



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

Name of the Centre:	Atlantic House
Centre ID OSV:	OSV-0008415
Provider Name:	Atlantic Blue Ltd
Location of Centre:	Waterford
Type of Inspection:	Announced
Date of Inspection:	27/02/2024 and 28/02/2024
Inspection ID:	MON-IPAS-1013

## 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 national<sup>1</sup> and international level<sup>2</sup> 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 Service<sup>3</sup>. 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 permanent<sup>4</sup> International Protection Accommodation Service centres against national standards on 9 January 2024.

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

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

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

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

## About the Service

Atlantic Lodge is an accommodation centre located in Tramore, Co. Waterford. It comprises three buildings which provide accommodation to up to 82 single male residents, and a number of small ancillary buildings. At the time of inspection the centre accommodated 78 people.

One accommodation building contained 24 en-suite bedrooms. A second building contained 10 en-suite bedrooms; in some of these cases the en-suite bathroom was shared between two bedrooms on either side. The third building contained 11 bedrooms with four communal bathrooms. 10 of these bedrooms contained a handwash sink.

The centre further comprised a large open plan leisure space with multiple seating areas, a reception area and a pool table. There was a shop that supplied food and basic provisions located in this building also. There was a small building at the rear of the accommodation buildings that contained eight well-equipped cooking stations and a small dining space. There was also a small building housing laundry equipment and another that served as a prayer space.

The centre was managed by a centre manager who reported to the directors, and was staffed by general support staff, cleaning staff, security staff and a shop manager.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	78
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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	Inspector	Role
27 February 2024	11:00-16:20	Amy McGrath	Lead Inspector
27 February 2024	11:00-16:20	Cora McCarthy	Support Inspector
27 February 2024	11:00-16:20	Bronagh Gibson	Support Inspector
28 February 2024	09:00-13:30	Amy McGrath	Lead Inspector
28 February 2024	09:00-13:30	Cora McCarthy	Support Inspector
28 February 2024	09:00-13:30	Bronagh Gibson	Support Inspector

## What residents told us and what inspectors observed

The inspection found, through speaking with residents, reviewing available records and observing practice in the centre, that there were deficits across all themes of the national standards. While residents' basic accommodation needs were met, significant improvement was required to provide a service that met residents' needs in a person-centred manner. This included improvements in the oversight arrangements, staff training, resident consultation and record-keeping. These deficits contributed to considerable differences in the levels and quality of supports received by residents.

The inspection took place over the course of two days. Inspectors met with a representative of the service provider, the shop manager (who was acting in place of the centre manager in their absence) and three staff members including security staff and cleaning staff. Inspectors met and spoke with 16 residents during the inspection, and received two completed resident questionnaires.

The accommodation centre was located in the town of Tramore, Co. Waterford. It was situated in walking distance to a range of local services and facilities. There were three neighbouring accommodation buildings, one of which contained a common area used for leisure and social purposes. This building also housed the centre's shop and a small reception area. To the rear of the accommodation buildings was a kitchen and dining facility, a laundry room and a prayer room. The kitchen had eight fully-equipped cooking stations which were available to residents, including fridge and freezer storage.

Inspectors observed this as a busy centre, with residents coming and going from walks or returning from work. Most of the residents living in this centre were employed at the time of inspection, with some employed in local shops and restaurants. Some of the residents inspectors talked with described going for walks on the local beach and enjoyed living in the area. The reception area of the building was especially busy and inspectors observed residents looking for and getting assistance from staff members. Inspectors also observed residents making use of the dining area and eating meals together.

From a walk around of the centre, it was found that the buildings were generally in a good state of repair and were clean and tidy. Some areas showed signs of wear and tear, with one communal bathroom and some storage spaces observed to have damp or mould damage. Not all staircases were carpeted; some residents who lived in this building told inspectors that this resulted in a lot of noise throughout the day and night which sometimes made it difficult to sleep.

At the time of inspection, the centre accommodated 78 residents across 45 bedrooms. The service provided accommodation to single males and the maximum occupancy of any bedroom was two people. The centre did not provide catering and operated a points system for food and sundries supplied in the on-site shop, with residents cooking their own meals.

Inspectors observed a number of different bedrooms in the centre, with agreement from residents, including twin and single bedrooms. While all rooms viewed met the minimum space requirements, it was noted that in the case of rooms where two people were sharing, space was very limited. One room observed contained two single beds, a wardrobe and a narrow chest of drawers, with very little floor space remaining.

While residents all said they would prefer to be accommodated in a single room, they were generally satisfied with the rooms and the furniture provided. Multiple residents noted they would have more space for personal items if a storage facility was available near the kitchen for cooking equipment, which at the time of inspection they needed to store in their bedrooms.

Residents shared their views on the bathroom and laundry facilities. Most bedrooms had access to an en-suite bathroom, with four of these shared between two twin bedrooms. Residents of eleven bedrooms used communal bathrooms located in the same building as their bedrooms. All residents were generally satisfied with the bathroom facilities, saying they were normally clean, available, and that the hot water was reliable. In the case of shared en-suite bathrooms, it was noted that these could not be locked from the inside which impacted residents' privacy.

Residents were complimentary of the laundry services; there were five washing machines and dryers available in the laundry room, with one more of each located in one of the accommodation buildings. There were also facilities available to iron clothes. Residents did note, however, that the laundry detergents were expensive to buy through the points system in place.

Multiple residents gave further feedback on the administration of the points system in the centre, with a common concern that the items in the shop were priced too high for them to be able to afford to eat a reasonably nutritious diet while also purchasing personal toiletries and cleaning supplies. Residents told inspectors that items were much cheaper to buy outside of the centre and that a large amount of their personal allowance was used to supplement their diet. Inspectors reviewed this concern and found that the selection and price of items made it difficult for residents to cater for themselves appropriately. This is discussed in more detail later in the report.

While residents were generally satisfied with the accommodation, feedback on the service provided in the centre was less positive. Residents spoken with appeared keen to share their experience of living in the centre and inspectors spoke with some residents who had recently arrived to Atlantic House and others who had lived there for a number of years.

From speaking with residents, it was clear that improvements were required to the admissions procedure to ensure adequate information about the centre and the services provided was available to residents. Residents were unsure what supports were available in the centre. For example, inspectors were told that staff would sometimes provide photocopying or printing of documents related to their applications or job searches etc., but other times would direct residents to a service in the community and pay for this privately. Other residents didn't know if they could ask staff to help them to apply to see a therapeutic counsellor. A clear residents' charter would help prevent confusion about the services available to residents.

Inspectors were made aware of a number of special reception needs of residents, for example, specific physical and mental health needs. Some residents told inspectors that they had informed staff members of these additional needs but that the additional support they felt they needed was not forthcoming. Other residents were not certain if the provider had been made aware of their additional support needs and were not sure how to go about asking for help. This meant that some residents' healthcare needs were not being met, and in the absence of support to understand the services available to them in the community, the physical and mental health of some residents were at risk of deteriorating.

Inspectors observed that staff knew many of the residents well and engaged in familiar and respectful conversation throughout the inspection. Some residents told inspectors that staff were kind and helpful, and those that looked to staff for support or information received it. Other residents told staff that the support wasn't always consistent and that the availability of staff varied on a day-to-day basis. Additionally, in the absence of a structured approach by staff members to supporting residents with complex needs, some residents were found to be fulfilling an important support role to others, which they reported added unnecessary stress and worry. For example, one resident was found to be supporting another by organising appointments with a general practitioner (GP), collecting and administering medicines and essentially physically supervising them to ensure they were okay.



It was noted throughout the inspection that staff interacted with residents in a friendly and open manner, and knew them well. Although feedback on staff engagement was somewhat mixed, many residents were very complimentary of the staff in the centre and said that they tried their best to help them where they could. Clarity around staff roles and responsibilities would support them in providing an enhanced person-centred service to residents.

Inspectors found that better efforts were required to support residents to develop and maintain friendships and to access relevant services in the community. Residents told inspectors that there were restrictions in place regarding visitors to the centre, and that not all of these seemed reasonable. For example, some residents said they were not allowed to have female family members or friends visit them in a communal area. This was not the experience of all residents, although it highlighted that clearer information and consistency was required with regard to the visitor's policy.

Residents also told inspectors that there were very rarely any visitors to the centre from the local community, such as representatives from local non-governmental organisations. Residents commented that finding information about, and accessing support services could be difficult and expressed that they would like if staff could help them more with this. The recruitment and appointment of a suitably qualified and experienced reception officer would assist the provider in fulfilling many of the unmet needs of residents in the centre.

It was evident throughout the inspection that the views of residents had not been actively sought and as such the service was not being operated in a manner that consistently met the needs of all of the people who lived there. While the providers' approach to support, which promoted independence and active integration into the community, was suitable for most residents, it did not facilitate the identification of residents' specific needs and therefore could not ensure that all residents received the necessary support. Improved understanding on the service provider's part was required in regard to their role in meeting the national standards.

The observations of inspectors and the views of residents outlined in this section are generally reflective of the overall findings of the inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

This was the first inspection of this accommodation centre by HIQA. It was found that significant improvement to the governance and management arrangements were necessary in order to meet the requirements of the national standards and to ensure the service was operated in a manner that met the needs of all of the residents who lived there. This inspection found deficits across all ten themes within the national standards, with considerable shortfalls in areas such as governance and management, risk management, and identification of and response to special needs. Additionally, an urgent action plan was issued at the time of inspection in relation to safe recruitment practices due to concerns about staff Garda vetting declarations.

The findings of this inspection indicated a lack of understanding of the role of the provider and centre management team in meeting the relevant standards. There were no oversight or auditing arrangements in place, and significant deficits in record keeping meant that there was very little information available to the provider to monitor how the service was operating. There was a basic organisational structure in place, with staff reporting to the centre manager, who in turn reported to the service provider. However, the effectiveness of this structure was compromised by poorly-defined roles and responsibilities, undefined areas of accountability and underdeveloped reporting systems.

There were very few policies and procedures available to direct staff practice. Of the policies available, most were related to a generic provision of service and were not seen to direct the day-to-day operation of the service. Most operations undertaken in the centre were carried out on an ad-hoc basis with no clear rationale or consistency in their application. While it was evident that staff made efforts to run the centre in a coordinated way, the lack of effective systems coupled with unclear expectations of staff accountability and responsibilities meant this could not be reliably achieved.

There was no evidence of staff meetings or any organised system of staff communication. For example, staff members said they did not have a work email address and relied on communicating by leaving loose hand-written notes or texting each other on their personal phones. There were no records of electronic communication between staff available at the time of inspection. A review of some of the notes sent between staff members raised further concerns regarding their understanding of their own roles and responsibilities. For example, issues regarding security were found to be immediately escalated to the centre manager for them to address at a later stage, rather than be addressed by security staff at the time they occurred.

There was no staff appraisal or performance management system in place to support staff with their professional development. It was also found that there were no supervision arrangements in place for staff. The implementation of a programme of supervision and a staff appraisal system was necessary to enable the provider to effectively support staff in fulfilling their roles, providing clarity around their roles and responsibilities and holding staff members to account for their individual practice.

Inspectors reviewed the staff files available at the time of inspection, which included information about staff recruitment and training. These contained some of the documents required to demonstrate safe recruitment practices. For example, most staff files had a copy of an identification document. However, other necessary records were not available in all files, such as Garda vetting disclosures or job descriptions.

In the weeks prior to the inspection, the provider had applied for a Garda vetting disclosure for all staff members. At the time of inspection, four vetting disclosure reports were available to inspectors. While the provider representative gave verbal assurances that all staff had been subject to Garda vetting on commencement of employment, and that the applications were for a subsequent revetting, there were no records available to evidence this. Additionally, there were no international police checks on record for staff members who had previously resided outside of Ireland. An urgent compliance plan was issued to the provider following the inspection to address this issue and the response received gave appropriate assurances in this regard.

Records reviewed indicated that staff had received training in a number of different areas. It was clear that the provider had made training available in areas they considered necessary, such as child protection and fire safety. Despite the centre accommodating adults, including a number of adults with additional vulnerabilities, no staff had undertaken training in adult safeguarding. A full review of staff training needs, in consideration of their roles and responsibilities, and the needs of residents, was required to ensure that they had suitable training to carry out their duties effectively.

A review of the risk management arrangements in the centre found substantial deficits. There was no risk management policy or other guidance available to staff to direct how risk was managed. Furthermore, poor record keeping and inconsistent reporting of incidents that occurred in the centre meant that the provider was not receiving the necessary information to adequately inform an approach to risk management. While there was a basic risk register in place, this did not outline many of the known risks in the centre, including several risks specific to residents' health and welfare, and as such there were no risk management plans in place.

For example, it was found that there was a potential risk to some residents who had been receiving support from well-intentioned staff members to manage their medicines. This had not been identified as a risk and it was found that medicines were

inappropriately stored in an unsecured dry goods storage area, and there was no guidance or records in place in relation to the administration of these medicines. Staff spoken with had differing accounts of the dosage and frequency of medicines to give to residents and there was no way to know if someone had already given medicines to a resident. A staff member also told inspectors that the residents had recently taken on responsibility for their own medicines, yet this was not clear to other staff members.

There were minimal records available at the time of inspection in relation to complaints. There was some evidence that complaints were forwarded to the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) where the provider had concerns about the conduct of a resident. While numerous residents told inspectors that they had raised concerns with staff about the service, there was no evidence that these issues were recorded as complaints.

Staff told inspectors that issues raised were often resolved informally, or raised with the centre manager. In the centre manager's absence, staff did not know if other records regarding complaints were available. The lack of a clear co-ordinated approach to complaints management did not facilitate effective monitoring of the service or trending of common areas subject to complaint. For example, multiple residents told inspectors they had raised concerns about the pricing of items in the on-site shop, yet there was no evidence that this had been reviewed accordingly.

Inspectors found that there were no established systems or arrangements to monitor or review the quality of the service, or how it was meeting the requirements of the national standards. An annual review of the quality and safety of the service, as required by the standards, had not been conducted. Additionally there was limited engagement between residents and the service provider, with no clear arrangements in place to consult with residents about their needs, or their experience of the service. Improvement in this area, along with improvements to record keeping and risk management, was necessary to ensure the provider had reliable and relevant information on which to base any future review of the service, and to inform quality improvement plans.

There was no residents' charter available for residents. Given the findings of the inspection and the feedback received from residents, the development of an accessible and informative residents' charter would support residents in understanding the services available to them while living in the centre and also enable the delivery of an equitable and consistent service.

Overall it was found that provider's management arrangements were not suitable to ensure that all aspects of the service provided were appropriate to residents' needs and effectively monitored. Deficits were found across all ten themes of the national standards, and substantial improvement to the governance and management

arrangements, and risk management systems, was required to facilitate effective oversight of the implementation of measures needed to comply with the standards.

### **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 had a limited understanding of their responsibilities under the national standards. There were no systems observed to be in place to oversee the running of the centre to ensure that it was meeting the requirements of the national standards, or performing its functions in line with all relevant legislation and national policies. Consequently, the inspection found high levels of non-compliance against the standards reviewed. Additionally, an urgent compliance plan was issued to the provider following the inspection due to risks identified in relation to Garda vetting.

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.

While there was a basic governance structure in place, the roles and responsibilities of staff and managers were not clearly defined and this meant that there was an over-reliance on some members of staff to manage the day-to-day operation of the centre. Significant improvement was required to the management of records to ensure that accurate and relevant information was recorded and available to support staff in fulfilling their roles and to enable effective review and audit of the service.

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.

There was no residents' charter available to residents at the time of inspection. There was no alternative document that informed residents of the specific services available to them while living in the centre, for example, information about the arrivals process, information about staff in Atlantic House, or how the centre consults with residents regarding their welfare and experience of the service.

Judgment: Not 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.

There were no formalised monitoring or review arrangements in place in the centre. Deficits in record keeping limited the potential for the provider to review service provision, or to evidence any previous improvement initiatives they may have implemented. The findings of this inspection indicated that the provider did not have a clear understanding of the experience of all adults living in the centre. The provider had not carried out an annual review of the service.

Judgment: Not Compliant

#### **Standard 1.5**

Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.

It was evident to inspectors that staff regularly engaged with residents in the centre, however the service provider had not implemented any targeted measures to facilitate meaningful consultation with residents. A clear and accessible consultation process was required to ensure that residents' feedback on the service was actively sought and that any future improvement initiatives were informed by residents' views and needs.

While some residents told inspectors that they spoke to staff when issues arose, others said they avoided raising issues or stopped giving feedback as they did not think it was taken on board.

Judgment: Partially Compliant

### Standard 2.1

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

Inspectors were not satisfied that there were safe and effective recruitment practices in place. While the provider gave verbal assurances that all staff had been subject to Garda vetting prior to commencing their role, there were no records available to confirm this at the time of inspection. Prior to the inspection the provider had applied for a Garda vetting disclosure for all ten staff members, and had received four disclosures.

An urgent compliance plan was issued following the inspection in relation to this risk to which the provider responded accordingly.

Judgment: Not 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.

There were no formal supervision arrangements in place in the centre. There were no clear reporting mechanisms for staff, who communicated information on an informal basis. While it was observed that staff were endeavouring to operate the centre as effectively as possible, deficits in staff support and supervision contributed to a lack of clarity regarding roles and responsibilities. There was also no system in place for staff appraisal or performance development.

Judgment: Not 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 had received training in areas such as child protection, fire safety and manual handling. Although some staff had received training in additional areas such as sexual and gender-based violence, it was found that staff did not have training in some fundamental areas, such as adult safeguarding. Inspectors found that there was no clear training plan in place, and that training was not based on an assessment of staff skills and resident needs.

A comprehensive training needs analysis was required to support the provider in meeting the training needs of staff.

Judgment: Partially Compliant

**Standard 3.1**

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

There was no risk management framework or policy in place in the centre. The provider had not carried out a comprehensive risk analysis of the service. While there was a register of some potential risks in the centre (such as compliance risks and fire safety risks), these had not been evaluated in any depth and consequently records of control measures contained limited information and were poorly defined. Some potential risks in the centre, in relation to resident safety, had not been identified. Additionally, other known risks in the centre had not been assessed and staff were uncertain as to how they were to manage them.

Judgment: Not Compliant



## Quality and Safety

Overall, the inspection found that the governance and management arrangements in place in the centre did not consistently facilitate the provision of a person centred, good quality service to residents. There were some positive findings in relation to the accommodation provided to residents, but it was evident that considerable improvement was necessary in order to move towards a more person-centred approach to service delivery.

Despite the best efforts of staff members to meet residents' needs as they arose, a lack of clear systems, policies and procedures meant that residents did not receive a consistent level of support and subsequently some felt that there was a lack of transparency in how the service operated.

The accommodation centre had previously been operated as a hotel, but had been in use as accommodation for people in the international protection system for many years. The centre had capacity for up to 82 single male residents across 45 bedrooms. At the time of inspection, some bedrooms were occupied by just one person; in some cases, these rooms had been designated as single occupancy due to their size, and in other cases the specific needs of a resident warranted a single room. The maximum occupancy of any bedroom was two people.

The inspectors viewed a number of different bedrooms in the centre. All bedrooms were well furnished and residents said they were given essential items such as towels, bedding and cutlery on arrival. In rooms that occupied two residents, space was very limited, although it was found to be within the minimum requirements set out in the standards. Residents told inspectors that while ideally they would prefer not to share with a stranger, they were generally happy with the accommodation.

There was some additional storage space available in the centre for residents to store their infrequently-used items. Despite this, some said they would like to have more options to securely store some of their large items outside of their bedroom to save space.

All resident bedrooms across two of the three buildings had an en-suite bathroom. In one of these buildings, some en-suites connected two bedrooms and thus were shared by four people. In most cases, residents said this worked well, although they noted there was no lock in the inside of the door which meant it could be opened at any time when in use. Others said this arrangement caused conflict as some residents did not adequately clean the space after use. In another building, residents had communal bathrooms available.

Communal bathrooms were found to be clean and well equipped. There were four showers, three toilets and three hand wash basins available for residents who occupied 11 bedrooms. It was observed that staff cleaners supported residents in the cleaning of these bathrooms. There was a large space to the rear of the premises that was designated for use as a prayer space for people of Islamic faith. There was no non-denominational space for prayer, although there were places of worship for other faiths available in the local town.

There was a small building at the back of the main premises that contained five washing machines, five dryers, and two ironing boards and irons. Another washing machine and dryer was available in one of the accommodation buildings.

The kitchen building contained eight cooking stations with space for food preparation and cooking. These areas were observed to be clean and tidy and inspectors saw residents using them to prepare small meals during the inspection. This building contained a small dining space and fridge and freezer storage. Residents spoken with said that the kitchen would benefit from having a storage area for larger cooking utensils and dried goods, as storing them in their bedrooms took up a lot of space.

Inspectors reviewed the additional arrangements in place for residents to self-cater. The shop stocked a variety of fresh and non-perishable food items, toiletries and cleaning products. Residents told inspectors that the shop staff made items available that they requested, such as preferred spices, grains, and culturally appropriate meat. It was found, however, that the system in place for residents to use a weekly allowance of points in exchange for their food and non-food items required a comprehensive review to ensure that it was fit for purpose and fully meeting residents' needs.

Inspectors found that some of the products in the shop were quite expensive, given the amount of points residents received. A review of products found, for example, that four rolls of toilet paper cost €3.90 (with one point equivalent to €1), marmalade cost €4 and a can of tomatoes cost €1.50. This was in part due to the brands of items stocked, but was also a consequence of a financial mark-up on products. It was found that a small bottle of honey was priced at €4.90 which inspectors noted included an approximate 34% mark-up. Similarly, the cost of bottles of water to residents was more than 50% of what they were purchased for.

The overall impact was that residents could not afford to buy enough food items with the points allocated to them, to provide a reasonably substantive diet. This was found to be particularly difficult for residents who had recently arrived to the centre and relied solely on the points available to them and for those who had medical conditions that were managed in part by diet. Additionally, as residents were required to use these points to purchase non-food items such as cleaning supplies and personal toiletries, many residents told inspectors they often had to forgo one for the other. A review of a

sample of residents' receipts found that it was typical that they would rarely have sufficient points to buy meat, usually once per week, and in some cases once per fortnight. A full review of this system was needed to ensure residents in the centre could afford basic necessities and were not disadvantaged by the self-catering nature of the service.

Inspectors found that while staff made efforts to support residents' needs, the service was not set up to routinely and consistently recognise and support residents' individual needs. Staff were observed throughout the inspection to speak with residents in a respectful manner and there was evidence that where staff members were notified of issues, they tried to address them. However, inspectors found that residents' rights and their specific needs were not considered on a wider scale or in a manner that influenced the running of the centre.

Some residents told inspectors that they felt that people were treated differently to others for various reasons, such as religion or country of origin. Inspectors found no evidence of any discriminatory practices in the centre. However, it was found that a lack of clarity around the services provided, room allocations, and availability of support, had influenced the residents' perception of equity in the centre. Clear policies and procedures were required to ensure the centre operated in a fair and transparent way that upheld residents' rights.

In the weeks immediately following a residents' arrival to the centre, staff provided support in a number of fundamental areas, including sourcing a GP and making an application for a medical card. Outside of these areas, it found that residents largely managed their own health and wellbeing needs independently. While this was appropriate in many circumstances, there were cases where residents had physical or mental health issues that were either unknown to the provider at the time of inspection, or had not been given due consideration. As a result, some residents were struggling to manage their health and did not have the necessary information or skills to go about meeting them independently. In some cases, residents' access to healthcare was facilitated by other residents who had more experience of engaging with allied health services.

Similar deficits were found in relation to residents' access to local public services and the community. There was some information available in the centre on services available to them, in the form of a noticeboard. Staff also provided information on local services when it was available. However, the provider was not consulting with residents to ascertain the type or level of support they might need to access local services and as a result, their participation in and integration into the community was largely left for residents to manage themselves.

Some residents who lived in the centre for a number of years told inspectors that the provider used to arrange for representatives of local agencies to visit the centre and this aided their access to these services. For example, local housing charities or the local community welfare officer. Residents who had more recently arrived to the centre said that people rarely visited and in some cases residents asked inspectors about how they could access services such as training support or free legal aid. While inspectors were confident that staff members would provide this information if they could, this was reliant on increased training, clearer roles and responsibilities, and an accessible transparent approach to resident engagement.

Inspectors reviewed the safeguarding arrangements in the centre. They found that all staff had received training in child protection, and there were clear lines of reporting for any child protection concern. Staff had not received training in adult safeguarding and had limited understanding of the area. Inspectors found a number of potential safeguarding or welfare risks throughout the course of inspection that had not been recognised as such by staff or the provider. As a result, there were no risk assessments or safeguarding plans in place and staff did not have clear guidance on how to manage these safety risks. For example, it was known by staff that there was a risk of suicide in relation to one resident, yet there was no plan in place to manage this risk, and it was found that another resident had taken on the responsibility of trying to manage the safety of this person.

It was noted that on admission to the centre, the provider rarely received information about any special reception needs that residents might have. Where they were made aware of a specific safety risk at this point, it was taken into consideration when allocating bedrooms. For example, a known risk had resulted in one resident having their own private bedroom.

Inspectors found that the admissions procedure and general operation of the centre did not facilitate staff to identify or meet key needs of a number of residents. There was no reception officer employed in the centre, which is a specific requirement of the standards. Due the nature of the service provided, and the limited information received by the provider when a resident was admitted to the centre, it was essential that the provider had arrangements in place to identify both existing and emerging special reception needs, and measures in place to respond to resident vulnerabilities. This included the introduction of a suitably trained reception officer, who had a clearly defined role within the management team.

In summary, this inspection found that there were significant shortfalls in the governance and management systems that had led to a poor quality and generic service being provided to residents. Poor consultation and inadequate oversight systems meant that residents' did not receive a person-centred service. As the provision of support was

not based on any assessment of need or risk, a cohort of residents were receiving a very poor service.

**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.

There was no policy or clear procedure to guide the planning of allocations, either on arrival to the centre or at a later stage. There was some evidence that residents were moved to other rooms after their initial arrival, however, the rationale for these moves was not recorded. Feedback from residents suggested that the allocation of rooms was not based on a transparent process, and it was not clear that allocations were always based on the individual needs or preferences of residents.

Judgment: Partially Compliant

**Standard 4.3**

The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.

While the accommodation provided to residents met the minimum space requirements under the national standards, additional storage facilities (particularly for cooking equipment) would provide much needed space in each of the bedrooms. There were sufficient bathroom facilities for residents and these were found to be maintained in good condition. Some of the bathrooms shared between two bedrooms did not have a lock on the inside which did not protect residents' privacy when using bathroom facilities.

Judgment: Substantially Compliant

**Standard 4.5**

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

The centre, in addition to resident bedrooms, contained a large multi-use communal space which was observed to be used by residents throughout the inspection. This area had a modest-sized seating area, a pool table, facilities to heat food and make hot beverages, and some tables and chairs. There were also spaces to eat in the kitchen and dining area. There was a designated, private space for prayer (although this was for the exclusive use of members of one faith). There was no private space for residents to receive visitors or hold private meetings, other than their bedrooms.

Judgment: Substantially 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.

Most communal areas of the premises were clean and tidy. Some areas had a build-up of mildew or mould that needed to be addressed. There were sufficient laundry facilities available to residents, including ironing facilities. Residents had access to cleaning supplies through the on-site shop, however, feedback from residents suggested the price of items was prohibitive, and so they often bought them elsewhere rather than use their points on such items.

Judgment: Substantially 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.

While there was no security risk assessment complete, inspectors observed that there were proportionate security measures in place in the centre. There was CCTV in operation in some communal areas of the centre; there was also a communal space not monitored by CCTV. Enhanced training and supervision was necessary to ensure security staff were clear of their roles and responsibilities. This is addressed under Standard 2.3.

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.

All non-food items and products made available to residents were managed through the on-site shop. Residents used their weekly allocation of points to purchase both food and non-food items. Inspectors found that the cost of some personal hygiene items equated to a considerable portion of residents' weekly points. Some residents told inspectors the cost of items meant they often chose to forgo buying personal toiletries as they needed to use their points for food. The administration of the points system in the on-site shop required review to ensure that residents were able to avail of a reasonable but sufficient supply of non-food items.

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.

The provider had made sufficient food preparation and dining facilities available to residents. The kitchen area had eight individual fully-equipped cooking stations with adequate cooking utensils available for residents' use. The kitchen building also contained refrigerated storage for residents' personal food items.

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.

The provider made food and other cooking materials available from the on-site shop. The provision of food items was administered through a points system. Residents told inspectors that staff in the shop made efforts to stock items they asked for. The shop had a good variety of fresh food and dried or non-perishable items that were culturally appropriate.

A review of records and consultation with residents found that the selection and pricing of items in the shop meant the points available did not convert to a sufficient provision of food, and residents had difficulty making adequate meals throughout the week.

Judgment: Partially Compliant

### **Standard 6.1**

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

Inspectors found that arrangements in the centre did not consistently uphold residents' rights. It was evident that staff made efforts to treat each person with dignity and respect. However, the role of staff in supporting residents was not fully outlined and there was evidence that there were certain areas where staff did not adequately advocate for residents or support them in exercising their rights due to lack of knowledge or training in these areas.

There was no formal arrangement for residents to provide feedback to the service provider. Improvement was required to facilitate meaningful resident consultation.

Judgment: Partially Compliant

### **Standard 7.1**

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

While there were arrangements in place for residents to receive visitors, there were a number of restrictions in place that did not have a clear rationale. There was a pleasant open space to receive visitors in the communal area. A clear visitors policy was necessary to ensure that all residents could receive visitors in a manner that was equitable and supported the development and maintenance of relationships and friendships, while respecting other residents' rights to privacy and safety.

Judgment: Substantially 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.

There were no clear arrangements in place to support residents to access services in the community. Residents had mixed levels of understanding as to the support they could seek from staff to help them avail of services in the community. In some instances, other residents took on the role of providing information about health and welfare services in the local community.



There were no formal transport arrangements in place in the centre. Due to the location of the service, residents could avail of public transport for most of their transport needs. Where residents required transport, the staff arranged lifts; for example to appointments. However this was carried out on a largely improvised basis and it was not evident that the availability was based on transparent grounds, or that the appropriate insurance arrangements were in place.

Judgment: Partially Compliant

### **Standard 8.1**

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

The provider had made appropriate training available to staff in relation to child protection. There was a clear reporting arrangement in place for child protection concerns.

There were deficits in the provider's understanding of their responsibilities concerning adult safeguarding. As such, staff had not received training in this area and there was no adult safeguarding policy in place. There were a number of potential adult safeguarding risks identified during the inspection that had not been identified or responded to appropriately by the provider.

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.

There was a system in place to report critical incidents. Improvement was required to the recording and review of all adverse events and incidents to ensure that appropriate measures were taken to reduce risk and prevent reoccurrence where possible.

Judgment: Partially Compliant

### **Standard 9.1**

The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person centred and needs-based support to meet any identified health or social care needs.

There were no clear arrangements in place for residents to receive support to achieve optimal health. The provider had not facilitated good links with local health and welfare services and residents were largely managing their healthcare needs independently. While there was evidence that some residents were being helped by staff to manage healthcare needs, this was facilitated on an unplanned and informal basis which in some cases, presented additional risks to the resident.

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.

Where the provider was notified of special reception needs prior to admission, the allocation of accommodation was informed by this information. However, it was not evident that this information informed any other aspect of service provision.

Judgment: Substantially Compliant

### **Standard 10.2**

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

Staff had not received training in the awareness and recognition of special reception needs. While staff made efforts to meet residents' needs where they could, the arrangements in place did not facilitate a planned or person-centred approach.

Judgment: Partially Compliant

### **Standard 10.3**

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

The provider had not developed or implemented a policy to identify, communicate and address the special reception needs of residents.

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.

The provider had not appointed a dedicated reception officer. The responsibility of identifying special reception needs and providing support accordingly had not been assigned to any member of the staff or management team.

Judgment: Not Compliant

## Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Not Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Not Compliant
Standard 1.4	Not Compliant
Standard 1.5	Partially Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Not Compliant
Standard 2.3	Not Compliant
Standard 2.4	Partially Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Not Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Partially Compliant
Standard 4.3	Substantially Compliant
Standard 4.5	Substantially Compliant
Standard 4.7	Substantially Compliant
Standard 4.8	Compliant
Standard 4.9	Partially Compliant

<b>Theme 5: Food, Catering and Cooking Facilities</b>	
Standard 5.1	Compliant
Standard 5.2	Partially Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Partially Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.1	Substantially Compliant
Standard 7.2	Partially Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Partially Compliant
Standard 8.3	Partially Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Partially Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.1	Substantially Compliant
Standard 10.2	Partially Compliant
Standard 10.3	Not Compliant
Standard 10.4	Not Compliant

# Compliance Plan for Atlantic House

Inspection ID: MON-IPAS-1013

Date of inspection: 27/02/2024 – 28/02/2024

## 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>We will work to comply with the relevant regulatory requirements and national standards within or before the time frames outlined. An Adult Safeguarding Course will be put in place by early May and additional training courses building on what has gone before completed. The purpose is to ensure Staff are up to speed on relevant legislation, regulations and policies. A morning or afternoon as appropriate will be put aside weekly to facilitate training and complete this. Garda Vetting in line with IPAS policy is in place, records have been provided and a re-vetting is currently been undertaken. This is almost complete.</p>	
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The current management structure will be documented and shared with Staff. Current job descriptions will be updated to reflect the move to more person-centered care. Relevant policies will be reviewed and put in place where necessary and additional training provided as needed. While this is ongoing the bulk of the work would be expected to be completed by end May. Data protection, monitoring and evaluation records, risk management , mental health upskilling, filing records of complaints and records of consultation with residents will be the focus of this work</p>	
1.3	Not Compliant

Outline how you are going to come into compliance with this standard:	
We will put in place a Residents Charter by 24/5 that complies with the Standard, fulfills the Indicators and ties in with the current House Rules & Procedures which was put in place by the Dept. of Justice and other Stakeholders. There will be much duplication I believe between the Charter and the Booklet. It could be argued that the Charter should be a standard across all Centers and that this should be drawn up by IPAS.	
1.4	Not Compliant
Outline how you are going to come into compliance with this standard:	
We undertake to engage with residents as a group, record what we have been doing up to now to improve the life of residents and to record future improvements and conduct regular audits including an annual Quality Review while carrying out our public sector duty. The daily, weekly and monthly things that we do will be on record by 24/5.	
1.5	Partially Compliant
Outline how you are going to come into compliance with this standard:	
We will put in a more formal consultative process that is recorded by the end of May.	
2.1	Not Compliant
Outline how you are going to come into compliance with this standard:	
Our current process of Staff recruitment will be documented and records put in place by the end of April. (We rarely have to recruit due to very low turnover in Staff.)	
I believe the Garda Vetting has and is been addressed.	
2.3	Not Compliant
Outline how you are going to come into compliance with this standard:	
We will improve and record developments in the areas of reporting, documenting current roles and appraisal and performance by the end of May.	
2.4	Partially Compliant
Outline how you are going to come into compliance with this standard:	
As per Standard 1.1 and elsewhere we undertake to develop the continuous training that is in place to comply with the National Standards by the end of May.	



3.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We will develop the Risk register that is in place though we are not certain in the absence of a standard exactly what one that would be compliant would look like. A risk analysis and management will be put in place (though again in the absence of a standard) - we will endeavor to do our best by the end of May.</p>	
4.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We will document the current process of allocating rooms from arrival onwards by the end of April.</p>	
4.9	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We undertake to complete a review of the Shop. However a substantial part of this is out of our control – the current 45 points per single adult set by the Department 7 years ago may no longer be sufficient given the rates of inflation in the intervening years. We are also open to moving to a Voucher system where residents can access all their shopping in the local supermarkets if the Department approves. This will all form part of the review. As our contract is shortly to be completed a change in the 45 points / voucher system may kick in at that time – that decision rests with the Department.</p>	
5.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>From Standard 4.9</p> <p>We undertake to complete a review of the Shop. However a substantial part of this is out of our control – the current 45 points per single adult set by the Department 7 years ago may no longer be sufficient given the rates of inflation in the intervening years. We are also open to moving to a Voucher system where residents can access all their shopping in the local supermarkets if the Department approves. This will all form part of the review. As our contract is shortly to be completed a change in the 45 points / voucher system may kick in at that time – that decision rests with the Department.</p>	
6.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p>	

<p>As we are moving from an Accommodation model to Person Centered Support and will put in the necessary measures – vulnerability assessment, appropriate training, Reception Officer etc. It is intended to be completed by end May. (Reception Officer by mid July).</p>	
7.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The current processes (Whats App Group, Notice Boards, current support in place from Staff etc.) and the process of accessing Public Taxis etc and the criteria which is currently all in place will be documented and recorded going forward.</p>	
8.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>An Adult Safeguarding Course will be completed for all staff. Any other appropriate measures will be put in place. All will be documented and recorded.</p>	
8.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Any Critical Incidents forms are completed digitally and emailed – this provides a time based record. Additionally going forward they will be printed off and stored in a dedicated folder to be available for Inspection. Completed end April.</p>	
9.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Strong links with the local Health Services are in place. We are on first name terms with staff and professionals in the nearby GP practice – this is fundamental to what we do. Residents are encouraged to access Services in the way anyone in the Community would. We support individuals where we are aware of their needs. Going forward this will all be recorded and made available for Inspection. Completion mid May.</p>	
10.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard</p> <p>Relevant training to further upskill Staff and build on the already good, supportive and respectful relationship between Staff and Residents will be put in place and records filed. Completion end May.</p>	

10.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We react to residents needs as soon as we are aware of them within that capacity and limitations of the Centre and its Staff and external resources. A Policy to reflect this will be drawn up and put in place. Completion end June.</p>	
10.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We have a member of the Management Team for many years with a higher than Level 7 Care qualification. The supportive and respectful ethos shown by all members of Staff and observed by your Inspectors reflects the work undertaken by this person over many years. Going forward we will recruit a dedicated Reception Officer to be comply with the Standard and keep on file the services already in place and additional services that will be undertaken. It is intended this person will be in place by mid July.</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 risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month 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	24/05/2024
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	31/05/2024
Standard 1.3	There is a residents' charter which accurately and	Not Compliant	Red	24/05/2024

	clearly describes the services available to children and adults living in the centre, including how and where the services are provided.			
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.	Not Compliant	Red	24/05/2024
Standard 1.5	Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.	Partially Compliant	Orange	31/05/2024
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	26/04/2024
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.	Not Compliant	Red	24/05/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Not Compliant	Red	21/06/2024
Standard 3.1	The service provider will carry	Not Compliant	Red	24/05/2024

	out a regular risk analysis of the service and develop a risk register.			
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.	Partially Compliant	Orange	30/04/2024
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	30/04/2024
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.	Partially Compliant	Orange	30/04/2024
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Partially Compliant	Orange	31/05/2024
Standard 7.2	The service provider ensures that public services, healthcare, education,	Partially Compliant	Orange	31/05/2024

	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.			
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Partially Compliant	Orange	31/05/2024
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	30/04/2024
Standard 9.1	The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person centred and needs-based support to meet any identified health or social care needs.	Partially Compliant	Orange	31/05/2024
Standard 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Partially Compliant	Orange	31/05/2024
Standard 10.3	The service provider has an established policy to identify, communicate and	Not Compliant	Red	28/06/2024

	address existing and emerging special reception needs.			
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	30/08/2024