The Regulation and Quality Improvement Authority

Young Adult Supported Accommodation Inspection Report

IN050402

09 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: – 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 9 July 2026 between 9:30 a.m. and 4:30 p.m. The inspection was conducted by a care inspector.

The inspection sought 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 embedded a rights based approach within their practice when supporting and engaging with the young people which will promote young people's independence and engagement in decision making. Staff felt supported in their role and had a detailed understanding of young people's individual needs.

Areas requiring improvement were identified in relation to the frequency of team meetings and adherence to the project's supervision policy.

The inspector concluded there was safe, effective and compassionate support delivered in the project. 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 inspector spoke with young people and staff. Feedback from young people provided a positive view regarding the support available from the staff team and the suitability of the location and environment. Young people reported positive relationships with staff.

Discussions with staff confirmed that they felt positive about their roles, how young people were being supported, and the support they received from the manager. The staff team reflected on recent challenges within the service and how their learning from this will support future young people. Staff reported that the team is well established and have the confidence to engage in open and honest discussions with each other. Staff felt that any concerns they had were appropriately considered and explored by the manager.

No feedback was received by RQIA via electronic survey post inspection.

5.0 The inspection

5.1 Inspection findings

5.1.1 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. 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 service demonstrated a rights-based approach that recognised and respected their right to fully participate in decisions affecting their lives

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. Young people's self-assessments of risk and safety plans were led by the young people, ensuring that young people had as much control as possible over decisions which affect their lives, while being safeguarded against unacceptable risks.

Incidents involving young people were effectively recorded and considered any additional support needs and actions that could be taken by staff to minimise risk for the young people, which was also consistent with their agreed support plans. Records evidenced that when PSNI involvement was required, their involvement was proportionate and appropriate to ensure the safety and wellbeing of the young people. Records provided evidence that staff had positive relationships with the young people, which were utilised to reduce risk and improve outcomes.

There was evidence to support that young people were encouraged and enabled to avail of a range of support services through other agencies, which enhanced and developed their capacity to reach their full potential.

Young people were encouraged to engage in informing and shaping the service through regular surveys completed by the organisation, young people engaged in this anonymously. Discussions with the manager evidenced that the survey content related to both the organisation services and local arrangements of the project. Discussions with the staff team concluded that young people were encouraged to engage in discussions about their care and feedback was welcomed to improve the provision of care. Complaints records reviewed provided evidence that young people were listened to and their complaints were taken seriously. This approach to supporting young people ensured that a culture of involvement and participation was promoted within the service.

Young people were provided with a comprehensive welcome pack which detailed information relating to the aims of the service in a user friendly format. Young people had clear guidance on expectations, staff roles, accommodation details, complaints and safeguarding. This helped to ensure that young people were making informed decisions relating to their engagement with the service.

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

Staff were recruited into the project in a safe and robust manner. The manager confirmed they had oversight of staff recruitment and their recruitment process was focussed on ensuring that staff had the competencies, skills and qualities required to work safely, meet the young people's needs and achieve any additional workplace training requirements. Appropriate employment

checks were processed and maintained through the Human Resources (HR) department. The manager confirmed that oversight of checks was completed through monthly HR meetings which provided support and guidance relating to staff employment processes.

Workforce competency within the project was maintained through inductions for agency and bank staff. The inductions detailed the organisation's policy and guidelines and had information specific to the project where applicable. Inductions for core staff were not available on the day of inspection to review, however discussions with the manager provided assurance that these are completed and were held by staff for them to refer to and update during the duration of their induction period.

Training records are maintained through the learning and development department. Discussion with the manger and staff team verified that all staff were up to date with relevant mandatory training. Staff further availed of bespoke training to support learning and development. This evidenced that training was aligned to the needs of the young people accommodated within the service. Feedback was provided to the manager to consider the need for human rights and equality and diversity training.

Supervision and annual appraisal ensures that staff are effectively managed and supported in their role including provision of appropriate guidance and direction to support the delivery of a high quality service for young people. Discussion with staff and a review of the records did not provide assurance supervision was taking place in line with the project's supervision policy. Furthermore, annual appraisals had not been undertaken. An area for improvement was identified.

Discussions with the manager and staff team supported that staffing levels were aligned to the young people's assessed needs. Where risks were heightened a dynamic approach to the provision and level of staff support was implemented, resulting in staffing being increased as necessary. Staff also reported that local trusts were responsive to requests for additional support. The young people were supported by a stable and consistent staff team, supplemented, when necessary by a regular pool of agency and bank staff to ensure continuity of care and support.

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

The accommodation provided was suitable for its stated purpose, it was accessible, safe and secure, well maintained and provided for the young people's individual and collective needs in a comfortable manner, while respecting each individual's privacy. Each young person was provided with a self-contained flat which was adequately equipped to meet the young people's needs. A range of comfortable and shared spaces were provided for activities and private use.

A visitor policy was available and is explained to young people within their welcome guide. Visitors were permitted in agreement with staff and this was monitored directly or indirectly, as appropriate to ensure safety of the residents. Feedback was provided by the inspector to ensure that visitor records were legible and clearly stated who the visitor was and that the reason for visiting was recorded.

The service had an up to date fire risk assessment. Assurance was provided that the action plan outlined would be reviewed to ensure that all actions had been achieved. Fire checks were undertaken regularly and monthly fire drills were completed.

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

Team meetings are an important tool to promote best practice and continuous improvement to the service, they support the provision of quality support for young people. Minutes reviewed provided a detailed reflection on recent challenges within the service, with a focus on supporting staff wellbeing. There was a review and analysis of complaints, compliments, incidents and accidents and a reflection on the impact of these for staff and young people. However, team meetings were not regularly taking place within the service, with two meetings evidenced in recent months and no further minutes available. An area for improvement was identified.

Auditing practices in the service provided the manager with an effective quality assurance mechanism. Audits were supported by online dashboards, which prompted staff to complete and review records within agreed timeframes. Audits reviewed provided assurance that the manager had oversight of young people's paperwork and provided constructive feedback to key workers to ensure files were maintained. Feedback was provided to the manager to ensure that staff sign the audits when the actions have been completed.

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	2

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 3.2.3 **Stated:** First time **To be completed by:** 09 August 2026	The manager shall put in place effective arrangements which provide assurance that staff are supported in their role through adherence to the project's supervision and appraisal policy. Ref: 5.1.2
	Response by responsible person detailing the actions taken: The Service Manager has been absent through sickness since mid July 2026. Interim line-management to the support staff team has been delegated to Senior Practitioner at the service, with support from the Senior Operational Lead. All support staff members have engaged in 1:1 support meetings with either the senior practitioner or the senior operational lead as part of interim arrangements. The Service Manager is scheduled to return on 14/09/26, and will immediately implement a staff supervision and appraisal schedule as per organisational policy. This requirement will be highlighted as part of 'return to work' meeting to be held with senior operational lead on 11/09/26.
Area for improvement 2 **Ref:** Standard 3.2.4 **Stated:** First time **To be completed by:** 09 August 2026	The manager shall put in place arrangements for regular team meetings to be held, which include a focus on promoting best practice, supporting continuous improvement and providing opportunities for communication. Accurate minutes should be maintained to evidence frequency, discussions, actions and attendance. Ref: 5.1.4

	Response by responsible person detailing the actions taken: The Service Manager has been absent through sickness since mid July 2026. Interim line-management to the support staff team has been delegated to Senior Practitioner at the service, with support from the Senior Operational Lead. All support staff members have engaged in 1:1 support meetings with either the senior practitioner or the senior operational lead as part of interim arrangements. Staff members have been notified that team meetings will resume on a monthly basis from September 2026, with the senior practitioner taking responsibility of scehduling the resumption meeting, in advance of the Service Manager's return. The Service Manager is scheduled to return on 14/09/26, and will oversee this meeting, as well as the scheduling of subsequnt meetings. This requirement will be highlighted as part of 'return to work' meeting to be held with senior operational lead.

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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