The Regulation and Quality Improvement Authority

Young Adult Supported Accommodation Inspection Report

IN050546

23 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 23 July 2026 between 9.10 a.m. and 5.50p.m. Additional evidence to support the inspection process was requested but not received within the agreed timeframe. The inspection concluded on 27 July 2026. The inspection was conducted by a care inspector.

The inspection assessed progress with the area 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 area for improvement identified during the last inspection, in relation to the project's Statement of Purpose was met. Two new areas for improvement were identified in respect of staffing training and staff supervision.

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, staff and the management team.

Feedback from young people was positive regarding the support provided by staff and the quality of the accommodation. Young people reported that they were happy living in the project, confirmed they were treated with dignity and respect, and were actively involved in decisions about their support and their accommodation. They advised that they had access to opportunities and resources to support the development of their independence skills and personal interests, and felt confident raising any concerns with staff or the management team.

Feedback from staff highlighted that they were appropriately supported through regular supervision, comprehensive induction, ongoing training, and accessible management support. Staff reported that communication arrangements within the project were effective, supported by clear staff handovers, regular updates on young people's support plans and risk assessments, and access to advice and guidance from the management team when required.

Staff spoke positively about team morale and collaborative working, they confirmed team meetings were regular, and demonstrated a clear understanding of whistleblowing procedures and how to raise any concerns they may have. They were confident that young people received consistent, coordinated support through effective communication between staff, key workers and multi-disciplinary professionals.

The management team spoke positively about young people and staff and demonstrated a clear commitment to achieving positive outcomes through individualised support, promoting wellbeing and development, and meeting young people's needs.

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 14 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 1.1.2 **Stated:** First time	The registered provider to ensure that the Statement of Purpose is updated to accurately reflect the management and staff team.	**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?

A robust admissions process, informed by comprehensive referral and assessment procedures was in place that ensured young people accessed accommodation, services and support that were appropriately matched to their assessed needs and reflected the principles of choice, participation and self-determination.

Young people's individual support and safety needs were clearly documented, assessed and regularly reviewed. Their views, wishes and preferences informed support planning and decision-making, promoting meaningful participation in matters affecting their lives.

Regular audits of young people's files provided assurance regarding the quality of records, the effectiveness of key working arrangements, and the monitoring and review of practice and service delivery, with actions identified where required.

Effective processes were in place for recording, reporting, and oversight of incidents. Thorough governance arrangements supported timely and appropriate responses, promoted the safety and wellbeing of young people, and ensured that learning from incidents was identified, shared, and acted upon to reduce the risk of recurrence.

Daily records evidenced effective communication between staff and multidisciplinary professionals, supporting a coordinated approach to service delivery and ensuring young people received timely, responsive support that promoted their wellbeing and positive outcomes.

Team meeting minutes highlighted effective communication across the staff team, with regular updates on operational matters, staffing, training, and young people's needs and risks. They

also reflected a commitment to promoting young people's rights, safeguarding their wellbeing, facilitating access to services, and supporting the development of independent living skills.

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

A review of staffing arrangements and sampling of the rota provided assurance that staffing levels were maintained in line with the project's staffing model and the assessed needs of young people. Where required, sessional staff were utilised to ensure appropriate staffing levels and continuity of support and service delivery.

Sampling of recruitment records provided assurance that there were safe recruitment practices in place for staff working in the home.

Accurate and accessible information regarding compliance with training and supervision is fundamental to effective management oversight, providing assurance that staff are appropriately trained, supported and competent to deliver safe and effective service delivery.

Assurance was not provided that effective management oversight arrangements were in place to monitor staff compliance with mandatory training across the project. Although the manager advised that staff training records were subject to regular management review, these records were not available during the inspection as a member of the administrative team maintained them. Furthermore, the records were not submitted post-inspection within the agreed timeframe. Similarly, information relating to staff compliance with supervision requirements was unavailable for review during the inspection. As a result, assurance could not be provided that staff were afforded supervision as required, had the necessary knowledge and skills to support young people, and raised concern there was not effective governance arrangements in place to monitor staff training and supervision compliance. Areas for improvement were identified in respect of staff training and supervision.

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

The project was maintained to a high standard, both internally and externally, and provided ample communal space for young people to socialise, relax, and engage in activities. The environment was warm, welcoming, and inclusive, with young people's artwork displayed throughout and multilingual signage in place, promoting accessibility and a sense of belonging. Young people confirmed that they had access to the support, facilities, resources, and essential amenities needed to develop their independence skills and achieve positive outcomes while living within the project.

Discussions with young people and the management team provided assurance that the service actively promoted young people's participation and involvement in decisions affecting their care and support. Whilst young peoples' meetings were not held regularly, there was clear evidence of ongoing efforts to seek, value, and act upon young people's views through a range of engagement opportunities. The management team also provided assurance of their ongoing committed to exploring a range of options to maximise young people's ability to contribute to their lived experience with the project and their support plans. It is important records continue to reflect these interactions and feedback was given regarding this.

A review of fire safety records provided assurance that routine fire safety checks were completed. An up to date fire risk assessment was in place, with no outstanding actions identified. Feedback was provided in respect of an overdue fire evacuation drill, which the manager assured would be completed as a matter of priority.

A review of the Closed Circuit Television (CCTV) policy and procedure confirmed that appropriate governance arrangements were in place for its use 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	2

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 3.1:2 **Stated:** First time **To be completed by:** 30 October 2026	The manager shall ensure that staff possess the necessary skills, knowledge and competencies to meet the assessed needs of young people and complete all mandatory and role-specific training requirements. Effective governance arrangements are in place to monitor staff training with accurate and up-to-date records readily available for review Ref: 5.2.2.
	Response by responsible person detailing the actions taken: All training records are accurate and up to date. Issue during inspection with access to the online file but records were provided after the inspection. Issue with access has been resolved.
Area for improvement 2 **Ref:** Standard 3.1:2 **Stated:** First time **To be completed by:**	The manager shall ensure staff receive regular supervision in line with organisational policy, with records maintained to evidence compliance and support professional development. Effective governance arrangements are in place to monitor staff supervision. Ref: 5.2.2

30 October 2026	**Response by responsible person detailing the actions taken:** All supervision records are accurate and up to date. Issue during inspection with access to the online file but records were provided after the inspection. Issue with access has been resolved.

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



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