Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of the Centre:	Hibernian Hotel
Centre ID:	OSV-0008436
Provider Name:	Flodale Ltd.
Location of Centre:	Co. Laois
Type of Inspection:	Unannounced
Date of Inspection:	15/07/2024
Inspection ID:	MON-IPAS-1068

Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a national[1] and international level[2] since that time. In response, the Irish Government took certain steps to remedy this situation.

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

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published a White Paper to End Direct Provision and to establish a new International Protection Support Service[3]. It was intended by Government at that time to end direct provision on phased basis by the end of 2024.

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

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent[4] 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 for families and single people seeking international protection. At the time of inspection, the centre was accommodating 44 residents 20 of whom were children.

The centre provides its services in a terraced three-storey building, with a large walled garden at the rear separated by a short path. The rear garden houses two buildings containing five apartments.

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:	44

How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

The inspection was carried out during the following times:

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
15/07/2024	10:15hrs-17:20hrs	1	1

What residents told us and what inspectors observed

From conversations with residents, a review of documentation, and observations made during the inspection, the inspectors found that the service provided a safe and positive living environment for the residents. This inspection found substantial improvements had been made since the previous inspection of the centre in February 2024. These improvements included a cultural shift within the staff and management team where residents' rights were respected and promoted and a focus on delivering good quality and safe services had been developed. The service provider had developed policies and had taken action to strengthen the governance and management arrangements which had a direct positive impact on the experiences of residents living there. However, despite these positive developments, the enhanced governance and management systems were in an early stage of being embedded in practice and the risk management and record keeping systems needed to be developed further to ensure the provision of a continually safe and effective service.

This was an unannounced risk based inspection of the Hibernian Hotel following the receipt of unsolicited information by HIQA. This was the second inspection of the centre and the inspectors monitored the implementation of the compliance plan submitted by the service provider to HIQA following an inspection carried out in February 2024 (MON-IPAS-1011), which found significant levels of non-compliance with the national standards.

This inspection took place over one day. During this time, the inspectors met with 12 adult residents and five children. The inspectors also spoke by telephone with the director of the company and met the centre manager, the reception officer and one member of the staff team.

On a walk around the accommodation centre, the inspectors observed that the physical structure of the centre was in good condition and the centre was clean and well-maintained. On the ground floor of the centre, there was a living room for residents, staff offices, a children's playroom, a dining area, a communal kitchen, a communal toilet and the centre shop. Resident 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 five apartments in this rear garden. Fire safety equipment was visible throughout the buildings, and fire evacuation routes and exits were clearly marked.

Families were accommodated together in en-suite bedrooms and larger families had two adjoining rooms. The inspectors observed that the conditions in some bedrooms were good while other bedrooms needed painting and decoration. There was minimal living space in some of the bedrooms which meant that the children had limited space to play and develop. Some of the bedrooms had a large quantity of personal belongings which further impacted the available living space and resulted in cramped conditions for these residents. The service provider had provided additional storage areas for residents but some choose not to use this facility. As a result, belongings were stacked in boxes and bags which presented a risk to children in these rooms. The inspectors discussed this with the management team and highlighted risks in specific rooms which needed to be assessed. In addition, some children were sharing a bed with a parent. The management team had provided alternatives but some residents described how they preferred to share a double bed or had moved single beds together to allow for more floor space. While the risk of sharing beds was assessed with regard to babies, the same risk was not assessed or appropriately considered regarding older children.

The inspectors observed the facilities available for children. There was a playroom for children to access but there was a limited number of toys and games and this area needed to be restocked. For example, the inspectors observed two play kitchens but there was no toy food or utensils to allow the children engage in this type of play. Parents told the inspectors that they did not avail of the playroom and while children did access the room, there was little to occupy them. Children had access to a nice green area to the rear of the building where there was space for playing football and other games. There were two study rooms available for residents including facilities for children to study or complete their homework.

The inspectors spoke with residents about their experience living in the centre since the previous inspection of the service. All residents reported that they felt safe and protected living in the centre and they stated that there was a marked difference in how the centre was operated since the previous inspection. Residents told inspectors that the managers had introduced an open door policy whereby they could call in to the office and speak with staff without making an appointment. Residents said staff were respectful and helpful and said they felt listened to. They told the inspectors that they were asked for their feedback and had attended residents meetings. Residents who had lived in the centre for an extended period told inspectors that they had noticed significant changes in recent months. One resident said "we've seen a lot of improvements in the last three months". Overall, the feedback from residents was overwhelmingly positive in comparison to their feedback received by HIQA in February 2024.

Some children who spoke with the inspectors stated they liked living in the centre and felt safe. They said staff were nice and friendly. The children attended school and a number of children expressed excitement about attending a summer camp later in the summer. They said they played football in the back garden with their friends. The children had engaged in a child friendly fire safety event where they learned about what to do in the event of a fire in a fun and interactive way.

In addition to speaking with residents about their experiences, the inspectors received six completed questionnaires from adult residents. The questionnaires asked for feedback on a number of areas including safeguarding and protection; feedback and complaints; residents' rights; staff supports and accommodation. There was mostly positive feedback provided in the completed questionnaires with residents indicating that they felt safe and adequately protected in the centre. They all said the management team were approachable and that they felt comfortable raising a complaint about the service, if they needed to. The majority of respondents said that they felt respected and that services were person-centred but two residents indicated that they did not feel supported to live a meaningful life in the centre. Two of the six respondents indicated that they did not have sufficient storage.

The inspectors found that the residents, including children were well supported. Resident files were maintained and the records demonstrated how residents were supported across a wide range of areas and linked with the appropriate services when required. A new support plan template was created to document residents needs which allowed the reception officer to develop a plan for the residents in line with their needs. Residents were encouraged to become involved in local community initiatives and art classes were available for children to attend during their summer holidays. The inspectors viewed photographs of a celebration event organised in the centre to mark refugee week.

In summary, this inspection found that significant improvements had been made in a short space of time which had improved the services provided and the experience of the residents living in the centre. While the governance and management of the service required further development, consultation with residents had increased and their voice and experience was valued. This had led to an environment where residents felt safe, protected and comfortable to engage with the management team.

The observations of inspectors and the views of residents outlined in this section are generally reflective of the overall findings of the inspection. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This was an unannounced risk based inspection of the centre following the receipt of unsolicited information. It was the second inspection of the centre and the inspectors monitored the implementation of actions outlined in the provider's compliance plan which they submitted to HIQA in response to the findings of the previous inspection of the centre which was completed on 20 February 2024 (MON-IPAS-1011).

The inspectors found that the service provider had taken action to address the deficits relating to the governance and management of the service and a positive shift had taken place in the culture of the centre. While governance and management systems were at the initial stages of being embedded into practice, they had already contributed to improvements in service delivery which had impacted positively on the lived experience of residents. While improvements were found across a number of the national standards, further action was required in areas such as the oversight arrangements, risk management systems, the safe recruitment of staff and general record keeping practices.

This inspection found that the management team had a good understanding of the national standards, relevant legislation and national policy and had begun to implement the required systems and processes to support the centre to achieve compliance in time. A suite of policies and procedures had been developed and this allowed for service delivery to be shaped and good practice to be established. The service provider ensured that action was taken to address the non-compliances identified during the previous inspection of the service. The inspectors sampled 46 of the required actions from the compliance plan and found that good progress had been made, with 37 of the actions completed, one partially completed and eight in progress. Significant efforts had been made in a short timeframe to improve service provision and the management team have a clear vision for the service they wished to provide in the longer term.

The management team in the centre had gone through a period of change since the previous inspection. A new centre manager commenced in position the week prior to this inspection and the reception officer was acting centre manager while the new centre manager was being recruited. There was clear evidence demonstrating that improvements had been made in the overall governance and management of the service and a culture of person-centeredness had been established in the centre. The management team were eager to learn from the inspection process and to implement the necessary changes to achieve compliance with the national standards.

The inspectors found that systems of oversight and accountability in the service had improved but required further development. Management meetings had commenced

and it was evident that the service provider met with the management team and engaged in regular, documented discussions relating to service provision. While this was an improvement since the previous inspection, the minutes of the meetings did not reflect that there was set agenda or routine discussions relating to key aspects of the service. This meant that it was not possible for senior managers to track decision making or to demonstrate how risks, incidents or safeguarding concerns, for example, were discussed or actioned. This deficit had been identified prior to the inspection and a template was created to ensure a more consistent and comprehensive approach to allow for oversight across all themes of the national standards.

The service provider had recording systems in place but they required further development and expansion. Records relating to the support provided to residents had improved and the reception officer was proactive in responding to the needs of residents. The inspectors found that while interactions and the support provided to residents by the reception officer was recorded, this system did not extend to other staff employed in the service. The inspectors found that the recording systems were fragmented and there was a benefit to developing centralised systems to record key data and information relating to residents and centre operations. For example, incidents relating to safeguarding issues and substance misuse were recorded in residents' files and this meant that it was difficult for the management team to have thorough oversight or to track and trend the information which could lead to changes in practice. The centre manager and reception officer were in the process of developing a system to centralise their data and enhance their oversight of the service. In addition, the service provider told the inspectors that they were in the process of developing a computerised system to improve their information governance systems.

Communication systems also required further development. There were no formal team meetings between the management and staff team to ensure all aspects of the service were discussed and reviewed. In addition, the inspectors found limited records to demonstrate how the staff team communicated important information about the residents or service provision. The management team told the inspectors that they regularly provided written updates and direction for staff working at night or weekends but they had not retained copies of these handovers.

An effective quality assurance system was not yet in place, but progress had been made in developing systems to monitor the quality of care provided to residents. The service provider had offered residents the opportunity to provide feedback about their experience of the service through a resident survey and resident meetings had commenced. In addition, the acting centre manager introduced an open door policy for residents to access the management team and a suggestion box was available for residents to report their concerns anonymously if they wished. These efforts demonstrated a commitment to address residents' evolving needs and improve the

quality and safety of the service. While some auditing systems had been developed, they needed to be expanded further to ensure the consistent and safe delivery of the service.

The risk management system had improved since the last inspection but this required further development. A risk management policy was in place but this was limited in detail and did not provide sufficient guidance for the staff team in relation to the identification, assessment and management of all risks within the centre. The management team had completed numerous risk assessments and while the risk register provided an overview of these risks, there were a number of current risks within the service which had not been assessed. For example, risks relating to staff recruitment processes, absences of staff, or outbreaks of infectious disease had not been assessed. Furthermore, risks relating to alcohol and substance misuse and residents' safety and welfare had not been assessed. The lack of oversight of incidents and safeguarding concerns meant that the associated risks had not been identified, assessed or captured on the centre's risk register. The service provider had adequate systems in place to manage the risk of fire in the service.

Recruitment practices for staff members required improvement. The inspectors found that staff members recently employed did not have a written reference which was required by the centre's recruitment policy. There was one staff member who did not have a Garda vetting declaration on file, but the application had been submitted. Records including Garda vetting declarations and international police checks were not present for personnel who were employed through an external agency. While the management team were assured that the external agency had all of the required documents on file, there were no records to evidence this. The service provider requested that all agency staff complete additional Garda vetting applications, which were in progress at the time of the inspection. The inspectors identified one instance where a positive Garda vetting disclosure had not been risk assessed.

Personnel files had improved but not all of the required information or documentation was on file. This inspection found that there was no identification for one staff member and a start date was not evident for the majority of staff employed. Job descriptions were devised for most of the team but this was outstanding for the director of the company.

There was evidence of a cultural shift in the centre towards a social care led approach, where the views and experience of residents were both sought and valued. The complaints management system was developed and there was evidence of the effective management and resolution of resident complaints. While it was not recorded if the complainant was satisfied with the outcome of a complaint or it a complaint was

closed, residents reported that they understood how to make a complaint and felt comfortable in doing so.

In summary, the service provider ensured that residents received a person-centred service and the governance of the centre was enhanced since the last inspection. However, management and oversight systems, as well the management of risk needed to be further developed to ensure that a consistently safe and good quality service was provided to residents. The management team were eager to provide a good quality and safe service and there was a willingness to make changes to ensure the service delivered was of a consistently high standard.

Standard 1.1

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

The management team had a good understanding of the national standards, legislation and national policy. They were actively addressing deficits in service provision to ensure the living conditions and services provided to residents were in line with the requirements of the national standards. A suite of policies and procedures were in place to provide the necessary guidance but they were in an early stage of being embedded in to practice. There continued to be some non-compliances with the standards but the management team had plans to address these deficits and to achieve compliance.

Judgment: Substantially Compliant

Standard 1.2

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

The lines of accountability and authority were clear and reporting structures had improved since the previous inspection. A culture of continuous quality improvement and valuing feedback from residents had been fostered. Systems to maintain oversight of the service were not in place but they were in the process of being developed. A centralised recording system and a process to trend and review risks, safeguarding concerns, complaints and incidents was required. Communication and handovers between centre staff and agency staff required improvement.

Judgment: Partially 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 a change in the culture of the service since the previous inspection which ensured residents participated in and were consulted with in relation to service provision. While some auditing systems had been developed, they did not cover all aspects of the service.

Judgment: Partially Compliant

Standard 2.1

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

Recruitment practices required improvement to ensure staff were recruited in line with the requirements of the centre's policy. There was no risk assessment in place for positive disclosures in Garda vetting checks. Job descriptions had been devised for the majority of roles within the service, but this remained outstanding for one member of the staff team. While the management team were provided with assurances that all security staff employed through an external agency had international police checks completed, they had not viewed these documents or requested copies for their own staffing records.

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 management of risk within the service had improved but required further development to effectively manage all risks within the service. A policy to guide practice in relation to the identification, assessment and management of risk was created but this did not provide sufficient guidance and required review. Several risks had been identified, assessed and documented on the centre's risk register but a number of risks identified by the inspectors during the inspection had not been identified.

Judgment: Partially Compliant

Quality and Safety

Overall, the inspectors found that residents living in the Hibernian Hotel accommodation centre were enjoying a good quality of life and were safe and happy living in the centre. In the time since the previous inspection, significant progress had been made to establish a culture where residents' rights were respected and promoted. However, there were some issues related to the accommodation provided that required the completion of risk assessments and while residents were well supported, not all safeguarding concerns had been reported in line with the requirements of national policy.

This inspection found that families were accommodated together and the right to family life was promoted but some families were living in cramped conditions. Families did not have access to their own private living space due to the nature of the accommodation provided and some of the resident rooms viewed by inspectors had very limited available floor space. Despite residents having access to external storage spaces, some choose to store all their belongings in their bedrooms and in some cases they were stacked in suitcases, bags and boxes. This posed a risk, particularly to small children, and while it was evident that the management team had offered some supports, this had not been risk assessed. Furthermore, the lack of available floor space impacted on children's opportunities to play and develop within their own living quarters.

In addition, some children were sharing beds with their parents. While the management team had offered alternatives, parents said they preferred to share a double bed or move their single beds together, to free up more space in their room. It was evident that the management team had completed a risk assessment regarding babies sharing a bed with their parents but an assessment was not completed when it related to older children. The service provider had alerted the relevant department in cases where teenagers were sharing one bedroom with their parent but a risk assessment was not competed to ensure adequate control measures were in place while awaiting a response.

Children had access to a playroom and outdoor spaces but toys and resources in these spaces were limited and needed to be restocked.

Residents' rights were respected and promoted in the centre. This inspection found that a culture had been developed in the centre where rights were understood, protected and promoted and this was a significant improvement since the last inspection. Residents told inspectors that the management team had introduced an open door policy in recent months whereby they could speak with staff at any time and

said they felt listened to and their feedback was valued. Residents had opportunities to engage with the management team at residents' meetings, through a resident survey, an anonymous suggestions box, and in general day-to-day interactions. The staff team were aware of cultural differences and provided support to residents with regard to living in a centre among other residents from various backgrounds and cultures. The inspectors found that the service provider respected the rights of residents and provided supports in line with their needs and preferences. The nature of the accommodation provided impacted on some individual's right to privacy and dignity, as outlined above.

While safeguarding practices in the centre had improved, the service provider needed to ensure that safeguarding policies were implemented in practice. The service provider had developed a child protection and welfare policy and an adult safeguarding policy. All staff had completed training in *Children First: National Guidance for the Protection and Welfare of Children* but not all staff had training in safeguarding vulnerable adults. During the previous inspection of the centre, there were concerns in relation to how conflict between residents was managed and residents had reported that they did not feel safe. This inspection found that there was no longer tension or conflicts arising between the residents. Additionally, residents reported feeling safe, protected and comfortable reporting any concerns they had to the management team. The inspectors found that interpersonal conflicts were appropriately managed and responded to when they arose.

The service provider had informed parents of their responsibilities with regard to the supervision of children but there was no centre policy to guide the team in relation to supervision or child-minding arrangements in the centre. The inspectors identified a number of welfare concerns which had not been reported to the Child and Family Agency (Tusla) in line with the requirements of the Children First policy. However, despite this, it was found that the management team actively managed the concerns locally within the centre. These concerns were retrospectively reported by the management team to Tusla during the course of the inspection. The lack of a centralised recording system for safeguarding concerns, and the lack of effective oversight systems, meant that this deficit had not been identified by the management team prior to the inspection.

While there was a system in place to record incidents and accidents which had occurred in the centre, this was underutilised and not all incidents were appropriately recorded. The inspectors reviewed residents' records and identified incidents relating to substance misuse and safeguarding concerns which were not recorded as incidents. Although the concerns were found to have been managed appropriately, the recording systems in use meant that it was difficult for the management team to have thorough oversight or to

track the number of incidents, or welfare concerns, or to trend the information which could lead to improvements in practice, as noted previously in the report.

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.

Families were not provided with private living space in addition to their sleeping quarters. Children were sharing bedrooms with their parents and in some cases, children shared a bed with a parents. The management team had offered alternatives to the residents but the impact of this arrangement on both adults and children had not been risk assessed. The lack of available floor space in bedrooms meant that children had limited space to play and develop and while they had access to other rooms in the centre, there was limited play equipment and facilities to support and encourage their development.

Judgment: Not Compliant

Standard 6.1

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

Significant improvements were observed in relation to how the rights of residents were respected, safeguarded and promoted. The service provider ensured that systems were put in place to allow residents to provide feedback on their experiences including a suggestion box, a resident survey and through regular resident meetings. Residents reported that they felt respected and their views listened to and valued. The culture in the centre had changed since the previous inspection to one which was inclusive, respectful and person-centred.

Judgment: Compliant

Standard 8.1

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

The service provider developed the required policies and procedures which provided adequate guidance for the staff team to ensure each resident was safeguarded from harm and abuse. Residents were comfortable to address any concerns that they had with staff and the management team responded appropriately when concerns arose. Residents told the inspectors that they felt safe and protected and relationships between residents had improved and there had been no concerns regarding conflict between residents. Not all staff had completed training in safeguarding vulnerable adults.

Judgment: Substantially Compliant

Standard 8.2

The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.

The centre had a child protection policy but there was no guidance for the team in relation to the supervision or childminding arrangements specific to the needs of the residents in the centre. Child protection and welfare concerns relating to some children had been addressed by the management team, without delay, but mandated reports were not submitted to Tusla, in line with the requirements of the Children First national policy. These concerns were subsequently reported during the inspection. A system to review all concerns relating to the protection or welfare of children had not been developed.

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.

The management of conflict between residents presented as a concern during the previous inspection of the service. Due to action taken by the management team, this was no longer an issue for residents living in the centre. Other incidents, such as substance misuse, which had occurred were not always recorded on an incident form. The need for a standardised recording system to ensure appropriate recording, monitoring and review of all incidents was addressed previously in the report.

Judgment: Substantially Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Substantially Compliant
Standard 1.2	Partially Compliant
Standard 1.4	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Partially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.4	Not Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Substantially Compliant
Standard 8.2	Partially Compliant
Standard 8.3	Substantially Compliant

Compliance Plan for Hibernian Hotel

Inspection ID: MON-IPAS-1068

Date of inspection: 15 July 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
1.2	Partially Compliant

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

The management team have introduced a monthly document that overviews, incidents, risk assessments, quality of care etc to try and improve the oversight of the service. This report has been completed for the month of July and staff will continue to work on this document. A new welfare folder has been created and this is part of the monthly review also. A handover folder has been created, this folder has different sections for staff to report on at the end of their shift so that all staff assuming duty are aware of any work that must be completed or any issues they need to be aware of. This will also improve communication between Flodale and agency staff.

The residents are aware of the Manager and Reception Officers duties. There is a clear line of authority and accountability in the centre. The manager meets the requirements to be deemed competent.

Staff through their daily work aim to show commitment to promote and strengthen a culture of quality, respect, safety, and kindness. The service provider directs sufficient resources to provide person-centred safe and effective services. Children and adults are supported through the operational plans of the service provider, and the management team continue to grow and learn through experience, The staff team are making changes all the time to improve the quality of service. This includes the regular reviewing of reporting procedures and risk management in management meetings. The GDPR policy is always followed by staff. Staff have completed training in risk management to improve

their ability to identify all risks. There is a complaints/incident folder in place and an anonymity box.

The child protection policy and safeguarding statement is on display in the centre, all visitors to the centre must also sign a declaration to abide by these policies.

The centre has a quality improvement plan in place and aims to review and meet goals regularly. Child friendly activities take place during school holiday times to hear the thoughts and needs of the children, the most recent activity being, a child friendly information session on how to make a complaint. A WhatsApp group is used, as well as noticeboards, resident meetings, and resident information areas, to keep all residents up to date with any changes etc.

1.4	Partially Compliant

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

Staff will continue to improve their auditing systems, as mentioned above a new monthly document has been created and implemented as of August. This monthly document will go towards the annual review required by the department of Justice and Equality, as each month of the year will be easily compiled. This will improve the overall auditing of various aspects of the centre. There is also a list of monthly documents that must be audited by the manager under their duties. The quality improvement plan is also part of this process and is due to be updated at the beginning of September.

There is a culture of involvement and consultation with residents on both an individual and group basis.

All residents are assisted with any information that they require before leaving the centre, and residents are always welcome back to the centre or to contact management if they have questions.

The centre has a mission statement and vision that is printed around the centre and provided in the resident's charter.

2.1	Partially Compliant

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

Staff will complete a risk assessment for any positive disclosures on a garda vetting form going forward. This is in line with both the Garda vetting policy and the Recruitment policy.

All staff now have a job description on file.

Management requested the international police checks after the inspection, and now have a copy on file for all bar one staff, the last file is expected in the coming weeks.

Staff will follow the recruitment policy efficiently going forward with all new starters. All staff are garda vetted prior to starting their positions. The centre has an induction policy and an appraisal policy that is adhered to.

3.1	Partially Compliant

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

Staff have completed external training in risk management to improve their ability to identify all risks. The risk management policy is under review and will be signed off on by September 30th. Risks identified during inspection have been investigated and added to the risk register by management. There is a risk assessment in place for the continuity of service.

The risk register is available to be viewed by the Department of Justice and Equality.

All residents have been educated on fire drills and emergency protocol.

4.4	Not Compliant

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

The centre does not have space to provide families with their own private living space. Adults sharing a bed with their baby had been risk assessed and the centre has now completed a risk assessment for an adult sharing a bed with a grown child/adult family member. All families sharing a double bed had been encouraged to use two single beds, staff will speak with all families again prior to the 31st of August to highlight the appropriateness of separating the beds to be used as singles.

The centre has ordered some equipment for the garden for children to play with and will also order supplies for the toy kitchens in the playroom and some age-appropriate toys for the current children. Activities are organised in the centre during school holidays to try and aid with the lack of private space available for families.

Families are placed together and in interconnecting rooms. Management liaise with IPAS around appropriate rooms.

The centre has a risk assessment in place for a teenager sharing a room with a parent, as the centre does not have the space to provide alternative accommodation, Management liaise with IPAS around this. All bedrooms in the centre have their own private bathroom.

8.2	Partially Compliant

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

A document has been created since inspection, outlining guidance for all staff and residents around supervision and childminding, this includes a document to be signed by parents if their children are being left in the care of another resident during the day. A copy of these updates has been given to all families in the centre, in relevant languages. The Tusla document on Guidance for new families to Ireland was also given to all families in relevant language. The child protection policy will be updated to reflect this by 13th September. All this information is also stored in the welfare folder.

A welfare folder as mentioned above has been created and as part of the monthly audit document any welfare concerns/reports are highlighted. This allows for any concerns to be reviewed and plans made in management meetings if required.

Any mandated concerns have been followed up on.

Staff will continue to improve their systems, and ensure all audits and reports are completed, as necessary.

The centre has policies in place which are reviewed and updated also. The designated liaison person is trained in child protection and staff and residents are aware of who this person is, and it is displayed in the centre. There is also child friendly material in the centre for children and young people.

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 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	30/09/2024
Standard 1.4	The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.	Partially Compliant	Orange	30/09/2024
Standard 2.1	There are safe and effective recruitment practices in place	Partially Compliant	Orange	30/09/2024

	for staff and management.			
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	30/09/2024
Standard 4.4	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.	Not Compliant	Red	31/08/2024
Standard 8.2	The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.	Partially Compliant	Orange	30/09/2024