The Regulation and Quality Improvement Authority

Young Adult Supported Accommodation Inspection Report

IN050407

27 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:
Health and Social Care Trust

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 27 August 2026 between 10.10 a.m. and 18.15 p.m. The inspection concluded on 1 September 2026 following submission of additional information. The inspection was conducted by a care inspector.

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 service was well led.

The two areas for improvement identified at the last care inspection in relation to the Statement of Purpose (SOP) and safe recruitment were met.

Two new areas for improvement were identified in relation to staff supervision and fire safety arrangements.

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 at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with young people, staff and the manager.

The manager advised that the project continued to provide individualised support to young people with complex and diverse needs, including those experiencing periods of crisis and distress. The service remained committed to working alongside young people and professionals to promote stability and enable young people to develop independence skills, and achieve positive outcomes.

The project had experienced significant staffing changes over the past 12 months, which meant that priority had been given to the recruitment, induction, and development of new staff to ensure they were equipped to fulfil their roles effectively. The manager expressed confidence in the staff team's capacity to provide consistent, responsive support and meet young people's assessed needs.

Young people reported enjoying living in the project and had positive relationships with staff. They advised that they were supported to contribute to decisions about their day-to-day lives, plans, and goals, and to participate in group-based activities within the project. Young people stated however that they would like house meetings to be more regular. They also raised concerns about amenities within the project, which they advised staff were supporting them to raise through the complaints process. This feedback of young people was shared with the manager who, was aware of some of the issues, however agreed to revisit these issues and explore the additional matters raised with young people and take action, where appropriate.

Staff spoke positively about working within the project and described a supportive team culture and management structure. They reported access to appropriate training, reflective practice, effective communication systems, and multidisciplinary working, which supported the delivery of safe, consistent, and trauma-informed support. Staff demonstrated an awareness of young people’s rights, safeguarding responsibilities, and reporting procedures, and were confident in escalating concerns when required.

Feedback was received by RQIA via electronic survey post inspection, confirmed that staff were satisfied that support within the service was safe, effective, compassionate and well led.

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 24 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 1.1:1 **Stated:** First time	The responsible person shall review and update the project's statement of statement of purpose to reflect any changes within the service.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 **Ref:** Standard 3.1:1 **Stated:** First time	The responsible person shall ensure there is evidence available to verify that any staff member employed in the home have been subject to robust safe recruitment practices. This evidence should be available to review on inspection.	**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, underpinned by clear referral and assessment procedures, was in place to ensure young people accessed accommodation and support services that were appropriately matched to their assessed needs. These arrangements promoted choice,

participation, and independence, supporting young people to make informed decisions about their plans and goals.

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.

Effective processes were in place for the recording, reporting, and oversight of incidents. Thorough governance arrangements supported timely and appropriate responses, and promoted the safety and wellbeing of young people.

Effective communication and information-sharing arrangements were in place between staff and multidisciplinary professionals to assess risk, need, and ensure young people's support needs were met. Records evidenced a coordinated approach to meeting young people's needs and supporting their safety, wellbeing, and progress towards positive outcomes.

Sampling of records demonstrated that arrangements were in place to audit young people's files, providing oversight of the quality and completeness of records and identifying actions for improvement where required.

House meetings provide an important opportunity for consultation and participation, enabling young people to express their views, raise concerns, and contribute to decisions about the project. Young people reported that, while they had opportunities to contribute to decision-making, they would welcome more frequent house meetings. Discussions with the manager and a review of records confirmed that such meetings were not being held consistently.

Feedback was provided to the manager, who acknowledged the findings, and advised of the challenges facilitating these meeting. The manager agreed to review the current arrangements with the aim of enhancing young people's participation, and ability to influence improvements within the service. Progress in this area will be monitored through future inspection activity.

A review of complaints records provided assurance that complaints were managed effectively, with complainants kept informed, their views considered, and outcomes clearly communicated. These arrangements demonstrated that young people's views were respected and that they were supported to have a voice in matters affecting them.

Records reviewed also evidenced positive feedback from multi-disciplinary professionals regarding staff's effective multi-disciplinary working and their contribution to meeting young people's assessed needs.

A review of the project's safeguarding policy provided assurance that robust policy and procedures were in place to guide staff and safeguard young people.

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

Challenges in recruiting to vacant management posts were highlighted. However, assurance was provided that recruitment was ongoing and that arrangements were in place to support the current manager, maintain effective oversight, and ensure continuity of service delivery.

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 staff induction records, review of the training matrix, and discussions with the manager provided assurance that effective arrangements were in place to support, develop, and monitor staff practice. Robust oversight of training compliance and staff competence was evident, and training was responsive to the needs of both young people and the staff team. These arrangements supported staff to develop the skills, knowledge, and confidence required to deliver safe, effective, and young person-centred support.

However, discussions with the manager and a review of supervision records identified gaps in the frequency of staff supervision. This limited assurance that staff consistently received planned opportunities for reflection, development, and oversight of practice. The manager acknowledged the findings, advised that informal support arrangements were in place, and agreed to address this matter. As effective supervision is integral to supporting staff practice and ensuring the delivery of safe, consistent, and effective support, an area for improvement was identified.

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

On arrival, the project was observed to be warm and welcoming. Shared living areas were available for communal activities, and the standard of décor and furnishings was appropriate throughout. Security and safety arrangements were proportionate, supported young people's rights, and reflected the service's Statement of Purpose.

The project had experienced some internal damage, however the manager provided assurance this matter had been reported to the relevant parties and repairs prioritised.

A review of fire safety records provided assurance that routine fire safety checks were completed. However, whilst the project had up to date risk assessments in place, actions had not been completed within the identified timeframes. These matters were addressed with the manager who agreed to follow up as a matter of priority. An area for improvement was identified.

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 November 2026	The responsible person shall ensure shall ensure staff receive regular supervision in line with organisational policy, with records maintained to evidence compliance and support professional development. Effective governance arrangements should also be in place to monitor staff supervision. Ref 5.2.2.
	Response by responsible person detailing the actions taken: A recent review of the supervision process has been completed and outstanding evidence of supervisions have been updated in line with MACS Policies and Procedures. Moving forwad MACS have recrutied a team leader into the serivce and have also reinvigorated internal audit procedures for all services. Supervisory compliance is one area of these audits.
Area for improvement 2 **Ref:** Standard 2.2:3 **Stated:** First time **To be completed by:** 30 November 2026	The responsible person shall ensure:- - Actions arising from the fire risk assessment must be addressed promptly, with an action plan maintained to evidence management of risks and ongoing compliance. Ref: 5.2.3
	Response by responsible person detailing the actions taken: An outstanding action on the fire report outlined a sign that required a change in direction. A report was made to the building owners however remained incomplete however has since been followed up. The addition of a team leader in the service and MACS internal audit processes will ensure complaince is met in this area.

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