



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

Name of the Centre:	Great Western House
Centre ID:	OSV-0008433
Provider Name:	Sidetracks Ulc
Location of Centre:	Co. Galway
Type of Inspection:	Announced
Date of Inspection:	15/05/2024 and 16/05/2024
Inspection ID:	MON-IPAS-1029

Context

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

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

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

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

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

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

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

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

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

About the Service

Great Western House is an accommodation centre located in Galway City. The centre accommodates single men and has capacity to accommodate up to 156 people. At the time of inspection there were 139 residents living in Great Western House.

The centre comprised a large five-storey building located off a busy city street. The ground floor included a reception upon entry, staff offices, laundry facilities, kitchen and dining facilities, and meeting rooms. Further communal facilities were located on the first floor, including additional kitchen and dining facilities, lounge areas and a games room.

The rest of the ground and first floors comprised resident bedrooms and bathrooms, accessible from two additional points of entry. The remainder of accommodation was provided in bedrooms across the second, third and fourth floors, accessible through the main entrance. Some bedrooms in the centre had an en-suite bathroom, while other residents shared communal bathroom facilities. There were 17 single bedrooms, and the maximum occupancy of any room was five people.

The centre was located in close proximity to many local amenities and services, including train and bus services, shops, restaurants and cafés.

Great Western House was managed by a centre manager, who was also a director of the service. The manager oversaw a team of 11 staff members, including a deputy centre manager, two duty managers, accommodation staff, and maintenance staff. There were also four security staff employed through an external agency.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	139
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

The inspection was carried out during the following times:

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
15/05/2024	10:00 - 16:00	1	1
16/05/2024	08:00 - 14:00	1	1

What residents told us and what inspectors observed

From observations, discussions with residents and staff, and a review of documents, the inspectors found that residents in Great Western House were provided with safe and comfortable accommodation and were supported to integrate into the community. While some of the support arrangements in place were informal in nature, residents reported that they were respected and that their needs were well met.

The inspection took place over two days. During this time the inspectors spoke with eight residents, and observed many others coming and going from the centre, preparing and eating meals, and engaging with staff and each other. Six residents shared their views on the service by completing a questionnaire. In addition, the inspectors spoke with three staff members and the centre manager.

Great Western House was located in Galway City, within walking distance of local services and transport links. The centre provided accommodation to 139 men. The building was divided into two parts; the main area, accessible through the primary entrance, comprised accommodation and communal facilities over five floors; a second area accessible through two separate entry points, provided accommodation over two floors.

The inspectors completed a walk-around of the centre and found that it was well maintained and clean throughout. There were two communal kitchens available that provided eight cooking stations in total. These were seen to be in use throughout the inspection, with residents observed cooking meals and dining together. Residents purchased their own food with a voucher for a local supermarket supplied by the provider. There were facilities in the kitchen areas for residents to store cooking equipment and refrigerate or freeze their food. It was evident that consideration was given to residents needs and comfort in the design and layout of the kitchen and dining spaces.

The building had been well utilised to provide a variety of other communal spaces for residents' use. For example, there was a laundry facility on the ground floor, multiple lounge rooms on the first floor, and a prayer room. One lounge area was used as a games room and contained a pool table and comfortable seating. Another lounge space near the first-floor kitchen was used by residents to watch various sports events on television. The provider had made multiple international sports channels available to support residents' expressed interest in this area.

Residents who spoke with inspectors told them that they were happy living in the centre and felt safe; some said that the centre was a nice place to live, with residents largely getting on well with each other or 'keeping to themselves'. All residents who completed a questionnaire confirmed they felt 'happy' and 'safe' living in Great Western House. When asked about the facilities in the centre, residents said they were 'good' and told inspectors there were never any problems with availability, for example in the case of laundry or cooking facilities.

Residents spoken with also told inspectors that staff were friendly and helpful. Inspectors were told that staff were approachable and 'always have a smile'. One person spoke with inspectors about their search for employment, and was very complimentary of the support he was receiving from staff. All respondents to the questionnaire said that staff were 'easy to talk to' and that they 'feel respected by staff'. Inspectors also observed that interactions between staff members and residents were familiar, respectful, and helpful.

Residents told inspectors that they enjoyed living in Galway City. Due to the location of the centre, the provider did not operate a transport service. Residents had access to the public transport system, with local health and support services located within walking distance of the centre. The inspectors observed that residents were supported to integrate into the local community. Many of the residents were working, while others were taking part in training courses. Information about support services, clubs and activities was available on notice boards throughout the centre.

Residents were accommodated in a mixture of single and multiple-occupancy bedrooms. The main building provided accommodation in bedrooms across the three top-most floors. All bedrooms on the top floor of the building had an en-suite bathroom, and accommodated up to three people. Bedrooms on the second and third floor varied in size and could accommodate between one and five people, with each providing the minimum space per resident set out in the standards.

There were eleven en-suite bedrooms located on both the second and third floors. There were also a number of larger bedrooms on these floors, located at the opposite end of a corridor, without en-suite bathrooms. Residents who lived in these rooms shared communal bathroom facilities. There were two shared bathrooms (providing seven showers, five toilets and ten hand wash sinks) on each of these floors. Inspectors observed the communal bathroom facilities and found they were clean and maintained in good condition. There were clean floor-mats available for residents and bathrooms contained necessary provisions, such as hand soap and toilet paper.

Inspectors observed three resident bedrooms, with the agreement of their occupants. This included one bedroom which was designated to accommodate up to five people. At the time of inspection two people resided in this room. There were five single beds in the room, with five wall-mounted clothes rails. There were two lockers and chests of drawers; residents said that others would be added if additional people were admitted. The other rooms observed were a single room and a triple room (with two occupants at the time of inspection). All rooms were well furnished, clean, and met the minimum space requirements of the standards. The single room had an en-suite bathroom which was clean and in good condition.

Residents gave inspectors consistent positive feedback on the centre and the services provided there. They also told inspectors that they would be comfortable making a complaint about the service if they needed to, and were aware of the complaints procedure in the centre.

Overall, the inspectors found that residents were accommodated in a safe and comfortable environment and were provided with person-centred support. There was some improvement required to the governance and management arrangements in order to fully meet the requirements of the standards, however it was clear the provider was committed to delivering a high-quality service.

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 Great Western House by HIQA. The inspection found that there were a range of established systems in place that were generally facilitating the delivery of a good-quality service. While there were some areas that required improvement to fully meet the standards, for example some policies required further development, the inspectors found that the centre was well managed and was providing a safe and person-centred service to residents.

Great Western House was managed by a centre manager who was also a director of the service. The centre manager oversaw a team of 11 staff members, including a deputy centre manager, two duty managers, accommodation staff, maintenance staff, and security staff. At the time of inspection, there was no reception officer employed in the centre, although the provider was actively recruiting to fill this management position. The centre was well resourced and had adequate staffing levels to meet residents' needs and to facilitate operations on a day-to-day basis.

As previously stated, the centre manager was also a director of the company. They were found to be actively involved in both the strategic operation and the day-to-day running of the centre. They were well-known to residents and familiar with their needs. There were a range of local oversight systems in place, such a task management system, which enabled the centre manager to oversee specific areas of operation. However, some improvement was required to the local oversight arrangements to ensure that all quality improvement initiatives were consistently based on up-to-date and relevant information.

The provider had developed an improvement plan based on a self-assessment of compliance with the national standards. This outlined actions that the provider had already taken, and planned to undertake, in order to meet the standards. At the time of inspection there were a number of improvement initiatives being implemented, with actions at various stages of completion. Inspectors found that improved local auditing and reporting arrangements were necessary to optimise the monitoring of some areas of service provision, for example, the recording and trending of incidents. In some cases, it was found that improvement plans were generic in nature and not specific to the centre; improved local audits were required to support the development of more targeted improvement plans.

Nonetheless, it was evident that substantial work had been undertaken to provide a service that met residents' needs and complied with the standards. Prior to the inspection, the provider had implemented improvement initiatives with positive effects in areas such as staff training and resident engagement. The management team had

also developed a number of policies and procedures to support the consistent delivery of a high-quality service. For example, there were policies in place in areas such as staff training and development, and child protection. However, there were some areas where a policy had yet to be developed, or required further review. For example, there was no policy in place regarding staff supervision, and the adult safeguarding policy required review. The provider had self-identified many of the areas where further policy development was required, and had plans in place to address these deficits.

Inspectors reviewed the recruitment arrangements in the centre and found that the service provider had introduced measures to ensure that recruitment practices were safe and effective. For example, all staff members had clear job descriptions in place. The service provider had ensured that a Garda Vetting disclosure had been received for all staff members who worked in the centre. There were arrangements in place to ensure that no staff member commenced work prior to a vetting disclosure being obtained. The provider had also sought international police checks for any staff member who had resided outside of the State for a period of six months or more.

There were, however, some areas for development in relation to recruitment, and the provider had plans in place to enhance recruitment practices. For example, there were no written references available for staff who had been employed in the centre for a long time. While a procedure had since been developed to ensure suitable references were received for any appointments to the centre, these were not available for the most recently recruited staff members at the time of inspection.

In addition to the centre manager the inspectors spoke with three staff members during the inspection. All staff spoke confidently about their roles, and were knowledgeable regarding the operation of the centre and their own areas of responsibility. Throughout discussions with staff it was evident that they had a clear focus on resident experience and a desire to provide a safe and pleasant environment for residents to live. Inspectors observed staff interacting with residents in a friendly and respectful manner.

Inspectors reviewed the arrangements in place regarding staff training and development. There was a training assessment in place that outlined areas of training that were required by staff, and recorded the training each staff had undertaken. Staff had received training in a number of areas, for example, all staff had undertaken training in child protection, and some had received training in diversity, and in dignity at work. However, there were some deficits found in relation to staff training. For example, with the exception of the centre manager, staff had not undertaken training in adult safeguarding. This had been identified in the provider's training assessment and there were plans in place to address this deficit. Inspectors found that the training

plan could be further improved by the inclusion of training and development needs specific to staff roles and responsibilities.

Staff spoken with told inspectors they felt supported by the management team. The provider was developing a programme of formal supervision for staff members, however it had not been implemented at the time of inspection. There was a staff induction and appraisal system in place.

The risk management arrangements in the centre were reviewed by inspectors. There was no risk management policy in place at the time of inspection. There was a risk register in place that outlined risks the provider had identified, and listed the control measures in place. While the inspectors found that risks were largely well managed, the risk register was not a fully accurate representation of risk in the centre. Improvement was required to ensure that risk assessments were centre specific and were based on accurate and relevant information.

For example, while many of the risks were found to be recorded accurately, some control measures listed had yet to be implemented. In other cases, the risk register noted risks that were found not to be present in the centre, with staff and management working on developing control measures. Improvements to the risk management system were necessary to ensure control measures were effective, the provider's plans were appropriately focussed, and that resources were suitably directed to areas requiring attention.

A review of fire safety arrangements in the centre found there were suitable control measures in place. For example, there were fire doors installed throughout all buildings, fire-fighting equipment was located throughout the centre and was serviced regularly, and there was a detection and alarm system in place linking all main and ancillary buildings. The centre manager ensured fire evacuation drills were carried out at planned intervals.

The service provider had developed a residents' charter that described the service to residents and included, for example, information about the facilities in the centre and the local community, and how to make a complaint. The charter did not contain all information required by the standards, for example, information about staff and their roles. While some of this information was available to residents in other areas, a review of the charter was necessary to ensure it contained all relevant information. The residents' charter had been translated into multiple languages and there were arrangements in place for residents to request the charter in another language if required.

Generally, inspectors found that the governance and management arrangements were ensuring residents were in receipt of a safe and person-centred service. While there

were some areas requiring improvement, this was largely in relation to the formalisation of procedures and policies, and it was evident that the service provider was committed to delivering a high-quality service. Continued development of and implementation of the provider's own improvement plans would further improve the effectiveness of the governance and management arrangements.

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 various arrangements in place to ensure the service was delivered in a way that met the requirements of relevant regulations, policies and standards. While further action was required to fully comply with the national standards, the provider had self-identified many of these and had plans in place to address them. Strengthened local auditing systems were required to ensure that improvement plans were targeted to centre specific deficits.

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 were clear leadership and governance arrangements in place. All staff members and managers had defined roles and responsibilities, with specific areas of accountability.

The centre was well resourced and there were clear strategic and operational plans in place to facilitate various quality improvement initiatives.

There was a complaints procedure in place that was known to residents. Inspectors found that complaints were managed well.

Judgment: 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.

A residents' charter had been developed for the centre that contained most of the information required in the national standards, although some information about the service was not included, for example, staff names and roles. The charter, as well as other information provided to residents about the centre, was available in different languages, and could be requested in others if necessary.

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 various measures in place to monitor and review the quality and safety of the service. The centre manager oversaw local operations through a task-management system, and some local audits in areas such as fire safety, and health and safety. There was a centre improvement plan in place based on a self-assessment of compliance with the standards. Improved local auditing systems, in areas such as risk management and incident management, were required to ensure any improvement plan was based on centre-specific risks and deficits.

Judgment: Substantially Compliant

Standard 2.1

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

The provider had implemented measures to promote safe and effective recruitment practices. A review of staff files found that a Garda vetting disclosure had been received for all staff members. The provider had sought an international police check for staff, where indicated. At the time of inspection, not all staff members had written references available. The provider had plans in place to address this deficit.

Judgment: Substantially Compliant

Standard 2.3

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

It was found that staff received support from the centre manager and the provider to carry out their duties and to meet residents' needs. There were no formal supervision arrangements in place at the time of inspection, however the provider had plans to develop a policy in this area and commence a programme of staff supervision. There was an induction and staff appraisal system in place.

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.

There were arrangements in place to identify the training needs of staff who worked in the centre, and to provide any training required. While staff had not completed all necessary training, such as adult safeguarding, they had undertaken training in a wide range of areas. A training needs analysis had been carried out and there were plans in place to address any known training deficits.

Judgment: Substantially Compliant

Standard 3.1

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

While the service provider had carried out an analysis of risk and developed a risk register, it was found that it was not an entirely accurate reflection of risk in the centre. While many of the risks in the centre were found to be well managed, the risk register required review to ensure control measures in place were necessary and relevant to known risks.

There were no contingency plans in place to ensure continuity of service in the event of specific circumstances. Inspectors found that any fire safety risks had suitable control measures in place.

Judgment: Partially Compliant

Quality and Safety

This inspection found that the governance and management arrangements were generally supporting the delivery of a safe and person-centred service. The accommodation provided to residents was comfortable and well maintained. Residents were supported by the staff team to integrate into the local community, to meet their health and welfare needs, and to avail of educational and employment opportunities. While some improvement was required to fully meet the standards, the provider had identified many of these deficits and had plans in place to address them.

Inspectors reviewed the process of allocating rooms to residents. While there was no specific allocations policy in place, the provider had arrangements in place to manage the allocation of rooms in a way that met residents' needs. Information known to staff about residents prior to their arrival was used to determine where they would be accommodated. For example, some residents were provided with a single room to meet their health or welfare needs. Where a specific need was identified after arrival, this was considered in the allocation of rooms. Residents spoken with, and those who completed a questionnaire, said they considered the procedures for allocating rooms were fair. However, a policy was required that set out the procedures in place to ensure continued and consistent good practice in this area.

Inspectors completed a walk-around of the centre, and observed all communal areas and some resident bedrooms. All communal areas were clean, in good condition, and nicely decorated. There were ample communal spaces for residents' use. In the main building there were two large kitchens with adjoining dining spaces. There was a large living space with a television that was used regularly to watch sports. There were private meeting rooms available in this building as well as a computer and printer. There were well-equipped laundry facilities available that were in good condition. Feedback from residents suggested there were sufficient washing machines and dryers available to meet their needs.

Bathroom facilities available to residents varied. The provider had completed renovations that provided en-suite rooms to residents in approximately 50% of bedrooms. Where residents shared bathroom facilities, there were toilets and showers located near their bedrooms. For example, there were two large bathrooms, with seven showers and five toilets, located on the second floor in close proximity to seven bedrooms without en-suite facilities; the same facilities and layout was repeated on the third floor. It was found that the facilities were clean and well maintained, and

there was sufficient quantity to meet the number of residents accommodated in the building.

Inspectors observed three bedrooms and found them to be furnished well and in a good state of repair. They were nicely decorated and clean. In addition to residents' beds, they contained a wall-mounted clothes rail for each resident, chests of drawers, a small table and chairs, and a television. Some residents had purchased their own fridge which they kept in their rooms. All residents spoken with, and those who completed a questionnaire, said their rooms had sufficient space to store their personal belongings.

The centre provided self-catering accommodation, and as such, residents purchased their own food. This was facilitated through a voucher system, whereby residents received a voucher for a local supermarket on a weekly basis. This weekly allowance was used to purchase food and non-food items. This arrangement facilitated choice and independence for residents. Residents who gave feedback on this system told inspectors it worked well.

Residents were responsible for cleaning their own accommodation and maintaining tidy communal spaces. Residents purchased their own cleaning supplies and equipment. Staff in the centre cleaned all communal areas, including shared bathrooms. All areas of the centre observed by inspectors were found to be very clean.

Residents received some household items on arrival to the centre, including bedding and towels. They also received a basic provision of items such as cutlery and crockery, as well as essential toiletries and hygiene products, after which they purchased any additional items using their weekly allowance. The provider supplied free contraception to residents.

Inspectors found that residents received support to independently manage their own health and development needs, and that additional assistance was provided where necessary. The centre manager and staff maintained good links with local community organisations and facilitated residents to engage with local support services. For example, a local housing charity held clinics in the centre. Residents received support on arrival to register with a local general practitioner, and to apply for a medical card. Staff also provided support in areas such as education and employment where necessary.

Through speaking with residents and staff it was clear that residents were well respected and that efforts were made to uphold and promote their rights. Staff

supported residents to live independent lives and assisted them to avail of their entitlements.

There were generally reasonable and proportionate security measures in place. There was a night porter employed to supervise the centre overnight. There was CCTV in most common areas. While there was a policy regarding CCTV in place, it was found that the use of CCTV and audio recording was not based on a clear assessment of risk. This was necessary to ensure it was proportionate and did not place unnecessary restrictions on residents' right to privacy. There were meeting rooms available to residents to hold private meetings, including a private phone booth. These areas did not have CCTV.

Inspectors reviewed the arrangements in place to safeguard residents in the centre. There were measures in place to protect adults and children from the risk of abuse or neglect. All staff had received training in the areas of child protection, and there was a child protection policy in place. There was an adult safeguarding policy in place, although this required further development to ensure it accurately reflected the required recording and reporting arrangements. At the time of inspection, staff had not completed training in adult safeguarding, although it was noted on the provider's training plan as an area they were addressing. It was found that any potential adult safeguarding or welfare concern had been managed appropriately, and there were suitable safeguarding measures in place where necessary.

There were arrangements in place to record incidents and adverse events that occurred in the centre, however, improvements were required to the recording system to promote effective oversight. For example, incidents were recorded and stored across various files and it was not clear how the provider would collate, oversee, and ultimately learn from incident records. A clear policy was required that outlined the recording and oversight arrangements in place.

Inspectors observed that information was available to residents about the centre, through documents they received on arrival and in displays throughout the building. There were information boards that contained information about local services, residents' entitlements, national support services, and information about the running of the centre. The provider also operated a messaging broadcast system which was used to communicate with and provide useful information to residents.

There were very few residents living in the centre with known special reception needs. While it was found that the provider was generally not notified of these needs in advance of a resident arriving to the centre, inspectors found that the provider endeavoured to meet residents' needs as they became aware of them. The centre manager, and some staff, had received training in areas that supported them in

identifying and meeting residents' special reception needs, for example, in areas such as suicide prevention, modern slavery, and sexual and gender based violence.

The provider had not employed a dedicated reception officer in the centre. While it was noted that staff were fulfilling some of the duties of a reception officer, a dedicated and suitably qualified reception officer was required in line with the standards. The provider had identified this deficit in their own audits and was in the process of recruiting a reception officer at the time of the inspection.

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.

It was found that the accommodation provided had been designed and planned with residents' interests and needs in mind. Space in the centre had been well-utilised to meet residents' physical and social needs. There was no allocations policy in place at the time of inspection, however the provider made efforts to ensure rooms were allocated fairly and in a manner that met residents' known needs.

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.

The provider ensured the accommodation was maintained in good condition and was clean and tidy throughout. Staff in the centre regularly cleaned all common areas while residents took responsibility for cleaning and tidying any communal space they used. There were adequate laundry facilities available to residents, with washing machines and dryers provided in a dedicated laundry room.

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.

While for the most part the security arrangements were found to be proportionate, a review of CCTV arrangements was necessary to ensure its use was based on an assessment of risk and balanced against residents' right to privacy.

Judgment: Substantially 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.

Residents were provided with sufficient bedding, linen, and towels on arrival to the centre. Residents purchased all other non-food items, such as personal toiletries and cleaning products, through a weekly voucher for a local supermarket. While this local arrangement was based on the conditions of a third-party agreement, it was not in accordance with the requirements of the standards, which requires personal toiletries and other non-food items to be made available by the provider.

Judgment: Substantially 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 facilities for food preparation and dining provided to residents. There were two kitchens available to residents that were well equipped, clean and in good condition. Residents provided positive feedback on the kitchen facilities.

Judgment: Compliant

Standard 5.2

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

Residents purchased their own food from a local supermarket using a voucher provided to them on a weekly basis. This facilitated choice and promoted independence. The provider also arranged for residents to purchase items unavailable in the supermarket, for example, where residents had cultural or religious dietary needs or preferences.

Judgment: Compliant

Standard 6.1

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

Inspectors found that the service provided respected the rights of residents and promoted their dignity. Residents told inspectors that staff treated them with respect and took their feedback on board to deliver a service that met their needs. It was evident that residents' rights were considered in the layout of the centre; for example there was a non-denominational prayer room with prayer mats provided. Residents were provided with information about their rights and entitlements.

Judgment: Compliant

Standard 7.1

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

There were measures in place to facilitate residents to develop and maintain personal and family relationships. Residents could receive visitors in the centre and there were numerous comfortable areas to meet with a small or large group of people.

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.

Residents living in Great Western House were supported to avail of educational, recreational and employment opportunities in the local community. Information about local health and welfare services was made available to residents. Due to the location of the centre, no transport facility was provided. Residents had access to up-to-date information about public transport facilities in the area.

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 protect adults from the risk of abuse or neglect. While there were control measures in place for any potential risk to residents' safety, the adult safeguarding policy required review, and staff required training in this area.

The provider had developed a range of policies and procedures in relation to child protection and welfare. All staff had received training in this area.

Judgment: Substantially 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.

The provider had implemented systems to record adverse events and incidents. Any significant incidents were recorded and reported as required by national policy. An incident management policy was required to provide sufficient clarity around the recording and reporting of all incidents and adverse events, and the oversight arrangements in place.

Judgment: Substantially 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.

The provider had ensured that residents received person-centred support based on their individual needs and circumstances. Residents were provided with information and assistance to access support in the community. There were private spaces in the centre for residents to meet with health and social care professionals.

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.

For the most part, the provider was not made aware of any special reception needs in advance of a resident admission. It was found that where they were notified of, or became aware of a special reception need, they took steps to meet them in the provision of accommodation and associated services.

Judgment: Compliant

Standard 10.2

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

Staff had received training in a variety of areas to support them in identifying and meeting residents' needs.

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 service provider had not made a dedicated reception officer available in the centre. At the time of inspection, the provider was actively recruiting to fill this vacancy and there was a clear job description available.

Judgment: Not Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Substantially Compliant
Standard 1.2	Compliant
Standard 1.3	Substantially Compliant
Standard 1.4	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.7	Compliant
Standard 4.8	Substantially Compliant
Standard 4.9	Substantially 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 8.3	Substantially 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 10.4	Not Compliant

Compliance Plan for Great Western House

Inspection ID: MON-IPAS-1029

Date of inspection: 15 and 16 May 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
2.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We have developed a draft supervision policy, and are currently in the process of developing a staff manual, which will detail this formal supervision policy, our procedures, training requirements for each role, and other aspects that promote and protect the welfare of our adult residents, and any children that may visit our centre.</p> <p>All staff have now completed training in adult safeguarding, and we continue to review training and supports for staff members to enrich the quality of service we can provide.</p> <p>We have restarted formal staff monthly meetings, along with our ongoing needs based ad hoc meetings. This will be continued by the newly incoming centre manager, and quarterly meetings will be introduced by the current centre manager / managing director.</p> <p>We have begun interviewing applicants for the centre manager role, who we expect will have formal training, experience, and expertise in social care settings. The newly appointed centre manager will review the above as a priority, and add to this and all our policies and procedures from their experience and knowledge.</p>	
3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Our newly appointed Safety, Health and Environment Officer is currently in the process of reviewing our risk register and risk management, and is working with the rest of the management team to ensure control measures are in place where necessary, which are</p>	

relevant to known risks, and that they are an entirely accurate reflection of risk in the centre.

We have developed draft contingency plans, which are due to be reviewed at the next management meeting at the end of July.

These will be reviewed again by our newly appointed centre manager, to add from their experience and expertise.

10.4

Not Compliant

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

We see the work of a Reception Officer as being paramount to how we operate the service we provide to our residents, and as such, we have decided that the newly appointed centre manager should lead our team as that Reception Officer. We have begun interviewing applicants for the centre manager role, who is required to be suitably trained, experienced, and have expertise in social care settings. It is our aim to find a suitable applicant, and have them employed as soon as possible, and no later than the 27th September 2024.

Due to the vast level of experience of our centre manager and deputy centre manager in providing social care support to our residents over many years, we have also made an application to CORU to apply to register under the grandparenting route. We hope to have a favourable response to this as soon as possible, and no later than the 27th September 2024.

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	30/11/2024

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.	Substantially Compliant	Yellow	31/10/2024
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	30/11/2024
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Substantially Compliant	Yellow	30/09/2024
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	30/11/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Substantially Compliant	Yellow	31/07/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	30/08/2024

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.	Substantially Compliant	Yellow	31/07/2024
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.	Substantially Compliant	Yellow	30/09/2024
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.	Substantially Compliant	Yellow	30/11/2024
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Substantially Compliant	Yellow	31/07/2024
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and	Substantially Compliant	Yellow	31/08/2024

	outcomes inform practice at all levels.			
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	27/09/2024

