

**Young Adult Supported Accommodation
Inspection Report
IN045934
21 May 2024**

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:

This is a leaving care service which provides supported housing accommodation for young people aged between 16 and 21 years of age for up to two years.

2.0 Inspection summary

An unannounced inspection took place on 21 May 2024 between 10 a.m. and 3 p.m. by a care inspector.

The inspection assessed progress with areas for improvement identified during the last care inspection and to determine if the service was delivering safe, effective and compassionate support and if the service was well led.

The inspection found that one area for improvement had been met, in relation to pest control. Another area for improvement was not met, in relation to fire safety, and was stated for a second time.

One new area for improvement was identified in relation to team meetings.

Staff and management in the home demonstrated they had a detailed understanding of the young people's individual needs and positive relationships were evident between the young people and staff. The inspector concluded there was safe, effective and compassionate support delivered in the service and the service was well led by the manager.

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 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 project.

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 home. 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 and staff on the day of inspection.

Feedback from young people provided a positive view regarding their ability to raise issues regarding the running of the service and were confident that their opinions would be listened to. Young people also provided positive feedback regarding the quality of the environment.

Young people reported that they had received inconsistent responses from staff at times; the inspector raised this with the manager, who was able to provide evidence and assurance that this issue had been robustly addressed. This is discussed in further detail in section 5.2.2.

Discussions with staff confirmed that they felt positive about their roles, how young people were being supported, and the support available from the manager.

No feedback was received by RQIA via questionnaires or 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 28 September 2023		
Action required to ensure compliance with the Standards for Young Adults Supported Accommodation Projects in Northern Ireland (2012)		Validation of compliance
Area for improvement 1 Ref: Standard 2.2.3 Stated: First time To be completed by: 28 October 2023	The manager must ensure that evidence is maintained to provide assurance that any recommendations from a fire risk assessment have been actioned.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and is discussed in greater detail in section 5.2.3.	
Area for improvement 2 Ref: Standard 2.1 Stated: First time To be completed by: 9 November 2023	The manager must ensure that the required action is taken to ensure the service is free from pests. Ref: 5.2.1	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 care at the right time?

Inspection of evidence identified that young people were provided with regular opportunities to come together as a group and contribute towards the running of the service. Young people actively participated and took ownership over the organisation of these meetings. This is good practice.

Staff worked alongside young people to measure and track their own progress in achieving their goals and desired outcomes. Support plans were developed alongside young people with clear, achievable, targeted actions being set and completed within the timeframe set. This approach demonstrated a commitment to empower young people to have autonomy, and control over their own support plans as they developed the skills required to live independently in adulthood.

Sampling of records identified robust recording of daily contacts with young people. Recording was of a good standard and reflective of the lived experience of the young people.

Records sampled identified robust safeguarding measures in place within the service. Safety plans in place for young people were frequently reviewed and updated. Clear guidance was available to staff on actions to be taken if risks were identified, and there was robust recording and reporting of incidents.

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

Sampling of the rota and discussion with the acting manager identified that the number of staff on shift, was consistent with the staffing model and based on the assessed needs of the young people. However, the service was reliant on temporary staff to fulfil the rota.

Discussion with young people and review of records identified inconsistencies in staff responses at times. The manager provided assurance that the service had taken action to robustly address this concern amongst the staff team. A stable staff team is essential in achieving consistency and the best possible outcomes for young people. Assurance was provided that the service was actively recruiting to achieve permanency in staffing and therefore reduce the risk of inconsistent support from staff.

The service was in the process of transitioning to a new model for tracking staff training. The inspector was assured from training records that core staff were compliant with mandatory training requirements, in key areas such as safeguarding and fire training.

The inspector was not assured that there were robust arrangements in place to monitor compliance of agency staff with mandatory training. However, further evidence was submitted post inspection which provided assurance that there were robust arrangements in place to ensure that agency staff had the necessary training to meet the needs of the young people. This evidence must be available for review during future inspections.

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

Fire safety records identified that the service completed regular fire drills which include the young people. However, evidence was not available on the day of inspection to confirm that recommendations from the fire risk assessment completed in September 2023 had been actioned.

This concern was discussed with the manager, and assurance was provided post inspection that these actions were now underway. This area for improvement was stated for a second time.

This inspection identified concern in relation to the absence of a permanent manager in this service for a significant period of time. Recruitment activity had commenced to recruit a permanent manager. A manager who is suitably qualified and experienced, and stability within management arrangements, is essential for ensuring the consistency of support provided to young people; and to ensure robust governance arrangements are in place within the service.

Whilst the temporary management arrangements in place were effective; there was a concern, if this arrangement were to continue long term, the service quality could deteriorate. The service manager provided assurances post inspection that a manager had now been recruited and a robust induction process had commenced.

Bringing staff together on a regular basis is essential to maintaining good communication, developing a shared vision and informing the detailed and complex decisions that need to be made on a day to day basis to support young people. Although staff and management reported that team meetings occurred on a regular basis, minutes were not available to evidence this. This has been identified as an area for improvement.

The service had effective arrangements in place to ensure the robust investigation and governance of complaints within the service. Complaints documentation evidenced that the complainant was provided with feedback and their views on the complaints process was sought. Evidence was also available that learning had been identified and shared amongst the team following complaints. This approach supports services to use feedback and learning from complaints to continuously improve services and enhance young people's lived experiences.

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 Adults Supported Accommodation Projects in Northern Ireland (2012).

	Standards
Total number of Areas for Improvement	2*

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and senior 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 Adults Supported Accommodation Projects in Northern Ireland (2012).	
Area for improvement 1 Ref: Standard 2.2:3 Stated: Second time To be completed by: 4 June 2024	<p>The manager must ensure that evidence is maintained to provide assurance that any recommendations from a fire risk assessment have been actioned.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Manager has liaised with the relevant partner agency to ensure completion of outstanding actions</p>
Area for improvement 2 Ref: Standard 3.2:4 Stated: First time To be completed by: 16 July 2024	<p>The manager must ensure that team meetings take place regularly. Minutes of team meetings must be maintained.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Manager will ensure team meetings occur every month and records kept</p>

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