The Regulation and Quality Improvement Authority

Young Adult Supported Accommodation Inspection Report

IN050406

10 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: – SEHSCT

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 10 July 2026 between 9.10 a.m. and 5.35 p.m. and concluded on 14 July 2026 following receipt of further information. A care inspector conducted the inspection.

The inspection assessed progress with two 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.

The inspector found that one area for improvement identified during the last inspection, in relation to restrictive practices was met. The area for improvement in respect of the medication management policy, was partially met and will be stated for a second time, this is discussed further in section 5.2.1.

No new areas of improvement were identified during this inspection.

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 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 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 inspector spoke with young people and the management team.

Feedback from young people was generally positive in relation to the support received from staff and the quality of the accommodation provided. Young people reported that they were happy living within the project, felt treated with dignity and respect, and were actively involved in decisions about their home environment and individual support plans.

Some concerns were raised regarding the responsiveness of staff to concerns brought forward by young people. This matter was discussed with the manager, who provided assurance that robust procedures were in place for responding to complaints and concerns. The inspector reviewed the relevant documentation, which verified the manager's response.

The manager also acknowledged the feedback received, they confirmed a willingness to reflect on this as part of the project's commitment to continuous improvement and the enhancement of young people's experiences within the project.

The management team were providing cover during the inspection; therefore, there was no opportunity to meet with or speak directly to other members of the staff 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 25 September 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 1.6:4 **Stated:** First time	The responsible person shall ensure that actions that restrict young people should have clear justification based on a robust assessment of risk; with clear evidence that the restriction is proportionate; in place for the least amount of time; has a reduction plan in place (as appropriate); in consultation with the young person and relevant others. A robust review mechanism is also required, which considers the effectiveness and impact of the restrictive practice.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 3.2:2 **Stated:** First time	The responsible person shall ensure that the medication management policy is reviewed and action taken where appropriate to ensure this is consistent with the statement of purpose of the project; and the support that staff can provide.	**Partially met**
	Action taken as confirmed during the inspection: This area of improvement was partially met and will be stated for second time. This is further referenced within section 5.2.1.	

5.2 Inspection findings

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

Discussion with the management team and review of a sample of referral records provided assurance that effective systems were in place to support young people to access accommodation, services, and support that were appropriately matched to their needs. Evidence inspected assured that decisions were informed by robust referral and assessment processes, which were underpinned by empowering young people in relation to the principles of choice, participation, and self-determination.

Young people's support documentation and daily records provided evidence of a good standard of recording, which appropriately reflected their individual needs, experiences, and day-to-day lives. The records sampled were up to date, regularly reviewed, and accurately reflected identified risks. They provided clear and practical guidance to staff, supporting the delivery of safe, consistent, and effective support, which is tailored to each young person's individual circumstances and responsive to their assessed needs.

The quality of recording reflected a person-centred and collaborative approach to practice, with clear evidence of young people's involvement in planning, review, and decision-making processes.

Discussion with the management team and a review of incident records and relevant policies and procedure, evidenced robust recording and reporting by staff, together with effective management oversight and governance arrangements. These processes are essential in supporting timely and appropriate responses to incidents, safeguarding young people, and ensuring that learning is identified, shared, and acted upon when necessary, to minimise the risk of recurrence.

A review of restrictive practice documentation provided assurance that robust governance arrangements were in place in relation to the implementation, oversight, and review of restrictive practices within the project. Records evidenced a multidisciplinary approach to decision-making, with appropriate consideration given to the necessity, proportionality, and ongoing review of interventions. Documentation further demonstrated that young people were supported to participate in, and contribute to, decision-making processes affecting the day-to-day support provided in accordance with a rights-based and person-centred approach.

Discussions with young people and the management team provided assurance that the project was committed to, and actively promoted, the participation and inclusion of young people in both the delivery of services and the development of their individual support plans. While young people's engagement in house meetings was limited, there was clear evidence of attempts to engage young people to attend meetings and share their views. The management team assured the staff team remained committed to exploring all avenues to maximise young people's participation at these meetings.

Young people confirmed that staff regularly sought feedback from them on an individual basis to ensure their views, wishes, and opinions were obtained and considered in decisions affecting

their lived experience within the project and in relation to the support they received. This approach supported meaningful participation and helped ensure that young people's voices informed service delivery.

Regular team meetings are an important mechanism for communication, oversight, reflective practice, and the promotion of consistent service delivery and support for young people. Review of team meeting minutes identified periods where team meetings had not been held consistently. The management team explained that this had arisen because of staffing challenges within the project. Since June 2026, however, there has been a renewed focus on ensuring that team meetings were convened on a monthly basis, and documentation reviewed evidenced that this arrangement has been implemented and maintained.

Review of a sample of team meeting minutes assured that staff had opportunities to receive and discuss updates relating to operational matters, staffing, and the individual needs of young people. Minutes further demonstrated that agreed support strategies for young people were shared and reviewed, promoting consistency of practice and contributing to the ongoing development and improvement of service delivery.

A review and update of the project's Medication Management Policy had been completed in advance of the inspection, following its identification as an area for improvement at the previous inspection. Advice was sought in RQIA from a pharmacy inspector, who reviewed the updated policy. While the policy was improved, gaps remained in relation to the provision of clear guidance for staff regarding training requirements and the storage and management of life-saving medication in a manner consistent with the project's Statement of Purpose.

Feedback was provided to the manager following the inspection and, in response, the policy was subject to further review and amendment. While progress was evident in addressing the issues previously identified, there is further work required, this area for improvement is only partially achieved and will be stated for a second time, to support full compliance and continued quality improvement within the project.

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

Sampling of staff rotas and discussions with the management team indicated that staffing levels were consistent with the project's staffing model and were consistent with the assessed needs of the young people. The manager advised that where necessary, the use of sessional staff ensured appropriate levels of cover and continuity of support.

The manager provided assurance that robust governance, oversight, and monitoring arrangements were in place in relation to staffing. This included measures to ensure that all staff working within the project possessed the required skills, experience, and knowledge to meet the assessed needs of young people and to provide safe, effective, and person-centred support.

The review of training records provided assurance that robust arrangements were in place to monitor and maintain compliance with mandatory training requirements across the staff team, including key areas such as safeguarding, first aid, and fire safety. Records also provided evidence that staff were afforded opportunities to undertake training relevant to the specific needs of the young people accessing the project.

Feedback was provided to the management team regarding the potential benefit of accessing bespoke training opportunities to enhance staff knowledge and skills in supporting neurodivergent young people within the project. This would help ensure that staff are equipped to respond effectively to individual needs and promote positive outcomes for young people.

Sampling of evidence provided assurance that there were safe recruitment practices in place for staff working in the home. Advice was given regarding the importance of ensuring staffs identification is verified at the commencement of employment in the project, which should be consistently recorded once verified.

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

The project was decorated to a high standard and presented as a comfortable, homely space for young people to live. Young people shared with pride their involvement in redecorating communal areas and were keen to show the inspector the improvements made. Young people reported that they were happy with the accommodation provided and valued the opportunity to personalise their own living spaces. They confirmed that they had access to support from staff, the facilities, resources, and essential amenities required to develop their independence skills, while living within the project. In addition, young people had access to a well-maintained and welcoming outdoor space, which provided opportunities for recreation and relaxation.

Discussion with the management team and review of records demonstrated the completion of routine fire safety checks, and fire evacuation drills. There was evidence that appropriate and timely action was taken when issues were identified, and management oversight was maintained through the completion of regular audits.

The fire risk assessment was current and up to date, with records evidencing that recommended actions had been progressed and completed. These arrangements provided assurance that effective systems were in place to promote the safety of young people, staff, and visitors within the project.

A review of the project's CCTV policy and procedure confirmed that robust governance arrangements were in place in respect of its use within the project.

A review of the complaints and compliments records assured that effective systems were in place for recording, reviewing and to ensure the appropriate response to these. A sample of compliments reviewed referenced the positive home environment and the ability of young people to contribute to their day-to-day lived experience within the project.

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*

* 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 management team 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 3.2:2 **Stated:** Second time **To be completed by:** 30 August 2026	The responsible person shall ensure that the medication management policy is reviewed and action taken where appropriate to ensure this is consistent with the statement of purpose of the project; and the support that staff can provide. Ref 5.2.1
	Response by responsible person detailing the actions taken: 21/07/26- MACS Medication Management P&P was reviewed and updated by SMT following RQIA inspection. The current procedures in place align with our updated Medication Management P&P.Senior Management have signed off on the updated P&P. 22/07/26- MACS Medication Management P&P (updated version 21.07.26) was discussed and shared with Helen Daly (Senior Pharmacist Inspector, RQIA) and RQIA inspector Carrie Ann Rafferty. The current Medication Management P&P is consistent with MACS Statement of Purpose. All housing staff are clear on the processes.

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