with staff, describing them as kind, approachable and respectful. They valued the support offered and felt staff were honest and understanding, regardless of the situation.

Observations of staff interactions with young people were noted to be warm and genuine, with natural use of humour and thoughtful communication contributing to a positive and supportive exchange.

Staff spoke positively about the support they received within the team, describing their colleagues as helpful and supportive. They reported they worked well together and experienced job satisfaction. Staff reported feeling well supported by the manager and were confident they could seek support or guidance when needed and that they would be responded to appropriately.

Staff were compassionate when speaking about the young people and demonstrated a respectful understanding of each young person's history and experiences, including the impact of trauma.

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?

Areas for improvement from the last inspection on 20 July 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 1.1.1 **Stated:** First time	The provider shall review the Statement of Purpose and update the document to ensure that current staffing arrangements and staff training requirements listed within the training matrix are aligned with the (SOP).	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 3.1.2 **Stated:** First time	The registered person shall ensure that staff have the competencies, skills and qualities required to work safely, meet the young person's needs and achieve any additional workplace training requirements. Specific reference is made to the completion of training that reduces risk of poor quality care responses for example mandatory Safeguarding and Health and Safety training and training in Ligature Rescue.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Standard 1.2.1 **Stated:** First time	The provider shall improve the referral and admission process for the service. This process must evidence from a person centred and needs led approach how young people have been matched to the service prior to admission.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	

Area for improvement 4 **Ref:** Standard 2.1.2 **Stated:** First time	The registered person shall ensure that appropriate security arrangements are in place to maintain a safe service for the young people, particular attention should be given to the closure of the front door.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 5 **Ref:** Standard 2.2.3 **Stated:** First time	The registered person shall ensure that all aspects of the accommodation comply with general NI Health and Safety and Fire requirements and are compliant with legislation, specific attention should be given to the completion of annual Fire Safety Training and evidence of regular review of fire risk assessments.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was not met and is stated for a second time and is discussed further in Section 5.2.4.	
Area for improvement 6 **Ref:** Standard 4.1.3 **Stated:** First time	The registered person shall ensure that there is a robust system in place for making complaints. Recording must evidence that there is a culture of learning from complaints and any learning is used to inform practice and service improvement where appropriate.	**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?

Discussions with staff, the manager and review of records provided assurance that the service endeavours to take a planned and responsive approach to ensure that young people receive the right support at the right time, particularly when there are concerns about their safety or wellbeing.

The introduction of a group living needs and risk assessment as part of the referral and admission process was a positive development. This tool is intended to support more effective matching by considering not only the individual needs of the young person being referred, but also how these may impact or be impacted by the needs and behaviours of other young people already living in the service. It enables the service to identify potential strengths, risks and the possible impact on group dynamics, and to outline actions to reduce or mitigate against any potential concerns. Advice was provided to the manager to help strengthen this process further and ensure it remains meaningful, taking account of occupancy levels, complexity of need, the mixed age and profiles of the young people and the timeliness of completion prior to admission.

There were clear timeframes in place for young people to engage with the service and their statutory social worker or personal assistant (PA) in formal assessment, support planning and review processes throughout their placement. Although these records had been signed in many instances by the young people and their Health and Social Care Trust (HSCT) representative, this was not consistent. Greater consistency in this area would ensure the views and involvement of the young person and relevant others are clearly recorded in key decision-making processes.

Alongside these formal processes, feedback from staff, young people and review of records evidenced ongoing meaningful, open and transparent engagement by staff with the young people. Staff were sensitive to the challenges experienced by the young people and support provided was targeted and individualised to the young person. Staff demonstrated a flexible approach, adapting their support as needed, this support ranged from advocacy, emotional and practical support.

The relational approach fostered by staff enabled them to address inappropriate behaviour, while supporting the young people to develop risk awareness and safety plans to promote their ongoing safety and wellbeing.

A review of daily contact records highlighted variation in the quality and level of detail recorded. Some records provided clear accounts of staff engagement with young people, whilst others were brief and lacked sufficient reference to the support provided or the young person's response to this. Where records were less detailed, opportunities were missed to clearly evidence the nature and impact of staff interactions and the young person's wellbeing.

Improving auditing arrangements for young people's records would help address the variations identified. The audit process should include a qualitative component to ensure records are meaningful and relevant. This level of scrutiny is also important for maintaining accountability in decision making and support planning. An area for improvement was identified.

Whilst progress and positive outcomes were evident, as confirmed through discussions with staff and young people, individual sessions should be more clearly evidenced and consistently linked to the young people's support plans. This would provide a more comprehensive overview of the young people's progress and development in key areas. An area for improvement was identified.

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

Staff received support through regular weekly team meetings, which helped develop a shared understanding of young people's needs and ensured consistency in practice. These meetings also enabled staff to focus on key issues affecting the young people, helping to ensure timely and responsive support. Staff described feeling well supported, with access to informal support from the manager and out of hours support via the provider's on call system.

A review of the staff training matrix and discussions with the management team identified the need for a comprehensive training needs analysis to review mandatory training and role specific training requirements. This is particularly relevant for as and when staff, who do not routinely receive training in key areas such as first aid and fire safety. This poses a potential risk to the service's ability to ensure all staff are adequately prepared to respond to emergencies or safeguard young people, especially when working alone or without immediate support.

The training needs analysis should also be responsive to the identified and emerging needs of the young people, ensuring staff have the relevant knowledge, skills and expertise to provide informed and consistent support. A corresponding training plan is required to evidence how gaps will be addressed and how risks will be managed where training is outstanding. An area for improvement was identified.

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

There was evidence of effective engagement with the relevant HSCT staff, the Police Service of Northern Ireland (PSNI), the Regional Emergency Social Work Service (RESWS) and the Northern Ireland Ambulance Service (NIAS) in response to safeguarding concerns.

The service engaged in ongoing risk assessment and safety planning in partnership with relevant HSCT professionals. Staff were proactive in convening and attending appropriate meetings following high risk incidents and they described effective communication and collaboration. This level of collaboration is essential, particularly when young people are involved in high risk behaviours, as it ensures that responses are timely and informed by a shared understanding of the young person's needs and circumstances. However, the service should ensure that discussions, decisions, and agreed actions from such meetings are promptly recorded in the young people's file while awaiting formal minutes, to support accountability and ensures that staff are able to act on the most up to date information in a co-ordinated and responsive way.

The management team also confirmed that staffing arrangements have been temporarily increased, where necessary, to support targeted interventions or to assist in the implementation of short term, enhanced individual risk management plans.

Whilst staff were proactive in supporting young people with high risk behaviours, the service should review whether the current staffing model can effectively deliver responsive, individualised support across a cohort of young people with multi-faceted and complex needs. This should include a review of the Statement of Purpose to clearly define the thresholds of need and risk the service is equipped to support, from low to high.
This process should involve engagement with the relevant HSCT and Northern Ireland Housing Executive, as appropriate. An area for improvement has been identified.

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

A tour of the communal areas was undertaken, during which appropriate security measures were observed. The communal spaces, the garden and surrounding grounds were welcoming and well maintained. However, there was insufficient assurances that robust arrangements were in place to confirm completion of remedial actions identified in the previous fire risk assessment and health and safety assessment. The most recent fire risk assessment available for inspection had expired on 18 September 2024. The manager advised a new fire risk assessment had been completed on 3 February 2025, and that the report was pending at the time of the inspection.

Assurances were subsequently provided following the inspection that an updated fire risk assessment had been received by the service and remedial actions required were being addressed, and the senior manager confirmed that all staff, including as and when staff would complete fire warden training to ensure they have the appropriate knowledge and confidence to uphold fire safety responsibilities.

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	5*

* the total number of areas for improvement includes one that have been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and senior manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with the Standards for Young Adult Supported Accommodation Projects (DHSSPS 2012)</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 2.2.3

Stated: Second time

To be completed by:
22 April 2025</td><td>The responsible person shall ensure that all aspects of the accommodation comply with general NI Health and Safety and Fire requirements and are compliant with legislation, specific attention should be given to the completion of annual Fire Safety Training and evidence of regular review of fire risk assessments.
Ref: 5.1 and 5.2.4</td></tr>
<tr><td>Response by responsible person detailing the actions taken:
The service completes an Annual Health and Safety audit which is reviewed by the UK Health and Safety Manager, and Assistant Director to ensure that the Sevice is compliant with Health and Safety Legislation. There is a clear action plan from this Audit with specified timeframes and this is reviewed regularly.
Since 2024 the Organisation has commissioned an Independent Provider to complete Annual Fire Risk Assessments on both sites. This was completed for the 8 bed site on 3rd February 2025 and the report has been forwarded to RQIA on 9th April 2025.
Independent Fire Risk Assessment for the Community House has been requested.
Internal Fire Risk assessments are also completed and reviewed annually.
There is a named Fire Warden and an agreed Deputy.

Fire Warden training has been confirmed for Tuesday 13th May 2025 for the residential team, and Fire awareness training is booked for 17th June 2025. This is an enhanced training experience specifically designed for Residential service.

A Property file is available on site, also held electronically.</td></tr>
<tr><td>Area for improvement 2

Ref: Standard 4.1:2

Stated: First time

To be completed by:
20 May 2025</td><td>The responsible person shall ensure the audit arrangements for young people’s records are improved so that records are up to date, reflect involvement and engagement with young people, and include a qualitative review of the content and quality of recording.

Ref: 5.2.1</td></tr>
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	Response by responsible person detailing the actions taken: The Organisation's Recording Policy stipulates audit requirements for case files. There is a standard audit template however this has not been used routinely. Management have instructed that the template and routine file sampling must be used.
Area for improvement 3 **Ref:** Standard 1.6:1 **Stated:** First time **To be completed by:** 22 April 2025	The responsible person shall ensure young people have access to regular individual work sessions and that records of this work are maintained and correspond meaningfully with the young person's support plan. Ref: 5.2.1
	Response by responsible person detailing the actions taken: The Service operates a keyworker system. Each young person has weekly one to one sessions working on identified goals that are clearly outlined in their support plan. There is a standardised template to record this work. This has been identified as an area from improvement and is being addressed with staff at team meetings and through the supervision process.
Area for improvement 4 **Ref:** Standard 1.6:1 **Stated:** First time **To be completed by:** 20 May 2025	The responsible person shall ensure a comprehensive training needs analysis is undertaken to identify mandatory, role – specific, and young person centred training requirements. A corresponding training plan is required to evidence how identified gaps will be addressed and how any associated risks will be managed where training has not yet been delivered. Ref: 5.2.2
	Response by responsible person detailing the actions taken: The Organisation have a mandatory programme of training for all staff during induction. Certificate of completion is saved on staff files. A training needs analysis has been completed which outlines training required for each specific role which includes both mandatory and young person specific training. It is accepted that the document requires further development in order to simplify and identify what is required for each staff member including timeframes. In line with this, the training matrix will be amended to ensure any gaps are evident and a plan agreed on how to manage. The process of reviewing this has commenced and will be completed by 20 May 2025.

Area for improvement 5 **Ref:** Standard 1.1:1 **Stated:** First time **To be completed by:** 11 July 2025	The responsible person shall ensure that the Statement of Purpose is reviewed in line with the staffing model to confirm the service's capacity to manage varying levels of need and risk; with clearly defined thresholds for low, medium and high levels of support, in consultation with relevant stakeholders. An updated Statement of Purpose is to be submitted to RQIA. Ref:5.2.3
	Response by responsible person detailing the actions taken: Review of Statement of Purpose is underway to ensure risk levels are clearly outlined, and that thresholds align with the current staffing model. The Joint Commissioning referral panel provides a stakeholder forum for referrals to be discussed, and those present are cognisant of lone working staffing model when deciding on whether a young person's needs can be safely managed. The service has a dynamic system for identifying and reviewing the varying levels of need of young people. This information is documented within the Care and Support plans which are live documents and are subject to formal review with Trust social workers/PAs throughout the young person's placement. In addition to this, Risk Strategy meetings occur routinely and in response to crisis to agree with stakeholders how best to monitor and mitigate risks. This partnership approach acts to ensure that required supports are in place for each young person when required and risk is shared and strategies agreed. The current staffing model has the ability to 'flex up' during periods of crisis for individual young people. During these time limited periods, agreed with relevant stakeholders, staffing can be increased to include additional staff cover and 'waking night' staff if required. The amended Statement of Purpse will clearly state the thresholds for levels of support ie. that young people placed in the Community House are assessed as being able to live without requiring onsite staff support and have differing needs than those on the main 8 bed site. Relevant stakeholders have been contacted to seek their views on the existing thresholds for the service, and review current mechanisms for responding to the varying levels of needs. The amended statement of purpose will be shared with key stakeholders and agreement sought..

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