The Regulation and Quality Improvement Authority

Young Adult Supported Accommodation Inspection Report

IN045966

28 May 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: –South Eastern 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 28 May 2026 between 9.15 am and 4.15 pm. The inspection was conducted by two care inspectors.

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.

The inspection focussed on staffing, the environment and the quality of care and support within the service. The inspection of evidence found that the environment is well maintained, secure and meets the needs of the individual young people. Staff were found to have a detailed understanding of the young people's needs and positive relationships were evident. There was deemed to be adequate staffing to meet the needs of the young people and, there were robust induction and supervision processes in place for the staff team.

Whilst a range of mandatory training was available, a previous area for improvement was only partially met due to low levels of compliance with substance misuse training. One previous area for improvement regarding the complaints system was deemed met. A further area for improvement in relation to the quality and effectiveness of handovers was identified

The inspectors concluded there was safe, effective and compassionate support delivered in the project and the project was well led by the manger. The findings of this report will provide the manager 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 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.

The findings of the inspection were discussed with the manager concluding the inspection.

4.0 What people told us about the service

The inspectors spoke with young people and staff. Feedback from young people provided a positive view regarding support they receive and their relationships with the staff team. They spoke positively about the environment and felt their voice was heard in decisions about the service.

Staff spoke positively about the supports they receive from the manager and their colleagues. They felt supported in decision making and that they were able to reflect and share learning with each other. Staff expressed they would like to see more supports for young people under eighteen from community services.

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 25 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 4.1.3 **Stated:** First time	The responsible person shall review and improve the system in place for making complaints in this setting; records should clearly detail the action taken to resolve complaint's is used to inform practice and service improvement where appropriate	**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 responsible person shall ensure staff achieve any additional workplace training requirements to meet the needs of the young people; particularly substance misuse and self-harm training.	**Partially met**
	Action taken as confirmed during the inspection: This area for improvement was partially met. There was a high level of compliance with self-harm training, however compliance was low in relation to substance misuse training.	

5.2 Inspection findings

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

There are satisfactory arrangements in place for the referral of young people into the project which ensure young people are fully involved in the referral process. There was evidence of robust risk assessment processes prior to the admission of a young person and each young person had an assigned key worker. The young people spoken to during inspection informed inspectors that they found the staff helpful and supportive.

Key work sessions on file evidenced a safe, effective and compassionate care approach to individual work undertaken by staff. Feedback was provided to the manager regarding fine tuning key-work sessions to ensure they were more focussed on incorporating assessment goals and objectives. Sampling of daily logs identified that staff had a detailed understanding of

young people's individual needs and that they were advocates for the young people with professionals.

Whilst there was limited information available to review with regards to statutory involvement, inspectors were assured that staff were following policies and procedures within the service to advocate for the young people and ensure they had the correct supports in place. Review of quarterly monitoring reports highlighted a lack of Looked After Child Documentation had been an ongoing issue despite staff within the service raising this with the placing Trust area.

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.

The manager discussed the Dream Achieve Supported Housing (DA-SH) assessment tool for supporting young people to achieve their highest potential and develop the skills required for independent living. The care plans and risk assessments sampled were young person centred, reflective of young people's lived experiences with clear identification of risk, supporting strategies and measurable outcomes.

Handover records sampled noted regular and consistent handovers take place, however they contained limited essential information required to support staff in day to day decision making and promote the delivery of safe and effective care. It is essential that recording practices are in line with professional standards and in accordance with Northern Ireland Social Care Council (NISCC) code of practice. An area for improvement was identified.

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

The inspectors were assured that the staffing arrangements within the service are safe, effective and adequate to meet the needs of the young people. Responsive staffing arrangements are essential to safeguard and promote the health and wellbeing of the young people and adhere to safety plans. The manager described the staffing levels which had been assessed as necessary to meet the needs of the young people. A review of a sample of the staff rotas evidenced staffing levels were consistent with the levels described. There was minimal reliance on agency staff and the manager provided assurances of a mixed skill set on shift.

Staff induction is essential for setting the foundation for safe and effective practice. It was positive to see a robust induction process for staff was in place. There were regular review points which provided an opportunity for either the staff member or manager to discuss any issues and provided a structure for ongoing support and guidance as they transitioned into their roles. Discussions with the manager and review of further documentation showed the service's commitment to further developing the induction process in order to better support their staff team.

Training which is responsive to the needs of the young people and of the staff team contributes to building upon staff confidence and resilience and further ensure staff are equipped to support any complex needs of the young people. Discussions with the manager and a review of the staff training matrix identified whilst there was a comprehensive list of mandatory training, gaps

were noted in self harm training which has been an area for improvement during the last care inspection. Lack of staff training in this area could have serious consequences for the safety, wellbeing, and development of the young people. This area of improvement was partially met.

There was evidence of monthly team meetings with high levels of staff attendance and detailed discussions about the young people's care. Feedback was discussed with the manager about developing team meetings to include action planning and follow up at subsequent meetings. Further discussion took place around only documenting agenda items that require discussion at that time as opposed to a set agenda. Discussions with staff and sampling of the supervision matrix provided assurances that staff receive regular formal supervision.

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

The inspectors viewed the communal areas and a vacant flat. The inspection concluded that the quality of the physical environment was of a high standard; it was well maintained, secure, comfortable and homely. The service provides each young person with a self-contained flat which is adequately furnished and equipped to meet the needs of the individual young people. There are appropriate arrangements in place for young people to access help or support as required and there are appropriate security measures in place to maintain a safe service for young people.

The service provided evidence of compliance with fire safety requirements and legislation. Feedback was provided to ensure any identified actions within the fire action plan are signed off as complete within timescales.

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

Review of incident records identified robust recording and reporting practices by staff and clear governance and oversight arrangements by the manager. 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, policies and procedures, provided assurance that the service had clear guidance for staff regarding safeguarding young people within the service.

Inspection of complaints records provided evidence that any complaints made had been investigated in an appropriate and timely manner. They confirmed the recording of young people satisfaction levels or otherwise with outcomes of their complaints. It is essential that such information is collated in order to audit the effectiveness of the complaints procedures and their application.

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

*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 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 3.1:2 **Stated:** Second time **To be completed by:** 28 July 2026	The responsible person shall ensure staff achieve any additional workplace training requirements to meet the needs of the young people; particularly substance misuse and self-harm training. Ref: 5.2.2
	Response by responsible person detailing the actions taken: Substance misuse training will be sourced and a training provider brought in to training to BCM staff bi-annually. Self-harm training will be provided to staff every 3 years, however any new staff will be provided with self-harm training when they start with BCM.
Area for improvement 2 **Ref:** Standard 3.2:3 **Stated:** First time **To be completed by:** 28 July 2026	The registered provider shall ensure the safekeeping and maintenance of appropriate and up to date handover records to assist with continuity of care and support. Ref: 5.2.1
	Response by responsible person detailing the actions taken: An updatted and more comprehensive handover template has been issued. This will highlight any actions, concens or issues with young people in more detail and will signed by staff giving and reciving the handover.

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



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