



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

Name of the Centre:	Hanratty's Hotel
Centre ID OSV:	OSV-0008435
Provider Name:	Birch Rentals Ltd.
Location of Centre:	Limerick
Type of Inspection:	Announced
Date of Inspection:	31/01/2024
Inspection ID:	IPAS-MON-1005

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* (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

Hanratty's Hotel is an accommodation centre located in Limerick city. The building dates back to 1820. In 2010 it was developed as an accommodation centre to provide support to international protection applicants. The building contains 48 bedrooms, all of which have en-suite bathroom facilities, and at the time of the inspection accommodated 95 residents.

The building comprises four storeys over a basement. The kitchen and a shop were on the basement floor, the laundry room was on the ground floor and bedrooms on the upper floors. In addition there is a reception area, a dining space, a communal kitchen area with individual cooking stations and a well-stocked shop that residents used points to purchase items with. There was also a television room, visitor room, and meeting or study rooms.

The centre was managed by a centre manager who reported to members of the executive team, and was staffed by a deputy manager, kitchen manager, general support staff, cleaning staff and shop assistant.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	95
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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
31/01/2024	10.00 – 18.30	Cora McCarthy	Lead Inspector
31/01/2024	10.00 – 18.30	Thomas Hogan	Support Inspector

What residents told us and what inspectors observed

The inspectors found, through conversations with residents, a review of documentation and observations made during the inspection, that the residents at Hanratty's Hotel were receiving good supports the staff team and service provider. Residents expressed satisfaction with the services and assistance they received at the centre and spoke highly of the staff, deputy manager and centre manager. However, the inspectors found areas for improvement, particularly in enhancing an understanding of the roles and responsibilities outlined in national standards, in the further development of governance arrangements and structures, and in the development of internal systems for the oversight and monitoring of the service provided.

On arrival at the centre the inspectors were met by the centre manager who had worked at the centre for a number of years. The inspectors were brought through a side entrance which acted as the main entrance where they observed an electronic keypad on the entrance door and closed circuit cameras (CCTV). The inspectors were introduced to an administrator whose office was at the reception desk and who monitored people coming and going and provided support, advice and information to the residents. The inspectors had an initial introduction meeting with the centre manager and then had a walk through the building.

The entrance area of the centre was observed as a welcoming environment to both residents and visitors. Inspectors observed residents chatting with managers, the administrator, collecting post and reading job adverts on the notice board in the entrance hall. Interactions observed between staff and residents during the inspection were noted to be respectful and person centred.

Residents' views on the service were gathered by inspectors through various methods of consultation, including discussion, collection of resident questionnaires, inspector observations and a review of documents. Inspectors met with 24 residents throughout the course of the inspection. Resident questionnaires were completed by five residents and all reported that they felt safe and happy living in the centre. Residents who spoke with inspectors said that they were happy with the facilities and the accommodation. They said that the centre managers and staff were approachable and that they felt comfortable raising any concerns with them. Some residents, however, told inspectors that they were not familiar with how to raise a safeguarding or protection concern.

The primary function of the centre was to provide accommodation to international protection applicants and it catered for single male residents. The men residing in the centre were from 26 different countries. While the centre provided accommodation to people seeking international protection, the inspectors found that 25 of the residents had received refugee or subsidiary protection status. Due to the lack of alternative accommodation, they were unable to avail of more appropriate accommodation arrangements.

The building comprised four storeys over a basement. The kitchen and a shop were on the basement floor, the laundry room was on the ground floor and 48 bedrooms on the upper floors. The bedrooms in the centre had a maximum of four residents sharing and the majority were two and three residents sharing at the time of the inspection. Each room had an ensuite with a shower and toilet and there were communal bathrooms on the ground floor also.

While the centre was generally clean, the inspectors noted that the hall carpet was stained and frayed and the bottom of the doors were chipped in several bedrooms. The building itself was dated and the exterior was not appealing or inviting, in that it had peeling paintwork on the walls and on the original front door. Internally the building required a general clean, particularly the kitchen, ovens, cookers and floors. There was leak in one of the sky lights and on the kitchen steps. A door in the kitchen store room which was defective and required replacing.

The residents had a communal dining area which was relatively small with seating for 18 individuals, however, the inspectors were informed that a lot of residents took their evening meal to their bedrooms and most residents ate at different times so the space was adequate. There was separate laundry room on the ground floor which had five washing machines and five tumble dryers, some of which had recently been replaced. Residents rooms were inspected each week and residents could leave out their bed linen for washing and replacement. They could request fresh bed linen and towels when they were required.

In order to fully understand the lived experience of the residents, the inspectors made themselves available to the residents over the course of the inspection. Some residents engaged with the inspectors and it was noted that overall they were very satisfied with the support they received. All residents with whom the inspector spoke stated that they felt safe in the centre. Some residents returned questionnaires which the inspectors and staff had made available to them in order to ascertain their views of the quality of service provided. The residents said they were very happy that they could cook their food of choice in the communal kitchen which had six cooking bays and a specific cooking bay which accommodated cooking pork, which was in line with some residents' cultural and religious beliefs. The kitchen facilitated the Ramadan period in that it remained open 24 hours per day during this time. However, it opened from 7am to 8pm during the remainder of the year. This did not suit some residents who were working and who informed the inspectors that they were not facilitated to cook a meal beyond 8pm and were not satisfied with this arrangement.

Other residents with whom the inspectors spoke outlined positive experiences of living in the centre. One resident who had been studying in Ireland was facilitated to remain in the centre and continue their studies. They very proudly informed the inspector that they had recently graduated with honours from university.

In summary, by closely observing daily life and interactions within the centre and engaging with its residents, it was evident that the centre was a supportive space where staff and managers were readily available to residents. Interactions with residents were characterised by warmth, respect, and were person-centred. While the building required upgrade work to be completed, the engagement of the managers and staff mitigated these issues to some extent, aiming to deliver the best service within the centre's operational constraints. The inspectors' observations and the residents' feedback outlined in this section of the report align with the overall findings of the inspection.

The next two sections of the report present the inspection findings in relation to governance and management of the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

This was the first inspection of this accommodation centre by HIQA. This inspection found that while the service was effectively overseen on a day to day basis by a dedicated management team, there was a lack of understanding regarding roles, responsibilities and requirements of the provider as set out in the national standards. Key areas for improvement were identified throughout the course of the inspection which included the governance and management arrangements, risk management, recruitment practices, monitoring and oversight, and record-keeping practices.

Effective governance and leadership requires an understanding of the legal and policy framework governing service operations, encompassing relevant legislation, national policy, and national standards. This inspection found that significant improvement was required in this area. Although the centre management had completed a self-assessment, they had not documented the results and as such were lacking an understanding of the areas for improvement within the centre. The provider was not competent in self-identification of deficits in service provision. There was an absence of an audit framework and understanding and knowledge of the national standards. However, the provider was positively engaged in a process of learning and development in terms of regulation, national standards and quality improvement systems and was committed to implementing change.

The provider did not have a full suite of policies available and as such both the management and staff team had limited guidance documents to inform their practice. There was an overall lack of understanding of the requirements of national policy, particularly in the case of safeguarding of vulnerable adults, and while staff actively promoted a safe environment for residents there was no formal training or documentation in place.

While there was a basic understanding of data protection legislation, it was not at a level that instilled confidence at provider level to ensure an appropriate and well managed recording system related to residents was in place. This limited the ability of the provider to monitor practice and the level of supports provided to residents effectively, to demonstrate how they were meeting the needs of vulnerable residents and, in promoting the rights of all of the people who lived there. Generally, this presented a missed opportunity for the service provider to capture the good work being undertaken in the centre and to assure themselves that the service was effective.

The centre had a clearly defined management structure in place and the provider had begun to implement systems and processes for quality improvement, however, the inspectors found these systems needed to be further developed and embedded. This

finding reflected the newness of the service provider to the national standards. However, the organisational structures in place provided a sufficient basis from which quality improvement could take place and bring about enhanced services which met the requirements of the national standards.

The day-to-day management of the centre was undertaken to a good standard, overseen by a capable and dedicated centre manager and a deputy manager. There was a kitchen and catering manager who managed the running of the dining room, kitchen, shop and points system for residents purchasing food. The centre manager reported directly to the executive team, however, there was an absence of a broader governance structure such as human resources and quality and safety supports.

The service provider did not have a formal on-call system and the inspectors found that the manager and deputy manager had loose arrangements in place around this. The inspectors found that a more robust on-call arrangement would provide security to centre staff and would be a valuable resource for them. The centre managers were committed to formalising an on-call rota system going forward.

There were no planned team meetings in place for staff to voice concerns or for learning from incidents or events. The centre manager met with the director regularly and discussed matters pertaining to residents, the operation of the centre, maintenance issues and financial matters but these were all on an informal basis and no notes of these meetings were maintained. Likewise, the deputy manager and catering manager met and discussed relevant issues but these were not minuted either. Inspectors found that a formal arrangement should be put in place to ensure issues were addressed in a timely manner and would also allow for oversight and monitoring of the quality of the service provided to the residents.

The centre manager had overall responsibility for the operations of the service and all staff reported to them. There was no structured handover system in place for staff between shifts, and again this was very informal and there was no recorded communication to ensure accountability. There was no formal communication between local management and this was an area that could be developed further. The provider had recently developed a system of performance appraisal and review and intended to implement it across the service, however, the provider did not have a supervision process to support staff. The need to provide practice support and guidance to staff and to ensure staff were accountable for their practice was highlighted to the centre manager and provider.

While the centre manager and provider did a regular walk through of the centre and there was a maintenance list in place, there were areas that required attention. For example, the communal kitchen required cleaning, a skylight required repair and a leak

on steps which posed a risk to staff and residents. The absence of formal quality assurance and monitoring systems was very evident throughout the service.

The systems in place to report and manage risk were not fully developed and therefore not as effective as they could be. The service provider did not have a risk management or incident management policy in place. There was a health and safety statement available which had been completed by an external agency and contained a risk register, although, this was mainly focused on health and safety risks. The provider had also developed a risk register as required by the national standards but it was limited in that it only considered organisation or corporate related risks and not risks or hazards relating to residents.

The risk of fire had been identified on the risk register, however, the risk rating was not reflective of the level of risk noted by the inspectors. All risks were not recorded and assessed with the necessary controls identified and put in place. The completion of a detailed risk analysis of the service was required in order to identify, assess and control risks and hazards which existed within the accommodation centre. The provider could not be assured that all risks in the centre were known and addressed and as a result, and could not be assured that the centre was consistently safe. The service provider did not have a formalised contingency plan in place in the event of a fire, flood or outbreak of an infectious disease. The provider had other properties that they outlined they would use in the event of an emergency, however, this was not documented.

There was a complaints policy and process in place. No complaints were documented. There was no indication that consultation took place with residents and there was no mechanism in place for residents to raise a complaint regarding a member of the staff or management team. There was an absence of a residents committee or residents survey to seek the views of the residents. The managers did inform the inspectors of good practice in terms of informal resolution of complaints and discussion with residents, however, this was not documented or guided by a local policy. A recording system would support the provider to maintain better oversight of complaints and to ensure learning from complaints informed service improvements.

The provider did not have a reception officer employed in the centre as required by the national standards, although, the centre manager did outline plans to recruit one on a shared basis. On the day of inspection the inspectors reviewed the staff rota for one month prior to the inspection and found that the staffing numbers were not adequate to meet the needs of the residents. There were 11 staff outlined on the rota but in reality there were six whole time equivalent posts.

Some staff were trained in areas such as child protection and fire safety. However, they had not received some mandatory training and a training needs analysis had not been

undertaken against the requirements of the national standards and national policy. As a result there were significant training deficits identified by the inspectors.

From a review of centre records, the inspectors found that while all staff were vetted in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, two staff required updated Garda vetting as they were outside the three year period set out in national policy. Employment references were not on file for any staff member and several staff were without contracts and job descriptions.

The provider had prepared a residents' charter that clearly described the services available to residents, and had been made available to residents.

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.

There was a lack of awareness on the part of the provider of their responsibilities in relation to legislation, regulations, national policy and standards. There were mixed levels of non-compliance with the national standards identified during this inspection and improvements were required across a number of areas.

Judgment: Partially Compliant

Standard 1.2

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

The service provider had governance arrangements in place that set out the lines of authority and accountability and detailed responsibilities for areas of service provision. However, the internal management structure did not include a reception officer and there was an absence of effective monitoring systems to ensure good oversight and management of risk, fire, complaints and incidents.

Judgment: Partially Compliant

Standard 1.3

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

The service provider had a residents charter in place which was available to residents and was displayed prominently. It outlined the role of staff members in the accommodation centre and a summary of the services and facilities provided. The residents charter also included how each individual's dignity, equality and diversity is promoted and preserved and how all residents are treated with respect. There was information available on the complaints process, how the service provider sought the views of the residents, the code of conduct and that residents personal information would be treated confidentially.

Judgment: Compliant

Standard 1.4
The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.

The service provider had not yet implemented systems for the oversight and monitoring of the quality of care and experience of adults living in the centre. The provider was committed to ensuring that arrangements were put in place to evaluate and manage the safety and quality of the service, however, at the time of inspection there was an absence of quality assurance systems to ensure the best outcomes for the residents living in the accommodation centre.

Judgment: Not Compliant

Standard 1.5
Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.

The inspectors found that there was an absence of meaningful consultation and engagement with residents from the service provider and management team. While there was a complaints procedure in place, there was no formal documentary evidence of complaints made or how they were investigated or managed by the service provider.

Judgment: Not Compliant

Standard 2.1
There are safe and effective recruitment practices in place for staff and management.

The provider had failed to ensure that recruitment practices in this centre were safe and effective. Four staff members who had periods of residence outside Ireland did not have police checks carried out. Some files reviewed had no job descriptions, contracts, and

photographic identification and there were no references were available for staff members. A staff appraisal system had recently been implemented.

Judgment: Not Compliant

Standard 2.2

Staff have the required competencies to manage and deliver person-centred, effective and safe services to children and adults living in the centre.

While the service provider had ensured that the staff had the necessary experience and competencies to deliver person-centred support to the residents, the whole time equivalent of staff employed in the centre was below the number required to fully meet the needs of the residents.

Judgment: Partially 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.

Despite the absence of regular formal supervision from the centre managers as required by the national standards, inspectors found that staff members demonstrated a good understanding of their roles and responsibilities in promoting and safeguarding the welfare of all residents. Staff members spoken with said they felt supported by the managers. The provider had developed a system to record performance management plans but this system had not yet been implemented.

Judgment: Substantially 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 not undertaken a training needs analysis to ensure all the required training as prescribed in the national standards was delivered to the staff team. While four staff members had received child protection training, none had received training in the safeguarding and protection of vulnerable adults. There was a significant gap in the training requirements as outlined in the national standards.

Judgment: Not Compliant

Standard 3.1

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

There was an absence of a risk management framework in this centre and the provider had not completed a risk analysis in any great depth and the inspectors identified several risks on the day of inspection including safeguarding, mental health and fire which had not previously been assessed by the service provider. Although a risk register had recently been developed, it had very limited corporate and health and safety risks outlined on it and not resident specific risks.

Judgment: Not Compliant

Quality and Safety

This inspection found that despite the dedication of the service provider and centre managers to deliver a consistently good quality and safe service which met the needs of all residents, that this was not fully achievable within the context of the current governance arrangements, aging building and absence of a robust risk management framework and effective management systems.

The accommodation centre was owned by a private provider and while it had been maintained, it was an old building which had not had upgrade work done in some years. The building was previously a hotel and had 48 bedrooms with a maximum of four beds in one room. The hall carpet was stained and worn in parts and the building required painting. Each bedroom had an ensuite with a shower, toilet and wash basin. All bedrooms had a key card door lock system and residents had access to an individual safe at the reception area if they wished to store valuables. A secure storage site was available outside of the centre, however, some residents were not aware this was an available option.

Inspectors reviewed the process of allocating rooms to residents in the centre. The service provider, in most cases, received limited information about residents before their arrival at the service. It was found that allocation was based on residents' needs where possible. The centre manager and staff decided on allocation upon residents' arrival to the centre using information available to them at the time. Every effort was made to accommodate residents needs in the most suitable accommodation. Where this could not be achieved on admission, the centre manager monitored the availability of room vacancies and moved residents to more suitable accommodation once available.

The inspectors found that the bedrooms in the accommodation centre were clean and in a good condition. In rooms that accommodated three or four people, there was limited storage for residents belongings, however, residents they stated that they were happy with their accommodation.

There were adequate communal facilities for residents to use, including a dining room, a visitor or meeting room with seating, study and a television room. Inspectors observed residents using dining and kitchen space throughout the inspection. There was Wi-Fi throughout the centre. Most of the communal areas were in good condition and nicely decorated. Some areas required attention or repair, such as the doors on some bedrooms which were chipped, a skylight window and a leak on steps. There was a well-equipped laundry room with five washing machines and five tumble dryers and a kitchen with six cooking bays one of which was designated for specialist cooking. Cooking

equipment and laundry detergents were available in the on-site shop for purchase with points (in line with the points system residents avail of to meet some of their material conditions).

The centre was located in the city and there was access to public transport links and some of the residents also had their own vehicles. Residents accessed local services and educational facilities and were supported to do so.

Through discussion with staff and speaking with residents, the inspectors found that the general welfare of residents was well promoted and concerns raised by residents were effectively dealt with, however, these were not documented and there was no oversight of the number of concerns reported. There were no procedures in place for residents to give their feedback on their experiences. Residents were encouraged to be independent and autonomous while receiving the necessary supports to achieve this. The centre manager informed the inspectors that residents rights were promoted in the centre, however, there was no documentation that rights and entitlements were discussed with residents.

Safeguarding practices required significant improvement in this centre. A child safeguarding statement was in place along with a policy on child protection and welfare from the Department of Justice and Equality (dated 2018). However, there were inadequate measures in place to protect vulnerable adult residents from the risks of abuse and harm in line with relevant legislation and guidance. The service provider had not implemented a policy regarding the safeguarding and protection of vulnerable adults. Of the five residents who completed the inspection questionnaire, four said they did not know who the designated officer was for adult safeguarding or how to raise a safeguarding concern. A comprehensive policy was required to ensure that responses to adult safeguarding concerns were in line with best practice, fully informed and monitored for effectiveness.

There was a system in place to report and notify all incidents and serious events in the centre. However, there was limited recording of incidents or safeguarding concerns so associated risks had not been assessed. The centre manager told inspectors that not all incidents were recorded but managed informally when they occurred. There was no system to maintain oversight of incidents or safeguarding concerns. Inspectors observed an incident on the day of inspection relating to mental health, alcohol and drug use and were informed this had occurred previously but there were no records relating to such incidents. While centre managers dealt with the incident in a very respectful and kind manner, there was no indication that this risk had been assessed or recorded and the appropriate supports sought to mitigate the risk from reoccurring. There were no

arrangements in place for lessons learnt or debriefing following incidents and events for the purpose of service improvement.

There were some residents living in the centre with known special reception needs. The provider had not, for the most part, been made aware of these vulnerabilities in advance of the resident arriving to the centre. Where special reception needs were identified the provider implemented additional supports, or directed the resident to an appropriate service to receive the necessary assistance.

The service provider ensured that any special reception needs notified to them by the DCEDIY were incorporated into the provision of accommodation and associated services for the residents concerned.

Although the centre did not have a dedicated reception officer, the centre manager reported any special reception needs of the residents that became apparent to the relevant government department. They liaised with the DCEDIY if they considered that a resident with special reception needs would be better accommodated in a more appropriate accommodation centre.

The service provider and management team engaged with other agencies to provide information and access to a range of services for residents. The service provider supported residents to participate in education (both formal and informal), training, volunteering and employment opportunities. The service provider was supporting some residents to attend college and support was offered to residents regarding developing curriculum vitae for employment seeking.

Standard 4.1

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

The service provider did not have an allocation of accommodation policy in place in the centre, however, the management team made every effort to allocate rooms having regard to the needs of the residents including health conditions, familial links, cultural, linguistic and religious backgrounds. Residents with whom the inspectors spoke said they were happy with this approach and that the provider was accommodating in this regard.

Judgment: Partially Compliant

Standard 4.2

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

While the overall cleanliness of the centre was satisfactory, inspectors observed some areas for improvement. A thorough cleaning of the kitchen was required including ovens, cookers, and floors. Repairs were also necessary for a leak in one skylight and on the kitchen steps, as well as replacing a defective door in the kitchen storeroom. The centre also had inadequate storage in bedrooms for residents belongings.

Judgment: Partially 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.

There was a laundry room in the centre which was found to be clean and well maintained and contained adequate number of washers and dryers for the number of residents. All equipment was observed to be in working order and there was appropriate access to cleaning materials and laundry detergent.

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 inspectors found that the service provider had implemented suitable security measures within the centre, which were deemed proportionate and adequate. Residents conveyed to the inspectors that they felt secure and safe while living in the centre.

Judgment: Compliant

Standard 4.9

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

The service provider ensured sufficient and appropriate non-food items and products were available to residents. Residents received two sets of bed linen and towels on arrival at the centre.

Judgment: Compliant
<p>Standard 5.1</p> <p>Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.</p>
<p>The centre provided self-catering options for residents where they had a choice of foods and could cook culturally sensitive meals. There were storage facilities available for residents' food and facilities included ovens, cookers, microwaves, refrigerators, hot water and space for preparing meals. The kitchen was open from 7am to 8pm, however, some residents expressed that these opening times were restrictive and did not facilitate those working late to prepare meals.</p>
Judgment: Partially Compliant
<p>Standard 5.2</p> <p>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.</p>
<p>Residents could order food of choice through a points system and cook meals which reflected their religious and cultural beliefs and also dietary, nutritional and medical requirements. The kitchen was open 24 hours per day during religious feasts to facilitate residents to practice their religious and cultural traditions.</p>
Judgment: Compliant
<p>Standard 6.1</p> <p>The rights and diversity of each resident are respected, safeguarded and promoted.</p>
<p>The inspector found that the residents were treated with dignity, respect and kindness by the staff team employed in the centre. Equality was promoted in the centre in terms of religious beliefs, gender and age. However, the inspectors found that residents were not informed of their rights formally or in an accessible format and there was no evidence to indicate that they were supported to understand their rights.</p>
Judgment: Substantially Compliant

Standard 7.2

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

The service provider facilitated residents to have appropriate access to local recreational, educational, medical, health and social care. Some residents attended education facilities locally and one resident with whom the inspectors spoke had recently accessed healthcare services. The centre was located in the city and there was access to public transport links, some of the residents also had their own vehicles.

Judgment: Compliant

Standard 8.1

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

The inspectors found that although there were policies and procedures in place concerning the safeguarding of children, there was an absence of a policy for adult safeguarding. There was a lack of awareness among the service provider, centre managers, and staff regarding their responsibility to safeguard vulnerable adults in accordance with national policy requirements.

Judgment: Not Compliant

Standard 8.3

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

There was a system in place to report and notify all incidents and serious events in the centre. However, there were no arrangements in place for lessons learnt or debriefing following incidents and events for the purpose of service improvement.

Judgment: Partially Compliant

Standard 9.3

Staff and management engage with other agencies to provide information and access to a range of services for residents to promote their health, wellbeing and development. The service provider supports residents to participate in education (both formal and non-formal), training, volunteering and employment opportunities.

Management were found to engage with local agencies to provide information and access to a range of services for residents to promote their health, wellbeing and development. The service provider was currently facilitating some residents to participate in education and there were notices regarding employment opportunities displayed prominently in the reception area of the centre.

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.

The provider ensured that any special reception needs notified to them informed the provision of accommodation and delivery of supports and services for the residents. While these supports were person-centred, they were offered informally and there was limited records maintained of special reception need requirements.

Judgment: Substantially Compliant

Standard 10.2

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

While staff members and management had not received specialist training to identify and respond to the special reception needs and vulnerabilities of residents, they were responsive to residents need and person-centred in their approach.

Judgment: Substantially Compliant

Standard 10.3

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

The service provider did not have a policy in place to identify, address and respond to existing and emerging special reception needs.

Judgment: Not Compliant

Standard 10.4

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

Although the centre manager undertook many of the responsibilities associated with the reception officer role, the service provider had not employed a dedicated reception officer with the required qualifications in line with the requirements of the national standards.

Judgment: Not Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Not Compliant
Standard 1.5	Not Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Not Compliant
Standard 2.2	Partially Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Not Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Not Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Partially Compliant

Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Substantially Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Not Compliant
Standard 8.3	Partially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.3	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Substantially Compliant
Standard 10.2	Substantially Compliant
Standard 10.3	Not Compliant
Standard 10.4	Not Compliant

Compliance Plan for: Hanratty's Hotel

Inspection ID: MON-IPAS-1005

Date of inspection: 30 and 31 January 2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ol style="list-style-type: none"> 1) Hanratty's Hotel have engaged a health and social care quality, resident safety, and regulatory compliance specialist organisation. Support by the external organisation will be provided to the Provider, Centre Manager, and extended team to ensure a clear and thorough understanding of the legal and policy framework governing service operations, encompassing relevant Legislation, National Policy, and National Standards. This support will be provided over a 12-month period. Responsibility: Centre Manager Commenced: 11th March 2024. 2) Onsite health and social care quality, resident safety and regulatory compliance healthcare support provided will incorporate but is not limited to: <ul style="list-style-type: none"> • Education and training to management and frontline staff specific to the legal and policy framework governing service operations, encompassing relevant Legislation, National Policy, and National Standards. • Review of current governance arrangements and structures which clearly define lines of accountability of management and staff. • Development, Review, Approval, Dissemination and Communication of key processes in line with the relevant Legislation, National Policy, and National Standards. • Implementation of a structured Audit Management process including the identification and monitoring of Quality Improvement Plans. • Continuous Improvement. <p>Responsibility: Centre Manager To be completed by: 21st June 2024</p>	

3) Support provided will include and incorporate the review of the self-assessment completed to ensure all areas of good practice and areas for improvement are accurately recorded. A Quality Improvement Plan which identifies SMART actions is currently under review. Actions will be appropriately allocated to key team members for review. Close out and ongoing monitoring

Responsibility: Centre Manager

To be completed by: 21st June 2024

4) (Specific to Standard 4.1 not detailed in action plan). A maintenance log shall be completed to ensure all required maintenance is completed in an appropriate and timely manner

Responsibility: Centre Manager

To be completed by: 21st June 2024

1.2

Partially Compliant

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

Quality, resident safety and regulatory compliance healthcare support with regard to the review and implementation of the below shall be provided to Hanratty Hotel:

Please also refer to actions detailed in Standards 1.1.

1) Hanratty Hotel shall review of the current governance arrangements and structures to ensure effective Human Resource and Quality and Safety Supports. These roles and responsibilities shall be clearly defined within detailed job description developed in line with the National Standards. The job descriptions shall identify the purpose, scope, duties, responsibilities and reporting relationships.

Responsibility: Centre Manager

To be completed by: 21st June 2024

2) Hanratty Hotel shall recruit for the position(s) of Reception Officer to fulfil the requirements detailed in the National Standards. This may include job sharing.

Responsibility: Centre Manager

To be completed by: 21st May 2024

3) The roles and responsibilities of the Reception Officer shall be clearly defined within a detailed job description developed in line with the National Standards. The job description will identify the purpose, scope, duties, responsibilities and reporting relationships of the Reception Officer.

Responsibility: Centre Manager

To be completed by: 21st May 2024

4) On call arrangements shall be reviewed. This arrangement will ensure access to a member of the Management Team to support out of hours as required. The planned and actual roster will reflect the on-call arrangements per day/week.

Responsibility: Centre Manager

To be completed by: 21st May 2024

5) A clearly defined teams and committee structure shall be developed and implemented. This includes:

- Management Team.
- Centre Team.
- Residents Committee/Forum.

Terms of reference shall be developed for each of these teams which include, aims and objectives, roles, frequency and required membership.

Responsibility: Centre Manager

To be completed by: 21st May 2024

6) A yearly meeting schedule for all teams and committees shall be developed. Lessons learned will be formally provided to staff through ongoing communication and scheduled team meetings.

Responsibility: Centre Manager

To be completed by: 21st May 2024

7) Key quality and safety management processes shall be reviewed and development, supported by the external specialist. Processes include but are not limited to:

- Internal Audit Management
- Risk Management
- Safeguarding of Adults Procedure
- Child Protection and Welfare Policy and Procedure
- Emergency Planning Procedure (including fire evacuation procedure)
- Emergency Plan (incorporating fire safety management plan)
- Responding to Complaints (incorporating the recording and appropriate action of complaints)
- Adverse Events/Incident Management Procedure (incorporating the recording and appropriate action of incidents).
- Confidentiality Policy (in line with Data Protection).
- Allocation of Accommodation procedure (including short term room allocation)
- Policy and Procedure to identify, address and respond to existing and emerging special reception needs.

Responsibility: Centre Manager

To be completed by: 21st June 2024

- 8) Complaints form and incident form shall be developed in conjunction with the relevant policies and procedures. These forms shall be utilised within the service and maintained in a central register. The Management Team are committed to ensuring investigations, where required are dealt with in an appropriate and timely manner to ensure that complainants and/or incidents are appropriately managed and monitored.

Responsibility: Centre Manager

To be completed by: 26th April 2024

- 9) A review of the Hanratty Hotel Risk Register shall be completed to identify and mitigate risks with regard to Corporate Services, Service Provision and Health and Safety.

Responsibility: Centre Manager

To be completed by: 5th April 2024

- 10) Risks and hazards relating to residents shall be detailed within the reviewed risk registers.

Responsibility: Centre Manager

To be completed by: 5th April 2024

1.4

Not Compliant

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

Quality, resident safety and regulatory compliance healthcare support with regard to the review and implementation of the below shall be provided to Hanratty Hotel:

- 1) As detailed in Standards 1.1 and 1.2 – Key quality and safety management processes shall be reviewed including but not limited to the development and implementation of an Internal Audit Management process.

Responsibility: Centre Manager

Commenced by: 24th May 2024

- 2) An internal audit schedule in line with the requirements of the National Standards shall be developed and implemented. External support will be provided in the identification of areas for improvement.

Responsibility: Centre Manager

Commenced by: 24th May 2024

- 3) A Quality Improvement Plan which identifies SMART actions shall be developed following each quality assurance / audit completed. Actions will be appropriately allocated to key team members for review, Close out and ongoing monitoring.

Responsibility: Centre Manager

Commenced by: 24th May 2024

- 4) Resident consultation and feedback mechanisms shall be reviewed and implemented. These will include but are not limited to:
- Residents Committee Meetings
 - Resident access to report complaints in a structured manner
 - Resident feedback surveys
 - Resident suggestion boxes.

Responsibility: Centre Manager
Commenced by: 24th May 2024

1.5

Not Compliant

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

Quality, resident safety and regulatory compliance healthcare support with regard to the review and implementation of the below shall be provided to Hanratty Hotel:

Please refer to actions detailed in Standards 1.1, 1.2 and 1.4.

- 1) A complaints log shall be implemented in conjunction with the development and approval of the Complaints Management Policy and Procedure. The complaint log will include details of the review completed and identified corrective and preventative actions required.

Responsibility: Centre Manager
To be completed by: 26th April 2024

- 2) As part of the defined teams and committee structure detailed in Standard 1.2 it shall be an agenda item for management that to ensure a culture of openness and transparency that welcomes staff and residents voicing complaints, conflicts or differences of opinion in relation to the service provided.

Responsibility: Centre Manager
To be completed by: 21st May 2024

2.1

Not Compliant

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

Quality, resident safety and regulatory compliance healthcare support with regard to the review and implementation of the below shall be provided to Hanratty Hotel:

As detailed in Standard 1.2 Hanratty Hotel are currently completing a review of the current governance arrangements and structures to ensure effective Human Resource.

- 1) Staff file audit has commenced. Gaps identified will be actioned immediately by the Centre Manager, which include but are not limited to employment references, contracts, and job descriptions.
Responsibility: Centre Manager

To be completed by: 3rd May 2024

- 2) Update to staff Garda Vetting has commenced for those staff identified outside the three-year period. In the absence of in date Garda Vetting, staff shall not be rostered until confirmation has been received.
Responsibility: Centre Manager

To be completed by: 3rd May 2024

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

Quality, resident safety and regulatory compliance healthcare support with regard to the review and implementation of the below shall be provided to Hanratty Hotel:

- 1) The Centre Manager is responsible for the review and development of the staff roster. The Centre is committed to ensuring appropriate staffing levels and the appropriate allocation of the team based on experience. This shall be demonstrated via staff rosters.
Responsibility: Centre Manager
To be completed by: 21st May 2024

- 2) A risk assessment specific to the current staffing levels shall be completed. Appropriate controls based on risk rating allocation will be identified and addressed.
Responsibility: Centre Manager
To be completed by: 5th April 2024

- 3) Staffing requirements shall be reviewed on an ongoing basis in line with identified needs, the environment and individual risks identified.
Responsibility: Centre Manager
Commenced: 11th March 2024.

As detailed in Standard 1.1

- 4) On call arrangements shall be review. This arrangement will ensure access to a member of the management team to support out of hours as required. The planned and actual roster will reflect the on-call arrangements per day/week.

Responsibility: Centre Manager

To be completed by: 21st May 2024

2.4	Not Compliant
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Outline how you are going to come into compliance with this standard:

Quality, resident safety and regulatory compliance healthcare support with regard to the review and implementation of the below shall be provided to Hanratty Hotel:

- 1) A training needs analysis to ensure all the required training as prescribed in the National Standards shall be completed. This will be reviewed going forward annually at a minimum.

Responsibility: Centre Manager

To be completed by: 3rd May 2024

- 2) Training as prescribed in the National Standards for all staff shall be scheduled and delivered.

Responsibility: Centre Manager

To be completed by: 21st June 2024

- 3) The Centre Manager shall monitor staff compliance regarding mandatory training.

Responsibility: Centre Manager

Commenced: 11th March 2024

3.1	Not Compliant
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Outline how you are going to come into compliance with this standard:

Quality, resident safety and regulatory compliance healthcare support with regard to the review and implementation of the below shall be provided to Hanratty Hotel:

Please refer to actions detailed in Standards 1.1, 1.2 and 1.4.

- 1) The Hanratty Hotel Risk Register shall be reviewed to identify and mitigate risks with regard to Corporate Services, Service Provision and Health and Safety.

Responsibility: Centre Manager

To be completed by: 5th April 2024

<p>2) Risks and hazards relating to residents shall be detailed within the reviewed risk registers. Responsibility: Centre Manager To be completed by: 5th April 2024</p>	
<p>5.1</p>	<p>Partially Compliant</p>
<p>Outline how you are going to come into compliance with this standard:</p> <p>1) Resident feedback regarding preferred kitchen opening times shall be sought. Responsibility: Centre Manager To be completed by: 5th April 2024</p> <p>2) Kitchen opening times shall be extended, based on feedback, to ensure residents who work late are facilitated. Responsibility: Centre Manager To be completed by: 5th April 2024</p> <p>3) Resident feedback specific to food preparation and dining facilities shall be facilitated as per Standard 1.4. Responsibility: Centre Manager Commenced by: 24th May 2024</p>	
<p>8.1</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with this standard:</p> <p>Quality, resident safety and regulatory compliance healthcare support with regard to the review and implementation of the below shall be provided to Hanratty Hotel:</p> <p>As detailed in Standard 1.2.</p> <p>1) Key quality and safety management processes shall be reviewed and development, supported by the external specialist. Processes include but are not limited to:</p> <ul style="list-style-type: none"> - Safeguarding of Adults Procedure - Child Protection and Welfare Policy and Procedure. <p>Responsibility: Centre Manager Commenced by: 24th May 2024</p> <p>2) Education shall be provided to resident's specific to the role and identity of the designated officers for adult / child safeguarding and how to raise a safeguarding concern. Responsibility: Centre Manager Commenced by: 24th May 2024</p>	

<p>3) Information shall be provided in an accessible format to all residents specific to the role, identity and access to designated officers for safeguarding and how to raise a safeguarding concern Responsibility: Centre Manager Commenced by: 21st June 2024</p> <p>4) Information shall be provided in an accessible format to all residents with regard to their individual rights. Verbal information specific to individual rights shall be communicated via Resident Committee forums. Responsibility: Centre Manager Commenced by: 21st June 2024</p>	
8.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Quality, resident safety and regulatory compliance healthcare support with regard to the review and implementation of the below shall be provided to Hanratty Hotel:</p> <p>As detailed in Standard 1.2.</p> <p>1) Key quality and safety management processes shall be reviewed and development, supported by the external specialist. Processes include but are not limited to: - Adverse Events/Incident Management Procedure (incorporating the recording and appropriate action of incidents). Responsibility: Centre Manager To be completed by: 26th April 2024</p> <p>2) The Adverse/Incident Management Procedure shall detail the requirement for debriefing following incidents. Responsibility: Centre Manager To be completed by: 26th April 2024</p> <p>3) Lessons learned will be formally provided to staff through ongoing communication and scheduled team meetings. Responsibility: Centre Manager To be completed by: 21st May 2024</p>	
10.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Quality, resident safety and regulatory compliance healthcare support with regard to the review and implementation of the below shall be provided to Hanratty Hotel:</p> <p>Please refer to actions detailed in Standards 2.4.</p>	

- 1) A Policy and Procedure to identify, address and respond to existing and emerging special reception needs shall be developed, approved and communicated to all staff.
 Responsibility: Centre Manager
 To be completed by: 26th April 2024

- 2) A record of individual resident's special reception need requirements shall be maintained as received, notified and or identified.
 Responsibility: Centre Manager
 To be completed by: 26th April 2024

10.4	Not Compliant
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Outline how you are going to come into compliance with this standard:

Please refer to actions detailed in Standards 1.2.

- 1) Hanratty Hotel shall recruit for the position(s) of Reception Officer to fulfil the requirements detailed in the National Standards. This may include job sharing.
 Responsibility: Centre Manager
 To be completed by: 21st May 2024

- 2) The roles and responsibilities of the Reception Officer shall be clearly defined within a detailed job description developed in line with the National Standards. The job description will identify the purpose, scope, duties, responsibilities and reporting relationships of the Reception Officer.
 Responsibility: Centre Manager
 To be completed by: 21st May 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.	Partially Compliant	Orange	21/06/2024
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	21/06/2024
Standard 1.4	The service provider monitors and reviews the	Not Compliant	Red	24/05/2024

	quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.			
Standard 1.5	Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.	Not Compliant	Red	26/04/2024
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	03/05/2024
Standard 2.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to children and adults living in the centre.	Partially Compliant	Orange	21/05/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Not Compliant	Red	03/05/2024
Standard 3.1	The service provider will carry out a regular risk	Not Compliant	Red	05/04/2024

	analysis of the service and develop a risk register.			
Standard 5.1	Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.	Partially Compliant	Orange	24/05/2024
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Not Compliant	Red	05/04/2024
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	21/05/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	26/04/2024
Standard 10.4	The service provider makes available a dedicated Reception Officer,	Not Compliant	Red	21/06/2024

	who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.			
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