The Regulation and Quality Improvement Authority

# Young Adult Supported Accommodation Inspection Report

## IN045970

## 3 October 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 3 October 2024 between 9.55 a.m. and 3.45 p.m. and was completed on 8 October 2024 following review of additional information post inspection. The inspection was conducted by a care inspector.

Following the last inspection, RQIA received whistleblowing communication raising concerns in relation to staff practice, staff support arrangements and management of complaints. These concerns were shared with the Health and Social Care Trust for immediate action, and resulted in the provider conducting an investigation and establishing an action plan.

The inspection assessed progress on all areas for improvement identified during the previous inspection and included a review of the investigation's outcomes to determine whether the service was delivering safe, effective and compassionate support and if it was well led.

The inspection highlighted that improved practices and systems had been implemented, alongside greater opportunities for engagement between staff and young people to foster relationship building. This is discussed in further detail in the main body of the report.

Two areas for improvement identified at the last inspection with regard to the quality of young people's records and staff training were assessed as not met and stated for a second time.

Two new areas for improvement were identified with regards to documenting young people's participation and the Statement of Purpose for the service.

## 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 support.

RQIA inspectors seek to speak with young people, their relatives/carers, visitors and staff for their opinion on the quality of support 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 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 management team as part of the inspection process.

Discussions with young people confirmed they were happy with the standard of their individual accommodation, access to communal areas and that they were comfortable approaching staff for support or for a chat. They reflected that they felt included in decision-making processes, including their initial assessments and review discussions. Communication was generally strong, with a good rapport and respectful interactions between staff and the young people. However, a specific area of dissatisfaction was noted, this concern was raised with the management team, who provided assurance that it would be addressed appropriately.

The management team provided assurance that strengthening consultation and feedback mechanisms with young people had been a focus since the last inspection and in response to the whistleblowing concerns raised. In addition to the Health and Social Care Trust engaging with current and former users of the project, the service also commissioned an independent consultation process with the young people. Although some areas of dissatisfaction were noted from the independent consultation, the management team described how these were actively addressed and no significant concerns were raised.

Staff feedback regarding their role was positive, they noted satisfaction with their induction process and strong management support. The manager was described as visible, approachable and responsive to concerns. They described how the manager maintains an

open door policy, encouraging strong communication and making it easy for staff to seek guidance and share concerns.

Additionally, staff noted the manager's visibility and presence within the service, allows them to monitor staff engagement with the young people. This enables the manager to provide constructive feedback and suggest improvements when needed, fostering a culture of continuous learning and promotes the delivery of consistent, quality support. Staff reported feeling comfortable raising any issues and were confident they would be addressed. Overall, staff described, good communication and effective working relationships with the management team.

Staff demonstrated a thorough understanding of each young person's individual needs and were well informed about individual safety plans for those young people under 18 years of age. They spoke about the young people with empathy and compassion, reflecting a genuine commitment to supporting and understanding each young person's individual circumstances and challenges. This level of awareness and sensitivity fostered a supportive and safe environment within the service.

Discussions with the manager provided assurance of their proactive approach to addressing issues and supporting quality improvement. They demonstrated a clear understanding of their role and responsibilities, along with a commitment to maintaining high standards of service delivery.

A young person completed a questionnaire during the inspection which indicated that they were satisfied with the level of support received from staff in the service. No questionnaires were received 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">Areas for improvement from the last inspection on 26 June 2023</th></tr>
<tr><th colspan="2">Action required to ensure compliance with Standards for Young Adult Supported Accommodation Projects (DHSSPS 2012)</th><th>Validation of compliance</th></tr>
<tr><td>Area for improvement 1<br>Ref: Standard 1.3.6<br><br>Stated: First time</td><td>The registered person shall ensure recording practice at the home is improved in line with professional standards and in accordance with NISCC codes of practice. All staff responsible for recording information should receive recording training.</td><td rowspan="2">Not met</td></tr>
<tr><td></td><td>Action taken as confirmed during the inspection:<br>This area for improvement was assessed as not met and was stated for a second time. This is discussed further in Section 5.2.1.</td></tr>
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| **Area for improvement 2**<br><br>**Ref:** Standard 3.1.2<br><br>**Stated:** First time | The registered person shall ensure that staff are equipped with the skills and training required to meet the assessed needs of the young people. A training plan should be developed and actioned to address any outstanding training needs for all staff in relation to fire warden training, COSHH and IPC training. | **Not met** |
| | **Action taken as confirmed during the inspection**:<br>This area for improvement was assessed as not met and was stated for a second time. This is discussed further in Section 5.2.2. | |

## 5.2 Inspection findings

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

A review of young people's care records which guide and direct staff support was undertaken. It was positive to see comprehensive needs assessments and risk assessments in place. Discussions with staff further indicated that they were well-informed about these records, demonstrating their commitment to providing knowledgeable and effective support. The project's information system was accessible and easy to navigate, enabling staff quick access to essential information about the young people.

Although young people reported active involvement in their initial assessments, reviews, and decision making, records such as referral information, assessments, safety plans, and risk assessments lacked consistent evidence of their participation and agreement. Improvements are needed to ensure documentation better reflects collaborative working with the young people. Well documented participation enhances communication among staff, young people, and stakeholders, ensuring everyone is aligned on support strategies and goals and can lead to better engagement with plans and improved outcomes. An area for improvement was identified.

Regular check-ins were established with young people to ensure their safety and wellbeing. However, the information recorded during these check-ins lacked any meaningful assessment, indication of how the young person was doing or their level of engagement. This represents a missed opportunity to effectively monitor changes in their wellbeing and needs, which could alert staff to emerging concerns. Improved recording could provide valuable insights to inform support strategies and enhance the overall support provided to each young person.

In addition, whilst there was evidence of regular key work sessions with young people aimed at advancing individual objectives and goals, there was noticeable variation in the quality of the records for these sessions. Recording training was provided to staff following the last inspection, however, there have been a number of staff changes, and there is a lack of evidence that any improvements have been sustained. This inconsistency may undermine the

effectiveness of monitoring and assessing outcomes and impact on the planning of future key work sessions. As outlined in Section 5.1 improvement in recording practices has been identified as an area for improvement for a second time.

Staff demonstrated a good knowledge of the safety plans for young people under 18 years old and recognised the importance of adherence to these. This focus was reinforced in team meetings, where all staff were advised of the requirement to read and follow the guidance of safety plans. These practices promoted safety and consistency for the young people.

A review of significant incident reports also demonstrated that the manager reviewed incidents in a timely manner to determine any necessary or additional actions required; reflecting an effective risk management approach. Furthermore, relevant information was promptly shared with the young person's social worker and relevant professionals as appropriate, ensuring a collaborative approach to safety and support.

### 5.2.2 How does the service ensure that staff have the necessary supports to fulfil their roles and responsibilities?

Since the last inspection, the service has restructured its management and staffing model to increase senior staff availability throughout the week, including evenings. Senior support staff are now expected to assist the manager by supervising, mentoring, and coaching staff, as well as auditing and reviewing care records. With these new roles recently filled, senior management will need to monitor and evaluate whether they lead to the expected improvements in staff support, auditing and overall governance arrangements in the service.

Regular team meetings were convened which facilitated reflective discussions, where staff can collaborate on strategies and agree on consistent approaches to supporting the young people in a compassionate and rights-based manner. It was positive to note that times of meetings were varied to promote attendance of as and when staff.

As referenced in Section 5.1 gaps in staff training were identified; the manager provided assured that enhancing compliance with staff training will be a priority following the recent staff recruitment process. Additionally, it was noted that the current mandatory staff training was not fully aligned to the needs of the young people, the service's Statement of Purpose (SoP) and the Standards for Young Adult Supported Accommodation Projects (DHSSPS 2012). In response, the manager and senior manager committed to reviewing and addressing these training gaps when developing an updated training plan. An area for improvement with regard to staff training was identified for a second time.

### 5.2.3 How does the service ensure young people experience a safe and high quality service?

Several key mechanisms are utilised to support the young people to experience a safe and high quality service. Weekly meetings between staff and young people provided a platform for open dialogue to discuss issues and foster relationships. During these meetings staff also engaged in fun activities and shared meals with the young people, creating positive experiences and strengthening their connections. Whilst records of house meetings were maintained, their quality varied. The manager agreed to address this with the staff team to ensure that young people's engagement and feedback are clearly documented. Additionally, actions identified will

be carried forward for review in subsequent meetings to demonstrate how young people have influenced the service and to strengthened their voice.

Observations during the inspection indicated that young people have easy access to the staff on shift for support as needed. They actively use the communal hub, participating in movie and games nights, which they described as effective in reducing feelings of isolation and loneliness. These events also provide a fun opportunity for young people to connect with staff and each other.

The service has also taken steps to support young people in raising issues or complaints by providing easy access to complaint forms and boxes in communal areas. Discussions with the manager and senior manager clarified that the service has improved its response to reports of dissatisfaction, ensuring they are taken seriously and addressed promptly. This approach can foster an environment of trust and accountability. Advice was provided by the inspector to review the complaint form to make it more user-friendly for young people and they agreed to action this.

A review of the project's SoP is required to reflect changes in the staffing model, ensure alignment with the delivery of care to meet young people's need and address staff training requirements to effectively support the individualised needs of the young people. An area for improvement was identified.

## 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 |
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| **Total number of Areas for Improvement** | 4* |

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

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

| Quality Improvement Plan | |
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| **Action required to ensure compliance with the Standards for Young Adult Supported Accommodation Projects (DHSSPS 2012)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 1.3.6<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>3 December 2024 | The registered person shall ensure recording practice at the home is improved in line with professional standards and in accordance with NISCC codes of practice. All staff responsible for recording information should receive recording training.<br><br>Ref: 5.1 |
| | **Response by registered person detailing the actions taken:**<br>Professional writing and recording training to be co-ordinated and carried out in-house with the staff team. |
| **Area for improvement 2**<br><br>**Ref:** Standard 3.1.2<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>31 December 2024 | The registered person shall ensure that staff are equipped with the skills and training required to meet the assessed needs of the young people. A training plan should be developed and actioned to address any outstanding training needs for all staff in relation to fire warden training, COSHH and IPC training.<br><br>Ref: 5.1 |
| | **Response by registered person detailing the actions taken:**<br>All staff have been allocated training via SCTV to address outstanding training needs. Fire Warden training is currently being co-ordinated and arranged for all staff. Where staff have already been allocated training, but have still not completed, letters have been sent to individual staff members to address this as soon as possible. Manager is developing a second training matrix to include additional and YP specific training that has also been completed by staff team. |
| **Area for improvement 1**<br><br>**Ref:** Standard 1.2 & 1.3<br><br>**Stated:** First time<br><br>**To be completed by:**<br>5 November 2024 | The responsible person shall ensure young people's involvement in their assessments and review process is clearly documented, demonstrating their active engagement in decision making regarding their support, accommodation and housing support arrangements.<br><br>Ref: 5.2.1 |
| | **Response by responsible person detailing the actions taken:**<br>Manager has completed an audit of the ACCESS system to ensure that YP have signed all documents relating to their |

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| | support. Where there are gaps, staff have been asked to meet with the YP individually to have this addressed. Ongoing issues with IT are in the process of being rectified (signatures not transferring from tablets over to the PC's when staff complete inductions with the YP) |

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| **Area for improvement 2**<br><br>**Ref:** Standard 1.1:1<br><br>**Stated:** First time<br><br>**To be completed by:**<br>31 December 2024 | The responsible person shall ensure the Statement of Purpose is reviewed and updated to ensure it reflects current staffing model, delivery of support and the dynamic needs of the young people accessing the service; and a copy is submitted to RQIA.<br><br>Ref: 5.2.3 |
| | **Response by responsible person detailing the actions taken:**<br>This is being reviewed as advised and will be forwarded to RQIA on completion. |

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


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