The Regulation and Quality Improvement Authority

Young Adult Supported Accommodation Inspection Report

IN046716

16 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: – Western 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 16 July 2026 between 9.30 a.m. and 4.45 p.m. The inspection was conducted by a care inspector.

The inspection assessed progress with all areas for improvement 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 gave positive feedback about the accommodation and the support they received from the staff team. Discussions with staff and the management team provided assurances that staff operated from a strong value base, which was young person centred and human rights led.

One area for improvement regarding training for staff was identified during the last inspection and this was assessed as compliant. Feedback was provided to the manager regarding: actions required when young people's needs fall into the definition of personal care; gaps in statutory documentation; ensuring young people's information is up to date and accessible; streamlining of documentation and management oversight of recorded information. These matters were raised to support further development and improvement within current processes; no new areas for improvement were made as a result of this inspection.

The inspector concluded there was safe, effective and compassionate support delivered in the project and the project was well led by the management team.

The findings of this report will provide the management team 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 at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people and staff during the inspection. Young people told us that they liked living in the project and that they had good relationships with staff. Young people who were less able to tell us about how they found life in the project presented as relaxed in their surroundings and engaged well with staff.

The inspector observed the young people and their interactions with staff on the day of inspection. The young peoples' body language indicated they felt relaxed and content. Staff were compassionate, warm, respectful and caring in their interactions with the young people. Staff were observed adjusting their communication skills to match the needs of the individual young people.

Discussions with staff confirmed that they felt positive about their roles, how young people were being supported, and managerial support. Staff spoke positively about the induction process and the supports they received from the management team.

No feedback was received by RQIA via 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 07 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 3.1.2 **Stated:** First time **To be completed by:** 4 April 2024	The registered person shall ensure staff training requirements are aligned to the needs of the individual young people. Ref: 5.2.1	**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?

The project has a robust referral process for young people accessing the project and the young person's full involvement is embedded within the referral process. Each young person is allocated a keyworker and discussions during the inspection confirmed that young people found staff to be supportive, approachable and helpful.

Gaps in Statutory documentation were identified; however, supplementary evidence provided assurance that staff were adhering to relevant policies and procedures to escalate this. This provided assurance that they were effectively advocating for the young people and ensuring appropriate supports were in place to meet the young people's needs.

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

Hard copy files were available for reference and feedback was provided to the manager regarding the relevance of these files, as the information contained within them was outdated and did not accurately reflect the young people's current assessed needs or circumstances.

The manager discussed the Everyday Living Model assessment tool, which is used to support young people in achieving their full potential and developing the skills necessary for independent living. The support plans and risk assessments sampled were person-centred and reflective of the young people's lived experiences, with clear identification of risks, appropriate risk management strategies, and measurable outcomes. Feedback was provided regarding the length of the outcomes documentation, with consideration given to streamlining the format to enhance its accessibility and ease of use.

Handover records sampled provided assurance that regular and consistent handovers were taking place. Handovers contained essential information to support staff in day-to-day decision-making and to promote the delivery of safe and effective support, which was in line with professional standards and in accordance with Northern Ireland Social Care Council (NISCC) codes of practice. Young people's daily logs were reflective of their lived experiences and evidenced staff working in partnership with young people to achieve their individual outcomes. Feedback was given that some handwritten documentation was difficult to read; therefore consideration should be given to introducing an electronic format, in line with other documentation used within the service to improve the clarity, consistency and accessibility of records.

A review of young people's meetings evidenced that staff were actively seeking the views of young people. These meetings were held regularly and, although not all young people chose to attend, additional efforts were made by staff to gather the views and opinions of young people regarding their experiences within the service, which was also documented.

Post inspection, RQIA discussed with the person in charge the threshold for the provision of support to young people living in the project. Advice was given that while at times young people may require enhanced support, when this falls within the definition of personal care it is likely to no longer fall within the remit of support, which this project is commissioned and resourced to provide. When personal care is required, the manager should escalate the additional care needs to social services, to ensure a timely review of the young person's needs is undertaken and if appropriate, a new placement is located.

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

Evidence was available to provide assurance that the staffing levels 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 individual safety plans. The manager described the staffing levels that are assessed as necessary to meet the needs of the young people. Sampling of the staff rotas evidenced staffing levels were consistent with the levels described. There was no 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 recently revised induction process for staff in place that presented as robust. There were regular review points, which provided an opportunity for either the staff member or manger to discuss any issues and provide a structure for ongoing support and guidance as they transitioned into their roles. Discussions with the manager and staff provided assurances that the service was committed to providing a robust supportive induction to the 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 a high level of compliance with mandatory training. The manager described a robust process for tracking training and a process of escalation for training the service deemed pertinent to provide the right support at the right time for each young person.

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

The inspector viewed communal areas and ascertained the views of one young person on the quality of the accommodation. The inspector concluded that the quality of the physical environment is of an acceptable standard, it is clean secure and comfortable. Discussions with the manager provided assurances of upcoming refurbishments to the individual flats and outdoor space. These changes will further enhance the physical environment. The building was secured through the use of a buzzer system at the front door.

Review of the fire file evidenced consistency in completion of weekly checks and quarterly fire evacuation drills. There was an up to date fire risk assessment and evidence was available that actions from this fire risk assessment had been actioned.

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

Sampling of team meeting minutes identified that staff who provide direct support to the young people are meeting consistently as a group. This is essential to ensuring the effectiveness of the team and consistency of support provided to the young people. Feedback was provided to ensure there was regular managerial oversight of compiled minutes. Review of evidence and discussion with staff confirmed staff were in receipt of regular formal supervisions and that they found this beneficial to fulfilling their role.

Discussions 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 were 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.

The manager described a robust process regarding monthly monitoring and audits. This added layer of governance provided assurances that there was senior management oversight and that this is an effective mechanism to ensure concerns are addressed in a timely manner and supports continued improvement within the service.

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)**

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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