The Regulation and Quality Improvement Authority

Young Adult Supported Accommodation Inspection Report

IN045968

21 August 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: – Southern Health and Social Care Trust area

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 21 August 2024 between 10 a.m. and 2.45 p.m. and was completed on 22 August 2024 following review of additional information post inspection. The inspection was conducted by a care inspector.

The inspection assessed progress with an area 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.

The inspection concluded that young people were supported by a staff team that had a detailed understanding of young people's individual needs and that positive relationships were evident between staff and young people.

One area for improvement identified at the last inspection in relation to team meeting minutes was met. No new areas for improvement were identified during this inspection.

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 during inspection.

Feedback from young people provided a positive view regarding the support received from staff and their relationships with staff. Young people reported they liked living in the service and were happy with the environment and the facilities provided.

Staff feedback highlighted the supportive relationships between staff and young people, as well as effective guidance provided by the management team to the staff.

Questionnaires were received post inspection from staff and significant people in the young people's lives who identified they were answering on behalf of young people. Responses from staff confirmed they were satisfied that the support provided to young people was safe, effective, compassionate and well led; whilst also acknowledging the need to have a permanent manager in place. Management arrangements are discussed in further detail in section 5.2.4.

Responses from significant people answering on behalf of young people indicated that young people were helped to feel safe; helped to make decisions about their health and life in the service; and that staff were there for young people when they needed them.

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 19 October 2023		
Action required to ensure compliance with The Minimum Standards for Children's Homes (Department of Health) (2023)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 3.2:4 **Stated:** First time **To be completed by:** 30 November 2023	The manager shall ensure that a record is held of team meetings; to include agreed actions, accountability as to who is to complete the actions and timeframe for completion.	**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?

Young people's support documentation provided evidence that the quality of recording was of a good standard and the detail reflected the young peoples' needs and lived experience. The records sampled were up to date, frequently reviewed, reflective of the current risks and provided clear guidance to staff providing direct support to the young people.

Daily logs and key work sessions identified that staff had a detailed understanding of young people's individual needs and that positive relationships were evident between staff and young people.

Young people regularly attend meetings in the service with the aim to promote opportunities to share their views and opinions, and contribute towards the running of the service. These meetings take the form of House Meals and also provide an opportunity for young people to connect and socialise. Advice was provided to the manager that the minutes of these meetings could be improved to evidence that they are purposeful; with clear aims and actions arising. The manager agreed to make the necessary improvements and this will be reviewed as part of future inspection activity.

Review of records and discussions with staff confirmed that prior to any new admission to the service, the decision was informed by a comprehensive assessment of the young person's needs and wishes. New admissions to the service were completed in a planned way and referrals were thoroughly assessed and matched to what the service could offer.

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

Sampling of the rota and review of the Statement of Purpose (SOP) confirmed that the number of staff on shift, was consistent with the staffing model and based on the assessed needs of the young people. Whilst the service operates a lone working policy, evidence was provided that this is based on a robust risk assessment of the young people's needs at the point of admission. Evidence was also available of staffing being increased as needed, based on risk and the presenting needs of the young people.

Inspection of training records provided assurance that staff working in the home had a good level of compliance with mandatory training requirements and that additional training was made available to staff, in line with the support needs of young people.

5.2.3 Does the service ensure that the environment meets the needs of the young people?

The internal environment of the service was well maintained and presented as a comfortable, homely space for young people to live. Young people reported that they were able to decorate their bedrooms in line with their wishes and they had access to the essential amenities needed to be able to develop their independence skills whilst living in the service.

Robust fire safety checks were completed by staff on a regular basis. The records evidenced the consistent completion of weekly fire alarm tests; monthly fire equipment and fire door tests; and fire evacuations were completed every six months.

5.2.4 How does the service ensure that there are robust management and governance arrangements in place?

Discussion with the person in charge identified that the manager of the service had recently left post and that an acting management arrangement was in place. The inspection concluded that this arrangement provided stability to the service and was effective as an interim measure. Recruitment was ongoing to fill the vacant manager position.

Review of incident records identified robust recording and reporting practices by staff and clear governance and oversight arrangements by management. This is essential for ensuring that staff respond effectively to promote safety for young people; and to ensure that learning can occur following incidents.

Discussion with the manager and review of the service's safeguarding, lone working and night staff policies and procedures, provided assurance that the service had clear guidance for staff as regards safeguarding young people within the service.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager as part of the inspection process and can be found in the main body of the report.

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