



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

Name of the Centre:	Hibernian Hotel
Centre ID:	OSV-0008436
Provider Name:	Flodale Limited
Location of Centre:	Co. Laois
Type of Inspection:	Announced
Date of Inspection:	20/02/2024
Inspection ID:	MON-IPAS-1011

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

The Hibernian Hotel is prominently located in the centre of the town of Abbeyleix, Co Laois. The centre provides accommodation to people seeking international protection and had a recorded capacity of 63 people. At the time of inspection, it was accommodating 40 residents, and 19 of these were children.

It is a terraced three-storey building, with a large walled garden at the rear separated by a short path. The rear garden houses two bungalows undergoing construction at the time of the inspection.

The centre is located on a busy street adjacent to many sporting activities, including a Gaelic football club. The centre is close to a wide variety of amenities and outdoor leisure facilities, including woodland walks and a raised bog board walk.

The buildings were privately owned and the service is privately provided by Flodale Limited on a contractual basis on behalf of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY).

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	40
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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
20/02/2024	10:00am - 17:30pm	Godfrey Mushongera	Lead Inspector
20/02/2024	10:00am - 17:30pm	Thomas Hogan	Support Inspector

What residents told us and what inspectors observed

The inspectors found, from speaking with residents and what was observed during the course of the inspection, that residents had mixed experiences of living in the centre. There were deficits across most themes of the national standards. For example, there was limited oversight of the management of risk in the centre, unsafe recruitment practices, poor communication with residents, and generally, the governance and management arrangements in place required development to ensure appropriate oversight of the service. There were unresolved inter-relationship issues between some residents, and complaints by residents were not investigated and managed appropriately. These deficits led to varied and in some cases, poor experiences by residents of living in the centre. As a result, there was a need for improvement across a number of key areas to ensure residents consistently felt safe, protected and had their rights promoted while living in the centre.

On arrival at the centre the inspectors observed a well-maintained front garden with two wooden benches surrounded by wrought iron railings. The centre, which was previously a hotel, was a terraced three-storey building with a projecting porch at the front with a window above.

The inspectors were met by the centre manager who had worked at the centre for a number of years, and were introduced to the reception officer, housekeeper and a maintenance staff member. The centre manager informed the inspectors that the deputy centre manager role was currently vacant. The inspectors had an initial introduction meeting with the centre manager and reception officer and then had a walk through the building.

On a walk around the accommodation centre, the inspectors observed that the physical structure of the centre was in good condition and the common areas and communal toilets were well maintained. At the time of the inspection, the building was undergoing renovation to include wheelchair access to bathrooms and cooking areas. On the ground floor, the entrance hallway gave access to a living room for residents, staff offices, children's playroom, an open-plan dining area adjoining the communal kitchen, communal toilet and the centre shop. Residents' bedrooms were on the upper floors of the building. From the ground floor, there was access to a walled rear garden separated by a short path. There were two bungalows undergoing construction in this rear garden. The bungalows were separated by a green playground area.

While the primary function of the centre was to provide accommodation to people seeking international protection and to cater for families and couples, the inspectors found that 75% of the residents had received refugee or subsidiary protection status. Due to the lack of alternative accommodation, these residents were unable to avail of more appropriate accommodation arrangements. The centre catered for families and couples and had a contractual capacity of 63 residents living across 19 bedrooms. At the time of the inspection there were 40 residents from seven different countries, including 19 children, living in the centre.

Inspectors observed that this was a quiet centre, with most activity happening in the afternoon when children were arriving back from school and meals were being prepared. Some of the residents worked in nearby towns and were not in the centre during the day. Mostly people stayed in their private rooms and some residents said that they preferred to meet friends outside of the centre.

By invite from residents, inspectors got to view some bedrooms in the centre. The bedrooms were clean and tidy. Families had inter-connecting rooms which gave them more space. The centre manager informed inspectors that the bedrooms accommodated a maximum of three residents, and each bedroom, except two, had an en-suite with a shower and toilet. While living spaces were not reported to be overcrowded by residents, inspectors observed limited storage for personal items and limited living spaces in some rooms for children to play or study.

Inspectors viewed many of the facilities in use throughout the centre. There were outdoor playgrounds for children at the rear of the building, and children and their parents had access to an indoor playroom which was stocked with some toys and books. There was a living room which could be used by families to have private gatherings with family and friends from outside the centre, and a meeting room to facilitate private meetings. There was a study room, however, it was used to store building materials at the time of the inspection, and an alternative arrangement had not been provided for young people to complete their homework or study.

The centre provided self-catering facilities for residents where they had a choice of foods and could cook culturally sensitive meals. Residents used a voucher system that allowed them to buy food from the centre shop. There was a communal kitchen available for residents to prepare and cook their meals. The communal dining area appeared relatively small given the number of residents in the centre. However, the inspectors were informed that residents preferred to take their meals to their bedrooms, and most residents ate at different times, so the space was in fact adequate. The communal kitchen had cookers, fridges, freezers, kettles, toasters, and microwaves. While all residents had small fridges in their rooms, additional storage facilities such as fridges and freezers were available for them in the dining room. In addition, there was a dedicated fridge and cookers for halal foods, and cabinets for the storage of dry foods. Some residents spoken to during the inspection were generally complimentary of the kitchen and dining facilities available in the centre.

There was a laundry area on the ground floor which had three washing machines and three tumble dryers, one of which was under repair. Residents who talked with inspectors were of the view that these facilities were insufficient to cater for the number of people living in the centre, and they described conflicts arising between residents due to limited laundry facilities. The laundry areas, along with all common areas and the communal toilet were found to be very clean throughout.

Fire safety equipment was visible throughout the buildings, and fire evacuation routes and exits were clearly marked. There was evidence of inspection and maintenance of fire protection equipment. However, a number of residents spoken with during the inspection had not participated in any fire drills organised in the centre, and were not aware of the centre's evacuation procedures in the case of an emergency. An immediate action request was issued to the service provider to complete a fire drill exercise within 24 hours. This is discussed later in the report.

The inspectors gathered the views of residents on the centre through various methods of consultation, including discussions with 10 residents during the inspection, online resident questionnaires, inspector observations and a review of documents.

Overall, residents expressed dissatisfaction with what they considered to be the lack of proper investigation and management of incidents involving disputes between residents. They said that they did not always feel listened to or that they were always treated fairly, and they were of the view that their concerns were not always considered or responded to appropriately. Some residents described feeling unsafe from other residents which at times resulted in them not wanting to leave their rooms.

While some residents knew about the complaints procedures, lodged complaints with the centre management, and exercised their right to appeal, others were not as well-informed. Residents who knew the complaints process expressed dissatisfaction with how their complaints were handled and investigated. They provided examples of their complaints including unresolved issues related to mould, pest control, and unclear fire safety procedures. Improvements in relation to the management of complaints and how this could bring about resolution to some of the disputes in the centre is discussed later in this report.

Some residents were happy with the support received from staff around getting their children spaces in crèche and schools, and some spoke about their positive experiences of living in the local area and felt they had integrated well. One resident told the inspectors that they felt as though they were part of the community, while another resident said they would want to settle in the town in the longer term and did not want to move to a big city like Dublin. Other residents highlighted areas they would like to see improved, specifically noting a desire for enhanced laundry facilities and the provision of a wider variety of goods in the centre shop.

Six residents completed online resident questionnaires, and notably, all reported feeling unsafe at times and were not happy living in the centre. In addition, over half of the respondents were of the view that their rights were not always promoted and that they did not feel listened to. While inspectors observed the staff team responding to requests from residents in the staff office, it is a finding of this inspection that there was no system in place for meaningful consultation with the residents on the running of the service or their experiences of the service. If implemented, this may bring resolution to some of the grievances aired by residents at the time of inspection.

The centre was within walking distance of all local services and facilities. There was no onsite parking for residents with cars, but free parking was available locally. Residents told inspectors that public transport was provided by the centre to bring them to Portlaoise on Saturdays for shopping and residents were happy with the level of service provided.

In summary, by closely observing daily life and interactions within the centre and engaging with the residents, it was evident that the residents had mixed experiences of life in the centre. There was a lack of meaningful consultation with residents and improvements were needed in relation to managing complaints and unresolved disputes. This resulted in some residents feeling less safe than they should at times. Overall, better systems of consulting with residents and managing complaints may contribute to better outcomes and inform quality improvements in the service. 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 the Hibernian Hotel accommodation centre by HIQA. Inspectors found that while the service was being managed on a day-to-day basis by managers who were endeavouring to provide a good service, there was an absence of defined roles and responsibilities and a full suite of policies and procedures were not available to guide their practice. There was limited understanding and awareness of the full extent of the responsibilities as set out in the national standards on the part of the provider. As a result, priority areas for improvement were identified by inspectors including governance and management systems, risk management, record keeping, accountability and oversight of the service. In addition, immediate and urgent actions were issued to the service provider in relation to fire safety and staff vetting, respectively. This will be discussed in further detail within the report.

This accommodation centre was provided privately by Flodale Limited. There were two directors of this company. There was an organisational structure in place which meant that all staff were aware of who their line manager was, but there were inadequate reporting systems in place, roles and responsibilities were not clearly defined and there were no mechanisms established to hold staff or managers to account for their practice.

The centre was managed by a centre manager who was supported by a deputy manager, although, at the time of the inspection the deputy manager post was vacant. The centre manager reported in to one of the two directors. There was also a reception officer in place. Together, the centre manager, deputy manager and reception officer posts made up the management team for the centre. While this structure was in place, there were no job descriptions for these posts, so the duties attached to these positions were not clearly defined. For example, the roles and responsibilities of the centre manager and reception officer were confused and the benefit to residents of having a reception officer on the management team was not yet realised. There was no system in place for these managers to meet on a formal basis to discuss operational issues, manage risk, and share relevant information in relation to the centre and residents. In addition, there were no alternative communication methods in place for this team. The lack of recorded management team meetings or other written documents to show how information was shared and collective decisions were made, meant that these managers were not operating as a team.

The centre manager explained that they met with the director on a weekly basis, and it was during these meetings that the director approved expenditure for the centre that fell within the responsibility of the centre manager. Again however, these

meetings were not formalised or recorded, and with the exception of finances, no other operational issues were discussed at these meetings. This meeting was the only engagement by the service provider, which showed a possible disconnect between the provider and the operations of the centre.

All staff in the centre reported in to the centre manager, including the reception officer, maintenance and security staff, shop-keeper and housekeeper. The centre manager had systems in place to check some areas of practice, such as fire safety, reported concerns about children and maintenance, but this was not sufficient. While there was ongoing verbal communication and problem solving between the centre manager and individual staff members, there were no formal team meetings held where issues such as national standards, centre policies and procedures, concerns about the centre or residents, or areas of improvement for the centre were discussed or shared. In addition, there was no system in place to provide formal supervision to staff or to appraise their practice, including the centre manager. Coupled with the lack of clarity in relation to roles and responsibilities at management team level, the lack of formal systems of reporting meant that staff members and the centre managers were not held to account for their individual practice on an ongoing basis. Ultimately, this meant that the provider was unaware of what was working well or what constituted a risk in the centre.

Both the centre manager and reception officer had additional responsibilities for two other accommodation centres which were not international protection accommodation service centres, one of which was a significant distance away. There was an on-call system in place whereby the centre manager and deputy manager (when in place) were both on call at the same time out of office hours. The lack of job descriptions for members of this management team, along with the additional responsibilities for other centres, meant that their time and focus was shared between travelling from centre to centre, while endeavouring to fulfil their duties across three sites. The inspectors found that this arrangement was unsustainable.

This inspection found that a full suite of policies was not in place for the centre which meant that there was inadequate guidance for staff and managers on their practice. By way of an example, the provider did not have a policy on adult safeguarding, and as a result, managers and most staff members were not trained in this area, and the mechanisms for its implementation were not in place. There was, therefore, a need for the service provider to ensure that appropriate policies and procedures were put in place in the centre and implemented.

Risk in the centre was not well managed. There was no risk management policy for the centre, however, the centre manager explained that this was being progressed. There was a risk register system in place but it was ineffective. This register did not reflect

the risks identified over the course of this inspection. Multiple risks existed in this centre which had not been identified or assessed and as a result, measures to manage them were not in place. They included risks associated with adult safeguarding, disputes between residents, mental health concerns, and residents with significant health problems. Consequently, the provider could not be assured that the centre was consistently safe, that all risks were known and addressed, and that risks which could not be managed at the centre management level were appropriately escalated through the centre's internal and external escalation pathways as necessary.

The centre had a health and safety statement which was written in 2020. It identified some other risks, however, this statement had not been reviewed since then. In addition, none of the risks identified in the health and safety statement were described or risk rated, and there was no indication as to whether they had been actioned or not. Significantly, while the risk assessment for fire safety listed regular fire drills as a control measure, inspectors found that they were two records of completed fire drills logged in February 2019 and January 2023 respectively. Records reviewed by inspectors confirmed that this was the extent of fire drills in the centre over a five year period. In addition, these records did not list the time of completion, number of people evacuated, how long evacuations took to complete and if there was any learning or follow-up action as required. Multiple residents told inspectors during the inspection that they had not participated in any fire drills and had not been informed about evacuation plans in the event of an emergency. Compounding this, was the fact that there was one security staff member on site at night, and their ability to safely evacuate all residents in the event of a fire was not risk assessed. While some residents required additional supports in the event of an emergency, there were no comprehensive risk assessments completed on these matters. Consequently, the inspectors issued an immediate action request for the centre management to arrange a fire drill within the following 24 hours and to make a plan for future fire drills and comprehensive risk assessments for fire safety and associated risks in the centre.

There were a number of deficits across a large number of training programmes, and an absence of the training needs analysis of staff. These records showed that, while all staff had completed Children's First training, just one staff member had completed adult safeguarding training.

The service provider had not ensured that residents were regularly consulted on their views and supported to participate in decisions that affected them. Some residents who spoke to the inspectors were unaware of residents' meetings having been held in the centre. While management and staff members explained that they operated an open-door policy whereby residents could give feedback, there was no documentary evidence of feedback provided in this manner. The absence of meaningful consultation

with residents limited the ability of the provider to monitor practice and improve the quality of services provided in the centre.

Complaints were not well managed. There was a national policy and procedure for managing complaints which had not been adopted locally to suit the centre. There was no procedure in place to manage complaints about a member of staff. Inspectors reviewed records of complaints and found that they did not reflect whether the complainant was satisfied or not of the outcome of an investigation. In one instance the outcome of the complaint and any actions required was not recorded. There was no mechanism in place to manage conflicts of interest in relation to investigating complaints, where they arose. When considered alongside the lack of confidence residents described in the complaints system, this was an aspect of the service which required significant attention by the provider.

The provider had failed to ensure that recruitment practices in this centre were consistently safe and effective. A review of staffing records found that not all staff members were vetted as per the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Garda vetting for two staff members was out of date and there were no international police checks for some staff members who had lived outside Ireland for periods of more than six months. The service provider was issued with an urgent compliance action request to ensure that all staff members were appropriately vetted.

Overall, while the management and staff team endeavoured to provide a good service and some residents were happy living in the centre, the majority of residents spoken to during the inspection did not always feel safe living in the centre and did not always feel listened to. The inspectors found significant shortcomings in the governance and management arrangements in the centre, and therefore, sustained improvements across several key areas were necessary to comply with the national standards.

Standard 1.1

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

While there was generally a good awareness of responsibilities (particularly on the part of the reception officer) in terms of implementing relevant national policy, the response to this by way of putting in place good management and governance arrangements was at a very early stage of development. There was limited development of systems that meet the requirements of the national standards and national policy. There was an absence of operational policies and procedures essential for the delivery of the service and to guide staff in delivering appropriate supports to residents. For example, there was no policy on adult safeguarding.

Judgment: Not Compliant

Standard 1.2

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

There was an absence of effective leadership and management systems in the centre and limited oversight of the quality of service delivery on the part of the service provider. There was limited involvement in the centre by the service provider other than on matters such as building projects and for the approval of large expenditure. There were no developed governance, accountability and oversight systems to ensure that service delivery was safe and effective. For example, there were no records for meetings with the service provider and staff felt unsupported in their roles. As a result it was difficult for the service provider and centre manager to be assured that a good quality and safe service was being provided. There were poor management systems to promote and uphold the rights of residents, and as a result some residents felt unsafe living in the centre.

Judgment: Not 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.

While there was a document folder named 'residents' charter' the inspectors found that it was in fact a suite of DCEDIY policy documents, house rules, list of local schools and application forms for statutory services. This did not meet the requirements of a charter as required by the national standards.

Judgment: Not Compliant

Standard 1.4

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

There was significant evidence to demonstrate that the service provider did not have the capacity or capability to self-assess in terms of compliance with the national standards or for areas which require improvements. For example, a self-assessment audit was completed in the centre containing a quality improvement plan listing 30 required actions, however, many standards assessed were listed as being much more compliant than the findings of the inspection. Twenty eight of the standards were self-assessed as either compliant or substantially compliant, a number were not assessed at all, and only two were assessed as being not compliant.

While a suggestion box was in place in the centre, there were no records to demonstrate that the provider routinely collected feedback from residents to inform practices.

Judgment: Not Compliant

Standard 2.1

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

There was an absence of safe and effective recruitment practices in place for staff and management in the centre. For example, there was no Garda vetting, and no international police checks for some staff members who had lived abroad for periods of more than six months. In addition to the staff members directly employed, there were no Garda vetting records for security staff in the centre or with their contractor company. As a result, the inspectors issued an urgent compliance action request for the provider to ensure that Garda vetting and police checks would be completed for all staff, and to put in place appropriate supervision arrangements of staff who did not have Garda vetting while this was being sought.

In addition, there was no staff recruitment policy in the centre, and no written references for the staff members employed in the centre.

Judgment: Not Compliant

Standard 2.3

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

There was an absence of regular formal supervision for staff members or centre managers as required by the national standards. A formal performance appraisal system was not in place for staff members at the time of the inspection.

Judgment: Not Compliant

Standard 2.4

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

Significant deficits were identified across large number of required training programmes as required by the national standards and national policy. For example, most staff members had not completed training on adult safeguarding. However, all staff, including security staff, had completed Children's First training.

Judgment: Partially Compliant

Standard 3.1

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

The service provider had not put in place an effective risk management framework and policy. While a risk register was in place, it had only one identified risk which had since been closed off, and yet there were multiple risks present in the centre which had not been identified as such, assessed or managed appropriately. These included risks such as adult safeguarding, mental health, inter-resident conflicts, and residents with significant health problems.

While the health and safety statement listed regular fire drills as a control measure, the inspectors found that there were only two records of completed fire drills in the previous five-year period. Multiple residents told inspectors that they had not been informed about evacuation plans in the event of an emergency. Moreover, some residents had additional support needs and would require assistance during evacuations and emergencies, however, there was an absence of comprehensive risk assessments on these matters. Consequently, inspectors issued an immediate compliance action for the service provider to complete a fire drill within 24 hours, to develop a plan for follow-up fire drills, and to complete a comprehensive risk assessment on fire safety and associated risks.

Judgment: Not Compliant

Quality and Safety

Overall, residents had a reasonably good-quality life in the centre which would be further enhanced by effective governance and management systems, particularly in relation to promoting residents' right to a voice and ensuring that those availing of its services felt safe on a consistent basis. It was clear that the voice of residents was not always placed at the centre of decisions made, and person-centred and human rights-based approaches to the provision of services had not been adapted by the service provider. As such, there was a need for sustained improvements across a number of key areas to ensure that the service provider consistently promoted the rights and welfare of residents and met their diverse needs.

Inspectors found that there was an absence of a clear, planned or transparent approach to the allocation of bedrooms at the centre. There was no written policy or procedure in place for the allocation of rooms in the centre and rooms were provided to residents on the basis of availability, as opposed to their specific needs. While the centre received limited information about residents before their arrival, there was an absence of a procedure to assess the needs of residents and to guide them in the allocation of their living space at the time of admission, and on an ongoing basis. For example, one resident with mobility issues was not facilitated to move from first floor accommodation to the ground floor until prompted by a need to get that person to hospital. Families were accommodated together and the residents were happy about this, however, ultimately decisions regarding the allocation of rooms in the centre were based on availability and not need.

Inspectors found that the physical environment of the centre did not consistently protect and promote the dignity, welfare and health of the residents. For example, there was mould in several bedrooms, including those where children slept. Maintenance records showed that this was a recurring issue, and the provider had not developed a comprehensive plan to address this matter. Although some residents told inspectors that they had experienced pests in their rooms on occasion, this was in hand at the time of inspection. There was limited space within family bedrooms for children to play or study. This was in addition to the fact that the communal area within the centre for children to study was not available to them as it was being used to store building materials. There was limited storage for residents with children and others with a moderate amounts of personal belongings in their private rooms. Inspectors observed some rooms where there was considerable clutter which was a direct result of the limited storage available. This made for an unpleasant living environment.

The centre provided self-catering facilities for residents which were in good working condition. There was a communal kitchen in the centre and there were dedicated cookers for the preparation of Halal meals. The kitchen and dining areas were clean. Residents used a voucher system to buy groceries from the centre shop and this shop

had flexible opening times to cater for those working during the day. Inspectors observed residents preparing food during lunchtime and those spoken to during the inspection were complimentary of the kitchen and dining facilities available in the centre.

The service provider ensured that sufficient and appropriate non-food items were made available to residents. Toiletries, bed linen and towels were provided to residents as needed, and residents reported that staff provided them with all of the items they required. There were three washing machines and three tumble dryers in the laundry area, and one of the dryers was under repair. The laundry area in the centre was clean and well maintained. Residents spoken with during the inspection asked for the availability of more washing and drying machines to cater for the number of people in the centre, and reported that their inadequacy had often resulted in tension between residents over the use of these facilities. There were no rules in the centre on the use of laundry facilities to ensure fair access.

Communal areas of the centre were very clean and well maintained throughout. Furthermore, the physical structure of the centre was in good condition. There were clear arrangements in place to manage the upkeep and general maintenance of the building. Generally, maintenance issues were reported to a responsible party and addressed in a timely manner, for example, where there were issues with fixing lights and plumbing. Inspectors reviewed records that demonstrated that equipment at the centre was maintained and serviced appropriately.

The service provider supported and facilitated residents to maintain personal and family relationships. While some residents told inspectors that they preferred to meet family and friends outside of the centre, a private space was available in the centre for this purpose. Wi-Fi was available throughout the centre. The study area of the centre was inaccessible to residents at the time of inspection and an alternative space was not provided.

Closed-circuit television (CCTV) was in place in the communal and external areas of the centre and its use was informed by data protection legislation and centre policy. While security arrangements were in place, risks associated with ongoing conflicts between residents in the centre had not been assessed and managed appropriately.

Residents were provided with information on local support services and non-governmental organisations regularly visited the centre to support people in relation to housing and advocacy needs. The residents accessed community-based services and activities such as health and legal representation. The centre manager had facilitated ukulele lessons for children in the centre and a party was held in a local community hall at Christmas for the residents. Residents who talked with inspectors said that they had a very positive experience of the local area and felt they had integrated well. They

informed the inspectors that if they had a choice, they would prefer to remain living locally in the future.

The inspectors found that residents' rights were not consistently protected, promoted or respected. The right to family life and to build and maintain relationships was promoted in the centre, and each family and or resident had their own private bedroom. The right to access information was supported and residents exercised their right to choose their own daily activities and what food they prepared. However, a strong theme emerged during this inspection of residents not feeling heard and not being encouraged to have a voice. This was particularly noticeable in the management of complaints and the lack of formal or informal consultation with residents.

There was good practice in the centre in relation to safeguarding children. Procedures were in place for reporting concerns about children's welfare and safety. Centre records showed that where concerns were reported to Tusla, they were appropriate, and the staff team had a good understanding of their responsibilities under national policy and legislation.

While this inspection did not identify specific vulnerable adults that the centre manager was unaware of, there was a low level of understanding and a lack of local policy, procedures and training on adult safeguarding which had the potential to limit staff members' ability to identify adults at risk of abuse or neglect and to respond appropriately.

There was reception officer in place in the centre, but this role was not fully defined, and as a result, was of limited benefit to the residents. The reception officer post was in place for several months prior to inspection. Within that timeframe, a reception officer policy and procedure was not put in place by the provider to guide their practice. As mentioned previously, this lack of clarity resulted in the reception officer taking on tasks typically carried out by a centre or deputy manager. While special reception needs were responded to once they were brought to the attention of the centre manager or reception officer, there was no strategic approach to building the types of relationships with residents which would enable the reception officer to identify emerging vulnerabilities as they arose. The reception officer had completed one vulnerability assessment at the time of the inspection and had forwarded this to DCEDIY as required, but there were no subsequent action plans developed to provide support to the resident in involved.

In summary, the accommodation centre was in good condition albeit that there was an ongoing issue with mould in some areas that needed attention. There were established links in the community and the residents were supported to access these, such as medical, legal and educational. Residents reported being involved in the local community and felt they had integrated well. However, the impact of the lack of policies, procedures and role definitions for staff members were evident in the lived experience of

some residents, such as them feeling unheard, not listened to, and not supported to provide feedback on their experiences or to complain. While a reception officer was in place, there was no strategic approach to identifying and responding to emerging resident vulnerabilities. There was a need, therefore, to improve the governance and management arrangements to ensure the delivery of a good quality and safe service to residents in the centre.

Standard 4.1

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

There were no arrangements in place to ensure that, where possible, accommodation was allocated in a way that considered residents' identified needs and best interests. While families were accommodated together, there was no policy to ensure a fair and transparent process was followed that considered residents' needs and rights. It was found that due to the manner in which residents were admitted to the centre, the provider was limited in their ability to make informed decisions regarding allocation. However, families were accommodated together at the time of the inspection, and there was evidence that the service provider had liaised with the DCEDIY to outline that the service was unable to meet the needs of a resident with particular needs.

Judgment: Partially Compliant

Standard 4.3

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

The provider had not ensured that the dignity and safety of residents was protected and promoted. There were examples of limited storage in some of the bedrooms and these spaces, in many cases, did not provide a safe environment or promote the safety and dignity of residents living there. For example, inspectors observed mould in some rooms, and maintenance records showed that residents regularly reported this. However, the provider had not implemented comprehensive plan to solve this issue. In addition, bedrooms provided little space for the storage of personal belongings and other items and as a result were often very cluttered which presented risks for residents.

Judgment: Not Compliant

Standard 4.4

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

The provider had ensured that the privacy and dignity of family units was promoted and protected. For example, families were accommodated together and residents spoken with were generally satisfied with how accommodation was allocated to them. However, inspectors observed that there was limited living space for children to do their homework or play.

Judgment: Substantially Compliant

Standard 4.6

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

There was evidence that the provider promoted children and young people's access to educational supports in the centre and in the community. The provider ensured that a bus service was available to bring children to nearby schools. A crèche was available near the centre for residents with young children. There was a dedicated play space for small children which was equipped with toys, art materials and books. Wi-Fi was available in throughout and a small study room was available for young people in the centre. Through local partnerships, the centre organised ukulele lessons for children which were regularly conducted on-site.

Judgment: Compliant

Standard 4.7

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

At the time of inspection there were three washing and three drying machines for 40 residents. While the centre manager informed inspectors that they were following contractual obligations in this regard, the inspectors were not assured that they were sufficient machines to meet the needs of residents. However, the laundry room in the centre was clean and well maintained and laundry provisions were provided to residents.

Judgment: Partially 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.

There was security supports in place at night time in the centre but the inspectors were not assured that these measures were appropriate and effective. For example, it was apparent that there was ongoing conflict between some residents which was not risk assessed or managed in an appropriate manner. This ongoing conflict was reported by a number of residents to be contributing to a negative experience and resulted in some residents isolating in their bedrooms.

Judgment: Not 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 residents' right to comfort, dignity, health and wellbeing was promoted in the provision of non-food items and products in the centre. Residents were provided with bed linen and two sets of towels on arrivals and there were replaced as required. There was also free contraception available in the shop along with feminine hygiene products.

Judgment: Compliant

Standard 5.1

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

The centre provided self-catering facilities for residents where they had a choice of foods and could cook culturally sensitive meals. Residents had access to a communal kitchen. There were adequate food preparation facilities and cooking utensils in the kitchen. Residents had access to sufficient food storage for refrigerated and dry foods in the communal kitchen, and also small fridges in the living quarters. The dining area was appropriate for the number of residents in the centre, and there was enough storage facilities. Residents spoken with expressed satisfaction with the quality and quantity of facilities in the kitchen and dining areas.

Judgment: Compliant

Standard 5.2

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

This centre was fully self-catered and as such no meals were provided to residents. Residents received a weekly voucher which allowed them to buy groceries from the centre's on-site shop. While residents were generally happy with the voucher system to buy groceries, they requested for a wider variety of items to be provided in the centre shop.

Judgment: Compliant

Standard 6.1

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

Inspectors found that residents' rights were not consistently protected, promoted or respected. There was evidence that complaints were poorly managed and there was no learning from incidents or complaints. Most of the residents who had made complaints to the management team told inspectors that they were not happy with how they were handled or the outcomes of the investigations. Residents did not feel listened to and some told inspectors that some staff members were openly biased and that there was favouritism displayed on occasion. Some residents spoken to were not aware of the complaints procedure or information in relation to external complaints remedies.

Judgment: Not Compliant

Standard 7.2

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

The provider had ensured that residents had access to information about local services and facilities in the community. It was found that the centre manager and staff were supporting residents to avail of resources in the local area and provided information about their rights and entitlements. It was evident that the centre had a strong working relationships with support services in the area. Support services routinely visited the services to inform residents in relation to housing and advocacy matters. The service provider had developed links with local community initiatives to facilitate children accessing crèche and afterschool facilities, for example. Children living in the centre had opportunities to attend summer camps and Christmas parties with external groups.

Judgment: Compliant

Standard 8.1

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

There was an absence of policies and procedures on adult safeguarding in the centre and an absence of information on display in the centre on how residents can report adult safeguarding concerns. While there was some evidence of adherence to national policy, the knowledge of the staff and management team was limited. There was tension and conflicts between some residents in the centre, however, staff had not taken appropriate actions to address these matters. Some residents spoken with during the inspection told the inspectors that they did not feel safe living in the centre.

The centre had a child safeguarding statement and a designated liaison officer. The majority of residents spoken with were aware of who the designated liaison officer was and their name was displayed on a notice board in the centre. Staff members were aware of and all trained in national policy and legislation related to the protection of children. The inspectors found that incidents of a child protection nature had been reported appropriately to Tusla.

Judgment: Partially Compliant

Standard 8.3

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

There was evidence that appropriate action had not been taken on some incidents which had occurred in the centre. There was an absence of learning from these incidents to prevent their re-occurrence. A number of residents informed inspectors they were frustrated by lack of follow-up in response to incidents involving conflict between residents, for example. Some residents said they did not feel safe. There were no records showing how the management team responded to complaints and incidents raised by residents. However, there were records by management responding to complaints lodged directly to DCEDIY. There were no risk assessments on incidents that had repeatedly occurred in the centre.

Judgment: Not Compliant

Standard 10.2

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

While only one vulnerability assessment had been completed and escalated to DCEDIY at the time of the inspection, there was no further plan put in place in the centre to support the resident who was subject to the assessment.

Judgment: Partially Compliant

Standard 10.3

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

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

Judgment: Not Compliant

Standard 10.4

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

There was a reception officer employed in the centre, but this was not a full-time post. The reception officer covered two other centres. Improvements were required to ensure that the reception officer was available within the centre and had the necessary procedures and supports to fulfil their role.

Judgment: Partially 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	Not Compliant
Standard 1.2	Not Compliant
Standard 1.3	Not Compliant
Standard 1.4	Not Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Not Compliant
Standard 2.3	Not Compliant
Standard 2.4	Partially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Not Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Partially Compliant
Standard 4.3	Not Compliant
Standard 4.4	Substantially Compliant
Standard 4.6	Compliant
Standard 4.7	Partially Compliant
Standard 4.8	Not Compliant

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

Compliance Plan for Hibernian Hotel

Inspection ID: MON-IPAS-1011

Date of inspection: 20/02/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>All Staff in the Centre are aware of the National Standards and have been requested to read them and carry out their duties by them, there is a copy in the Main Office, the Security Office, and the Residents Area. Staff will ensure that their Guidance and Practice follows the National Standards and Irish Legislation, staff will continue to improve their knowledge by always referring to the National Standards to ensure best practice. Staff will review the Self-Assessment Questionnaire once a month at the staff meetings to see what goals have been reached and continuously remind and familiarise staff with the National Standards.</p> <p>The centre currently (since inspection) has policies/procedures in place for; Complaints, Bullying and Harassment, Confidentiality, Recruitment and Selection, Child Protection, Garda Vetting, Appraisals, alcohol and drug use, disciplinary policy, good neighbour policy, grievance policy, induction policy, lone working, recruitment policy, allocation of rooms procedure, safeguarding policy, supervision policy and training policy. A Policy register has been created with the list of Required Policies throughout the National Standards.</p> <p>The rest of the policies required including; fire safety, non-retaliation policy, data protection, online safety, transport for residents policy, communication, access to multi-purpose rooms, security policy, restrictive practice policy, Policy and procedure in place to report children missing to authorities, Retention and Destruction of records in line with legislative requirements, Human Rights standards, relevant legislation, regulation, Policies and procedures outline the need to report, review and evaluate</p>	

adverse events, Missing Resident Policy, national policy, Irish and International Professional guidance and evidence based guidelines; are currently being created and we aim to have all policies created by the 3rd of June 2024. As policies are created, they are signed into the register as the date entered, they will be reviewed as required. Staff will work in accordance with these policies and allow the policies to guide their work. This will in turn ensure high standards of care, protection and welfare of children and adults living in the centre, adhering to their rights to privacy, dignity, and respect.

Staff have continued training on HSEland. Training in Conflict Resolution, Bullying & Harassment and Cultural Awareness is booked for all staff at the end of May with DCM Learning. A staff training file has been created and as each staff member completes training it is updated accordingly. The New Centre Manager will review the staff training register monthly and allocate training to any staff that requires updating. The service provider has agreed to have biweekly meetings in the centre reviewing updates on the National Standards and the progress of the centre, to ensure that the centre meets relevant standards and regulations. The first management meeting has been held and documented. The compliance plan has been turned into a quality improvement plan to ensure that all targets set out within this document are met by the mentioned timelines. The self-assessment questionnaire tool will also be utilised in these meetings. The service provider at these meetings highlights any areas they feel are non-compliant and creates plans with Management to address this.

The service provider is replying to all areas of the compliance plan within the required timeframes and will continue to work with HIQA and IPAS to provide a high standard of accommodation for all residents. When an inspection occurs from IPAS, the Centre completes the Implementation Report and returns on time.

The Service Provider has ordered extra furniture for bedrooms to improve storage facilities and has built an extra storage shed in the garden to allow for more storage space for residents to store their belongings outside of their rooms. This should help residents to have more space in their rooms. This will be completed by the 6th of May.

We believe that by improving each of these areas the overall governance of the centre will improve dramatically.

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

The General Manager has for the moment taken a step back to be the full-time centre manager while waiting for the new Centre Managers Garda Vetting to clear. The Service Provider is completing the role of the General manager during this period.

When a new manager begins the current Manager has made the decision that they will retire. The new centre manager will begin their role once garda Vetting clears, hopefully by May 2024, the vetting application has been sent to IPAS.

The Service Provider has hired a HR company, and they are currently looking for an Assistant Manager who will work equally between the Hibernian and the Company's second Direct Provision centre, 15minute drive away. The Assistant Manager is aimed to be in their post by the end of June, there is a grace period here as Garda vetting will take time.

Job descriptions for each role, including Centre Manager, Reception Officer and Housekeeper have been made and are in the staff files. A job description will be placed in the file of the Assistant Manager and New Centre Manager when they start working. The Resident's meeting on the 25th of April will highlight the different roles in the Centre to the residents and introduce that there will be new staff members starting in the Centre. The residents meeting is a place for residents to highlight any improvements that they would like in the centre, we also ask residents if they would like to speak with us privately about to come to management after the meeting. Staff are creating a survey to give to residents about the centre and what improvements may help the residents feel safer and valued.

The new centre manager has experience in Managing a Direct Provision previously, and from the interview process and reference checks appears to be very competent. They will be under probation for the first 6 months to ensure that they are suitable for the position. They will receive a full induction from the General Manager, and appraisals will be completed by the Service Provider to ensure they are working according to policy and the national standards. From the interview/references they have to have (a) Experience working cross-culturally and working with protection applicants and refugees; (b) An understanding of basic mental health issues, medical, social care, social welfare systems and social care, social welfare systems, child welfare and protection and youth work; (c) Strong communication skills (more training will be completed upon Garda Vetting Clearance) (d) A compassionate and empathetic style. The manager showed qualities of positive working, a can-do attitude and compassion in their interview, as well as being driven to improve quality and reach targets.

As the service only has a capacity for 49 residents, the Service Provider believes that A general manager that oversees 3 centres, a Full Time Centre Manager, a part time Assistant Manager and a Part Time Reception Officer is sufficient for the moment to manage the centre efficiently and allowing it to meet the function of the service. The Service Provider will work towards hiring a Reception Officer by the 1st of August. The Reception Officer is part of the Senior Management Team.

For the moment the Service Provider feels that one security officer on duty at nighttime is sufficient, as any residents with mobility issues are in the back building and have shown no issues moving during fire drills. The security company also completes hourly checks with the security officer to ensure the officer is alert and there are no ongoing issues. The security manager on-call can present for support if this is required. The security team have worked in the centre for many years and have a very good knowledge of the building, they are also completing training in Cultural Awareness. The security company have also completed a Security Risk assessment for the Centre. The service provider believes these resources are sufficient to provide person-centred safe and effective services.

Staff will continue to grow their leadership skills; the Reception Officer has completed a QQI team leadership course to improve their leadership qualities. All new Managers starting will be required to participate in all training required in our Training Register. The centre has created a Quality Improvement and is also using the Self-assessment guide as a to set clear objectives for the centre to best support the children and adults in the centre, this is discussed at the bi-weekly management meetings. The Centre Manager will complete a monthly audit summary, so that at the end of the year an evaluation of service can be completed and submitted to the department. This is used to identify actions to bring about continuous improvements in work practices and achieve optimal outcomes for children and adults in the centre.

The new management team will allow for a new positive attitude to be upheld in the centre. The Company has made a vision for the centre and a mission statement, so that all staff are working with the commitment to promote and strengthen a culture of quality, respect, safety, and kindness. Our vision is a community where every international protection applicant is integrated into our society, treated equally, is valued, cared for, and supported in every step of their journey. We work to achieve this by providing essential support for our residents at challenging times in their lives. Our mission is to make a difference by empowering our residents, ensuring they feel safe in their new home, engaging them with external support services, and aiding their transition into the community. We understand, respect, and respond to the needs of our residents who are always at the forefront of our work. We are committed to promote and strengthen a culture of quality, respect, safety, and kindness, within our person-centred approach. This new vision and mission are in the Resident's Charter and will be added to all staff jobs descriptions, staff will be expected to strive for this, and it will be part of the appraisal process to ensure that staff are meeting the required targets of the company.

The service follows the GDPR policy provided by IPAS. The centre will complete a detailed risk assessment on the handling of GDPR to work alongside this policy. The

centre already has clear signage of CCTV and the policy around it is available to all visitors/residents/staff.

The Centre has a Child Safeguarding Statement on display in the centre and the Child Protection Policy is printed on the noticeboard. The Centre has a DLP, and residents are aware of who it is.

The centre has created a risk management policy. The health and safety statement has been updated and during this several risk assessments were carried out for the centre; this will be reviewed yearly. New risks assessments will be created as risks are identified. Risk management is part of the biweekly team meetings.

The Centre has created a Complaints Policy, the Adverse events policy will be created by 6th of May. The residents have all been made aware of the new complaints policy in the most recent Resident's Meeting. The complaints register has been updated to include the TRC number of the person who submitted the complaint as well as the outcome. The Centre introduced an anonymity box and informed residents about its presence in the meeting room during the residents' meetings. The complaints procedure is also included in the resident's charter.

The service provider is working to create a non-retaliation policy to ensure that there are no adverse consequences for raising an issue of concern, whether informally or through the formal complaints procedure.

The Service Provider has just received a new 2-year contract and plans to continue with this service.

Staff find it best to chat with children when they are waiting for the school bus in the morning, children usually come around 20 minutes early for the bus to the dining room to chat in the mornings. Staff utilise this time while school going aged children are together to address any concerns or opinions that they may have. The children are reminded regularly of how important their voices are to be heard. The Reception Officer, when school holidays start for Summer will organise activities around human rights etc with the children. The Reception Officer is currently completing a course in Child and Youth Participation Training where they are learning to make action plans. The aim of the training is to support an organisational culture change to facilitate greater child and youth participatory practice in Tusla and funded agencies. This will assist the Reception Officer to aid the children in the centre to have their voices heard, using the Lundy Model.

We believe making these changes and running the Centre by the policies created will lead to the residents feeling safer.

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

The resident's charter did not correctly address each point in National Standard 1.3. The Resident Charter has since been updated and is available to all residents. The Charter includes all points A-J from Standard 1.3 in the National Standards to become compliant in this. It is kept in a folder called residents charter, a copy of it is also placed on the Resident's noticeboard. A copy is given to all new residents, and all current residents were made aware of the updated changes in the last residents meeting.

The new confidentiality policy outlines how residents can access their personal information and that staff can support them with this. Residents were also made aware of this new policy. Residents were informed that all policies relating to them, will be printed in the resident's area for them to have access to before the May Residents Meeting and if they had any questions to speak to a member of staff.

1.4

Not Compliant

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

We have completed 2 residents' meetings since the inspection. We will continue to complete resident meetings every four weeks; the next one is scheduled for April 25th. Feedback from the previous meeting is given at the start of the new meeting, to update residents on any improvements from their suggestions in previous weeks. For example, in the first meeting the residents requested a printer, a printer was sourced, and residents were updated on this in the second meeting. There has been one survey completed on Human Rights to check resident's views/understandings.

Residents were asked to speak to Catrina if there were topics that they would like her to focus on, one resident requested Revenue assistance. Residents are reminded in the meetings that if they have anything that they would like to liaise with staff about privately they can speak with management any time. Management have created residents' folders documenting the daily support offered and support plans and will continue to improve the regular use of paperwork.

Audits for the centre will be completed on the following topics; weekly in Room Checks (maintenance), monthly on; staff training, incidents, complaints, school attendance, stocklists for the shop, resident meeting minutes, resident bed use (any issues with this), supervisions, appraisals, staff files. The first audits will be completed at the end of May by the new manager. These audits will help the service provider to review the quality and care for the residents. By creating a monthly report, the service can then compile these at the end of the year to send a yearly review to the Department of Justice and Equality.

The manager and Reception Officer will create a written exit-document for residents granted a form of status which will help them in their transition to life outside the Service including a guide to local services.

The residents charter includes a description of how the Centre adheres to public sector duty (human rights), it also describes the model of care and support delivered, the standard of accommodation and the services and facilities provided the Centre. The Service Provider will combine this information with the steps that they take to: (a) Eliminate discrimination; (b) Promote equality of opportunity and treatment of its staff and residents; (c) Protect the human rights of its members, staff, and residents into one document by the 3rd of June.

By the 3rd of June, the service provider will have revised the self- assessment questionnaire to make sure that it accurately reflects the service, including the changes we will have implemented by then. This will be discussed in the biweekly management meetings that have already begun.

2.1

Not Compliant

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

The Centre has created a recruitment and Selection Policy, a Garda Vetting Policy, an Induction and Checklist Policy, a Supervision Policy, and an Appraisal Policy. Each of these policies were created to ensure that the Service Provider is abiding with employment and equality legislation. The new Recruitment policy ensures that our recruitment of new staff is safe and will allow for the best running of the service. The Garda Vetting policy ensures that that staff, management, and volunteers are vetted in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Staff that now have garda vetting declarations on file are the Reception Officer, the Maintenance Manager, the housekeeper/shopkeeper and all security staff. The Centre Managers Garda Vetting has been applied for and the online part has been completed so we are expecting the declarations soon. The Garda Vetting for the New Centre Manager has also been completed as of the 8th of April. Job descriptions on file will mention that staff are required to establish and maintain relationships based on respect and equality by the 3rd of June.

The new Induction and Checklist policy ensures the service provider makes available appropriate orientation and induction training to all the service provider's staff, management, and volunteers when they start working in the centre.

The new appraisal policy allows management to complete appraisals fairly and effectively with staff. It includes a performance evaluation form at the end to assist

management. This will be completed with all new staff on the 3-month mark of employment and just before the 6-month probationary period ends. It will be completed with all current staff yearly. The first appraisals will be carried out prior to the 3rd of June.

2.3

Not Compliant

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

The roles in the Centre have been blurred due to a changeover in Staff. The Staff team will be full by August, but prior to this a New Centre Manager will start in May. This will allow all staff and managers understand their roles and responsibilities and have clear accountability and reporting lines. The management structure was outlined to residents in the last meeting but will be explained thoroughly to new staff and residents when new members begin. Job descriptions have been added to files and will be added for new staff as they begin with any additional information required in them by the National Standards.

The new appraisal and supervision policy will allow staff to be more effective in their roles and allow them to exercise their personal, professional, and collective accountability for the provision of an effective and safe service and supports. This will be actioned on prior to the 3rd of June. The centre now has a Bullying and Harassment Policy that all Residents have been made aware of. This is followed by staff to ensure everyone's safety.

Regular supervision is not in place, the new centre manager is due to start working In May. They will be booked immediately to complete supervision training with 'Effective Supervision - TSS Training'. Supervision will be carried out 4 times a year. The first Supervision with staff will be completed by the end of June, following the manager being trained by the 3rd of June. The Supervision policy will be followed from this point forward. Supervision documents are completed from the Policy and a copy will be kept in staff files and a copy given to the staff member.

All staff files will be audited monthly to ensure they meet the criteria of the National Standards. This auditing will begin at the end of May. A checklist of what needs to be in staff files will be created.

Information on Protected Disclosures from gov.ie is printed in the Policies/Procedures folder, a copy of 'Protected Disclosures, key messages for workers' document are also attached. Staff are advised of their rights and their ability to be facilitated in making a protected disclosure about the effectiveness and safety of the Centre, in line with the Protected Disclosures Act 2014.

2.4

Not Compliant

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

A training register has been created. It includes a list of all required trainings according to the national standards. It also includes any other trainings completed by staff as deemed necessary. This has been added to the list of monthly audits, to ensure the Manager feels that everyone is receiving training that they need. This is also discussed at the end of month management meeting. All staff will be fully trained by the 1st of July. Staff have completed training in Safeguarding Vulnerable Adults, Domestic/sexual and gender violence and harassment, Equality, Diversity and Cultural Competency, A rights-based approach to working with the National Standards on HSEland. Training is booked for all staff in Conflict Resolution on May 30th, Cultural Awareness on May 31st, and Bullying & Harassment on June 6th. The Reception Officer is booked to complete Child Protection Training on the 15th and 16th of April. The Reception Officer completed training in Risk Assessments and the New manager will also complete this course when they begin. The Centre Manager will be provided with Supervision training by 'Effective Supervision - TSS Training' when they start their new role.

All staff complete training in both adult safeguarding and children's first. Staff will be reminded once a month in the team meetings about the importance of adult and child safeguarding ensuring that everyone has the desired understanding of the protocols about being alert for signs of abuse and how to report it.

Both staff and residents are aware of the health and safety procedures. Health and safety have been added to the agenda for the residents meeting in April, to highlight the importance of leaving the building in the event of a fire alarm, cleaning up any spills that may occur in the kitchen/hallways etc. Health and safety procedures will also be discussed in the management meetings to ensure that they are being adhered to.

All staff and residents are now aware of and will now apply policies, procedures, guidelines, and practice documents developed by the Department of Justice and Equality, including the Child Protection and Welfare Policy and Practice Document, the Domestic, Sexual and Gender-based Violence and Harassment Policy and the Complaints Procedure. Staff's adherence to these policies will be addressed at their Appraisals, unless deemed to be urgent.

All training for Management and staff as outlined in the National Standards 2.4 has been added to the training register. Many of the trainings have been completed or scheduled. Staff are liaising with the immigration council or Ireland around anti-trafficking training. First aid training has been sourced and management is waiting on confirmation of a date.

3.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The service provider has carried out a risk analysis of the service since the inspection and identified potential risks that would compromise the provision of the service. The actions relating to the risks identified have been assigned to the Centre Manager, the Service Provider, and the Maintenance Manager. The Centre Manager will regularly review the risks and report any urgent concerns to the Service Provider for immediate action.</p> <p>The risk register will be provided to the Department of Justice and Equality as part of the inspection process, and is now available to its agents and inspectors, and the Office of the Ombudsman.</p> <p>Risks assessments for many areas have been completed, by the 6th of May all risk assessments for the entire Centre will be complete to that date and will be updated accordingly. This will include risk assessments for Child Safeguarding, Adult Safeguarding, Mental Health, inter-resident conflicts, residents with significant health problems etc.</p> <p>A risk assessment for the continuity of Service will also be completed prior to the 6th of May. The service provider holds business interruption insurance which allows the company to spend money to provide alternative accommodation (during repairs) or whatever is needed to continue the business. The water supply for the building is from a mains water system, and any issues noted will be reported to Irish Water immediately. There are two supermarkets in the town if there fails to be a delivery of necessary goods, they will be purchased from the shop, and if there is a failure of equipment then there is a second centre owned by the service provider a 15-minute drive away, where the chef there can prepare food for residents.</p> <p>The service provider is aware of their responsibility to ensure that any emergency of risk register protocol meets the additional support needs of persons with disabilities.</p> <p>Fire drills are currently being completed monthly until all residents are completely aware of the fire evacuation plan and how to proceed if the fire alarm goes off. An in-depth risk assessment has also been completed for the centre on Fire.</p>	
4.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The centre has developed a procedure on how best to allocate rooms. This procedure will be reviewed and signed off on by the 1st of July. The procedure outlines the below information. In conjunction with the Department of Justice and Equality, the</p>	

centre looks at the available rooms to see their compatibility for residents and questions any health needs of a new resident with the department before accepting a new resident. (This is done in so far as possible, often, IPAS will send an email outlining that a new resident is already on the way, without prior consultation with the Centre to check the suitability of the rooms). Due to this, the centre Manager will request an immediate transfer from the department if it is deemed from initial meeting with the new residents that their needs cannot be met to the required standard in the Centre. IPAS Vulnerability assessments have been suspended, so this is based on a Support Plan completed with the Reception Officer. (This support plan will outline the gender identity/sexual orientation of a resident should they chose to disclose this information)

The Centre Manager allocates individual rooms to residents with specific health conditions or disabilities, to the best of their ability. The procedure includes the allocation of rooms based on fair and transparent criteria. The Centre Manager considers familial links, gender, cultural, linguistic, religious background, age specific concerns and any vulnerability of the resident in the planning, design, and allocation of accommodation, including the availability of shared accommodation for LGBTI+ residents. The manager will liaise promptly, appropriately, and effectively with the Department of Justice and Equality if the accommodation centre is unable to meet the identified needs of residents and the best interests of the child.

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

All rooms are fitted with turn lock keys, for ease of movement in the event of a fire, and each resident has a lock to their door, their own cupboard (in their room) and own locker. The residents have bathrooms in their rooms and a communal one on the ground floor. The Centre does not have any single rooms as they are used by families currently in adjoining rooms. The Centre will facilitate a single resident applying for a transfer to a Centre with a single room after 9 months at their request if the Centre moves to singles instead of families as per contract. The Service Provider has built an additional storage unit in the Garden to assist with the storage issue in residents' rooms. By the 6th of May there will be more wardrobes/chest of drawers for any rooms that require them.

The Service provider is currently completing a comprehensive plan to reduce the reoccurrence of mould in the building which will be finalized by the 6th of May. An extra dryer will be added to the Centre to try and encourage residents to stop drying clothes in their rooms, which increases mould. The service provider is currently consulting with the electrician about stronger extraction fans to include in the plan.

A second study room is now available to residents also.

4.7

Partially Compliant

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

There is a cleaning rota in place for communal areas.

The Service Provider will make available more Washing Machines and Dryers and are sourcing a contract with a technician, to service the washing machines/dryers every 3 months, to reduce the breakdowns of the machines. The additional machines will help with residents' rights be upheld within the service. These will be in place prior to the 6th of May.

There are also outdoor clothes lines available to residents in the garden.

Laundry and cleaning products are available in the online shop.

4.8

Not Compliant

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

The security company that the Service Provider hires has completed a Security Risk assessment on the Centre. This has been added to the Risk Register and will be reviewed regularly.

The Security Company has been requested to have all their staff trained in cultural sensitivity, equality, and diversity training. This will be the 6th of May. The Centre now has a Violence, harassment and Bullying Policy as well as following the departments Domestic, Sexual and Gender-based Violence and Harassment Policy. Residents are aware of these policies and have access to them.

All security personnel are licensed by the Private Security Authority and are Garda vetted. A copy of their Declarations are now on file.

The service provider makes available rooms without CCTV for receiving visitors, social workers, legal representatives, and other advocates. Residents' right to a private life is protected by the service provider and CCTV is only used in a way which is deemed responsible, necessary, and proportionate. The residents can use the Playroom, Sitting Room, TV Room, Study Rooms, and Meeting room without being on CCTV.

The service provider is compliant with the General Data Protection Regulation 2016 / 17 and Data Protection Acts 1988 - 2018. The service provider is fully transparent about why and how personal data is being used and appropriate safeguards are in place and can demonstrate accountability for their data processing activities. The confidentiality policy and the GDPR policy on CCTV use, outline the ways residents can

request access to any information that is held on them. The company has also Migrated to a Microsoft programme for extra security online when handling residents' private information.

Staff receive GDPR training. Staff will also follow the Data Protection Policy and Data Protection Risk Assessment that will be in place prior to the 6th of May. The service provider does not disclose residents' identities and/or information or share it with third parties without their consent, except if it is necessary and legally required where there is a risk to the resident or to another person. The Management team will strictly follow the new Confidentiality policy to ensure the right to privacy and dignity of residents is protected.

The Centre is creating a Risk assessment around the on-going conflict between residents, in the interim, the residents have been relocated to separate areas of the building and report being much happier. The change in management appears to have reduced anxiety in the residents, with some residents who were unhappy previously commenting that their issue was resolved thanks to the change in management.

6.1

Not Compliant

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

The residents felt during the inspection that their rights to be protected, respected, and promoted in line with national legislation and international human rights standards and laws were not being upheld. Management has since tried to change this and will continue to improve the standard of care to ensure that rights are protected, respected, and promoted. There is currently a complete change in Management so that the service can work positively towards meeting the National Standards, the Assistant Centre manager has left the position, and the Centre manager is retiring when a new Centre Manager commences their role. It is the aim of the centre that through a new management team residents can feel safer and protected in the Centre. This hopefully will also allow the residents to view the management team as open and equal to all. The goal of the Centre is to have a full staff team by August with a new Centre Manager in May, an assistant Manager by July, and an Assistant Reception Officer by August.

There has been a survey completed on human rights with residents to see their understanding of their rights. Staff have provided the Human Rights Handbook by placing it in the Residents Information area.

It is the goal of the Centre to treat Residents with dignity, respect, and kindness. Equality will be promoted and respected in relation to the resident's age, gender, sexual orientation, gender identity, disability, family status, civil status, race, religious beliefs and/or membership of an ethnic group. This was highlighted in the interview

process for a new manager and the regular Residents meetings and Management Meetings will continue to highlight this also. Meetings have begun since inspection and will be continued regularly.

Residents receive the appropriate assistance and support they may require upholding their right to recognition before the law and to exercise their legal capacity. This includes assistance to access legal advice and representation. The Reception Officer helps all new residents to apply for Free Legal Aid. They also highlight the service of Citizens Information for guidance and support on understanding services in Ireland. The Reception Officer facilitates residents in accessing advocacy services such as the immigration council of Ireland, and to receive information about their rights.

Staff and management were informed that residents felt that they were not being treated equally. Staff have since created several policies to ensure that their work follows the National Standards Policy and Procedures. There has also been a change in Management in the Centre which has residents have reported positively around. There has been a file set up on each resident, and residents have all been offered to participate in an Individual support plan with the Reception Officer. This support plan is in place of the Vulnerability Assessment and is to outline the needs and wants of a resident, it reflects their concerns and any support that they may require. The support plan was discussed at the last residents meeting and current residents were encouraged to participate.

The Centre now has a complaints policy that the residents have access to, a copy of the complaints procedure was always available in the resident's charter but has also been discussed in the resident meeting. New residents have received a copy of the complaint's procedure on arrival.

The Service Provider does not provide a prayer room as the Centre has many different religions. There is information on voting in the Residents Charter and the Reception Officer will inform Residents of support available to them near the time of a local vote.

As mentioned previously; Staff find it best to chat with children when they are waiting for the school bus in the morning, children usually come around 20 minutes early for the bus to the dining room to chat in the mornings. Staff utilise this time while school going aged children are together to address any concerns or opinions that they may have. The children are reminded regularly of how important their voices are to be heard. The Reception Officer sourced a poster on the rights of the child and has shown this to the children. The Reception Officer will make use of school holiday times to run information sessions with children to allow them to express their views and be informed. Parents have full authority over their children but are supported when requested by the Reception Officer around any concerns the parents have.

8.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The Service Provider has created policies since inspection around Child Protection and Adult Safeguarding, and a Complaints policy to reinforce that residents are protected from harm and abuse. The team aim to show their adherence to the National Standards through the following:</p> <p>The Service Provider since inspection has completed an in-depth risk analysis on the entire Centre. The Risk Management Policy and Risk assessments are now carried out regularly. If there are immediate safety concerns then staff contact the Gardaí/Ambulance service, IPAS/HIQA depending on the circumstances are also contacted. The service provider will use their new policies to deal with all allegations of abuse and/or harm in an effective manner in accordance with identified policies and procedures.</p> <p>The service provider will create have policies, procedures, and systems to manage conflict and associated risk. Staff are booked to complete conflict management training on the 30th of May. The procedure will be reviewed after this training and finalised by the 1st of July.</p> <p>There is a Designated Liaison Person to act as a liaison with outside agencies and a resource person to staff who have safety concerns. Residents and staff are aware of who the DLP is.</p> <p>There are two notice boards in the Centre with flyers from many different support agencies in Ireland and the Resident's Charter also includes a list of all support services available in Ireland. If any new local resources are become available, then the staff will inform residents in their monthly meetings. This allows residents to be upskilled in their knowledge for their own safety and protection, if there is anything that the residents would like to know more about, they are asked to speak to the reception officer who will assist them.</p> <p>There is a new storage area. Any items going into the new storage area will be signed in and out. There are lockable lockers in all rooms.</p> <p>The Service Provider will create a clear emergency protocols procedure, and this will be communicated to residents and staff prior to 1st of July.</p> <p>Residents have been told that by next month all policies that involve them will be readily available to them and left in the resident's area for them to consult. The were</p>	

advised at the team meeting that if they feel there is something not covered in the policies, or they have questions about them then they are to speak with management.

8.3

Not Compliant

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

The service provider will create by the 6th of May policies and procedures for the management to review and evaluate adverse events. The policy will ensure that adverse events are treated sensitively and confidentially. This includes how the service provider reports adverse events to the Department of Justice and Equality within a specified timeframe. It will also contain information on how residents are to be fully and openly informed as soon as possible after an adverse event affecting them has occurred, or becomes known, and information and support are provided as needed.

Emergency Contacts will be placed in a frame in each room since the inspection.

There is an incident register in place and TRC numbers have been added to the register. An incident policy will be finalised prior to the 6th of May.

If new information arrives in paper format and is urgent then a copy is given to all residents the same day, if a resident is not in the Centre, then a photo is sent via email if it does not breach any GDPR. A procedure will be made around this by 6th of May. If it is not urgent then the information is also passed on at the monthly resident meeting. The minutes for these meetings are made available to all residents.

10.2

Partially Compliant

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

Each staff member has completed training as highlighted in section 2.4. There is now a training register that covers all staff in the Centre, this will be reviewed monthly so ensure all training is in date. All certificates of completed training to date are kept in staff files and added as training is completed. In future supervision will be held with staff after a serious incident so that they can debrief on incidents. The plan in relation to Supervision training was also highlighted in section 2.3. The service provider aims to promote self-care among staff who regularly deal with special reception needs. The service provider is consulting with the HR company about how best to support staff and will have implemented a plan by the 1st of July.

The service provider has informed staff that at the biweekly meetings they will encourage staff to share experiences, best practice and lessons learnt. The lessons learned will be documented in the meeting minutes so that they are followed up on.

Due to changes since the inspection, the delivery of supports for people identified as requiring special reception needs is person-centred and provided in such a way as to

affirm, promote, and empower the person's strength and resilience, this is done by residents linking with the Reception Officer and completing new Support Plans. Once the staff team is filled by August there will be an added emphasis on person-centred planning, ensuring staff are enabled to identify and respond to emerging and identified needs for residents.

10.3

Not Compliant

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

When residents arrive in the Centre they are met by both Management and the Reception Officer, the Reception Officer has created a new Support Plan to complete with Residents on their arrival to try and identify needs as quickly as possible. The Reception Officer will continue to monitor residents to see if needs change or if anything was missed after dispersal. There is now an Induction Checklist for residents to ensure that all important information is sourced on arrival for the Resident.

The manager will liaise promptly, appropriately and effectively with the Department of Justice and Equality if: (a) The accommodation centre is unable to accommodate or cater for the special reception needs of a resident; (b) Supports and services are not available in the locality to meet the special reception needs of a resident; or (c) Special arrangements or measures need to be taken to accommodate or cater for the special reception needs of a resident within the accommodation centre. This is outlined in the new admission/allocation of beds policy.

The Reception Officer has created a folder that includes information on all residents, that is stored securely by the Reception Officer. This folder is stored and locked in the office. It outlines supports given to residents since their arrival (this has been backdated for many as the folder is new), it will be updated regularly depending on each resident's needs, so that supports offered to residents are documented, it includes the new support plan for residents. All current residents have been offered to complete this support plan with the Reception Officer. The Reception Officer Policy is being created currently and will be completed prior to the 6th of May.

The Department of Justice and Equality is be kept informed of a resident's special reception needs, this is completed by the Senior Management Team. The management email Resident Welfare Team if there are any concerns. It has been added to the agenda for the biweekly team meetings.

The special reception needs of residents are responded to promptly and adequately, and referrals are made to relevant health and social care services, governmental agencies, statutory bodies, or support organisations, as required. All residents are supported to contact support agencies if they require support. The Reception Officer

now documents all supports offered to residents daily so that support offered can be proved.

The Reception Officer cooperates and collaborates with service providers, support organisations and statutory and non-statutory agencies to promote the health and development of residents with special reception needs and ensure their needs are met. They attend networking meetings to keep up to date with all support organisations in the locality.

The service provider is currently finalising a Reception Officer policy that will guide the Reception Officer in their duties to ensure residents with special reception needs are regularly monitored in conjunction with the reception officer. This will be completed by the 6th of May. Vulnerability assessments are currently postponed by IPAS. The Reception Officer links residents with any supports required. The Reception Officer helps residents to claim back travel expenses from Intreo and to receive free childcare funding.

The service provider and Management upholds any relevant provisions of the General Data Protection Regulation 2016 /17 and Data Protection Acts 1988 - 2018, as well as the centre's Confidentiality Policy, regarding the outcome of vulnerability assessments and the special reception needs of a resident. Residents have the right to confidentiality and staff follow the new confidentiality policy to ensure that this is upheld. A policy to identify, communicate and address existing and emerging special reception needs will be finalised by May 6th. The Service Provider will complete Appraisals with the Reception Officer to ensure their adherence to the policy.

10.4

Partially Compliant

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

The Reception Officer has appropriate qualifications (currently a Level 9 in Addiction Studies and a Level 8 Bachelors of Social Science), with prior work experience in Homelessness, Children in Care, Disability. The Reception Officer is a member of the senior management team as per the management structure. The Reception Officer is the principal point of contact for residents, staff and management for any issues concerning special reception needs. The Reception Officer is responsible for ensuring linkages with local healthcare providers, schools, legal service providers, family and child support agencies, trauma counselling and other specialist Services, NGOs and other civil society groups including religious organisations, where appropriate and in line with vulnerability assessments and the identified special needs of residents. The Reception Officer will communicate effectively with the Designated Liaison Person in this regard, where necessary. The Reception Officer for the moment is still part-time in the centre, but all residents have the Reception Officers email and phone number.

The Reception Officer will complete regular external specialised training to identify and respond to residents with special reception needs. The Reception Officer has contacted IPAS to enquire about the specialised training required, for now they have advised that Childrens First and Suicide awareness training are required, and that more training will be added in coming months. The Reception Officer has completed training in both of these areas. All staffs training certificates are stored in their file.

The Reception Officer has established relationships and is in regular contact with relevant State service providers, support organisations and statutory and non-statutory agencies in the locality. The manager is responsible for notifying the Department of Justice and Equality on the availability of support services in the locality and in the accommodation centre. The new Centre Manger will liaise with the Reception Officer around already built connections and connect with the Department around the resources available. The Reception Officer provides information and advice on issues about special reception needs within the accommodation centre to residents and staff. Staff will be supported at biweekly meetings around any questions they may have in relation to special reception needs.

The manager is responsible for reporting to the Department of Justice and Equality, any special reception needs of residents that become apparent after dispersal. The manager will liaise with and may make recommendations to the Department of Justice and Equality if they consider that a resident with special reception needs would be better accommodated or catered for in an accommodation centre designated for exceptionally vulnerable residents. This is outlined in the Admission/Allocation of rooms policy.

If a resident's accommodation is to be changed then they are informed by both IPAS and the Centre Manager. When the Centre manager receives an email outlining a change, they print the email and ask the resident to come to speak with them privately in the office.

The Service Provider aims to have a dedicated Reception officer available in the centre from the 1st of August that has access to procedures and supports to fulfil their role. In the meantime, the current Reception Officer will continue their role, and be supported by a New Centre Manager and an Assistant Manager.

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Not Compliant	Red	03/06/2024
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.	Not Compliant	Orange	01/07/2024
Standard 1.3	There is a residents' charter which accurately and	Not Compliant	Red	13/05/2024

	clearly describes the services available to children and adults living in the centre, including how and where the services are provided.			
Standard 1.4	The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.	Not Compliant	Red	03/06/2024
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	03/06/2024
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Not Compliant	Red	03/06/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Partially Compliant	Orange	01/07/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	06/05/2024
Standard 4.1	The service provider, in planning, designing and allocating	Partially Compliant	Orange	01/07/2024

	accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.			
Standard 4.3	The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.	Not Compliant	Red	06/05/2024
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.	Partially Compliant	Orange	06/05/2024
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.	Not Compliant	Red	06/05/2024
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Not Compliant	Red	06/05/2024

Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Partially Compliant	Orange	01/07/2024
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Not Compliant	Red	06/05/2024
Standard 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Partially Compliant	Orange	01/07/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	06/05/2024
Standard 10.4	The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.	Partially Compliant	Orange	01/08/2024

