

**Young Adult Supported Accommodation  
Inspection Report  
IN042995  
30 April 2024**

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## 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:**

This supported accommodation provides accommodation for young people aged between 16 and 21 years.

The project is jointly commissioned by the Northern Ireland Housing Executive (NIHE) and the Belfast Health and Social Care Trust (BHSCT).

## 2.0 Inspection summary

An unannounced inspection took place on 30 April 2024 between 11.10 a.m. and 7.25 p.m. The inspection was conducted by a care inspector.

The inspection assessed progress with six areas for improvement identified during the last care inspection on 18 January 2023 and to determine if the Young Adult Supported Accommodation Project (YASA) was delivering safe, effective and compassionate care and if the service was well led.

This inspection also focussed on safeguarding, staffing, the physical environment and the management and leadership arrangements within the service.

All the areas for improvement identified at the last care inspection had been met and no new areas for improvement were identified. The inspection findings are reported on in greater detail within the body of the report.

The findings of this report provides the manager with the necessary information to improve staff practice and young people's lived 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, 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 service and deliver safe care.

RQIA inspectors seek to speak with young people, their relatives/carers, visitors and staff for their opinion on the quality of care and their experience of living, visiting or working in this YASA.

Information was provided to young people, relatives/carers, staff and other stakeholders on how they could provide feedback on the quality of care and support in this service. 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 the young people and staff. Questionnaires were also provided to the manager to share with staff, young people and any visitors to the service. Five questionnaires were returned post inspection, which were completed by the young people.

The feedback confirmed young people had good relationships with the staff and felt safe. They discussed having access to 24-hour support and felt the support offered met their needs. Young people described having a keyworker who supported them to develop their independence skills, but also expressed all staff were approachable and supportive. Young people described young people's meetings taking place regularly and a Sunday dinner is also provided, which the young people enjoy. The young people said they felt confident raising any issues or concerns with their keyworker or management, and felt any issues raised would be addressed.

The young people overall were observed to have good relationships with staff and presented at ease living within the service. A relaxed, warm and caring environment was observed.

Discussion with staff concluded there is good working relationships with a focus on ensuring the young people were getting the right support for them. Staff described an experienced staff team who support each other and have access to support from management. Team meetings take place monthly and regular supervision also takes place. Each young person had an allocated key worker and the management team try to match staff to young people when possible. Staff voiced a good understanding of the young people and discussed key-working sessions taking place with a focus on promoting young people's independence and preparing them for moving on.

Staff presented as person centred within their approach and voiced an understanding of each of the young people's individual needs. They further presented as passionate and dedicated to ensuring the young people were well supported.

## 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 18 January 2023		
Action required to ensure compliance with The Minimum Standards for Young Adults Supported Accommodation Projects in Northern Ireland 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 1.3:6 <b>Stated:</b> Second time <b>To be completed by:</b> 24 April 2022 18 February 2023	The manager to ensure all young people's essential information records are accurate, current and include all relevant contact details for family members and professionals working with the individual young person. <b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	Met
<b>Area for improvement 2</b> <b>Ref:</b> Standard 1.3:6 <b>Stated:</b> Second time <b>To be completed by:</b> 24 April 2022 18 February 2023	The manager to ensure file audits are completed to ensure the maintenance of appropriate and up to date records are on file to assist with continuity of care and support for the young people. <b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 3.1:2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 24 April 2022 18 February 2023</p>	<p>The manager should improve the training records to ensure they can provide evidence staff have the competence and skills required to work safely and meet the needs of the young people's needs living in the project.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 3.1:1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 February 2023</p>	<p>The manager must ensure all staff are registered with NISCC. The governance and monitoring arrangements in place in relation to ensuring all staff are registered with NISCC must be reviewed.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 3.1:2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 February 2023</p>	<p>The manager shall maintain records that evidence staff competency on induction. Records should show that staff working in the project have the appropriate competence, skills and qualities necessary to safely undertake their duties and meet the needs of the young people.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 3.2:3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 March 2023</p>	<p>The manager shall ensure there is evidence of regular individual supervision and annual reviews taking place for all staff as stipulated within the organisations policy and procedures.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<p><b>Met</b></p>

## **5.2 Inspection findings**

### **5.2.1 How does the service ensure young people experience a safe and high quality environment?**

On arrival to the service a warm, clean and welcoming environment was observed. A kitchen and communal area was available for shared activities and private use. A good standard of décor and furnishings were observed throughout the service. The security and safety arrangements in place within the service did not have a negative impact on the young people's rights, and reflects the services aims and objectives as described in their Statement of Purpose (SOP).

### **5.2.2 How well are the young people cared for and protected?**

Review of the young people and adult safeguarding policies and procedures confirmed that they had been recently reviewed and updated. Training records confirmed that safeguarding training is mandatory and included at staff induction. Review of safeguarding incidents confirmed that all incidents of abuse or concerning behaviour were taken seriously and acted upon. A whistleblowing policy was also in place and shared with staff.

Review of young people files confirmed individual risk assessments and associated risk management plans were in place for all young people and reviewed regularly. A register of untoward incidents and associated action plans were maintained at the project. Recording processes in relation to the recording of significant incidents confirmed that the systems in place had been reviewed and updated. Records reviewed provided assurance there was effective management and reporting of serious adverse incidents in line with the policy and procedure in place. It was however noted that the recording practices in place, did not clearly identify any trends or the actions that could be taken to prevent reoccurrence. This was discussed with the manager and although the action taken was clearly discussed and examples of actions that would have been taken to prevent reoccurrence, the records reviewed did not evidence this. It was therefore recommended that the recording systems in place in relation to incident management are updated, to include an analysis of the incident, any trends identified and the actions taken to prevent reoccurrence.

### **5.2.3 How does the service ensure that safe staffing arrangements are in place?**

Review of staff files confirmed safe and robust recruitment practices were in place for all staff and there was also an emphasis on value-based recruitment. Systems were in place to ensure all staff were NISCC registered.

Review of the staffing model and staffing rota confirmed safe staffing arrangements were in place. Records showed that there were at least two care staff in the service at all times and available to meet the young people's care and support needs. Arrangements were in place to ensure that young people can access help in a crisis or emergency.



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

The SOP was last reviewed and updated by the provider in October 2023. The document clearly described the nature and range of the service provided. A suitably qualified and experienced manager was in place and possessed the level of competency and skill required to carry out the role.

Induction for staff is necessary to provide assurance that staff involved in the delivery of care, possess the knowledge, skills and ability to deliver safe and effective care to the young people in the project. A robust induction process benefits newer members of staff with integrating into their role as well as promoting a consistent approach in relation to daily practices within the project. A review of induction records provided assurance that staff had access to a competency based induction.

Regular high quality supervision contributes to staff's professional development and enables them to become competent and reflective practitioners. Records confirmed that regular supervision was in place for all staff. Policies and procedures were also in place to ensure staff supervision is promoted and takes place.

The recording of training was identified as an area for improvement at the last inspection and was therefore a focus of this inspection. Review of training records confirmed good improvement in relation to training records and the training matrix reviewed was current, up to date and clearly identified any gaps. Good compliance levels were noted for all required training.

Observations and discussions with staff confirmed that records were stored safely and securely in line with data protection requirements.

Discussion with management and review of records showed that all complaints were taken seriously, the young people were listened to, investigations were carried out and the young people were informed of the outcome. The importance of reflecting on the complaints process was further evidenced and the service had ensured complaints were fully embedded in the service, used to inform practice and lead to service improvement.

#### **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager as part of the inspection process and can be found in the main body of the report.



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