The Regulation and Quality Improvement Authority

Young Adult Supported Accommodation Inspection Report

IN050389

11 August 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 11 August 2026 between 09.30 a.m. and 4:30 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 project was well led.

Three areas for improvement were assessed as met. No new areas for improvement were identified.

Evidence was available to confirm that improvements had been made in relation to the recording of complaints and compliments, the service engagement model and the environment. These improvements had contributed to enhanced service delivery and a more positive experience for the young people living within the project.

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.

The inspection concluded initial referral and assessment processes were undertaken in an open and inclusive way with the young people, referrers and other relevant agencies. The support plans reviewed were based on outcome-focused support tailored to the individual needs of the young people, promoting independence and clearly identifying the project's contribution to helping them achieve their identified outcomes.

In conclusion, the observation of interactions with young people, discussions with staff, visitors and sampling of records identified that processes in place were responsive to young people's needs. Measurable and realistic goals were in place. The staff team were committed to safeguarding the welfare of young people and demonstrated their understanding of their roles and responsibilities in relation to supporting the young people, and ensuring they get the right support for them at the right time. 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 knowledgeable leadership team.

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 project 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 project 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 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.

Young people told us that they liked living in the project. They provided a positive view regarding the support they received and the quality of their relationships with the staff team. Feedback included that staff listened to them, supported them to develop their independence skills, and that they were encouraged to discuss concerns or issues so that these could be quickly resolved.

Discussions with staff members confirmed that they felt positive about their roles, how young people were being supported, and managerial support. Staff also described the team as well

established and open discussion was reported as actively encouraged by the management team who they described as visible, flexible and approachable.
Staff stated that any concerns they had were appropriately considered and explored by the management team.

Staff presented as person centred within their approach and voiced an understanding of each of the young people's individual needs. They discussed the importance of ensuring the young people are well supported, with a focus on positive outcomes.

Electronic surveys were received post inspection from staff members. This feedback confirmed that staff were satisfied that young people are safe, treated with compassion, that support delivered is effective and the project is well led.

Visiting professionals to the project spoke positively about the support provided by the staff team, describing them as attentive, responsive and welcoming. They reported staff advocated effectively for young people, responded promptly to communication, and demonstrated a willingness to take additional steps to ensure young people received the support they required.

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 May 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 4.1:3 **Stated:** Second time	The provider shall improve the complaints and compliments record. In particular, the records, if stored in a loose leaf file, should include a contemporaneous log of concerns reported; areas for learning or improvement should be recorded; and the young people's satisfaction with the outcome must be recorded. Ref: 5.1 and 5.2.3	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for Improvement 2 **Ref:** Standard 1.8:1 **Stated:** First time	The registered person shall review the current service engagement model with young people and determine the best approach to ensure that the views, wishes, and feelings of young people are regularly	**Met**

	sought and used to monitor and evaluate their lived experienced in the project. Ref: 5.2.3	
	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	The registered person shall ensure that measures are taken to resolve the slip hazard identified on external steps. 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?

Evidence was available to provide assurance young people were fully involved in the referral process and that their voice was captured from the outset.

The initial 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. This ensured that access to the project was based on choice and self-determination. Young people had an allocated support worker prior to their move into the project. By involving young people throughout the process in this way, the project demonstrated a rights-based approach that recognised and respected young people's right to fully participate in decisions affecting their lives. A phased introduction to the project had also been implemented for young people, to reduce anxiety, therefore aiding successful transition.

Young people's willingness to engage in the project was documented, and goals for the placement were identified in partnership with young people. Engagement with relevant professionals, community groups and other agencies ensured support plans were robust, with outcomes focused goals agreed alongside the young people. Where goals were assessed as not met, there was evidence of discussion with the young people to ascertain the changes needed to make these achievable. Partnership working was evident and contributed to coordinated support and positive outcomes for young people and their overall wellbeing.

Individualised outcomes focused support and risk management plans aligned to the young people's needs, therefore promoting their independence and clearly identified the project's contribution to meeting those needs.
These were led by the young people, ensuring they had as much control as possible over decisions which affected their lives, whilst being safeguarded against unacceptable risks.

A comprehensive welcome pack supports young people to understand the project, their rights and the supports available to them, promoting a sense of belonging, independence and informed participation. A detailed welcome pack was available to young people, providing clear information about the project, as well as signposting to relevant external agencies and sources of support. The information was informative; however, advice was provided to consider developing an Easy Read version to further enhance accessibility and ensure information could be understood by all young people.

Regular contact with statutory services supports effective oversight of the young people's welfare, support needs and progress. There was evidence that statutory visits were taking place regularly, with evidence available that staff had appropriately requested visits when these were overdue, or when young people requested additional support.

The inspection confirmed regular young people's meetings were organised with opportunities for young people to engage with staff and peers. The staff team had taken proactive steps to encourage attendance. Information gathered from these meetings was used to inform and enhance service provision and improvement within the project, and ensured young people's views and voices were heard. Young people also had access to independent advocacy. Feedback opportunities were also facilitated through meetings with professionals involved in the life-space of the young people.

5.2.2 How does the service ensure young people have access to consistent support, which supports positive experiences and outcomes?

Complaints records were sampled during the inspection process; they were managed in a timely manner, with appropriate actions identified and taken. Discussion with young people on the day of the inspection confirmed this finding. This was an example of how staff were supporting effective communication with young people and using outcomes to improve the support provided to young people.

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.

Young people thrive when they have access to consistent support and when they have the opportunity to form stable and enduring relationships. Responsive staffing arrangements are essential to; safeguard and promote the health and wellbeing of the young people and adhere to safety plans. The person in charge reported staffing levels were consistent, with recruitment completed as required to ensure the staff skill and numbers are responsive to the needs of the group of young people living in the project. There was no lone-working within the project.

Regular assessing and review of goals and outcomes supports positive experiences and progress for young people, by ensuring that support remains relevant to their individual needs and aspirations. There was evidence of regular review and resetting of goals to reflect young people's progress, achievements and changing needs. This demonstrated staff's ability to continuously assess individual needs and adapt their approach in response, therefore ensuring support remained flexible and person-centred.

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

Assessment and monitoring of the project were 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. Auditing was bolstered by Monthly Monitoring Reports (MMR's) completed by an independent professional. It was of note that MMR's sampled were thorough, detailed and positive about the support provided within the project.

Discussion with the person in charge highlighted that training needs were reviewed and audited on a monthly basis. A review of training records confirmed that the system in place for identifying staff learning needs was sufficiently robust; gaps in relation to outstanding training for staff had been identified, and there was an annual plan highlighting planned training for the year ahead. Advice was provided during feedback to the person in charge regarding the sourcing of training in Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and Learning Disability (LD) as this would further develop staff knowledge and skills, and support the delivery of appropriate, needs-led support to young people with these diagnoses.

Staffs registration with the Northern Ireland Social Care Council (NISCC) was also reviewed monthly by the management team. 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.

The project promoted the delivery of good quality support through regular, well-structured team meetings. Team meetings are crucial for fostering a collaborative young person-centred approach; they provide opportunities for staff to address challenges, reflect on their practices and develop consistent, high standard approaches to support. Staff reported that they looked forward to meetings, that they 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. Advice was provided to the person in charge to ensure that review of actions from previous meetings were included in team meeting minutes, with clearer detail on issues discussed. Action plan and outcomes should also be more consistently recorded as this would ensure gaps are highlighted and actioned accordingly. It was positive to note that meetings minutes sampled referred to the Standards for Young Adult's Accommodation Projects in Northern Ireland (2012).

The review of handover records within the project confirmed effective communication. Staff demonstrated a good understanding of the young people living in the project and their identified needs. The subject areas within the handover document were all referenced to ensure pertinent information was discussed.

Discussion with the person in charge provided assurance that staff employed within the project were subject to appropriate recruitment checks including Access NI enhanced disclosure checks. Records were held by the projects Human Resources team and available to the management team at their request.

To enhance communication and the sharing of information within the project, a shared drive of centralised information was accessible by the full staff team. This ensured consistency and continuity of care as it enabled staff to access pertinent information promptly, supporting informed decision making and ensuring that young people received consistent support.

The maintenance of a visitors log of those visiting the project supported safeguarding and security by providing a clear record of who has accessed the project, and when. Accountability and management team oversight was therefore enhanced as a result. Separate logs for young people and visiting professionals were in place. Advice was provided during feedback to ensure that surnames are also recorded in these documents for governance purposes.

Staff were supported in their role and appropriate guidance and direction was provided to support the delivery of good-quality support for young people. Supervision was reported by staff to be regular and effective; the inspection of the records evidenced that supervision was regular, planned and in line with the projects policy. Any gaps in supervision were due to unavoidable circumstances such as staff leave or sick leave. The person in charge confirmed that group supervision was implemented, when required, to ensure support for staff remained timely and beneficial.

Induction for staff is necessary to provide assurance that staff possess the knowledge, skills and ability to deliver safe and effective support to the young people in the home. A robust induction process will not only benefit newer members of staff with integrating into their role, but it will also help promote a consistent approach in relation to daily practices within the home. Discussion with the person in charge, new members of staff to the project and a review of staff files confirmed that a robust induction process is in place within the project.

Records sampled in relation to fire safety demonstrated that weekly fire alarm tests and routine weekly and monthly fire safety checks were consistently undertaken. It was identified during a recent audit by the person in charge that several interior and exterior fire doors needed to have smoke seals replaced. This was immediately reported to the landlord for the property, and these were promptly replaced. The person in charge had completed the projects recent Fire Risk Assessment on 3rd March 2026.

A query was raised by the inspectors with the person in charge during the inspection regarding his qualification to complete the Fire Risk Assessment independently. Advice was sought post inspection from the RQIA Estates department in this regard. Estates inspectors confirmed that as the current arrangement was in line with the projects Fire Safety Policy, the person completing had Fire Warden Training, and advice had previously been sought from the Northern Ireland Fire and Rescue Service (NIFRS) regarding the suitability of this procedure, then this current arrangement was acceptable. Advice was shared post inspection with the person in charge, that consideration should be given to using an accredited fire risk assessor to ensure a suitable baseline assessment is in place and to ensure safety. This could then be reviewed on an ongoing basis by the lead fire warden in line with the projects Fire Safety Policy.

To conclude, the project evidenced robust management and governance arrangements. There was clear evidence of staff training, professional registration, auditing of records, and staff support all of which contributed to positive outcomes for young people.

Appropriate guidance and direction were provided to staff, with opportunities for support and communication through induction arrangements, team meetings, individual and group supervision, and engagement with the management team. There was evidence of well-maintained records that demonstrated the projects commitment to providing a safe and supportive service.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified.

Findings of the inspection were discussed with person in charge as part of the inspection process and can be found in the main body of the report.

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