



Report of an Inspection of an International Protection Accommodation Service Centre.

Name of the Centre:	Athlone Accommodation Centre
Centre ID:	OSV-0008414
Provider Name:	Aramark
Location of Centre:	Co. Westmeath
Type of Inspection:	Unannounced
Date of Inspection:	26/08/2024 and 27/08/2024
Inspection ID:	MON-IPAS-1050

Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a national¹ and international level² since that time. In response, the Irish Government took certain steps to remedy this situation.

In 2015, a working group commissioned by the Government to review the international protection process, including direct provision, published its report (McMahon report). This group recommended developing a set of standards for accommodation services and for an independent inspectorate to carry out inspections against. A standards advisory group was established in 2017 which developed the *National Standards for accommodation offered to people in the protection process* (2019). These national standards were published in 2019 and were approved by the Minister for Children, Equality, Disability, Integration and Youth for implementation in January 2021.

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published a White Paper to End Direct Provision and to establish a new International Protection Support Service³. It was intended by Government at that time to end direct provision on phased basis by the end of 2024.

This planned reform was based on average projections of 3,500 international protection applicants arriving into the country annually. However, the unprecedented increase in the number of people seeking international protection in Ireland in 2022 (13,319), and the additional influx of almost 70,000 people fleeing war in the Ukraine, resulted in a revised programme of reform and timeframe for implementation.

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent⁴ International Protection Accommodation Service centres against national standards on 9 January 2024.

¹ Irish Human Rights and Equality Commission (IHREC); The Office of the Ombudsman; The Ombudsman for Children

² United Nations Human Rights Committee; United Nations Committee on the Elimination of All Forms of Racial Discrimination (UNCERD)

³ Report of the Advisory Group on the Provision of Support including Accommodation to People in the Protection Process, September 2022

⁴ European Communities (Reception Conditions) (Amendment) Regulations 2023 provide HIQA with the function of monitoring accommodation centres excluding temporary and emergency accommodation

About the Service

Athlone Accommodation Centre provides accommodation for families seeking international protection. It can accommodate up to 300 people and is located near the town of Athlone in County Westmeath, in close proximity to local services and amenities.

Residents are accommodated in 100 mobile homes. Each family is accommodated together in either a four or six-berth mobile home. Each mobile home has a small living and kitchen area, a bathroom, and either two or three small bedrooms. There are communal facilities available for residents, such as laundry facilities, meeting rooms, playgrounds and a learning centre.

The centre is managed by a centre manager who reports to a regional manager. The management team also includes an assistant manager, a maintenance manager and a shop manager. The centre manager oversees a team of 27 staff members, including housekeeping staff, maintenance and groundskeeping staff, reception staff and security staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	191
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How we inspect

This inspection was carried out to assess compliance with the *National Standards for accommodation offered to people in the protection process* (2019). To prepare for this inspection, the inspector reviewed all information about the service. This includes any previous inspection findings, information submitted by the provider, provider representative or centre manager to HIQA and any unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- talk with staff to find out how they plan, deliver and monitor the services that are provided to residents
- speak with residents to find out their experience of living in the centre
- observe practice to see if it reflects what people tell us and
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service provider is complying with standards, we group and report under two dimensions:

1. Capacity and capability of the service:

This section describes the leadership and management of the service and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the service people receive and if it was of good quality and ensured people were safe. It included information about the supports available for people and the environment which they live.

A full list of all standards that were inspected against at this inspection and the dimension they are reported under can be seen in Appendix 1.

The inspection was carried out during the following times:

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
26/08/2024	10:15hrs-18:00hrs	1	1
27/08/2024	10:15hrs-18:00hrs	1	2

What residents told us and what inspectors observed

From speaking with residents and through the observations made during the inspection, the inspectors found that residents were for the most part happy and safe living in the centre. The staff team provided person-centred support and were committed to meeting the needs of and supporting the residents living in the centre. Residents were facilitated to live independent lives and be active members of the community.

Despite the positive experiences of some residents, the accommodation provided was not adequate to meet the needs of those seeking international protection. Residents were living in cramped and often overcrowded accommodation. There were risks to the health, safety and welfare of some residents which had not been assessed or acted upon. While governance and management systems were being developed, they had not been fully implemented and were not effective in ensuring that the service provided in the centre fully promoted residents' rights and their safety and wellbeing.

The inspection took place over two days. During this time, the inspectors spoke with 15 adults and eight children living in the centre. In addition, the inspectors spoke with members of the management team including the regional manager, the centre manager, the assistant manager and the maintenance manager. The inspectors also spoke with the shop supervisor and other members of the staff team including security, housekeeping and reception staff members.

Accommodation was provided to residents across 100 mobile homes on the grounds of the centre. At the time of the inspection, the centre accommodated 191 residents, 92 of whom were children. Residents lived independently in self-contained mobile homes, which were designated to accommodate up to four people in a four-berth mobile home, or six people in a six-berth mobile home. The mobile homes had a small bathroom and kitchen facilities, and each unit had a small private living area. The cohort of residents the accommodation centre catered for had recently changed. Single males and single females were relocated in the months preceding the inspection and the resident group had changed to families.

On a walk around the complex, the inspectors found that the communal areas and outdoor spaces were well-maintained and clean. There was an administration and reception building which contained a shop, laundry facilities, meeting rooms, activity rooms and staff offices where residents could access staff members for support. In addition, there was a learning centre which offered residents a space to study and complete online courses. It also contained play areas for children including a soft ball area and a sensory room. Finally, there was a medical centre where general practitioners were available to residents one day every three weeks. There was a car park available for residents, visitors and staff members and the administration and communal buildings were separated from the accommodation by an internal road and a picket fence.

The inspectors found that this was a large and busy centre with residents accessing communal spaces, the shop and outdoor areas. Children played safely outside their mobile homes and there were games printed on the ground such as hopscotch and jumping games. There was a stock of footballs, basketballs, hula-hoops and other outdoor equipment for children to use and play with. The inspectors observed residents using the basketball court and football pitches and chatting together at picnic benches during the inspection. There were three well-maintained playgrounds with seating nearby for parents to sit while supervising their children.

While the communal areas and the grounds of the centre were appealing for residents, the design and layout of the accommodation provided did not ensure that residents enjoyed an accessible, comfortable and homely living environment. There was evidence of overcrowding which impacted negatively on some residents by compromising their dignity and wellbeing. The inspectors found some cases where children, including teenagers, were sharing a bedroom with a parent and in some of these cases, children and teenagers were sharing a bed with a sibling or a parent. Some of these residents told the inspectors that they would like additional sleeping space. The inspectors spoke with a family who were distressed due to their very restrictive living environment as they did not have enough beds to accommodate the number of individuals living in the mobile home.

Residents' bedrooms did not meet the minimum space requirements of the national standards which meant that they had minimal floor space for example, to allow them to stand or dress comfortably. Children were provided with beds which were smaller than a standard single bed. While this may have been suitable for younger children, it was not adequate for older children and teenagers, particularly on a long-term basis.

The mobile homes offered residents the opportunity to cook for themselves and live independently in their own private space, however, these spaces were compact and this placed limitations on how residents could live comfortably. For example, the bathrooms in the mobile homes were observed to be very small and the space for showering was limited which meant that some adults could not shower in an upright position.

While families had a private living space, this was small and in some cases, was used to store bicycles or strollers, which further limited the available floor space. The impact of living in cramped conditions meant that families had limited space to engage in normal activities and children did not have enough space to play and develop in line with normal childhood experiences. While all residents had access to facilities on the grounds of the centre, their living environment was cramped with inadequate storage that did not allow them to live in a dignified, unrestricted environment.

The conditions of the mobile homes varied greatly depending on the length of time residents had lived in a unit and the time that had passed since they were last renovated. The recently refurbished mobile homes were in good condition but inspectors viewed others where the conditions were very poor. Health and safety risks were evident such as significant mould in places and broken fixtures. Pests were evident in one home. Some family members who spoke with the inspectors were quite distressed about their living environment which the inspectors observed and found to be unfit for food preparation or habitation by residents. When brought to their attention by inspectors, the service provider took immediate action to put appropriate measures in place for one family where there was significant overcrowding and where health and safety risks were present.

Due to the level of variance in the standard of accommodation and risks to the safety, health and well-being of residents in some mobile homes which were observed to be in poor state of structural and decorative repair, an urgent compliance plan was issued to the service provider. The provider submitted assurances to HIQA following the inspection to confirm that the accommodation was reviewed, risks assessed and a plan was in place to ensure the accommodation was fit for purpose.

Notwithstanding the deficits in the accommodation provided, residents had access to good facilities in the centre. There were good laundry facilities and residents cooked for themselves in their own homes. They had access to all of the required cooking equipment and utensils they required.

There was a well-stocked shop onsite and residents had access to a wide range of fresh, frozen and dried goods. Although the opening times of the shop were limited, staff members ensured residents could provide a list for them to retrieve their shopping, if required, outside of the shop opening hours. Residents received nappies and feminine products free of charge but they used their points to buy non-food items such as toiletries and cleaning products which was not in line with the requirements of the national standards.

The staff team ensured residents had access to all of the information they required and supported them to understand this information by translating it into various languages and through the use of translators where necessary. The team had created a video to describe the centre and the services available to new residents which had subtitles in different languages. This was an innovative and creative approach to support residents settling in to the centre. Residents received person-centred supports, had access to general practitioners and other health professionals and were supported to integrate in to the community.

The centre and its staff team were child-centred. The inspectors found some good practices to demonstrate how children were considered and prioritised in their day-to-day practices. For example, the inspectors observed a small playroom in the centre manager's office which provided parents with the opportunity to engage with staff while their child was safe and occupied. In addition, the centre grounds were child-friendly and children had access to many facilities to promote their development. The centre staff had liaised with a family support project and community initiatives to provide support and services to the children and families living at the centre. Centre staff described for the inspectors how they celebrated special occasions with the children and held events to celebrate Christmas and Halloween, for example.

Although there were areas of good practice, the inspectors found incidents where residents' rights were not consistently promoted or upheld. While the staff team prioritised residents' safety and protection, the management of safeguarding concerns was not consistently informed by fair and equitable approaches. Additionally, there were incidents of visiting restrictions which were not informed by an assessment of risk and were not supported by the house rules.

Despite the issues identified by inspectors, residents who gave feedback on the service were generally satisfied with the accommodation and the services they received. The majority of residents who spoke with the inspectors stated that they were satisfied with their accommodation and were content as they had privacy and the opportunity to live independently and to prepare their own meals in the comfort of their own living space. Many residents spoke positively of their experience with staff members who worked in the centre; they told the inspectors staff were very helpful and treated them with respect. Residents said they felt safe and comfortable in the centre and described the support they had received for their education, social and health needs. Staff members were observed interacting with residents in a kind, respectful and caring manner and residents were observed approaching members of the management team for support in relation to their needs. Residents told the inspectors that the staff team were kind and they felt listened to.

In addition to speaking with residents about their experiences, the inspectors received four completed questionnaires from adult residents and two from young people. The questionnaires asked for feedback on a number of areas including safeguarding and protection; feedback and complaints; residents' rights; staff supports and accommodation. There was mostly positive feedback provided in the completed questionnaires with residents indicating that they felt happy, safe and adequately protected in the centre. They all said the management team were approachable and that staff members were respectful and listened to them. One resident indicated that they did not have sufficient storage for their personal belongings. Two residents said that they did not know who the designated liaison person was for child protection and one did not know who the complaints officer was.

The children who responded to the questionnaires said they felt the centre was a safe place to live, that they liked the play area and said they took part in hobbies and activities that they enjoyed. They said they had access to Wi-Fi but did not have a desk or study area to complete their homework. One child who completed a questionnaire wrote "now I am in safe hands, so grateful, all staff of centre are very good".

While the primary function of the centre was to provide accommodation to people seeking international protection, the reality was that 65 (34%) residents had received refugee, subsidiary protection status, or humanitarian leave to remain. However, these residents could not move to accommodation in the community due to the lack of alternative accommodation options. This provided a challenge to some residents who told the inspectors about the distress and anxiety they experienced while looking for private rental accommodation.

The observations of the inspectors and the views of residents presented in this section of the report reflect the overall findings of the inspection. The following two sections of the report present the findings of this inspection in relation to the governance and

management arrangements in place and how these arrangements impacted the quality and safety of the service delivered.

Capacity and capability

This was the first inspection of the Athlone Accommodation Centre by HIQA. The service provider had put in place a management team that were committed to providing a good quality and safe service for residents. However, at the time of the inspection, the service provided required significant improvements across a number of key areas to ensure that it was of a good quality and safe.

The centre's policies, oversight and governance arrangements, and management systems were not sufficiently adequate to ensure the delivery of a consistently safe service. The standard of accommodation provided impacted negatively on the human rights of residents and did not comply with the requirements of the national standards. The main areas identified for improvements related to oversight, monitoring and auditing systems; the management of risk; record keeping; and the promotion and protection of human rights.

This inspection found some areas of good practice but there were deficits evident due to a limited awareness and understanding of the requirements of the national standards, legislation and regulations. While the management team had completed a self-assessment of their compliance with the standards, this process had not identified key deficits within the service across a number of themes of the national standards. This inspection found that some policies were absent, while others, such as the adult safeguarding policy, lacked detail in terms of practical guidance for the staff team, which impacted how the management team responded to and reported safeguarding concerns. In addition, the management team had not submitted notifications to HIQA, in line with the requirements of the regulations, as required.

The management team were well-intended and eager to comply with the standards and to drive continuous improvements in the service. The centre manager provided effective leadership and had ensured a positive and respectful culture was maintained where residents' views were respected and their needs prioritised. The wellbeing of residents was the primary focus of the management team and it was evident that staff members had developed positive and supportive relationships with residents.

There was a clear organisational structure in place but the effectiveness of this structure was undermined by inadequate communication and assurance reporting

systems to senior management. The staff team reported to the centre manager, who in turn reported to the regional manager of the service. The regional manager reported to a vice-president of the company. Local governance and management systems were in the process of being developed but they were not supported by wider organisational governance structures and therefore not effective in ensuring the ongoing delivery of a good quality and safe service.

Local reporting structures were developed among the staff team but a formal reporting arrangement was not in place with the senior management team. The centre manager attended meetings with the regional manager but the records of these meetings were limited and did not demonstrate that there was appropriate oversight of the service. While the centre manager had completed one monthly oversight record for the regional manager, which provided data on concerns and incidents that had occurred in the centre, this was not a consistent practice. The lack of formal reporting structures meant that senior managers were not aware of, nor participated in, the review of significant issues which had occurred in the centre. The inspectors found that risks relating to complaints and safeguarding concerns were not discussed, assessed or reviewed with senior managers and decision making responsibilities lay solely with the local management team.

At centre manager level, there were some reporting and monitoring mechanisms in place but the records relating to this were not adequate. The centre management team had systems in place to hold the staff team to account for their practice through daily meetings and handovers. Although the centre manager maintained some records of this engagement, they lacked detail and did not sufficiently record these discussions and therefore, direction provided or oversight. Team meetings were held regularly, which were minuted and actions were identified. However, although meetings were guided by a set agenda, it did not include key agenda items such as risks arising from incidents or welfare concerns.

Management systems were in development but they were not yet effective to ensure the safe delivery of services. The management team had processes in place to track practical support provided to residents, requests made by individuals, maintenance issues and contractual servicing arrangements. However, despite weekly accommodation checks occurring, significant risks identified by the inspectors in some of the mobile homes had not been identified or assessed by the service provider through these internal processes. While there were records of practical support provided to residents, there were no records of ongoing welfare concerns or complaints. The lack of a centralised recording system meant that managers could not have the appropriate oversight or trend the information which could lead to positive changes in practice and quality improvement.

A quality assurance system was in the process of being developed to monitor the quality of care provided to residents but required further development. The service provider had offered residents the opportunity to provide feedback about their experience of the service through resident surveys. While residents meetings did not occur, there was a weekly clinic for residents to meet with a member of the management team, as well as an open door policy for residents to access the managers. A suggestion box was available for residents to report their concerns anonymously if they wished to. These efforts demonstrated a commitment to address residents' needs. However, feedback from residents had not been compiled to demonstrate how it was driving improvements in the service. For example, the action taken in response to feedback in surveys had not been recorded and there was no associated quality improvement plan developed. While some audits of the service had occurred and ensured adequate oversight of staff files and training and the facilities available to residents, these audits had not assessed all areas of service provision such as the standard of accommodation or the management of incidents and safeguarding concerns in the centre.

The risk management system in place was not adequate. There was a risk register in use and despite good practices evident in the assessment of some risks, the description of other risks did not adequately outline the nature of the risk assessed. The management team had assessed numerous risks in the centre but risks which were evident from a review of the incidents, accidents and a walk through of the centre had not been considered, assessed or placed on their risk register. This was in part, due to limited information contained in the centre's risk escalation policy. The inspectors found that that this policy did not provide sufficient guidance regarding the process to follow in terms of the identification, assessment, management or escalation of risk. Risks relating to alcohol misuse, trespassing, domestic violence, and health related risks including mould, for example, had not been identified or assessed, and therefore went unmanaged.

The service provider had adequate systems in place to manage the risk of fire. Records were maintained of all fire safety checks carried out on fire equipment such as emergency lighting, the fire alarm and the fire extinguishers. Regular fire drills had taken place and residents were aware of the process to follow in the event of a fire. Personal emergency evacuation plans were developed for residents who required additional assistance in the event of a fire.

The complaints management system required improvement. The management team said they addressed resident complaints or concerns as they arose but these were not recorded as complaints. While written complaints from residents were recorded on a monthly record and reported in line with their policy, there was no compliant log or records to evidence how they had been managed. Poor recording of complaints meant

that managers could not trend or analyse all complaints over time to drive quality improvements in service provision.

A residents' charter was available to residents in a variety of languages and it contained all of the information required by the standards. Residents were provided with a wealth of information on their arrival and there was a structured induction process to ensure they understood their entitlements and the supports available to them while settling in to their new home.

The learning and development needs of the staff team were prioritised. There was a training plan in place and an overview of all the training completed by staff. Staff were appropriately trained in areas including *Children First: National Guidance for the Protection and Welfare of Children*, child development and suicide awareness, for example. However, not all of the required training as required by the national standards was completed. The centre manager was actively working on sourcing the required training.

There were safe and effective recruitment practices in place for staff and managers, guided by an appropriate policy and procedure. The service provider ensured that staff had Garda Síochána (police) vetting and staff who required an international police check were in the process of obtaining these records. Garda vetting for external support staff who were providing services within the centre was also available. Risk assessments had been completed where there were positive disclosures returned following the vetting process. The service provider had retrospectively sought employment references for staff members working in the centre.

A performance appraisal system had commenced for the staff team and supervision was due to commence after the inspection. Staff members told the inspectors that they were well supported in their roles and understood their roles and responsibilities.

This inspection found that staffing levels were adequate to meet the needs of residents but the on-call arrangement required review. The staff team worked well together and supported each other to ensure residents were safe and enjoyed a positive experience while living in the centre. While staffing levels were adequate, two members of the management team provided on-call support on a continuous basis and while this arrangement had not caused any difficulties, it was not sustainable in the longer term.

In summary, this inspection found that this centre was led and managed by a competent team but the service provider's governance arrangements were not adequate to ensure that all aspects of the service provided were appropriate to meet residents' needs and effectively monitored. Substantial improvements were required in the monitoring and oversight systems employed to support the team to identify and

manage risks on an ongoing basis and to ensure a consistently safe, effective and good quality service was being provided.

Standard 1.1

The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.

The service provider did not perform its functions in line with relevant legislation, regulations and national policy. Evidence demonstrated an inability on the part of the service provider to self-identify areas of service provision which required improvement or where risks existed. Not all of the required policies were developed and some policies required further information to ensure adequate guidance was available for the staff team. Notifications to HIQA had not been submitted in line with the requirements of the regulations. There were mixed levels of compliance with the national standards identified through the completion of this inspection and some areas required urgent action to be taken by the provider to ensure a safe and comfortable living environment was provided for residents.

Judgment: Not Compliant

Standard 1.2

The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.

The centre manager provided leadership and ensured a positive culture was maintained in the centre. While management systems were being developed by the centre management team, they were not fully effective to ensure the delivery of a consistent safe service and had not identified risks evident during the inspection. The organisational governance arrangements were not adequate to ensure appropriate oversight by the service provider of incidents, risks, complaints and safeguarding concerns. The maintenance of records required improvement and there was an absence of a centralised complaints system to record to allow for effective oversight or to drive quality improvement.

Judgment: Partially Compliant

Standard 1.3

There is a residents' charter which accurately and clearly describes the services available to children and adults living in the centre, including how and where the services are provided.

All new residents who arrived to the centre were provided with a residents' charter which contained all of the information required by the national standards. Residents benefited from a comprehensive induction to the centre and were well supported by staff members to help settle in to their new home.

Judgment: Compliant

Standard 1.4

The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.

The service provider had not completed an annual review of the quality and safety of care delivered to residents. While the management team had completed surveys with the residents to establish their views on the service, their feedback had not been incorporated in to a quality improvement plan for the service. Audits of the service had commenced but they had not assessed all areas of service provision including the quality of the accommodation, the management of risks associated with safeguarding concerns, or incidents that had occurred in the centre.

Judgment: Not Compliant

Standard 2.1

There are safe and effective recruitment practices in place for staff and management.

The service provider had ensured there were safe and effective recruitment practices in place. There was a recruitment policy available, and a review of personnel files found that the provider had ensured satisfactory records were maintained for the staff team. The service provider had received a Garda Vetting disclosure for all staff members employed in the centre. At the time of inspection, the provider had not received an international police report for all members of staff who required one, although they had identified this deficit and were actively seeking the necessary reports.

Judgment: Substantially Compliant

Standard 2.3

Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.

Staff members were receiving support to carry out their duties. The inspectors found that the centre manager was providing informal supervision to staff who worked in the centre. A formal supervision procedure had been developed, however, supervision meetings had not commenced at the time of inspection.

Judgment: Partially Compliant

Standard 2.4

Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.

Staff members had received training in key areas, such as child protection and fire safety. Many staff members had also undertaken training in areas specific to residents' potential vulnerabilities, for example, suicide awareness and refugee mental health. However, staff members had not received training in some of the areas outlined as being required by the standards, and only one staff member had received training in adult safeguarding. These training gaps had been identified in a training assessment by the centre manager, and there were plans in place to address any deficits.

Judgment: Partially Compliant

Standard 3.1

The service provider will carry out a regular risk analysis of the service and develop a risk register.

The risk management policy did not contain sufficient information to guide the staff team in the identification and management of risk in the centre. While there was a risk register and numerous risks had been assessed, there were a number of risks arising from incidents and safeguarding concerns in the centre which had not been assessed or noted on the centre's risk register. There was no evidence of a formal escalation of risk to senior managers in the centre. Fire safety measures were adequate and residents understood the process to follow during an evacuation.

Judgment: Not Compliant

Quality and Safety

Residents in this centre had access to good facilities and supports from a committed and dedicated staff team. A range of health and social care services were available and the centre ensured residents could access these services by providing regular bus transport. However, the accommodation provided was not adequate and residents lived in cramped, and sometimes overcrowded and unsafe conditions which did not promote their rights. Risks to the health, safety and welfare of some residents had not been identified and not all safeguarding concerns had been managed in line with the requirements of national policy.

The standard of accommodation varied across the centre and while it was own-door in nature which promoted independent living, the mobile homes were over twenty years old and the signs of general deterioration was evident in some cases. There was an ongoing maintenance programme to ensure all mobile homes were renovated and refurbished, however, this programme was not completed and as a result there were some units which were not suitable for accommodating persons seeking international protection.

Improvements were evident in some of the mobile homes but the inspectors found that others were in a poor state of structural and decorative repair and posed risks to the safety, health and wellbeing of residents. These included the presence of damp and mould in some mobile homes, pests in another, and furnishings that needed to be replaced. In addition, there were damaged areas to counter surfaces, doors and flooring and considerable issues with ventilation in some areas. The inspectors issued an urgent compliance plan requesting the service provider to complete a review and

assessment of all risks and safety concerns and to develop a comprehensive plan to ensure all mobile homes were in a satisfactory and habitual state, with any maintenance and repair works carried out. The service provider subsequently provided appropriate assurances to HIQA.

The living conditions for some residents did promote their safety, privacy or dignity. There was a mix of four and six-berth mobile homes offered to residents depending on the size of their family. The mobile homes had a kitchen and living area which facilitated families to live independently but they were small and did not promote normal family life. For example, some families did not have sufficient space for a dining table and chairs to allow them to dine together as a family. The size of the bedrooms in the accommodation provided was significantly smaller than the minimum space requirements outlined in the national standards. This meant that residents, including children, were living in bedrooms with very little floor space which had little room to stand or change clothes in private and no room for furniture or space to store personal items.

The limited floor space posed a challenge for residents and impacted on children's ability to play or move around freely. The mobile homes measured 40.33 square meters and of this, typically 11.18 square meters was allocated for sleeping accommodation for up to six individuals and 11.91 square meters was set out for living and dining space. The remaining space was utilised by a kitchen, compact hallway and small shower room. In addition, the inspectors found that the beds provided to children were notably smaller to fit into the limited bedroom space. The single beds provided were approximately 29% smaller than standard sized single beds. While the impact of sleeping in such beds may not have posed a challenge for young children, they were not suitable for older children and teenagers, particularly on a long-term basis.

Similarly, the bathrooms were compact and did not ensure a comfortable space to move without obstruction and this caused difficulties for parents bathing young children. The inspectors found that some bathrooms had a large step at the entrance to the shower which may pose challenges for people with mobility issues, and some showers were not of adequate size to allow adults remain in an upright position while having a shower. These risks had not been assessed and as result, plans to reduce and or eradicate them were not in place.

There was evidence of overcrowding in some areas of the centre which had not been previously identified or risk assessed by the service provider. While living conditions were cramped for all residents, some families were not provided with a sufficient number of beds for all family members. In one case, a resident told inspectors that they shared a bed with their teenage daughter, while another resident said they shared a bed with their toddler. Additionally, a family of eight were living in six-berth unit which did not have a sufficient number of beds or cots for all members of that family due to space limitations. When calculated, there was an average of 1.24 square meters bedroom accommodation provided to each member of this family despite the national standards stating that each individual should have 4.65 square meters of bedroom space.

While the service provider had alerted the relevant department of this situation, the family remained living in overcrowded and unsuitable conditions. The inspectors highlighted the concern during the inspection and the service provider took immediate action to resolve this issue. Risk relating to overcrowding had not been identified or risk assessed by the service provider.

Storage facilities were limited in the accommodation provided to residents. Due to the compact nature of the mobile homes, there was limited space for residents to store their personal belongings. The service provider had sourced outdoor storage containers for each mobile home and a space was available for residents to store large bulky items such as suitcases, but this was not sufficient. The inspectors observed strollers and bicycles stored in living areas and observed strollers stored outside some other mobile homes.

There was no policy or procedure to guide the allocation of accommodation to residents, nor was there a statement to outline the cohort of families the centre could cater for. The demographic of residents accommodated in the centre had recently changed but the service had not assessed the centre's capacity and ability to meet the needs of this changed cohort of residents. While the management team were effectively communicating with the relevant government department with regard to meeting the educational needs of children, they had not alerted them to the limitations of the accommodation provided, as outlined above. The inspectors found that the type of accommodation provided was not suitable to meet the needs of growing or larger families or those with teenagers, for example.

Despite the deficits identified with the accommodation provided, the facilities and communal spaces available to residents were good. This inspection found that residents had access to a number of communal spaces to engage in social, recreational and educational activities. There were meetings rooms for residents to meet with visitors or professionals if they chose not to facilitate the meetings in their

own homes. All communal areas and grounds of the centre were clean and well-maintained. There was a number of playgrounds and sports pitches for the children and adults to access. The grounds of the centre were safe and appropriate for children to play and socialise with their peers.

The service provider had a system in place for the reporting and management of maintenance works required in the centre. There was an ongoing cleaning and maintenance programme in place to ensure the communal areas and the grounds of the centre were adequately maintained, safe and appealing for residents. Residents could report maintenance issues to staff and the centre manager had oversight of all maintenance and servicing of equipment. Weekly checks of resident accommodation were carried out by staff but these had not been effective to identify the risks identified by inspectors, as outlined previously.

Sufficient, proportionate and appropriate security measures were in place across the service. Security personnel were present onsite 24 hours each day and seven days per week and ensured the safety of residents. They were proactive in managing concerns as they arose for residents and had good awareness of residents' needs. Closed-circuit television (CCTV) was in operation and its use was informed by a detailed policy.

Residents had full independence to cook for themselves and their families. Each mobile home had the necessary cooking equipment to facilitate residents cook their meals. They were provided with crockery and cutlery and staff ensured cooking equipment was replaced without delay when required.

There was a well-stocked shop onsite and a points system in place which residents used to buy their groceries. The shop supervisor engaged with residents about their preferences and ensured a wide range of fresh and dried foods which catered for a range of preferences and cultures were available to purchase.

Residents were provided with nappies, feminine products and contraception free of charge but other non-food items such as toiletries and cleaning products were purchased using their allocated weekly points. This was not in line with the requirements of the national standards. Residents received two sets of bedlinen and towels and there was a large stock of supplies available to ensure residents could request new provisions every six months.

The rights of residents were not consistently promoted in the service. The staff team endeavoured to promote the rights of residents and there were some examples of person-centred and rights-based practices. The staff team treated residents with respect and dignity and the inspectors observed kind and caring interactions between staff members and residents. The team prioritised the safety of residents but it was not always evident how safety concerns and the rights of residents were balanced in

the management of safeguarding concerns. In addition, the promotion of residents' rights to privacy and dignity was significantly compromised by the nature of the accommodation provided, particularly in instances where they shared beds, and or bedrooms and some residents lived in cramped, undignified and overcrowded conditions.

The service provider ensured that residents were well supported to integrate into the local community. The staff team had developed strong links with community organisations and residents had information about community supports, English classes and social groups. They had opportunities to engage in a variety of social and recreational activities such a running club and volunteering with local community organisations. The centre had a large 'friends of the centre' group and it was evident that many local community services visited the centre to provide supports and services to residents. For example, a family support service and a youth service regularly held events in the centre to meet with residents.

The service provider was proactive in meeting the educational and recreational needs of children. Parents were supported to source school and crèche placements for their children and transport was provided to bring children to and from school. Children had access to a well-equipped playroom, sensory room and soft play area. Older children could use a teenagers' room which had computer games and various activities appropriate to their age. Staff members in the centre organised weekly events such as sports tournaments and gaming nights and there was a schedule of activities for the children during the summer months.

Safeguarding practices were not guided by a comprehensive policy and procedure. While the service provider had developed the required policies and procedures, they lacked detail to guide staff practice. For example, the adult safeguarding policy did not provide sufficient guidance to ensure the immediate safety of residents, nor did it outline the pathways for investigation or the steps to take in the recording and reporting of concerns. This lack of guidance had a direct impact on the management of safeguarding concerns as it was not always evident that the concerns had been assessed or if safeguarding plans were implemented when required. Whilst it was evident that the management team endeavoured to ensure residents' safety was prioritised, the management of concerns had not ensured that the rights of all individuals involved were considered, protected and upheld.

The staff and management team were aware of their role and responsibilities to protect children from abuse and their safety and welfare was promoted. All staff members had the required training in Children First and they proactively reported any concerns to the Child and Family Agency (Tusla). In most cases, this was in line with the requirements of the Children First national policy but some referrals did not specify the actual risk or concern which presented and the threshold for reporting had

not been adequately determined. This was a direct impact of the lack of an organisational approach to decision making and senior management oversight in this area of practice.

Incidents occurring in the centre were appropriately recorded and reported in line with the centre's policy but a system to collectively review incidents was not in place. Incidents were well-managed and addressed by the management team in most cases and they were appropriately reported in line with the centre's policy, when required. The management team advised the inspectors that all incidents were reviewed on a case by case basis but there was no system to ensure any associated risks were assessed with the necessary controls put in place, when required, or to ensure learning to prevent their reoccurrence, for example.

Residents with special reception needs were well supported but a policy to guide staff on how to identify and address existing and emerging special reception needs had not been developed. The service provider was in the process of recruiting a reception officer to work with the residents in the centre. The management team supported residents in line with their needs and made every effort to ensure they were referred to the services they required. However, a comprehensive approach to assessing their needs had not been developed. The service provider received limited information about residents when they arrived but they liaised with the DCEDIY when the supports or services in the accommodation centre could not meet the special reception needs of residents.

Standard 4.1

The service provider, in planning, designing and allocating accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.

The service provider had not developed a clear, fair and transparent approach to allocating accommodation to residents. The centre had not assessed their capacity or ability to meet the needs of residents admitted to their service to ensure people were suitably placed in the centre. While the management team alerted the relevant department if school placements in the area were limited and could not meet the needs of children of specific ages, they had not assessed the suitability of the accommodation available and how it could meet the needs of some residents.

Judgment: Not Compliant

Standard 4.2

The service provider makes available accommodation which is homely, accessible and sufficiently furnished.

The design and layout of the mobile homes did not ensure each resident lived in an accessible, safe and comfortable environment. The bedrooms in the mobile homes did not meet the minimum space requirements and did not provide adequate floor space to cater for residents' needs. While there was a programme of upgrading works ongoing at the time of the inspection, the inspectors found that some mobile homes were in a poor state of structural and decorative repair and presented risks to the health, safety and welfare of residents. The inspectors issued an urgent action in response to these concerns.

Judgment: Not Compliant

Standard 4.4

The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.

Families were accommodated together in a self-contained mobile homes but they were small and did not promote family life. While there was living space separate to the bedrooms, this was small and not sufficient to ensure families could engage in normal day-to-day activities. There was evidence of overcrowding in some mobile homes where residents did not have a sufficient number of beds for all family members. There were cases where older children were sharing bedrooms, one case where children shared a bed, and some cases of children sharing beds with a parent. The service provider had not identified or assessed these risks prior to the time of the inspection. The service provider provided assurances to HIQA after the inspection that a sufficient number of beds and or cots were available to all family members in every mobile home.

Judgment: Not Compliant

Standard 4.5

The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.

The service provider ensured there was appropriate, secure and adequate play, sports and recreation facilities, both indoor and outdoor for children and young people. There were facilities to allow children to socialise with their family members or to meet as a group and children had access to sufficient toys and games.

Judgment: Compliant

Standard 4.6

The service provider makes available, in the accommodation centre, adequate and dedicated facilities and materials to support the educational development of each child and young person.

Adequate facilities and materials were available to support the educational development of children and young people living in the centre. Parents were supported to source crèche, pre-school and school placements for their children and transport was available to bring children to and from school. While children did not have space to study or complete their homework in their home, they had access to a well-equipped learning and homework space.

Judgment: Compliant

Standard 4.7

The service provider commits to providing an environment which is clean and respects, and promotes the independence of residents in relation to laundry and cleaning.

The service provider ensured the communal areas and the grounds of the centre were clean and well maintained. Residents had access to centralised laundry facilities.

Judgment: Compliant

Standard 4.8

The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.

Security measures were sufficient, proportionate and appropriate and ensured residents were safe. CCTV was in operation in the centre and its use was appropriate and guided by a centre policy. Residents had access to rooms in the centre without CCTV to ensure they could welcome visitors or meet with professionals in private.

Judgment: Compliant

Standard 4.9

The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.

The service provider had not ensured that residents had access to sufficient and appropriate non-food items. While residents received two set of towels and bedlinen and were in receipt of nappies, feminine products and contraception, they had to purchase toiletries and cleaning products using their allocated points.

Judgment: Partially Compliant

Standard 5.1

Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.

A fully equipped kitchen was available in each of the 100 mobile homes and provided private food preparation and cooking facilities for families. This arrangement facilitated independence and supported family life.

Judgment: Compliant

Standard 5.2

The service provider commits to meeting the catering needs and autonomy of residents which includes access to a varied diet that respects their cultural, religious, dietary, nutritional and medical requirements.

Residents purchased their own food from an onsite store operated by the provider, using points allocated to them on a weekly basis. The shop contained a wide variety of fresh food, dried and canned goods, and a range of non-food items. The inspectors found that the store provided good variety to facilitate choice and affordability.

Judgment: Compliant

Standard 6.1

The rights and diversity of each resident are respected, safeguarded and promoted.

There were some practices in the centre which demonstrated a person-centred approach had been adapted by the staff and management teams. The inspectors found that both the staff members and managers employed in the centre were well intended and were striving to provide residents with good quality services. Despite this, some practices observed by the inspectors impacted negatively on the rights of the children and adults living there. For example, restrictions in relation to some visitors coming to the centre; the application of the safeguarding policy in practice; and the undignified environment some residents were living in had not been considered from a human rights perspective. The management team had commenced a human rights risk analysis but this was not completed at the time of the inspection.

Judgment: Not Compliant

Standard 6.4

The service provider makes information available, and communicates this, in an accessible format which is appropriate to any special requirements of residents' communication needs.

The service provider ensured that information was made available in languages the residents could understand and had access to interpreters where required. Information about the service and email communication with the residents was translated into a resident's preferred language. The staff team had created a welcome video about the service which had subtitles in various languages to ensure residents could understand the content.

Judgment: Compliant

Standard 7.1

The service provider supports and facilitates residents to develop and maintain personal and family relationships.

Some practices in the centre impacted on residents' ability to develop and maintain personal and family relationships. Restrictions were placed on some visitors which was not in line with the DCEDIY's house rules and these restrictions required review.

Judgment: Partially Compliant

Standard 7.2

The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport.

The service provider provided transport for residents which met their needs and facilitated them to access public services, healthcare, education and community activities.

Judgment: Compliant

Standard 8.1

The service provider protects residents from abuse and neglect and promotes their safety and welfare.

Safeguarding policies required review to ensure they provided adequate guidance to the team in relation to the identification, immediate response, and reporting of safeguarding concerns. Not all staff were trained in safeguarding vulnerable adults and practices relating to the management of safeguarding concerns were not always balanced to ensure the rights of all individuals were considered, promoted and upheld. Safeguarding concerns had not been risk assessed or reviewed to ensure adequate safeguarding control measures were put in place.

Judgment: Not Compliant

Standard 8.2

The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.

The staff and management team were appropriately trained and the necessary policies and procedures were in place to ensure children were protected from harm. Some improvements were required in the practical application of this guidance to ensure the threshold for reporting was met in all cases and to ensure referrals to Tusla clearly outlined the child protection or welfare concern. There was no system to track welfare concerns or reports submitted to Tusla and no procedure to guide staff in the development of safeguarding plans based on their assessment of risk, if this was required.

Judgment: Partially Compliant

Standard 8.3

The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.

Incidents which had occurred the centre had been appropriately recorded and reported in line with the centre's policy. In most cases, incidents were managed appropriately by the management team. However, there was no system to collectively review incidents to ensure any associated risks were assessed or to inform learning or quality improvement initiatives in the centre.

Judgment: Partially Compliant

Standard 10.1

The service provider ensures that any special reception needs notified to them by the Department of Justice and Equality are incorporated into the provision of accommodation and associated services for the resident.

For the most part, the provider was not made aware of any special reception needs in advance of an admission to the centre. Despite this, residents with special reception needs or vulnerabilities were provided with assistance and support in accordance with their needs and preferences.

Judgment: Compliant

Standard 10.2

All staff are enabled to identify and respond to emerging and identified needs for residents.

Staff who worked in the centre had received some training to support them in identifying specific vulnerabilities and risks. Further training was required to ensure all staff were equipped to identify special reception needs. Additionally, a clear internal reporting and referral system was necessary to facilitate oversight of the practices in place to identify and respond to residents' special reception needs.

Judgment: Substantially Compliant

Standard 10.3

The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.

While there were some procedures in place to direct staff in identifying and supporting special reception needs, the provider had not developed a policy to identify, communicate and address existing and emerging special reception needs.

Judgment: Not Compliant

Standard 10.4

The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.

At the time of inspection the provider had not made a dedicated Reception Officer available. This was a known deficit on the provider's part, who was in the process of recruiting a suitably qualified and experienced reception officer. Despite this, residents living in this centre did not have the support of an appropriately qualified reception officer at the time of the inspection.

Judgment: Not Compliant

Appendix 1 – Summary table of standards considered in this report

This inspection was carried out to assess compliance with the *National Standards for accommodation offered to people in the protection process*. The standards considered on this inspection were:

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Not Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Not Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Partially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Not Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Not Compliant
Standard 4.2	Not Compliant
Standard 4.4	Not Compliant
Standard 4.5	Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant

Standard 4.8	Compliant
Standard 4.9	Partially Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Not Compliant
Standard 6.4	Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Partially Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Not Compliant
Standard 8.2	Partially Compliant
Standard 8.3	Partially Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Substantially Compliant
Standard 10.3	Not Compliant
Standard 10.4	Not Compliant

Compliance Plan for Athlone Accommodation Centre

Inspection ID: MON-IPAS-1050

Date of inspection: 26 and 27 August 2024

Introduction and instruction

This document sets out the standards where it has been assessed that the provider or centre manager are not compliant with the *National Standards for accommodation offered to people in the protection process*.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which standards the provider or centre manager must take action on to comply. In this section the provider or centre manager must consider the overall standard when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all standards where it has been assessed the provider or centre manager is either partially compliant or not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Partially compliant:** A judgment of partially compliant means that on the basis of this inspection, the provider or centre manager met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for people using the service over time if not addressed.
- **Not compliant** - A judgment of not compliant means the provider or centre manager has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply.

Section 1

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each standard set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Standard	Judgment
1.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Revise the National Policies & Standards / Assessment-Judgment Framework for the Monitoring of International Protection Accommodation Service Centres</p> <p>Safeguarding Vulnerable Persons at Risk of Abuse 2014.</p> <p>Domestic Violence Act 2018,</p> <p>Children First Act 2015 and Children First: National Guidance for the Protection and Welfare of Children (2017),</p> <p>All of these policies to be reviewed on a regular basis to determine what is relevant to the accommodation centre. Document each policy required under the National standards. Review each of these policies.</p> <p>Train staff in all of these policies. Review these policies on a yearly basis (or sooner as required)</p> <p>Ensure oversight, monitoring, audits, management of risk are all documented in a timely manner to ensure resident safety & their rights are promoted & protected.</p> <p>All notifications to HIQA will be submitted in a timely manner going forward at a time when these notifications are being submitted to IPAS / Tusla.</p>	

Create a new policy on accommodation for Residents in Athlone AC, taking into account a safe, secure & comfortable living environment.

Quality improvement plan to be documented with the above listing & reviewed to ensure compliance.

Manager to review other HIQA audits on direct provision sites to observe & understand best practices to be used in this centre.

1.2

Partially Compliant

Outline how you are going to come into compliance with this standard:

Update the current risk register to include every risk identified onsite.

Carry out a full review of site to ensure all risks are identified, a risk assessment is created for each risk identified, the risk is added to the risk register, the risk register is reviewed on an ongoing basis for safety & compliance.

Create an incident register to document all incidents reported by staff to Management. This will allow Management to check for trends in incidents. This register to be reviewed at weekly Management meetings to ensure all incidents are closed out or escalated to senior management for assistance.

Central complaints system to be created to document all resident complaints as they occur. Trends of complaints to be looked at & reviewed. This register to be discussed at weekly management meetings & any complaints to be dealt with & closed out. A response to complaints to be formalized & documented. Residents to be replied in a timely manner. Risk assessment to be carried out & risk register to be updated if needed.

Safeguarding – a review of the adult safeguarding policy & statement to be carried out. An updated adult safeguarding policy & statement to be created & put in place. This policy is to be reviewed yearly (or sooner if required)

Review the child safeguarding policy onsite & any improvements identified to be included in an updated child safeguarding policy. This policy to be reviewed yearly (or sooner if required)

Management meetings to be held weekly in a structured way with templates for these created to capture all areas of governance to ensure policies / procedures / risks / Management meetings to be held weekly in a structured way with templates for these created to capture all areas of governance to ensure policies / procedures / risks /

complaints are identified in a timely manner, discussed at each meeting & a plan is put into place to resolve any issues identified.

Weekly meeting reports to be rolled into a Monthly report for the Regional Manager. This report to be reviewed with site Management / RM, agreed & signed off on. This report will include Risks / Incidents / Complaints / Safeguarding, safeguarding issues.

If required this report will be escalated to Aramark senior management for review & action

This monthly report to be rolled into a quarterly report which will be used as the framework for the annual site service report.

Staff to be trained in their area of work responsibility. Staff duties to be delegated in a consistent, timely manner with a documented feedback response from the staff to ensure duties have been completed. Staff training to be undertaken in accountability for their job roles. Audits to be carried out by Management to ensure compliance.

Quality improvement plan to be documented with the above listing & reviewed to ensure compliance.

1.4

Not Compliant

Outline how you are going to come into compliance with this standard:

Create an annual review of the quality, safety & care delivered to Residents. This review will be documented on a quarterly basis to ensure all care, support & services given to residents is captured & documented to become part of the annual review.

Ongoing resident surveys to be completed and feedback to be included into the quality improvement plan.

Audits to be completed on the provision & type of accommodation provided to Residents, results to be discussed with senior management & a plan created to implement the best outcome to provide good quality accommodation to all residents.

Carry out evaluations to ensure safety & quality of service is provided to residents residing in the centre.

Review & update the site Operations manual to ensure it proactively protects the human rights of residents and staff; promotes equality of opportunity and treatment of residents & staff, & eliminates discrimination. Yearly review date to be agreed with revisions & updates included in the reviewed manual.

Review & update the operations manual to include the model of care and support it delivers, the standard of accommodation available to Residents, the services and facilities the centre provides on a day to day basis. Yearly review date to be agreed with revisions & updates included in the reviewed manual.

2.3	Partially Compliant
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Outline how you are going to come into compliance with this standard:

Formal supervision of staff to be carried out every quarter, documented & filed onto staff personnel files.

Yearly FLP – front line performance reviews to be carried out with all staff, documented & filed onto staff personnel files.

Training to be completed if required if highlighted in the yearly reviews / quarterly staff supervision meetings.

Observation check sheets to be created & used to ensure staff are carrying out their duties in the correct manner & they promote and protect the welfare of all children and adults living in the centre. This will include management site walk about to observe & monitor the services that staff are delivering to Residents. Management will observe staff practice to ensure it reflects what is required to deliver a first class service to Residents living here.

Discussion sheets to be created, signed off on by management & staff following the observation review.

2.4	Partially Compliant
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Outline how you are going to come into compliance with this standard:

Training to be carried out with all staff to cover all mandated training outlined in the standards: this training to include adult safeguarding / child safeguarding.

This training will be reviewed on an ongoing basis & retraining will occur when required.

Staff training needs will be undertaken periodically to ensure compliance.

3.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Head office Aramark Risk Management Policy to be created & delivered to Management at site level. Following on from this Risk Management Policy it will be implemented at site level.</p> <p>Risk management policy to be implemented & to include identification & assessment of risks throughout the service. This risk policy to include the measures & actions to control the risks identified & regularly reviewed for compliance with National standards.</p> <p>This Risk policy to be reviewed & updated so it provides adequate guidance to our service onsite.</p> <p>Risk escalation policy to be reviewed and to include identification, assessment, management & escalation path of risks identified.</p> <p>Full risk assessment of all service provided on site, separate risk assessments to be carried out on each area identified.</p> <p>Risk register to be updated with all risks identified. Top ten risks to be recorded first onto the risk register with remaining risks identified added in underneath these top ten risks.</p>	
4.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Document to be created to outline size of each type of mobile home onsite. Document to include size of mobile home, sq ft of each room, furniture provided, kitchen utensils provided, bedding, towels provided.</p> <p>Policy to be created on allocation of accommodation to IPAS for new arrivals. This document to be clear, fair & transparent in the allocation of accommodation.</p> <p>Statement to be created to outline the cohort of families Athlone AC can cater for. This statement to also include changes to family cohort whilst residing in the centre. (children becoming teenagers onsite, additional children born to families residing in the centre)</p> <p>IPAS to be informed of family cohort that can be accommodated onsite.</p>	

4.2	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Document to be created to list refurbishment policy onsite.</p> <p>Maintenance policy to be created to list ongoing maintenance to each mobile home whilst occupied.</p> <p>Risk assessments to be carried out on all areas of the mobile home, for example: Resident safety with gas & electricity, fire safety, floor space available to residents in the mobile home, mould prevention, cleaning, etc</p> <p>Storage facility to be upgraded outside each mobile home so additional items & children buggy's can be stored safely.</p>	
4.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Full compliance plan put in place for family identified with overcrowding – this compliance plan is available for inspection. It includes: Action plan, additional furniture offered to them to use in their home, risk assessment on overcrowding, information to resident family on what is available to them, resident signed document on what is available to them should they require same at a later date, policies on mould prevention, access to assistance with housing applications.</p> <p>Audit to be created to monitor each family cohort residing in the centre to ensure they have everything available to them as per IPAS guidelines.</p> <p>Audit to highlight if there will be an increase in family numbers to provide larger accommodation onsite / contact IPAS resident welfare team to request suitable accommodation for this family</p> <p>Document to be created to highlight if residents choose not to avail of items for their homes. This document also to include should residents change their mind regarding items they can obtain these items for their home at a later stage.</p> <p>Weekly mobile home check sheets updated to audit furnishings in all mobile homes are readily available to residents.</p> <p>Management to liaise with LAIT to ensure residents avail of all activities / opportunities to create family time in outdoor activities with adequate space / to attend indoor</p>	

events for family activities both onsite in communal areas with more space / outside of the centre with ample space.	
4.9	Partially Compliant
Outline how you are going to come into compliance with this standard: A review will take place of weekly points system to incorporate toiletries for Residents.	
6.1	Not Compliant
Outline how you are going to come into compliance with this standard: Human rights risk analysis to be finalised & human rights policy to be updated. Operations manual to be updated with one page to include: Resident rights / legal service available to them / advocacy services / know your rights guide. Resident welcome pack to be updated to include the above list of Resident rights. Visitor policy to be updated to include children coming in onsite to meet friends be allowed to meet in communal areas, supervised by the parents of the children residing in the centre. This children visiting policy to be clarified by IPAS social care team.	
7.1	Partially Compliant
Outline how you are going to come into compliance with this standard: Visitor policy to be updated to include children coming in onsite to meet friends be allowed to meet in communal areas, supervised by the parents of the children.	
8.1	Not Compliant
Outline how you are going to come into compliance with this standard: Review current adult safeguarding policy & update this policy. Carry our risk assessments on this adult safeguarding policy. Include risk assessments on the risk register.	

All staff to be trained in adult safeguarding.

Safeguarding issues to be included on weekly management meetings, recorded on a formal management to be reviewed, acted upon in a timely manner.

Procedure to be created to develop safeguarding plans following a risk assessment of children & adults living onsite.

Create system to track safeguarding concerns in relation to adult residents onsite.

Include this on the weekly management meeting template.

8.2

Partially Compliant

Outline how you are going to come into compliance with this standard:

Threshold document to be established to ensure child safeguarding concerns are reported to Tusla / HIQA / IPAS in a timely manner.

Missing child policy to be created.

Communication to be developed with all Residents to ensure they are aware what a DLP is & to ensure residents know there are three DLP onsite.

Document to be created & shared to all Residents in preferred language regarding supervision of their children, procedures to be followed for the care of their children in the parent's absence, including arrangements between residents for the care of children onsite to ensure their safety at all times.

Create system for management to track referrals to Tusla / welfare concerns for children onsite. Include this on the weekly management meeting template.

8.3

Partially Compliant

Outline how you are going to come into compliance with this standard:

Policy to be created for adverse events onsite. This document to include staff reporting of incidents to management / how to manage incidents / review of incidents.

System to be set up to document all incidents recorded & acted upon onsite. Incidents to be reviewed at management meetings.

Incidents to be reviewed yearly to ensure compliance / site quality improvement plan to be updated accordingly.

10.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Special needs review will take place with all new arrivals to identify any reception needs.</p> <p>Create a policy to identify & communicate special needs of new arrivals to site & how to guide staff to best provide for special reception needs.</p> <p>Create a document which outlines how the service provider will support the requirements of residents with special reception needs. Include in this plan procedure to report to IPAS if the centre is unable to accommodate or cater for the special reception needs of a resident. Confidential care plans for each resident family to be created.</p>	
10.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Reception officer has been recruited and due to commence in the position in November 2024.</p> <p>Dedicated reception officer to create a care plan for each family to identify specific needs of each family & to support them with their needs on an ongoing basis.</p>	

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been orange (moderate risk) the provider must include a date (DD MM YY) of when they will be compliant.

The provider or centre manager has failed to comply with the following standard(s):

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Not Compliant	Red	29/11/2024
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	22.01.2024
Standard 1.4	The service provider monitors and reviews the	Not Compliant	Red	29/11/2024

	quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.			
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Partially Compliant	Orange	29/11/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Partially Compliant	Orange	18/12/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	29/11/2024
Standard 4.1	The service provider, in planning, designing and allocating accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.	Not Compliant	Red	01/01/2025
Standard 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Not Compliant	Red	29/11/2024

Standard 4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.	Not Compliant	Red	29/11/2024
Standard 4.9	The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.	Partially Compliant	Orange	29/11/2024
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Not Compliant	Red	29/11/2024
Standard 7.1	The service provider supports and facilitates residents to develop and maintain personal and family relationships.	Partially Compliant	Orange	29/11/2024
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Not Compliant	Red	29/11/2024
Standard 8.2	The service provider takes all reasonable steps to protect each child	Partially Compliant	Orange	22/01/2024

	from abuse and neglect and children's safety and welfare is promoted.			
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	29/11/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	29/11/2024
Standard 10.4	The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.	Not Compliant	Red	01/01/2025

