



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

Name of the Centre:	Dublin Central Inn
Centre ID OSV:	OSV-0008427
Provider Name:	Coziq Enterprises Ltd
Location of Centre:	Dublin
Type of Inspection:	Announced
Date of Inspection:	27/03/2024 and 28/03/2024
Inspection ID:	MON-IPAS-1018

Context

International Protection Accommodation Service (IPAS) centres, formerly known as Direct Provision (DP) 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* (National Standards). 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 (DCEDIY) published a White Paper to End Direct Provision and to establish a new International Protection Support Service.³ 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 time frame 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 09 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

Dublin Central Inn is an accommodation centre located in Dublin City centre. The building contains 60 bedrooms, all of which have en-suite bathroom facilities. The total capacity of the centre is 118 people and at the time of the inspection it accommodated 93 residents. This included five rooms that were designated for use by families, and 55 rooms used to accommodate adults.

The centre was operated in a four-storey building located on a busy street. The entrance to the building was located on the ground floor with direct street access, where a large reception was located. The remainder of the centre was located across the first, second and third floors of the building. There was a spacious dining area with storage facilities for residents and a pool table, and a communal kitchen area with individual cooking stations on the first floor. There was also a common area with comfortable seating and a study area, a laundry room, communal bathroom facilities and a small playground for children on this floor. The remainder of the first floor, and the second and third floor, comprised residents' bedrooms.

The centre was located in a busy metropolitan street with immediate access to bus and train transport and a range of shopping, leisure and public service facilities.

Dublin Central Inn was managed by a centre manager who reported to members of the executive team. There were eight staff members employed in the centre, including general support staff, an operations supervisor, housekeeping staff and maintenance personnel.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	93
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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
27/03/2024	10:10-18:50	Amy McGrath	Lead Inspector
27/03/2024	10:10-18:50	Godfrey Mushongera	Support Inspector
28/03/2024	10:00-15:15	Amy McGrath	Lead Inspector
28/03/2024	10:00-15:15	Godfrey Mushongera	Support Inspector

What residents told us and what inspectors observed

This inspection found that the provider was operating the service in a way that supported residents in a person-centred manner and strived to uphold their rights. The service was providing safe and comfortable accommodation and residents were receiving support to reach their full potential. Staff provided support to residents to integrate into their local community and to avail of educational and vocational opportunities. While some further work was necessary to enhance and embed some of the governance and management arrangements, and to the record-keeping systems, the provider had identified most of these deficits in their own audits and was working to make the necessary improvements. Overall, it was clear that the provider was motivated to provide a high-quality service that met the requirements of the standards.

The inspection took place over two days. Inspectors met with the service provider representative, the centre manager, the compliance manager, and four staff members. This included reception staff, housekeeping and maintenance staff.

The centre was located on a busy street in Dublin City centre. It was a large building surrounded by retail units such as shops, cafes and restaurants. The centre previously operated as a hotel and this was reflected in some of the facilities, for example, the layout of and facilities in the bedrooms were characteristic of a hotel bedroom, and there was a large reception area on entry to the building.

The centre accommodated 93 residents across 60 bedrooms. All of the bedrooms had an en-suite bathroom with shower facilities. There were five rooms utilised by families with children, with 14 children residing in the centre. All other rooms were occupied by one or more single adults. Of these, 15 rooms were single occupancy based on residents' health or welfare needs. The maximum occupancy of any room (excluding family rooms) was two adults. Residents told inspectors that their needs were considered when rooms were being allocated and that transfers were possible when required and appropriate.

Inspectors completed a walk-around of the centre and observed it to be maintained in good condition, clean, and decorated in a homely manner. Communal areas were comfortable and welcoming. For example, the lounge area adjacent to a small playground had comfortable seating, a small library and some board games. The dining area was located next to the kitchen and included a tea and coffee station with complimentary supplies. Inspectors observed residents using the kitchen throughout the course of the inspection, cooking meals while listening to the radio and engaging in a familiar and friendly manner with each other and with staff.

Residents' views on the service were gathered by inspectors through direct consultation, observations, and a review of documents. Inspectors met with seven residents, including three children. Resident questionnaires were completed by 14 residents. Inspectors also observed other residents arriving and leaving the centre throughout the two days, chatting with each other and the reception staff, and as they used communal facilities in the centre.

Residents who spoke with inspectors were complimentary of the service and the accommodation. They told inspectors they were happy living there and felt safe. Residents who completed questionnaires noted that they felt 'happy living in the centre' (100% of respondents) and that they felt respected (100% of respondents).

Residents told inspectors that the centre manager and staff were friendly and approachable. All residents who completed the resident questionnaire agreed that staff members were 'helpful' and 'provided assistance when needed' with one resident adding the note "very good staff" and another adding a supplemental note that read: "am made to feel at home I love it".

Inspectors were told by some parents of children that staff members were kind to their children and that they enjoyed doing various activities with them. For example, some children liked to do arts and crafts activities in the lounge area with staff members. One parent told inspectors of the important role staff support played in ensuring their child had access to necessary healthcare services.

Due to the location of the centre, and ease of access to public transport, no transport facility was provided to residents. Children who were attending pre-school, primary or secondary school attended local schools within walking distance of the centre. Some residents also had jobs or went to classes in the city centre. Residents who met with inspectors told them they enjoyed living in the city centre. One resident spoken with was attending third-level education and noted the advantage of the location of the centre in accessing education. This resident was also highly complimentary of the support they received from staff in the centre to achieve their educational goals.

Residents were asked by inspectors of their views on the kitchen and dining facilities. The centre provided catering facilities for residents to prepare and cook their own food. There were six fully-equipped cooking stations, including one cooking station reserved for the preparation and cooking of halal food. Residents told inspectors they were very happy with the facilities and said there were no issues with availability. The inspection was carried out during the month of Ramadan. Some residents who observed Ramadan said the kitchen and dining facilities were always open for them to prepare and eat their meals when they chose to.

Inspectors were invited to see some residents' bedrooms. They also viewed some bedrooms that were vacant. One of the vacant rooms had recently been renovated and adapted to provide wheelchair accessible accommodation. Standard bedrooms were modestly sized, although met the minimum space requirements of the standards. They were fitted with either one double or two single beds, a fitted wardrobe with a small safe, a table and a television. All bedrooms had an en-suite bathroom with a shower, toilet and hand-wash basin.

There was one larger bedroom located on each floor; these were used to accommodate families. Inspectors observed one of these rooms, which had a double bed, a wardrobe, a small table, a small seating area and a space used for children's toys. Inspectors also observed two occupied single rooms which were seen to be clean and tidy and maintained in good condition. One resident told inspectors that the manager was very quick to fix any issues they had with their accommodation. Another resident noted that staff were polite and sought permission from residents before carrying out required room checks.

There was a deficit in relation to An Garda Síochána (police) vetting disclosures, which required an urgent compliance response from the provider (this is discussed in greater detail later in the report). Additionally, some improvement to record keeping was required to reflect the level of support provided and to ensure that monitoring arrangements were informed by accurate and up-to-date information. Notwithstanding, the general findings were that residents were receiving a good standard of accommodation and that their individual needs were well known and supported by staff and the centre manager.

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 Dublin Central Inn by HIQA. The inspection found that while there were mixed levels of compliance with the standards, the provider was committed, and had the capacity, to provide a high-quality service that met the requirements of the standards.

It was observed that the provider had a clear focus on delivering a person-centred service that ensured residents' rights were promoted and their support needs were met. This is reflected in the high levels of compliance across most of the quality and safety themes (such as accommodation, person-centred care and support, and health, wellbeing and development).

Deficits were found across a number of standards in relation to governance and management, risk management, staffing, and recruitment. With the exception of a significant risk regarding Garda vetting (for which an urgent compliance plan was issued), most of these matters had been identified and were being addressed by the provider.

Prior to the inspection, the provider had conducted a comprehensive self-assessment of their service to evaluate how they were meeting the requirements of the national standards. This review was overseen by a member of the executive team and was informed, in part, by a self-evaluation of the service by the centre manager. This self-assessment had identified various areas for improvement and there were action plans in place for any area the provider had identified a deficit in.

The inspectors reviewed the implementation of some of these improvement plans and found that the provider had made considerable progress with most actions. For example, numerous centre specific policies had been developed and a new system of monitoring staff training had been introduced. In some cases, improvement plans were found to be at a very early stage of implementation. For example, some policies (such as risk management) were still in development. Nonetheless, it was found that the provider had clear objectives and a defined plan to fully implement the planned improvements.

Further attention to the local monitoring and oversight arrangements was necessary to ensure that any self-evaluation was based on accurate and relevant information. In the absence of local audits or reviews the provider could not be assured that any self-reporting of compliance was adequately informed. Enhancements in this area would in turn improve the oversight systems in place at provider level.

Inspectors found there was a clear governance structure in place. The centre was managed by a centre manager who had been in the role since the service commenced.

The centre manager was found to be knowledgeable in their role, with a clear understanding of their responsibilities. It was evident that they were very familiar with residents and their needs. The centre manager reported to a member of the executive team, who was present throughout the inspection. It was clear that the senior management team was very engaged in the running of the centre. The provider operated more than one accommodation centre and it was found that they organised regular meetings between the executive team and a team of centre managers to facilitate shared learning and effective communication.

Inspectors reviewed the recruitment arrangements in the centre. An urgent action plan was issued at the time of inspection in relation to safe recruitment practices due to concerns about Garda vetting. While the provider had evidence that they had applied for Garda vetting disclosures (including revetting applications) the arrangements in place for receiving vetting disclosures meant the reports were not all available in the centre. Although the provider attempted to obtain these during the course of inspection, they were unsuccessful in some cases and therefore could not provide sufficient evidence that all staff members had undergone Garda vetting. The provider submitted a response following the inspection that gave appropriate assurances in this regard.

A further review of staffing records found that the provider had taken measures to meet the requirements of the standards. While some records, such as references from a previous employer, had not been sought for some staff who had been employed in the centre a long time, the provider had implemented a policy to ensure all necessary records would be obtained for any future appointments. All staff had clear job descriptions and contracts. There was evidence that some recent appointments had undergone a planned induction to the centre and there were arrangements in place to monitor staff probationary periods.

The provider had clear arrangements in place to identify and meet staff training needs. There was a compliance officer employed by the provider who oversaw a training plan that ensured staff had the necessary training and that refresher training was completed in the required time frame. Staff had training in important areas such as child protection and adult safeguarding. Many staff had also completed training in areas specific to residents' existing or potential support needs, for example, first aid for mental health, substance use, and suicide awareness.

Staff employed in the centre reported directly to the centre manager. From speaking with staff and the centre manager it was clear that they were comfortable raising concerns or issues where necessary. While staff were receiving informal support from the centre manager there were no formal supervision arrangements in place for staff members or for the centre manager. Defined arrangements for periodic supervision

meetings with staff were required to ensure consistent support was provided and to promote professional accountability.

The inspectors reviewed the incident management and risk management arrangements in the centre. While some improvements had been made to the risk management systems in the months prior to the inspection, further enhancement was required. At the time of inspection the provider was in the process of developing a new risk management policy and establishing a new approach to risk management.

There was a risk register available that contained a list of the identified risks in the centre. This included information about the perceived level of risk and the control measures in place for each risk. This risk register was overseen by the centre manager and a senior manager. At the time of inspection the arrangements for reviewing the risk register had not fully been decided upon and as such it was not clear how risks were to be monitored and recorded on an ongoing basis. For example, the system did not identify if a risk rating had changed (that is to say, if the risk level increased or decreased during the course of it being active on the risk register), or if a risk was no longer present due to effective mitigation. This limited the provider's ability to effectively monitor risk on an ongoing basis. It is acknowledged that the provider was in the process of fine-tuning the risk management approach while they developed their risk management policy.

Inspectors reviewed how the provider consulted with residents to seek feedback on the service. There was evidence that the centre manager had previously attempted to establish a regular residents' meeting without success. This was in part attributed to the busy lives of residents and various work and study commitments limiting attendance. The provider had identified that this was an area for improvement in their own self-assessment and had taken steps to implement alternative consultation methods. For example, the inspector saw that there were plans to introduce a resident questionnaire which would be used to further inform the provider's quality improvement plan.

There were a number of contingency plans in place that set out arrangements to be taken to ensure service continuity in the event of an emergency or other incident. For example, there was a risk assessment and plan in place to manage staff shortages. However, a comprehensive plan was required for the circumstances outlined in the standards, such as in the event of a contaminated water supply.

There were numerous fire safety arrangements in place. There were fire evacuation systems, emergency lighting systems, smoke and heat detectors and alarms, and containment measures in place throughout the centre. Residents participated in planned fire evacuation drills and there were effective systems in place to monitor the condition and status of fire safety measures.

It was noted that despite the lack of formal consultation, residents were supported to give feedback and to make a complaint where necessary. There was a complaints policy in place that set out how complaints would be managed in the centre. However, it was found that recent complaints to the centre manager (although addressed in full) had not been managed in line with the provider's policy. Improved record keeping, particularly in relation to recording complaints and their outcome, was necessary to provide effective oversight of the complaints procedure.

The provider had prepared a residents' charter that clearly described the services available to residents. Residents confirmed to inspectors that it had been made available to them. At the time of inspection the charter had not been translated into any other languages.

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 taken steps to understand the requirements of the standards and had developed a clear plan to ensure the service operated in manner that complied with relevant legislation, regulations and standards. It was found that the provider had carried out a self-assessment of compliance with the national standards and was working towards areas in which they considered improvement was necessary.

The management and oversight systems in place, and the planned changes to policy and practice, were found to promote the welfare and development of residents. Some of the systems were found to be in their infancy and required further development to fully embed into practice and to ensure they were effectively monitoring the quality and safety of the service and accurately recording relevant information.

Judgment: Substantially 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.

There was a clear governance structure in place within which staff reported to the centre manager, who reported to the executive team. It was evident that the executive team were actively engaged in the operation of the centre and there were clear lines of reporting and accountability between members of the management team.

At the time of inspection the provider was implementing various improvement initiatives in order to meet the requirements of, and to more effectively demonstrate compliance with, the national standards. There was evidence that the provider had considered the training needs of staff and management to ensure they were clear of any new roles and responsibilities that stemmed from these changes.

There was a complaints policy in place, however not all complaints received had been recorded or managed in accordance with this policy. While it was noted that the informal management of complaints had generally resolved complaints well, adherence to the policy was required to ensure accurate records of complaints were maintained and to provide better oversight of complaints management.

Judgment: Substantially 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 a residents' charter available to residents which accurately described the services available to adults and children living in the centre. The provider had arrangements in place to ensure residents received a copy of the charter. At the time of inspection this document had yet to be translated into any other languages.

Judgment: Substantially 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 arrangements in place to monitor the quality of the service provided and to assess how the centre was meeting the requirements of the standards. The provider had conducted a comprehensive self-assessment and was actively working on any improvement initiatives that this informed.

It was clear that the provider was committed to delivering a high-quality service. However, improvement to the provider's monitoring system was necessary to ensure that clear local audit and evaluation systems were in place. This would ensure information used to inform the self-assessment was accurate and verifiable.

Judgment: Substantially 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.

Although it was clear that residents were comfortable speaking to staff and giving feedback to the centre manager on an informal basis, there was no formal system of resident consultation in place. However, the provider had recognised that previous efforts to organise residents' meetings had not been successful and had plans in place to implement a variety of other methods to better facilitate resident consultation.

Judgment: Substantially Compliant

Standard 2.1

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

While the provider had implemented measures to promote safe and effective recruitment practices, deficits in relation to Garda Síochána (police) vetting resulted in an urgent compliance plan being issued to the provider during the inspection. The provider did not have a copy of vetting disclosures for all staff working in the centre. They had applied for revetting for all relevant staff in the weeks prior to the inspection.

It is acknowledged that the provider tried to obtain previous disclosure reports from the third party agency who had originally received them, however only one disclosure was confirmed by the end of the inspection. Additionally, one staff member had not yet applied for a Garda vetting disclosure. No police checks were available for any staff member who had resided outside of the country for a period of six months or more. The provider submitted a compliance plan response following the inspection that provided suitable assurance in relation to these concerns.

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.

Staff were receiving support to carry out their duties, including access to various training opportunities. It was clear that the centre manager was providing support and informal supervision to staff who worked in the centre. However, there were no formal supervision arrangements in place 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.

The provider had completed a thorough evaluation of training needs. A centre specific training plan had been developed that ensured staff received all necessary training to carry out their duties to a high standard. Staff had undergone extensive training, including areas such as child protection, adult safeguarding, intercultural awareness, and migrant health and wellbeing. The provider had also considered how specific training and development needs would be met to support staff to better understand and implement planned operational changes.

Judgment: Compliant

Standard 3.1

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

Inspectors found that considerable work had taken place to develop and implement an effective risk management system. The provider had recently developed a new system of recording and reporting risk. There was a risk register in place which documented known risks. The provider was in the process of developing a risk management policy at the time of inspection.

Further work was required to finalise the risk management policy and fully implement the proposed risk management system. This was required to ensure there were clear pathways to escalate risk, to clarify the monitoring arrangements and to align the incident management system to the new risk management system. The provider had a

clear plan in place to achieve these objectives, which included bespoke training for staff and managers.

There were some service contingency plans available, although these needed to be expanded to include the areas specified by the standards, and included on the risk register. There were suitable fire safety arrangements in place.

Judgment: Partially Compliant

Quality and Safety

This inspection found that the governance and management systems were ensuring that a good quality and safe service was being provided to residents. The provider had fostered a culture that recognised the individual strengths of residents and provided person-centred support. While there were some governance systems that required further development to optimise, it was found that residents were living in comfortable accommodation and receiving support to meet their individual needs and goals.

The accommodation centre had previously operated as a hotel. The bedrooms were modest in size (although they met the requirements of the standards), maintained in good condition and well furnished. The remainder of the building had limited communal space due to the layout; however, it had been utilised well to provide a range of amenities for residents. There was a comfortable lounge area that contained a study space for children and other students. The dining space was bright and equipped with ample seating and storage; it also contained a pool table.

The centre provided self-catering accommodation. Residents prepared and cooked their own meals in the centre kitchen. This contained six cooking stations, with an oven, grill and hob. The kitchen area also contained a variety of equipment necessary to prepare and cook food. One of these cooking stations was separated from the others and was designated for use to cook halal food. This was observed to be in use by residents preparing food during Ramadan. A large walk-in cold room was utilised to store residents' chilled foods. The provider had made large containers available to each resident or family. These were neatly stored in the chill room and clearly labelled. Residents spoken with told inspectors they were happy with the catering facilities.

As the centre was self-catered, residents purchased their own food. Residents were allocated 'points' to purchase these items, and the provider administered this arrangement through an electronic gift card for a nearby supermarket. This was found to facilitate independence and choice for residents. The points value was automatically added to a card at planned intervals; this helped residents to budget their points allowance. Most residents said this arrangement worked well. Some said it was difficult to afford items such as baby formula and nappies with their allotted points. The provider had engaged with a number of local charities who often donated items to support families with these costs.

The provider ensured that residents' cultural or religious dietary requirements were considered in this arrangement where necessary. For example, the centre manager arranged for some food items that were not available from the supermarket (such as halal meat) to be ordered for residents separately and adjusted their points accordingly to ensure they had culturally appropriate food available.

Residents were provided with items such as bedding, towels, crockery, and cutlery on arrival to the centre. They also received basic toiletry supplies when they arrived, after which they purchased all personal non-food items from their points allowance. Cleaning supplies were provided to residents in the centre.

Inspectors viewed the laundry facilities in the centre. These were located between the dining area and lounge area. There were four washing machines and three dryers available to residents. There were arrangements in place to ensure the laundry facilities were maintained in good condition. Feedback from residents indicated that for the most part, the facilities met their needs. There were two public bathrooms next to the laundry room with hand-washing facilities.

Inspectors observed a number of occupied and vacant bedrooms. The provider had prepared recently vacated rooms for new admissions. It was found these rooms had been thoroughly cleaned and freshly painted for incoming residents. Inspectors also observed staff communication regarding new admissions which monitored the preparation for new arrivals. For example, staff ensured that new bedding and sufficient bed linen would be present when new residents arrived.

The occupied rooms that were viewed by inspectors were also found to be maintained very well. They contained good quality and matching furniture. Where a room was occupied by just one person (generally in response to a specific health or welfare need), they were offered a larger bed. All rooms contained a small fitted wardrobe with a compact safe for residents to store private documents or valuables. Residents told inspectors they were happy with their accommodation. They also said that any maintenance issues were promptly addressed.

Residents each had their own key card for their bedrooms. The provider had additional facilities in place for residents to store large or infrequently used items to maximise space in their bedrooms. For example, there were large locked cabinets installed in the dining room for items such as crockery, cooking utensils and dried food goods. There was a storage unit available for items such as suitcases or children's car seats.

Inspectors reviewed the process of allocating rooms to residents in the centre. While there was no specific policy in place regarding room allocations, it was found that the centre manager strived to allocate accommodation based on residents' needs. Where the centre manager received relevant information in advance of a resident's arrival to the centre, this was used to inform the allocation of a room. The allocation process ensured that families were accommodated together, and efforts were made to place people with any special reception needs in the most suitable accommodation.

Through speaking with residents and staff it was clear that if a resident sought to move to another room this was facilitated if available and appropriate. However, there were no clear records available of room transfers and as such the rationale for allocations or transfers could not be determined. An allocation policy was required to ensure the allocation process was transparent and that accurate records were maintained.

Through discussion with staff and speaking with residents, inspectors found that the welfare and wellbeing of residents was well promoted. The provider had implemented a system of induction to the centre for residents through which they would (with agreement from residents) assess their needs on arrival. This process included identifying the skills and interests of each resident. This was to ensure that any response to supporting their needs or goals was informed by each resident's individual circumstances and expressed wishes.

Through the self-assessment carried out prior to the inspection, the provider had identified that the system of recording this induction and support required improvement to fully demonstrate the work undertaken. In response to this they had developed a new recording system. It was noted that the provider sought each resident's consent as to the information they could record about them prior to commencement of this system.

Despite the underdeveloped record-keeping system, inspectors found evidence that residents' needs were well known by the centre manager and staff, and where appropriate, the service provider representative. Residents received various supports from staff depending on their needs. Some residents received support to engage in training and to obtain a job. Others received support to manage their health, or to help them avail of support services for their children. For example, one resident told inspectors how the staff helped them to access specific allied health services for their child in response to an emerging health concern.

It was noted that the model of support provided in the centre fostered independence, ensured residents maintained and developed their skills and abilities, and facilitated integration. Residents spoken with had clear goals for the future. One resident told inspectors that due to the support they received to engage in education, they were hopeful about the future for the first time, with clear family and career goals.

The provider had considered the needs and best interests of children in the planning of service delivery. While space in the centre was limited, common areas had comfortable spaces for children to play or to do their homework. There were two computers in the lounge area for older children to use for study. Wi-Fi was available throughout the centre. While there was no open space available around the centre, due to its location in the city centre, the provider had renovated a small rooftop space adjacent to the lounge to provide a secure open-air playground for children. This contained brightly coloured and good quality equipment such as swings and slides.

There were systems in place to ensure residents received necessary or useful information. For example, there were notice boards in communal areas with up-to-date information on local and national services in areas such as healthcare, legal aid, child protection and mental health support services. Staff members also communicated important information through a text message broadcasting system. For example, information about clinics held by external services or updates about maintenance issues.

Residents were facilitated to have family and friends visit the centre. There was clear guidance in place for residents regarding visits. While visitors could not be taken to residents' bedrooms, they were welcome in any communal area in the centre.

There were reasonable security measures in place in the centre that were based on the level of risk in this regard. There was no security staff present during the day, and a night porter was available overnight. There was CCTV in some common areas, such as the dining space and hallways. There was clear signage in place in all areas where CCTV was present and there was a policy in place to direct how CCTV was managed.

While the provider acknowledged that a better system to actively seek resident feedback was required, it was found that the culture in the centre facilitated residents to give feedback in an informal way. Residents spoken with told inspectors that staff listened to them and that their views were considered. While this was a positive finding, a more targeted approach to seeking resident feedback was required to ensure both the individual and collective experience of residents was sought to better inform service delivery.

Inspectors reviewed the safeguarding arrangements in the centre. There were suitable measures in place to safeguard children. There was a child safeguarding policy in place and a child safety statement available which was displayed in the centre. All staff had received training in child protection and there was a designated liaison person appointed. There were no active child protection or welfare concerns noted or observed at the time of inspection. There was evidence that where a child protection concern had been raised it was managed and reported appropriately.

There was an adult safeguarding policy available. This policy required further review to ensure it clearly outlined the procedures in place to identify, respond to and report adult

safeguarding risks. Staff had all undertaken training in adult safeguarding. A more comprehensive policy would provide clearer guidance to staff as to their individual responsibilities in safeguarding vulnerable adults. There was evidence that the provider had appropriately managed any previous adult safeguarding risks they had identified.

There were arrangements in place to record and report any significant incidents that occurred in the centre. The incident management arrangements required further development to ensure that all adverse incidents were appropriately recorded. This was necessary to make sure that relevant and accurate information about incidents and accidents was maintained. This would better enable the provider to effectively review incidents and facilitate learning.

There were some residents living in the centre with known special reception needs. In some cases, the provider had been made aware of these vulnerabilities in advance of the resident arriving to the centre. In other cases, staff in the centre had identified existing or emerging special reception needs. Where special reception needs were identified, the provider made sure additional support was provided. If the centre was not in a position to offer the support required, they directed the resident to an appropriate service to receive appropriate assistance. Additionally, the provider made training available to staff to better understand and respond to special reception needs.

At the time of inspection there was no dedicated Reception Officer employed in the centre. It was found that the centre manager was fulfilling some key Reception Officer duties. A dedicated and suitably qualified Reception Officer was required, as outlined in the standards, to provide a planned and consistent approach to identifying and addressing special reception needs. The addition of a Reception Officer at senior management level would also support the centre manager to take on the additional responsibilities and operational tasks required to fulfil the centre's quality improvement plan. The provider had identified this requirement in their own evaluation and had plans in place to recruit a suitable Reception Officer.

Inspectors also noted, that while there was no policy in place regarding special reception needs, the provider was developing one in tandem with a job description for the Reception Officer.

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 some evidence that efforts were made to ensure accommodation was allocated in a way that considered and met residents' known needs. For example, some residents were provided with single rooms based on their individual health or welfare needs.

However, at the time of inspection there were very few records available in relation to the admission of residents and allocation of accommodation. This was also the case for resident transfers within the centre. A centre specific allocation policy was required to direct the allocation of accommodation to ensure a transparent approach was taken and adequate records were maintained.

Judgment: Partially 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.

The provider ensured that families were accommodated together and it was clear that the interests of the family was considered in the allocation of rooms. Families were accommodated in larger rooms which provided additional space for play. Family rooms were well furnished and maintained in good condition.

The provider made a safe and accessible space available for parents to store strollers.

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.

There was a small indoor space for children to play, which contained some board games and books. There was a modest-sized but well-equipped playground located on a balcony near the common lounge area. The provider had taken measures to ensure this was a safe and secure space for children to play. The provider supported parents to enrol their children in local schools and there was a small space available for study and homework which included two computers.

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.

All common areas of the centre were found to be clean and in a good state of repair. Residents took responsibility for cleaning some areas after use, for example, kitchen facilities. Staff also regularly cleaned communal areas including the kitchen and public bathrooms.

There were adequate laundry facilities available to residents, with four washing machines and three dryers provided. Due to the city centre location, there were no outdoor facilities for drying clothes. Residents consulted with largely said they were happy with the laundry facilities, with one person saying there were occasional times the laundry facilities were very busy which meant they had to delay washing their items. Residents purchased their own laundry detergents using the points system in place in the centre.

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.

The inspection found that there were proportionate security arrangements in place in the centre. There was CCTV in most communal areas, such as the reception area, hallways and the dining room. This was monitored by staff in the reception area. There was clear signage in place regarding the presence of CCTV in relevant areas of the building.

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 provider had implemented a system whereby residents' points were converted to an electronic voucher for a local supermarket. Residents used their points to purchase most non-food items they required, such as personal toiletries, nappies and laundry detergent. The provider made cleaning supplies available to residents.

Residents received suitable bedding and towels on arrival. They also received the basic equipment required to prepare, cook and eat their meals.

Judgment: Compliant

Standard 5.1

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

There were adequate and suitable food preparation and dining facilities available to residents. There were six fully-equipped cooking stations, including one designated for the preparation and cooking of Halal food. The dining space was bright and well furnished with sufficient tables and chairs. The provider had made secure storage available in the dining room for residents to store dried goods or cooking equipment to save space in their bedrooms. There was also a large walk in cold room accessible through the kitchen for residents to store food.

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.

This centre was fully self-catered. Residents purchased their own food using a voucher (similar to an electronic gift card) for a local supermarket. This meant residents could shop independently for themselves and their families. Most residents said this system worked very well. Some residents said it was more difficult in recent years to budget their points however they attributed this to general costs increasing while the points remained the same, and not the provider's administration of the system.

There was fresh drinking water available in the dining hall as well as equipment and provisions to make tea and coffee.

Judgment: Compliant

Standard 6.1

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

It was evident that a considered effort was made by the provider and centre manager to provide a service that respected residents as individuals, acknowledged their strengths and supported them in their personal endeavours. Residents were provided with information and the necessary support to avail of services and resources they were entitled to.

Judgment: Compliant

Standard 7.1

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

Residents were supported by staff and the centre manager to develop and maintain their personal and family relationships. Families were accommodated together and there were spaces in the centre for children to use outside of their bedrooms.

There were clear arrangements in place for residents to receive visitors, which were facilitated in common areas. Residents were observed sharing meals together during the inspection.

Judgment: 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 provider had ensured residents had access to relevant information about local services and facilities. The centre manager and staff were supporting residents to avail of resources in the local area, such as health services and housing supports. There were notice boards throughout the centre that provided up-to-date information about a range of support services.

The model of support operated by the provider included defined education and vocational features, which had led to the delivery of individualised and goal-orientated support to residents.

Judgment: Compliant

Standard 8.1

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

There were measures in place to safeguard adults who lived in the centre. All staff had received training in adult safeguarding. There was an adult safeguarding policy in place that outlined the general steps taken to manage safeguarding risks. This needed further review to adequately guide staff in this area. For example, more defined roles and responsibilities, information about how safeguarding arrangements were recorded and monitored, and the specific reporting pathways for adult safeguarding risks.

Judgment: Substantially 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.

There was a child protection policy in place as well as a child safety statement. There was a designated liaison officer appointed. Staff had all received training in child protection and those spoken with knew how to raise concerns if necessary. There were no active child protection risks in the centre at the time of inspection.

Judgment: 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.

Inspectors found that significant adverse incidents were reported to the relevant department. Improvement was required to ensure that all adverse events and incidents were consistently recorded in a manner that allowed them to be reviewed effectively. This was particularly important to ensure any self-evaluation of incident management was based on relevant and accurate information.

Judgment: Partially Compliant

Standard 9.1

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

Inspectors found that arrangements in the centre ensured that each resident received the necessary support to meet their individual needs. The centre manager ensured that where suitable supports could not be provided in the centre, that residents were assisted to avail of support from external services.

Judgment: 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.

In the event that the provider was notified of any special reception needs, it was found that they strived to meet them. For the most part, the provider was not made aware of any special reception needs in advance of resident admissions.

Judgment: Compliant

Standard 10.2

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

The centre manager oversaw a defined admissions and induction process for all residents which provided an opportunity for residents to share any specific needs they may have. Staff had received training in a wide range of areas that equipped them with the knowledge and skills required to identify emerging needs and provide necessary support.

Judgment: Compliant

Standard 10.3

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

At the time of inspection the provider did not have an established policy to identify, communicate and address existing and emerging special reception needs. The provider had plans to develop a suitable policy. This was part of a wider initiative to introduce a reception officer and associated procedures to the centre.

Judgment: 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 made a dedicated Reception Officer available. The provider had identified this as a deficit through their own self-assessment and had plans in place to recruit a suitably qualified Reception Officer.

Judgment: Not Compliant

Standard 10.5

In accommodation centres where a significant percentage of residents are deemed to be exceptionally vulnerable or in cases where a centre has been designated for exceptionally vulnerable international protection applicants, the service provider makes additional measures available.

The centre manager had identified that a considerable number of residents had special reception needs. In these cases, the provider and centre manager ensured that additional measures were available to ensure the accommodation and support best met these needs.

Judgment: 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
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Substantially Compliant
Standard 1.2	Substantially Compliant
Standard 1.3	Substantially Compliant
Standard 1.4	Substantially Compliant
Standard 1.5	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Not Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Partially Compliant
Standard 4.4	Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	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	Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Substantially Compliant
Standard 8.2	Compliant
Standard 8.3	Partially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Compliant
Standard 10.4	Not Compliant
Standard 10.5	Compliant

Compliance Plan for Dublin Central Inn

Inspection ID: MON-IPAS-1018

Date of inspection: 27 and 28 March 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
2.1	Not Compliant
<p>Response: All Staff are currently vetted and all disclosures on file. Procedures have been put in place to have all potential new staff vetted prior to the contract of employment being issued.</p> <p>Our policy around Garda Vetting is on file and training around the procedures has been carried out with all centre managers. We are currently developing a re-vetting policy as advised by the Garda vetting Bureau which will be completed and issued to managers by May 30th. We have also added a garda vetting clause to our 'letter of offer' to future employees stating that Garda Vetting is part of our employment conditions.</p>	
2.3	Partially Compliant
<p>We have defined and developed our programme for 'Clinical Supervision' in our centre. We have since developed a definition and rationale to inform our policy and procedure which is completed.</p> <p>We are looking at supervision been conducted by both the Reception Officer and centre manager and each session will have an underlying focus as well as a reflective review of their role and end user experience which will reflect the quality of service and support given to residents.</p> <p>Supervision will aim to enhance our practice and support frontline staff to develop their skills and practice.</p>	

Each supervision will concentrate on one of the following themes.

- Resident needs / supports.
- Training and development
- Operations and compliance

As well as a general review of practice

Definition (completed), Policies (completed) Procedures (end of May), Format (end of May), Feedback, Training, monitoring (1 July)

Our first Management Training on this is being rolled out on the 11th of June.

3.1

Partially Compliant

The risk management policy has been developed, and management has been issued with same. Our first training session with the centre management based on the new element of the policy as well as new procedural changes was carried out on the 8th of May. More training and monitoring of new procedures will be done on the 11th of June.

4.1	Partially Compliant
<p>A new Policy has been drawn up for Admissions and room allocations. Managers and staff have received on how to record all room moves on our new resident management portal</p>	
8.3	Partially Compliant
<p>We are developing an incident escalation and monitoring form to be set up online to help monitor all incidents. This is targeted for completion at the end of July 2024.</p> <p>We have put in an incident logbook and procedures and more training has been delivered on the same.</p>	
10.4	Not Compliant
<p>Contract issued and accepted by our new reception Officer who is currently auditing our policies and procedures, training and practices. They will commence clinics for resident early June</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.	Substantially Compliant	Yellow	30/09/2024
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements	Substantially Compliant	Yellow	30/09/2024

	in place and staff are clearly accountable for areas within the service.			
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.	Partially Compliant	Orange	30/09/2024
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.	Substantially Compliant	Yellow	30/09/2024
Standard 1.5	Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.	Substantially Compliant	Yellow	30/09/2024

Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	20/05/2024
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.	Partially Compliant	Orange	30/09/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	30/09/2024
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.	Partially Compliant	Orange	30/09/2024
Standard 8.1	The service provider protects residents from abuse and neglect	Substantially Compliant	Yellow	30/09/2024

	and promotes their safety and welfare.			
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	30/09/2024
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	28/06/2024