The Regulation and Quality Improvement Authority

Young Adult Supported Accommodation Inspection Report

IN045967

18 June 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: – Belfast 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 18 June 2026 between 9.40 a.m. and 5.15 p.m. 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.

Young people were supported by a stable and experienced staff team and positive relationships with young people were evident. Staff were young person centred, rights based in their approach, and committed to supporting young people to achieve their goals.

Robust governance arrangements were in place to monitor and review the quality of support provided by the project; and the staff team were supported by a visible and effective leadership team.

Whilst handover documents evidenced similar persisting issues, a new area for improvement was identified to enhance recording and governance of the documentation. A previous area for improvement regarding the annual Fire Risk Assessment was deemed met.

The inspector concluded there was safe, effective and compassionate support delivered in the project and that 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. This included questionnaires and an electronic survey.

The findings of the inspection were discussed with the manager/ person in charge at the conclusion of the inspection.

4.0 What people told us about the service

The inspectors spoke with young people, staff and visitors. Feedback from young people provided a positive view regarding the support they received and the quality of their relationships with the staff team. Feedback included that staff support them to develop their independence skills, advocate on their behalf, and they could discuss concerns or issues with the staff or management team.

Discussions with staff confirmed that they felt positive about their roles, how young people were being supported, and the support available from the manager. Staff confirmed that the manager was approachable and supported their professional development. Staff also confirmed effective staff support arrangements were in place such as supervision and team meetings.

Feedback provided from visitors to the project on the day of the inspection provided a view that the staff team were young person centred, and trauma informed in their approach to supporting young people. Feedback also included that staffs communication approach was proactive and they worked in partnership to support young people to achieve their goals.

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 28 September 2023		
Action required to ensure compliance with the Standards for Young Adult Supported Accommodation Projects (DHSSPS 2012)		**Validation of compliance**
Area for Improvement 1 **Standard:** Theme 1 Standard 3 **Ref:** 1:3:6 **Stated:** Second time	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**	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Standard Theme 2. Standard 2 **Ref:** 2:2:3 **Stated:** First time	The registered provider shall ensure that the annual Fire Risk Assessment action plan is signed and dated by the registered manager as being completed to ensure compliance with general NI Health and Safety and Fire requirements and legislation. **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?

Evidence was available to provide assurance young people were fully involved in the referral process and that their voice was effectively captured. Young people's willingness to engage in the project was documented and goals for the placement were identified in partnership with the young people.

The initial referral and assessment process provided an analysis of young people's support needs and assessment of risk. The process was undertaken in an open and inclusive way with young people, referrers and other relevant agencies to ensure a robust analysis of the accommodation and support needs of the young people and to ensure that access to the service is based on choice and self-determination. By involving young people throughout the process in this way, the service demonstrated a rights-based approach that recognised and respected their right to participate in decisions affecting their lives.

Significant incidents were effectively documented and consideration was given to any emerging or additional support needs with actions and outcomes recorded. The records provided a clear and comprehensive account of each incident, the actions taken by staff to manage the situation and the support offered to young people to maintain their independence whilst promoting their safety and wellbeing. Records demonstrated that young people were provided opportunities to reflect on incidents to promote resilience, learning and development of independence.

Individualised outcomes focussed support and risk management plans were in place and were aligned to the young people's needs, promoted their independence and clearly identified the project's contribution to meeting those needs.

Risk assessments reviewed were comprehensive, young person centred and regularly reviewed following incidents to ensure they remained reflective of current needs and level of risk. They provided clear guidance for staff on supporting young people to manage identified risks whilst promoting independence, choice and autonomy. Where appropriate, escalation arrangements were implemented to ensure that risks were managed effectively and that the support provided to young people was consistent with their assessed needs.

The service utilised an assessment tool to support young people in developing the knowledge, skills and confidence required for independent living. Goals were individualised, age appropriate and reflected the young person's strengths and assessed support needs. Staff described that goals were regularly reviewed and updated to ensure they remained responsive to young people's needs and progress.

Records evidenced that goals included clear actions to support achievement and progress was regularly evaluated. Documentation was signed by both staff and young people demonstrating active engagement and a commitment to working collaboratively and in partnership with the young person.

Key work sessions were purposeful, young person centred and responsive to individual need. Sessions reflected the goals identified within individual support plans and demonstrated consistent focus on promoting independence, developing practical life skills and supporting emotional wellbeing. Feedback was provided to the manager to further strengthen recording practices by consistently maintaining separate records for daily updates and key work sessions.

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

Staffing arrangements within the service were responsive to the needs of the young people and were regularly reviewed following incidents and monthly management meetings. Team meeting minutes evidenced ongoing consideration of lone working arrangements and review following incidents. This demonstrated that staffing arrangements were kept under review to ensure they continued to meet the needs of the young people and supported the safe operation of the service.

A lone working policy was in place to provide staff with guidance on lone working practices. This included a buddy system and check in procedures to support staff and young people's safety. Discussions with the staff team confirmed they were familiar with these arrangements and no concerns were raised regarding the effectiveness of the arrangements in place.

The manager ensured that staff were supported in their role and that appropriate guidance and direction was provided to support the delivery of a high quality service for young people. Supervision was reported by staff to be regular and of good quality. Records evidenced that supervision was regular, planned and in line with the organisations policy. Annual personal development reviews were also underway for the team.

A previous area for improvement relating to handover was reviewed. Handover records sampled evidenced that similar issues had persisted with gaps in recording and omission of key information. Discussions with the staff team provided a view that handovers took place regularly and that daily records were also used to support staff in their role. The manager confirmed that they routinely attended handovers and were assured that robust and effective handover discussions took place. The manager acknowledged the improvements that were required in relation to the recording template and process and provided assurance regarding the actions they planned to take to implement the necessary change. A new area for improvement was identified to enhance recording and governance of handovers.

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

The communal living and kitchen areas were adequately furnished and equipped with essential equipment to promote independent living. A comfortable space was provided for both shared activities and private use.

Each young person was provided with a bedroom or self-contained flat which was adequately furnished and equipped to meet the young people's individual needs and lifestyle, with space for a reasonable amount of personal possessions. Feedback was provided to the manager to ensure that repairs and maintenance requests are followed up and completed in a timely manner.

The accommodation was located in an area that was accessible to transport and services. There was evidence in young people's support plans that they were familiarised with the local area and any concerns they had were listened to and appropriate support was provided.

The fire risk assessment was current and actions identified had been completed. Records demonstrated that weekly fire alarm tests and routine weekly and monthly fire safety checks were consistently undertaken. It was identified that damaged or unsuitable equipment had not been replaced in a timely manner. The person in charge advised that the safe use of the equipment was not impacted, however this assessment had not been clearly recorded.

Feedback was provided to ensure that the impact of equipment faults is accurately documented and maintenance records clearly evidence risk assessment and decision making. Requests for replacement equipment should be appropriately monitored and progressed to completion to maintain a safe living environment.

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

Assessment and monitoring of the service was maintained through monthly auditing which supported the management team to maintain effective governance and oversight. The audits evidenced review of significant incidents and corresponding risk assessment updates which ensured the safety of the young people and staff and that appropriate supports were in place. Training was monitored on a monthly basis to identify gaps and maintain proactive planning to ensure team training was compliant. Staffs registration with the Northern Ireland Social Care Council (NISCC) were also reviewed monthly. These governance arrangements provided assurance that the staff team had the competencies, skills and qualities required to work safely, meet the young people's needs and achieve any additional workplace training requirements.

House meals provided young people with opportunities to engage with staff and peers and provide valuable contributions towards service improvement. Young people were engaged in the preparation for the house meal and staff reported that these opportunities alongside the use of communal areas for activities supported the development of young people's social skills and promoted their wellbeing. Feedback opportunities were also provided with the availability of a suggestions/comments box in the communal hallway.

The service promoted the delivery of high quality support through regular, well-structured team meetings. Staff reported that meetings were well attended and opportunities were provided to participate both in person and remotely. Staff reported that this supported inclusion of those working across different shift patterns.

Records reviewed evidenced that meetings were held on a monthly basis with good levels of attendance. Meeting minutes demonstrated comprehensive discussions regarding each young person's progress, support needs and identified risks. Clear actions were assigned to staff to ensure accountability, and progression of key tasks. The meetings provided an effective forum for reviewing service delivery, promoting staff wellbeing and review of staffing arrangements. Complaints raised by young people were discussed with evidence that appropriate actions were identified to address them. These arrangements supported effective communication and the continuous review of the support provided to young people.

Evidence provided assurance that staff employed within the service were subject to appropriate recruitment checks including the Access NI enhanced disclosure checks.

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	1*

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge and 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 4.1 :2 **Stated:** First time **To be completed by:** 18 August 2026	The responsible individual shall ensure that an effective audit and review process is established to monitor the quality and consistency of handovers, identify deficits and ensure improvements are implemented and sustained. Ref: 5.2.2
	Response by responsible person detailing the actions taken: New handover template introduced. This is to be completed at each handover, with the person handing over and person receiving the handover to sign. There will be a small update on each resident on the handover sheet. These handover sheets will now be included in the monthly auditing schedule.

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews