The Regulation and Quality Improvement Authority

Young Adult Supported Accommodation Inspection Report

IN045932

14 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 services 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 14 May 2026, 9.30 a.m. and 4.30 p.m. The inspection was conducted by two care inspectors. The inspection concluded on 17 May 2026 following the submission of additional information to RQIA.

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 findings concluded that whilst the support provided to young people was safe, effective and young person centred, the leadership and governance arrangements within the project required improvement. Review of management arrangements identified that the manager had responsibility for two supported accommodation projects. The combined managerial responsibility had resulted in weakened governance capacity and reduced management presence within the service.

The inspection process included review of areas for improvement identified during the previous inspection. One area for improvement regarding team meetings had not been met and was restated for a second time. A second area for improvement regarding the premises had not been met and was restated for a third time. Three new areas for improvement were identified with respect to staff supervision, induction, and complaints processes.

Engagement with a senior manager post inspection provided assurance there was a plan in place to stabilise the management and leadership arrangements in this service and to drive forward the necessary improvements. This is discussed in further detail in the main body of the report.

The findings of this report will provide the management team with the necessary information to improve staff practice and children'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 and senior manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with staff, the manager and a senior manager. Young people did not engage with the inspectors.

Discussions with staff confirmed that overall they were of the view that the support and guidance they provided to the young people was of a good quality, staffing arrangements were safe and effective, and the manager was supportive, approachable and available for guidance and advice.

The staff and the manager spoke in a compassionate, warm, respectful and caring manner about the young people and they demonstrate they were young person centred in their approach.

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 24 August 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 2.1.7 **Stated:** Second time **To be completed by:** 5 October 2023	The responsible person should review the back yard area and improve the space so it is an accessible meeting and social space for young people and or staff. Ref:	**Not met**
	Action taken as confirmed during the inspection: This area for improvement was not met and is discussed in further detail in section 5.2.3.	
Area for improvement 2 **Ref:** Standard 2.2.3 **Stated:** First time **To be completed by:** 24 September 2023	The responsible person should review the arrangements in place to ensure that fire risk assessments are up to date, completed within identified timescales, and evidence maintained that any recommendations have been actioned, and by whom.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 **Ref:** Standard 3.2.4 **Stated:** First time **To be completed by:** 5 October 2023	The responsible person should ensure that all staff are provided with the opportunity to attend team meetings on a regular basis to ensure the effectiveness of the team and consistency of care provided to the young people.	**Not Met**
	Action taken as confirmed during the inspection: This area for improvement was not met and is discussed in further detail in section 5.2.4.	

5.2 Inspection findings

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

Review of records and discussions with the management team confirmed that prior to any young person being admitted to the project, the decision was informed by a comprehensive assessment of the young people's needs and wishes. The young people's needs were accurately matched to what the service could offer and introductory visits to the project took place prior to moving in.

Young people's records were well organised, easily accessible, and routinely updated to ensure staff remained informed about each young person's individual needs and agreed support and risk management plans. The records sampled were personalised, and reflected a coordinated approach by those involved in supporting the young person. The risk assessments completed were comprehensive with a range of strategies in place to promote their safety and wellbeing.

Handover records are a key communication tool between staff members across shifts to ensure that essential information is shared effectively. The handover records were sufficiently detailed and consistently completed, to promote effective communication between staff. Guidance was also available to inform staff on how to access support outside of office hours via on-call managers; who were clearly identified on the rota.

Young people can expect to be supported to have their voices heard and their views influence decisions about the service they receive. They should also have access to advocacy, opportunities to participate in service development, and group activities within the service.

Review of the arrangements in place within this project identified a number of initiatives which included for example: a suggestions box, and an identified staff role responsible for organising young people's events and seeking ongoing feedback from young people. This role had been not been filled for a number of months however following a planned staff absence. Advice was given to review the arrangements in place to ensure they meet the needs of the young people and can fulfil the projects Statement of Purpose (SOP).

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

Discussions with the manager identified that the service had experienced recruitment challenges; however assurance was provided that the provider was committed to recruiting to vacant posts. Sampling of the rota identified that overall, staffing levels were in keeping with the staffing model used. The rota was being supported by the use of casual and agency staff. At times, the manager was were also required to support the rota.

Discussion with the manager and senior manager post inspection confirmed that where lone working arrangements were in place, this practice was compliant with fire safety evacuation procedures and subject to ongoing risk assessment based on the individual needs of young

people and group dynamics within the project. Progress in relation to recruitment will be reviewed during future inspection activity.

A system was in place to monitor the Northern Ireland Social care Council (NISCC) registration requirements for social care and social work staff.

Discussion with staff provided a view that induction processes were in place, and that they had been afforded opportunity to complete mandatory training. However, evidence was not available to provide assurance staff had completed a comprehensive induction and training programme that ensures staff are equipped with the knowledge, skills, and competencies required to support young people safely and effectively.

Effective induction and ongoing training help ensure that staff understand their roles and responsibilities, can apply best practice consistently, and are able to respond appropriately to the diverse needs of young people. An area for improvement was identified.

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

Fire safety records evidenced that an annual fire risk assessment had been completed and evacuation plans for the young people were in place.

Young people, staff and visitors safety was promoted through the use of a buzzer system at the entrance to the project. Closed Circuit Television (CCTV) was in place to promote the young people's safety and its use was supported by associated policies and procedures.

The project, overall was well maintained and presented as a comfortable, welcoming space. The communal areas and hallways were observed to be clean, tidy and decorated to a reasonable standard.

The lower courtyard was clean and tidy and actions had been taken to improve this space with involvement of the young people. However, the back yard area had not been improved. This was not a welcoming or usable space for the young people. This area for improvement was not met and therefore stated for a third time.

RQIA discussed this concern with a senior manager post inspection, and assurance was provided that funding had been sought and a plan was now in place to make the required improvement by the 30 June 2026. Progress in this area will be reviewed during future inspection activity.

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

Records did not provide assurance that team meetings were taking place consistently. This was discussed with the manager and additional advice provided regarding recording processes. Team meetings can be an effective forum that supports staff to reflect as a group on challenges, good practice and areas for development, and also enables the management team to ensure

staff support young people using a unified, consistent and effective approach. This area for improvement was restated for a second time.

Robust supervision arrangements help to ensure that staff are competent, accountable and supported; providing a forum within which they can be supported to reflect upon their practice, develop their skills, and promote their wellbeing. Staff confirmed they received ongoing and regular support from the manager who was described as accessible, approachable and they also described that morale was good amongst the staff team. Records however did not evidence that supervision was taking place in accordance with the provider's policy. An area for improvement was identified.

The inspection process included a review of the arrangements in place for young people to share their views and opinions regarding the quality of support they received and their lived experience within the project. Whilst discussion with staff confirmed a complaint had been made verbally, this was not evidenced within the complaint records.

Robust arrangements should be in place to ensure that complaints are appropriately recorded. Effective recording enables managers to identify patterns and emerging issues, supports learning and service improvement, and provides assurance that young people's views and concerns are taken seriously. An area for improvement was identified.

Overall, the inspection findings and the resultant quality improvement plan were indicative of weaknesses in leadership and governance arrangements. There was a concern that the managers responsibility for two projects may have impacted upon opportunities for effective recording, monitoring, and review, of key operational processes.

Engagement with a senior manager post inspection provided assurance that they were cited on the challenges within the project, and there was plans in place re-establish a full time management presence. Assurance was also provided that arrangements were in place to support the local management and staff team in the interim. Progress in this area will be reviewed during future inspection activity

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	5**

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

Areas for improvement and details of the Quality Improvement Plan were discussed with manager and senior 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 2.1.7 **Stated:** Third time	The responsible person should review the back yard area and improve the space so it is an accessible meeting and social space for young people and or staff. Ref: 5.1
To be completed by: 30 September 2026	**Response by responsible person detailing the actions taken:** Work has begun with a grant form B and Q to make the outside area a better place for young people and staff to avail of and will be completed by end of August 2026.
Area for improvement 2 **Ref:** Standard 3.2.4 **Stated:** Second time **To be completed by:** 30 August 2026	The responsible person should ensure that all staff are provided with the opportunity to attend team meetings on a regular basis to ensure the effectiveness of the team and consistency of care provided to the young people. Ref: 5.1
	Response by responsible person detailing the actions taken: All core staff and bank staff will be invited to attend monthly Team Meetings and if staff are unable to attend, meeting minutes will be appropriately shared with them.
Area for improvement 3 **Ref:** Standard 3.2.3 **Stated:** First time	The responsible person should ensure that all staff are provided with supervision in accordance with the provider's supervision policy. Ref: 5.2.4
To be completed by: 30 September 2026	**Response by responsible person detailing the actions taken:** All core staff will be supervised monthly (unless in probation and then this will be fortnightly). All bank staff will be supervised (depending on frequency of shifts) either on a 121 basis every 8 weeks or group supervision provided.
Area for improvement 4 **Ref:** Standard 3.2.3 **Stated:** First time **To be completed by:**	The responsible person should ensure records are maintained to provide assurance staff have completed a comprehensive induction that ensures staff are equipped with the knowledge, skills, and competencies required to support young people safely and effectively. Ref: 5.2.1

30 September 2026	
	Response by responsible person detailing the actions taken: The induction process has been reviewed and a revised Induction template will be trialled with new members of staff moving forward which will focus on competencies required for each individual role
Area for improvement 5 **Ref:** Standard 4.1.3 **Stated:** First time **To be completed by:** 30 September 2026	The responsible person should ensure that a register of all complaints is available within the project detailing actions taken to resolve the issues. Evidence that learning from complaints is used to inform practice and service improvement where appropriate is maintained. Ref: 5.2.4
	Response by responsible person detailing the actions taken: The Complaints P and P will be reviewed to address any complaints/suggestions made by young people or external parties and a tracker for any complaints/suggestions implemented

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