The Regulation and Quality Improvement Authority

Young Adult Supported Accommodation Inspection Report

IN045902

23 July 2026

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 23 July 2026 between 9. 20 a.m. and 4. 45 p.m. The inspection was conducted by a care inspector.

The inspector 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.

The inspector identified that the project referral and assessment process is underpinned by a collaborative approach, involving the young person, community services and those involved in the young person's care prior to admission. The project has effective support planning arrangements in place, which are young person centred, and promotes and encourages young people to be active participants within their own support planning processes. Young people's voices are reflected throughout their records, staff are committed to promoting young people's rights and advocating on their behalf to ensure young people have access to opportunities to help them reach their potential.

An area for improvement was identified regarding the statement of Purpose (SOP) which requires review to ensure that clear information is available to young people and referring agencies regarding the range of needs which can be met within this project; and the procedure in place for the usage of available beds. This was an area for improvement during the previous inspection and will be stated for a second time. Further areas of improvement were identified regarding strengthening the complaints process to ensure a more robust young person centred approach, safe recruitment processes for agency staff working within the service, and bespoke training specific to the needs of the young people. Two previous areas for improvement relating to the admissions process and fire risk assessment were met.

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 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 project.

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 project. This included questionnaires and an electronic survey.

The findings of the inspection were discussed with the management team/ person in charge 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. Feedback from young people provided a positive view regarding the support they receive from the staff team. They spoke positively about feeling their voice was heard in relation to their support plan and that they enjoyed living there.

Staff spoke positively about the supports they receive from the management team and their colleagues. They felt supported in decision making and regular team meetings and supervisions provided them with the opportunity to reflect and share learning with one and other. Staff spoke candidly of their role in advocating for young people with community services and assisting them to achieve positive goals and outcomes. Staff expressed they would like more training in areas of need specific to the young people they are supporting.

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 14 March 2024		
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 **To be completed by:** 14 May 2024	The responsible person should ensure the Statement of Purpose is reviewed and updated to accurately reflect the current service provision. Ref: 5.2.1	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was not met.	
Area for improvement 2 **Ref:** Standard 1.2:5 **Stated:** First time **To be completed by:** 14 May 2024	The responsible person should ensure the admission process and referral documentation is reviewed to ensure it supports the forthright sharing of clear and relevant information for risk and needs assessment purposes. Ref: 5.2.1	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Standard 2.2.3 **Stated:** First time **To be completed by:** 21 March 2024	The registered person shall ensure the fire risk assessment is updated to include the specific risk management strategy in relation to identified fire hazards to ensure the safety and wellbeing of all staff and young people within the project. Ref: 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?

Sampling of the admissions documentation provided assurance that there is a robust admissions process, which assesses risk prior to an admission and the young people are actively involved in the admissions process. A robust admissions process ensures that the project is able to meet the needs of the young people who are admitted and promotes the likelihood that the staff team can provide effective support, which is aligned to the needs of the individual young people. Additionally discussions with staff and review of the service's safeguarding policy and procedure, provided assurance staff were well informed on how to raise safeguarding concerns promptly.

A review of key work session records evidenced that staff were undertaking individualised work with young people. While there was some visible alignment with the outcomes-based model adopted by the service, the records did not fully reflect the breadth and quality of work being carried out by staff to support young people in achieving their goals and objectives. Discussions with staff and young people provided the inspector with numerous examples of meaningful support provided towards achieving identified goals, however, this was not consistently evidenced within the recording documentation. Furthermore, sampling of the daily logs found that, although entries were completed regularly, they did not provide a sufficiently detailed holistic account of the young people's lived experiences within the project. Feedback was provided to the management team regarding undertaking a review of the current recording practices to ensure documentation more clearly captures the work being undertaken with young people, progress against individual goals and provides a comprehensive overview of their day to day experiences.

Inspection of statutory documentation identified gaps within young people's files, nevertheless discussions with the management team and young people evidenced that the project works closely with a range of community services to ensure young people receive the most meaningful and effective support. Young people spoke positively about the support available to them and examples were provided of collaborative working that helped promote positive outcomes. This approach demonstrated the project's commitment to ensuring the support is responsive to each young person's individual circumstances.

Handover records are a key communication tool between staff members across shifts to ensure that important information about each young person is shared effectively. Discussions with the management team established that the project has been challenged in developing a well-designed handover record that meets the needs of the project without becoming too complex to complete. This has been identified by the management team as an area for further development, the inspector is satisfied that the management team have a clear understanding of the importance of shift planning and driving improvement in recording practices amongst the team.

Review of complaints documentation did not provide assurances that there was a robust procedure in place to ensure the voice of the young person is heard. While there is clear documentation that details the actions taken to resolve the complaint and share any learning,

the complaints form is electronic and is required to be completed by the management team. Discussions with the management team advised they were aware of the need to strengthen this process and provided ideas which have been considered. As these have not yet been implemented an area for improvement was identified.

Inspection of evidence confirmed that young people are invited to attend meetings that aim to gather their preferences, ideas and suggestions regarding matters that impact on the running of the project, the environment, and future plans regarding the project. Sampling of meeting minutes provided evidence that young people's views are recorded and acted upon. This approach conveys a message to young people that their opinions are valued and recognises their right to have influence in matters that are important to them.

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

Responsive staffing arrangements are essential to; safeguard and promote the health and wellbeing of the young people and adhere to safety plans. The management team described the staffing levels which had been assessed as necessary to meet the needs of the young people. Sampling of the staff rota and discussion with young people, staff and the management team provided assurances that the staffing levels within the service are safe, effective and adequate to meet the needs of the young people.

There were however vacancies and sickness within the staff team, consequently there was a reliance on bank and agency staff to ensure safe staffing levels. Evidence available to provide assurances that agency staff were recruited in a safe and robust manner was limited. While discussions with the management team provided some assurance safe processes were in place for the recruitment of agency staff, the evidence was not consistently available to support this. 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 needs of the resident group. Sampling of the training matrix displayed high levels of compliance with mandatory training, however there were deficits identified in relation to additional training to meet the needs of the young people, particularly trauma informed practices and adverse childhood experiences. An area for improvement was identified to ensure staff have access to and receive training to enable them to provide the right support at the right time to the young people living in this project and to ensure managerial oversight of the training matrix.

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

Review of the fire safety file evidenced that robust and consistent checks were completed within the service in accordance with the projects weekly and monthly fire safety scheduled checks. The fire risk assessment was completed in April 2026, with evidence of the completion of required actions.

Security checks and measures are in place to maintain a safe service. A communal area which comprises of a kitchen, dining and living room is available for shared activities and private use.

This area was comfortably furnished and provided a space for young people and staff to engage in key-work sessions and young people's meetings. Staff are available at all times to ensure the young people can access help in a crisis or emergency and an on-call support service is in place. The security and safety arrangements within the project did not impinge on the young people's rights, and reflects the projects aims and objectives.

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

The SOP was reviewed during the inspection. It is the responsibility of the provider to ensure that there is a clear statement of the core aims, purpose and function of the service, which is updated as required and reviewed annually. The SOP had not been updated since May 2024. Discussions with the management team also outlined plans for a pilot scheme to prevent underutilisation of assessment beds. The SOP should be reviewed to ensure it accurately reflects the current service provision. This area for improvement will be stated for a second time.

The inspector reviewed the age ratios within the project in accordance with the guidance from the department of health (Guidance on maintaining age rations in jointly commissioned young adults supported accommodation projects, 2019). On the day of inspection, the occupancy split, in terms of age was confirmed to be compliant.

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	4*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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:** Second time	The responsible persons should ensure the Statement of Purpose is reviewed and updated to accurately reflect the current service provision and reviewed annually. Ref: 5.2.1 & 5.2.4

To be completed by: 17 September 2026	**Response by responsible person detailing the actions taken:** The Statement of Purpose has been updated to reflect current service provision (as per October 2026), including the implemention of Regional Assessment Bed Pilot commenced in June 2026.
Area for improvement 4 **Ref:** Standard 4. 1:3 **Stated:** First time **To be completed by:** 17 September 2026	The responsible persons should ensure that there is a system in place for making complaints and representation. Young people should be encouraged to make complaints in a way that is most helpful to them using internal or external supports. Ref: 5.2.1
	Response by responsible person detailing the actions taken: The organisation's Complaints policy details a range of opportunities and accessible methods for making complaints and reprsentation. The policy was most recently reviewed in March 2026. It has been re-highlighted for the service's staff team in order that they can best-support young people in this area.
Area for improvement 2 **Ref:** Standard 1. 7:4 **Stated:** First time **To be completed by:** 17 September 2026	The responsible persons should ensure that all staff, volunteers and others working at the service are subject to recruitment checks as outlined within the Standards for Young Adult Supported Accommodation Projects (DHSSPS 2012) and the projects policies and procedures relating to staff recruitment. Ref: 5.2.2
	Response by responsible person detailing the actions taken: All staff members employed by the organisation are subject to rigourous pre-employment/recreuitment checks including advanced Access NI checks and NISCC registration. Agencies which support us in covering the service (generally where there is a short-notice requirement) are able to send staff profiles in order that we can ensure their credentials and suitability. An electronic file has been implemented at the service in order that all such profiles are retained for staff who have covered the service. Where an individual who has not covered the service previously is being provided to us, a staff profile will be requested by the manager or senior practitioner and stored on file. Our human resources dept have been contacted with a view to exploring whether a centralised file of agency staff profiles would be of benefit in ensuring standards compliance. A decision/implementation of this remains outstanding at the time of writing.

Area for improvement 3 **Ref:** Standard 3. 1:2 **Stated:** First time **To be completed by:** 17 September 2026	The responsible persons should ensure that staff have the competencies, skills and qualities required to work safely, meet the young person's needs and achieve any additional work place training requirements. Particular attention should be paid to training focused on: - Trauma Informed Practice - Adverse Childhood Experiences Ref: 5.2.2
	Response by responsible person detailing the actions taken: The organsiation offers a suite of core and recurrent in-house training to ensure that staff have the skills and qualities required to carry-out their roles. Staff at the service are general support workers, it is not a specialised support position they inhabit. However the service is able to be proactive in outsourcing training that would be seen as of benefit to the team in supporting the presenting needs that are more prevalent for young people in society today. Contact has been established with the organisation's Learning & Development Manager re the holding of sessions on Trauma-Informed Practice & Adverse Childhood Experiences. Development is onging internally re our capacity to deliver such tarining to ours staff teams as part of the in-house suit of core training modules. External provision of this training is also being explored to enusre that staff are upskilled in the areas that have been highlighted by them as worthy of particular attention.

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