The Regulation and Quality Improvement Authority

Young Adult Supported Accommodation Inspection Report

IN050477

19 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: – Southern 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 19 August 2026 between 9.40 a.m. and 2.10 p.m. The inspection was conducted by a care inspector.

The inspection sought to determine if the Project was delivering safe, effective and compassionate support and if the Project was well led.

The inspection focused on the quality of support provided to young people, young people's engagement in the Project, communication within the team and the safety of the environment.

Staff had a detailed understanding of young people's individual needs and positive relationships were evident. Young people's independence was developed through outcome focused support plans and they were safeguarded appropriately with up to date safety plans and risk assessments in place.

One new area for improvement was identified in relation to the fire risk assessment and availability of the relevant fire safety policy.

The inspector concluded there was safe, effective and compassionate support delivered in the Project and the Project was well led by the manger.

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 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 manager/person in charge at the conclusion of the inspection.

4.0 What people told us about the Project

The inspector spoke with young people and staff. Young people told the inspector they liked living in the Project and felt safe. They provided a positive view regarding the suitability of the environment and location. They felt that the support provided from staff was appropriate and staff were supportive of young people's emotional wellbeing.

Feedback from staff acknowledged the open and honest culture within team communications and the attention to staff safety. Staff felt supported by the management team to progress their professional development through supervision, training and annual appraisals. Staff reported that the manager was responsive to requests for additional staffing and that lone working arrangements were suitable with the current level of risk within the Project.

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?

A review of documentation evidenced that young people were fully involved in the referral process and that their views and voice were clearly captured. Their willingness to engage with the Project was recorded, and individual goals for the placement were identified in partnership with each young person. This demonstrated that young people were meaningfully involved in decisions about their accommodation, promoting choice, self-determination and independence. This involvement ensured that decisions made were informed by the young person's wishes,

feelings, needs and preferences. Furthermore, this supported the provider to determine whether the accommodation and level of support offered was appropriate for each young person.

Support and risk management plans were created from the initial referral information and they specified how the young people's assessed needs could be met and risks managed by the Project. The plans identified both the Projects contribution to meeting the young people's needs and young people's own responsibilities to achieve their goals and manage risk. This ensured that young people had as much control as possible over decisions which affected their lives, whilst being safeguarded against unacceptable risks. Support plans evidenced that young people were encouraged to develop their social and life skills to enable them to transition towards adulthood and independent living.

Incidents involving young people were effectively recorded and communicated with the relevant professionals. They considered any additional support needs and actions that could be taken by staff and young people to minimise risk and maintain agreed support plans.

Discussions with young people and the staff team supported that there was a culture of user involvement embedded into the Project. A review of young people's meeting records evidenced that these took place regularly and that the staff team had taken proactive steps to encourage young people to contribute about day to day matters and the overall provision of support in the Project. Young people also had access to independent advocacy and feedback opportunities, which were facilitated through meetings with professionals that are involved in the life-space of the young people. This provided young people with opportunities to have their views and voices heard.

Young people were supported to look after their own health needs with risk management and support plans in place. Where young people required support to maintain and improve their health independence, support plans incorporated goals identified by the young people to achieve this.

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

Discussions with the staff team supported that staffing levels were aligned to the young people's assessed needs. If risks in the project increased 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 Project had a recently updated lone working policy and procedures in place to support staff to safely work on their own.

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 support.

Handover records and daily communication methods provided staff with the essential information to ensure safe support for young people. Handover records reviewed provided staff with up to date information regarding incidents and changes to young people's support plans. Staff reported that handovers were thorough and supported through the use of a diary with tasks for allocated staff recorded and signed off as appropriate.

Discussions with the staff team and a review of recent training attendance certificates provided assurance that staff attended relevant mandatory training. Staff availed of further training in areas such as person centred care, managing challenging behaviours and supporting mental health.

Staff were confident and familiar with the policy and procedure for managing and reporting safeguarding concerns. The Project had an up to date safeguarding policy, which provided assurance that the organisation had an identified manager responsible for the safe recruitment of staff to the Project.

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

Discussions with the young people and a tour of the environment evidenced that the accommodation provided is suitable for its stated purpose, safe and secure, well maintained and provides for the young people's individual and collective needs in a comfortable and homely manner, while respecting each individual's privacy. The Project had appropriate security checks and measures in place to maintain young people's safety. Each young person was provided with a bedroom or self-contained flat, which was adequately furnished and equipped to meet individual needs and lifestyle. There was a range of comfortable and shared spaces provided for shared activities and private use.

Weekly fire alarm tests and monthly fire equipment inspections were completed. Fire door and emergency lighting checks were compliant. A fire evacuation drill had been completed within the required timescales, with a further drill scheduled. All young people had signed the fire evacuation procedures and staff had recently completed fire safety refresher training. The fire risk assessment confirmed actions identified had been addressed, however a date for review, which is determined by the organisation who manages the property was not clearly recorded and the policy relating to the same was not available for inspection. While the manager confirmed post inspection that the current risk assessment was in date and will be reviewed in line with the relevant policy, the relevant policy was not available to the inspector or staff. An area for improvement is made to ensure this is available for reference; with the Projects fire safety documentation.

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

Review of recent incidents identified robust recording and reporting practices by staff were in place and the manager had clear governance and oversight arrangements in place to assure the quality of the same. Staff had a clear understanding of the recording and reporting process.

Team meetings are an important tool to promote best practice and continuous improvement within the Project, they support the provision of quality support for young people. Records reviewed and discussions with the staff team evidenced that team meetings were held regularly and the content was of a high standard. Meetings provided a detailed overview of the young people with a reflection on recent incidents and any changes to young people's support was documented. Actions were identified, which were allocated to staff and an overview of recent incidents was undertaken. Staff reported that team meetings provided an opportunity for open

and honest discussions about the Project and how the young people can be effectively supported.

The manager had robust oversight of policies and procedures within the Project and ensured that staff signed each policy when they had read it. A monthly audit of policies and procedures was undertaken and a number of policies had recently been updated.

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

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 2.2:3 **Stated:** First time **To be completed by:** 19 September 2026	The responsible individual shall ensure that the fire risk assessment provides a date for review and that the relevant fire safety policy is available. Ref: 5.2.3
	Response by responsible person detailing the actions taken: Fire risk assessment policy is now in Fire risk assessment folder and next review date is January 2029.

Please ensure this document is completed in full and returned via the Web Portal



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