



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

Name of the Centre:	Linden House
Centre ID:	OSV-0008441
Provider Name:	Cromey Ltd
Location of Centre:	Co. Kerry
Type of Inspection:	Announced
Date of Inspection:	05/06/2024 and 06/06/2024
Inspection ID:	MON-IPAS-1034

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

Linden House is an accommodation centre located in Killarney, Co Kerry. The centre has 40 bedrooms, 17 of which are based on the ground floor of the centre and the remaining bedrooms are on the second and third floors. At the time of the inspection the centre provided accommodation to 74 residents. The centre is located in a busy town with easy access to public transport links.

There is limited parking facilities on-site and access to the building is gained through the main reception. The building comprises resident bedrooms, a reception area, an office, a dining room, a television room and a resident kitchen. The centre has an external laundry room next to the main building and also two cabins for communal space for the residents to relax, watch television or receive visitors.

The service is managed by a centre manager who reports to the director of services and is staffed by a director of operations, deputy manager, reception officer, night porters, general support staff and cleaning staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	74
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

The inspection was carried out during the following times:

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
05/06/2024	11:00hrs-19.30hrs	1	1
06/06/2024	08:30hrs-16:00hrs	1	1

What residents told us and what inspectors observed

The inspectors found, through conversations with residents, a review of documentation and observations made during the inspection, that those living in Linden House Accommodation Centre were receiving good support from the deputy manager, centre manager and staff team. Most residents expressed satisfaction with the services and assistance they received at the centre and spoke highly of the staff team. However, the inspectors identified areas for improvement, particularly in the management arrangements and in defining the roles and responsibilities of the centre manager and deputy manager, establishing internal structures and processes for the oversight and monitoring of the service, and developing systems to facilitate increased service user consultation and engagement.

The inspection took place over the course of two days. The inspectors met with a representative of the service provider, the deputy manager (who was acting in place of the centre manager in their absence), and two managers from a sister service who supported the inspection. The inspectors also met with the reception officer and a domestic staff member. The inspectors met and spoke with 14 residents during the inspection. The inspectors had an introduction meeting with the management team and then completed a walk through of the buildings with some members of that team.

The accommodation centre was located in the town of Killarney, Co. Kerry. It was situated within walking distance of a range of local services and facilities. The main accommodation building housed a reception area, a television room, a dining room with three tables and six chairs and a residents' kitchen. The television room was also used as a meeting room for the reception officer. There was an external laundry next to the accommodation building and an office building. The kitchen had six fully-equipped cooking stations which were available to residents, including fridge and freezer storage.

The entrance area of the main building of the centre was inviting for both residents and visitors alike. The inspectors observed this as a busy centre, with residents coming and going from walks or returning from work. Some of the residents living in this centre were employed in local shops and restaurants. Residents with whom the inspectors had the opportunity to speak with said they liked Killarney, and they enjoyed having services and amenities nearby. The reception area of the building was especially busy and the inspectors observed residents looking for and receiving assistance from staff members. The inspectors also noted residents made arrangements to meet with the reception officer and were observed using the private reception officer room. Residents were also observed cooking with friends in the kitchen and making use of the facilities for batch cooking.

The inspectors completed a walk through of the building and found that generally it was in a good state of repair and was clean. Some bedroom door locks required attention as they were not working and the deputy manager was observed replacing the battery in these door locks. Some bedrooms had drawer units or lockers without handles which required repair. All residents spoken with informed the inspectors that the heating was either turned off for the summer months or was not working and that they found it cold in their bedrooms during early morning and late evening times. The kitchen also had only one toaster and residents found this was not sufficient to meet the needs of residents in the centre. There was a fire sensor alarming on the top floor and when the inspectors asked the residents why this was the case, they informed the inspectors that it frequently alarmed and they found it difficult to sleep at times due to this noise.

The primary function of the centre was to provide accommodation to international protection applicants and it catered for single males. The resident group in the centre were from a number of different countries. While the centre provided accommodation to people seeking international protection, the inspectors found that some of the residents had received refugee or subsidiary protection status and had received notice to seek private accommodation outside of the centre. Due to the lack of alternative accommodation available this was not always possible. At the time of inspection, the centre accommodated 74 residents across 40 bedrooms. The service provided accommodation to single males and the maximum occupancy of any bedroom was three people. The centre did not provide catering and operated a points system for food and sundries supplied from the service provider's shop and was delivered twice weekly.

The inspectors observed a number of different bedrooms in the centre with the consent of residents. While all of the rooms viewed met the minimum space requirements of the national standards, it was noted that in the case of rooms where three people were sharing, space was very limited. One room observed contained a set of bunk beds and a single bed, a wardrobe, a fridge and food storage cupboards, with very little floor space remaining. Residents all said they preferred single beds to bunk beds and that they did not choose to use the bunk beds provided.

Residents met with during the course of the inspection were of the view that there was no centre manager in place at the time of inspection. When queried with various managers and staff members, the inspectors were provided with different accounts of the status of the centre manager. This meant that there was a lack of clarity amongst staff members and residents as to whether there was a manager in place in the centre or not. The inspectors were subsequently informed, following the inspection, that the manager had resigned from their post and as a result, this post was vacant.

Residents used an online food ordering system with a points system to purchase food and the operations manager organised the delivery of the orders to the centre. Residents reported to the inspectors that at times food was not fresh when it arrived. Some residents reported making complaints about this matter, however, they were not satisfied that this had been resolved.

Residents shared their views on the bathroom and laundry facilities. Most bedrooms had access to an en-suite bathroom and a small number had a bathroom close to their bedroom which was solely for the occupants of that bedroom. All residents were generally satisfied with the bathroom facilities provided. Residents were complimentary of the laundry services and there were five washing machines and dryers available in the laundry room. There were also facilities available to iron clothes. However, residents did report to the inspectors that the laundry detergents were expensive to buy through the points system in place.

Multiple residents gave further feedback on the administration of the points system in the centre, with a common concern emerging that the items in the shop were priced too high for them to be able to afford to eat a reasonably nutritious diet while also purchasing personal toiletries and cleaning supplies. Residents told inspectors that items were cheaper to buy outside of the centre and that a large amount of their personal allowance was used to supplement their diet. The inspectors reviewed this concern and found that the selection and price of items made it difficult for residents to cater for themselves appropriately.

In order to fully understand the lived experience of residents, the inspectors made themselves available to the residents over the course of the inspection. Some residents engaged with the inspectors and it was noted that overall they were very satisfied with the support they received. All of the residents with whom the inspectors spoke stated that they felt safe in the centre although they expressed dissatisfaction with the management arrangements and were concerned about the uncertainty this posed.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This was the first inspection of Linden House by HIQA. It was found that significant improvement to the governance and management arrangements of the centre were necessary in order to meet the requirements of the national standards and to ensure the service was operated in a manner that met the needs of all of the residents who lived there. This inspection found deficits in areas such as governance and management, recording systems and internal audit systems for oversight and the ongoing monitoring of service provision. While the service provider had begun to put systems and processes in place to address the deficits identified, these processes were in the early stages of development and required further expansion and implementation.

The service provider did not have a clear governance structure in place. While the centre was managed on a day to day basis by a centre manager, this individual was on leave at the time of inspection and it was unclear if or when they were due to return to their role. While the provider had made an interim manager available, the inspectors were not assured that the temporary governance arrangements the service provider had put in place were effective to ensure oversight of the services provided.

Prior to the inspection, the service provider had completed a self-assessment of their compliance with the national standards. This was a positive step and demonstrated an understanding of their responsibilities as outlined in the national standards. However, the inspectors found that this required further review to ensure it captured all of the actions required to reach full compliance and to incorporate these actions in to a quality improvement plan. There was an overall absence of an audit and quality improvement framework. Despite this, the inspectors found that the service provider was positively engaged in a process of learning and was committed to the ongoing development of the centre and improving compliance with the national standards.

Formal systems and processes for quality improvement, auditing and reporting were needed to strengthen the oversight and monitoring of service provision. This finding reflected the newness of the service provider to the national standards. The service provider had taken steps to ensure a review of the management systems of this centre was completed. The service provider representative informed inspectors that they were addressing the actions required from the completed review, some of which reflected the findings on this inspection. The quality assurance systems being implemented following this review provided a sufficient basis from which quality improvement could take place and bring about enhanced services for residents.

The day-to-day management of the centre by a deputy manager was undertaken to a good standard, however, there was a need for clarification on the position of centre manager and for clear communication from the service provider to both residents and

staff members on this matter. The operations manager oversaw the operations of an online food ordering system and a points system for residents to purchase food and they organised the delivery of the orders to the centre.

There was a complaints policy and process in place and the inspectors noted some complaints were documented for the previous year, although the inspectors did not see a complaint regarding issues with the condition of food delivered to the centre. The records reviewed demonstrated that complainants consulted with and complaints resolved. The complaints officer details were highlighted on a noticeboard and there were no records of complaints within 2024.

The service provider had a system in place to record and report on incidents which occurred in the centre. In addition, the service provider was developing an incident review system whereby incidents would be reviewed at incident learning meetings. However, while these systems were under development, the inspectors found that incidents had not been reviewed for learning or skills development to empower staff to manage incidents and prevent their reoccurrence.

The service provider had recently implemented formal arrangements to seek the views of residents and to ensure that a culture of consulting with residents was embedded in practice in the centre. The service provider reported that a survey had been distributed to the residents to gain feedback to inform how the service was delivered going forward. Residents did report that they had very positive relationships with the centre manager and spoke very positively about the deputy manager and staff team employed in the centre. Residents stated that they felt listened to and said that the centre manager and deputy had adapted a compassionate and empathetic approach to providing supports.

The provider had prepared a residents' charter that clearly described the services available and this had been made available to residents. It was available in seven languages and was discussed with residents during their induction meeting at the centre. This ensured that residents had accurate information regarding the services provided to them in the centre.

The risk management framework required further development to ensure that all risks were identified, assessed, monitored and appropriate control measures were in place to ensure a safe environment and service. The service provider had recently developed and implemented a new risk management policy and a risk register had been developed, however, both were in the early stages of implementation. Some risks relating to individual residents had been assessed and control measures identified, however, further improvements were required.

The service provider had a contingency plan in place to ensure the continuity of services in the event of an unforeseen circumstance. The emergency plan accounted for the needs of all residents including those with mobility issues and who may require

additional support. Residents were informed about fire drills and emergency protocols were outlined on notice boards in the centre. Fire evacuation routes and exits were clearly marked and there was appropriate fire detection, alarm and emergency lighting systems in the centre.

The practices for the recruitment of staff members in this centre were safe and effective. The inspectors found that all staff had a valid Garda vetting disclosure and staff who had resided outside of the country for a period of six months or more had an international police check in place. The service provider had a system in place to risk assess positive disclosures identified through vetting processes, where applicable.

The inspectors reviewed a sample of personnel files and found that while the service had a performance management and appraisal system and policy in place, it had not yet been implemented. The service provider had ensured that personnel files were held securely although there were no references in place for each staff member. The recruitment policy had recently been implemented and it outlined that going forward two references would be sought for all staff members prior to employment. In addition, the service provider had developed a supervision policy, however, it had also not yet been implemented. Commencement of these procedures were needed to ensure that all staff members received regular, formal supervision to support them to carry out their roles.

The inspectors reviewed staff training records and found that not all staff had received appropriate training and development opportunities to meet the needs of the residents and to promote safeguarding in the centre. The inspectors found that five of the 21 staff members had completed safeguarding of vulnerable adults training and across all mandatory trainings there were gaps in the training completed. A training needs analysis had been completed by the provider with the intention of developing a training plan to ensure all staff completed the necessary training.

Overall, it was found that residents were receiving a safe service that met their individual needs well. There were, however, improvements required to optimise the governance and management arrangements in order to fully meet the requirements of 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.

The provider and management team needed to increase their understanding of the legislation, national standards and national policy. The service provider had completed a self-assessment of their compliance against the national standards. However, the actions identified required implementation to improve the quality of support provided to residents, to ensure a safe service was provided, and to achieve compliance with the standards.

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 service provider did not have effective governance arrangements in place and reports from residents indicated that they had not been clearly communicated with in regards to how the centre was operated. The inspectors were not assured by the temporary management arrangements put in place by the service provider. Also, the service provider needed to develop formal quality assurance and reporting systems to support good oversight and monitoring of all aspects of service provision.

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.

The service provider had a residents' charter in place which was available to residents and was displayed prominently. It outlined how new residents were welcomed and how the centre met their needs. The residents' charter also included how each individual's dignity, equality and diversity was promoted and preserved and how all residents were treated with respect. There was information available on the complaints process, how the service provider sought the views of the residents, the code of conduct, and about how residents' personal information was treated confidentially.

Judgment: Compliant

Standard 1.4

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

There were no formalised monitoring or review arrangements in place in the centre. Deficits in record keeping limited the potential for the provider to review service provision or to evidence any improvement initiatives they may have implemented. The findings of this inspection indicated that the provider did not have a clear understanding of the experience of all adults living in the centre. The provider had not carried out an annual review of the service.

Judgment: Partially Compliant

Standard 1.5

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

Residents' meetings and a survey had recently commenced and while this was a positive indication of active inclusion of residents in the delivery of services, it was still in the early stages of implementation. The provider had plans to develop a residents' committee but at the time of inspection this had not commenced. Residents did, however, inform the inspectors that they had regular informal discussions with staff and that they felt listened to.

Judgment: Substantially Compliant

Standard 2.1

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

The provider had ensured that there were safe and effective recruitment practices in place for the staff and management team. On review of documentation, the inspectors found that all staff had a valid Garda vetting disclosure and staff who had resided outside of the country for a period of six months or more had an international police check in place. A staff appraisal system had been developed by the provider, however, it had not been implemented at the time of the inspection.

Judgment: Substantially Compliant

Standard 2.2

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

The service provider had ensured there were appropriate numbers of staff employed in the centre with regard to the number and needs of the residents and the size, layout and purpose of the service. The service provider had ensured that the staff team had the necessary experience and competencies to deliver person-centred support to the residents and to meet their individual needs.

Judgment: 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.

The provider had recently developed a system for supervision of staff, however, this was not implemented at the time of the inspection as required. The provider had developed a supervision policy and was committed to implementing this. The inspectors noted that staff members demonstrated a good understanding of their roles and responsibilities in promoting and safeguarding the welfare of all residents. Staff members spoken with said they felt supported by the centre managers.

Judgment: Partially Compliant

Standard 2.4

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

The provider had not ensured that continuous training was provided to staff to improve the service provided for residents living in the centre. There was a significant gap in the training requirements as outlined in the national standards. A training needs analysis had been completed by the provider and a training plan was being developed to ensure all staff received appropriate training going forward.

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 risk management framework required further development to ensure that all risks were identified, assessed, monitored and appropriate control measures were in place to provide a safe service. The service provider did have a risk management policy in place and a risk register had recently been developed, however, it needed further improvement and implementation.

Judgment: Substantially Compliant

Quality and Safety

Overall, the inspection found that the governance and management arrangements in place in the centre did not consistently facilitate the provision of a person-centred and good quality service to residents. Residents were supported to live independent lives and informed the inspectors that they felt safe living in Linden House, however, improvements were required in relation to recording systems and the supply of non-food items to residents to ensure that a good quality service was provided. It was evident that considerable improvement was necessary in order to move towards a more person-centred approach to service delivery.

The inspectors reviewed the procedure for allocating rooms to residents at the centre and it was noted that room allocation was primarily determined by residents' needs and guided by the provider's newly developed policy on the matter. Upon the arrival of residents, the centre manager and staff team made allocation decisions based on the information available to them at the time. They endeavoured to fulfil residents' needs by placing them in the most appropriate accommodation. The inspectors found that factors such as family links and health needs were taken into consideration, with residents who had specific health needs being given individual rooms, where possible. In cases where immediate accommodation matching the residents' needs wasn't possible upon admission, the centre manager kept track of room vacancies and relocated residents to more suitable accommodations once available. The room allocation policy ensured that there were clear and transparent criteria considered when making decisions regarding resident accommodation.

The inspectors found that the bedrooms in the accommodation centre were clean and well maintained. There was adequate storage and the rooms were appropriately furnished, however, residents did report that lack of heating was an issue and there were some minor issues such as no handles on the furniture in some areas which needed attention. There was sufficient parking available for staff members, residents and visitors.

Closed-circuit television (CCTV) (visual) was in place in the communal and external areas of the centre and its use was informed by data protection legislation and centre policy. Security arrangements were in place and there was adequate checks of people entering the building. There were no unnecessary restrictive practices in the centre.

There were adequate communal facilities for residents to use, including two separate cabins external to the accommodation building for socialising with other residents or relaxing. There was a communal dining room and a television room and these areas were in good condition and nicely decorated. There was Wi-Fi available throughout the

centre. There was a well-equipped laundry room with adequate number of washing machines and tumble dryers for the number of residents living in the centre.

The centre had a large kitchen with six cookers and ovens. The kitchen was equipped with dishwashers, fridges and freezers although residents highlighted that there was only one toaster and one microwave available. The inspectors observed residents cooking and using the kitchens throughout the inspection. Residents explained that they were happy with the kitchen facilities. The inspectors observed that residents were cooking their meals in bulk and storing them appropriately in the fridges provided. The service provider explained that the residents had full access to the kitchen at all times.

The centre was located on the outskirts of the town and had easy access to public transport links and some of the residents had their own vehicles. Residents had access to shops, amenities and educational facilities within the local community.

Residents were provided with bedding, towels and non-food items on arrival to the centre, however, thereafter non-food items were purchased by the resident from their weekly allowance on their pre-loaded debit cards. The management team explained that toiletries including toothpaste, shampoo and shower gels were included as non-food items in the arrival pack. There was no evidence that residents were consulted with regarding the types or varieties of non-food items provided in the centre.

Through discussion with staff and speaking with residents, the inspectors found that the general welfare of residents was promoted in the centre. Residents informed the inspectors that they thought highly of the centre manager and deputy manager, however, they said they were unclear on what the management arrangements were at the time of the inspection. In the weeks preceding the inspection some systems had been implemented to seek the opinion of residents and for residents to give feedback on their experiences of living in the centre. The inspectors were informed that residents' rights were promoted in the centre, however, there was no documentation that rights and entitlements were discussed with residents.

Residents were supported and facilitated to maintain personal and family relationships and residents were encouraged to receive visitors in the communal areas.

The service provider had not ensured that all staff had completed safeguarding of vulnerable adults training. The service provider had, however, ensured that adult safeguarding concerns were identified, addressed and reported in line with national policy and legislation. Only one adult safeguarding concern had been recorded or reported in 2024 and residents reported that they felt safe living in the centre. The service provider had a safeguarding policy in place and had identified a designated officer for the service and this was highlighted on a notice board.

Improvements were required to ensure that incidents and adverse events were tracked and reviewed on a regular basis to ensure learnings from such events were captured and used to improve the service. While the service provider had policies in place for the management and reporting of incidents, a system to review and learn from such events was under development. The representative of the provider explained that an internal incident report template was being developed to identify the issues that had arisen and the supports that were offered. The service was planning to review these reports at regular incident learning meetings to identify areas for service improvement.

Although the staff team made efforts to address residents' needs promptly and effectively, the service provider had not ensured that the team received adequate training to help them identify and meet residents' needs. The inspectors observed that staff support occurred informally, lacking formal systems to aid staff or promote learning and quality improvement following incidents or accidents.

The service provider was also very aware of the need for health supports and there was a healthcare service available for residents. The service provider endeavoured to promote the health and wellbeing of residents and links with local services were established and maintained where required. Since the reception officer had been employed, residents were referred to mental health services where necessary and information about support services was available to residents. The reception officer was proactive and supportive of residents and although the role was new, it was evident that the residents were benefitting from the support offered. The representative of the service provider informed the inspectors that the centre had good links with the local general practitioners and residents could avail of this service as necessary.

Although the provider had a special reception needs policy in place, they had yet to develop a guidance manual for the reception officer. The management team informed the inspectors that this manual was being developed. The inspectors were informed that although vulnerability assessments hadn't been conducted yet, the senior management team was in the process of evaluating this approach and intended to conduct assessments in the future as needed. The service provider had identified special reception needs and provided support to residents but had not implemented formal recording systems to track and monitor the supports provided or additional needs which emerged. While individual files were held on residents, there was limited details recorded regarding the support offered by staff members. The inspectors found that there was no evidence of a substance misuse statement or policy in the centre.

The service provider had established a policy to identify, communicate and address existing and emerging reception needs and had also identified a staff member as having the required skills and experience to fulfil the role of reception officer. While the appointed reception officer possessed the necessary qualifications and was part of the senior management team, further development of the role was required. In particular, to ensure that the reception officer received adequate training and knowledge to become the primary point of contact for residents, staff, and management regarding special reception needs.

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

In summary, while residents informed the inspectors that Linden House was a safe place to live, this inspection found that there were deficits in the governance and management of the centre. In addition, the lack of consultation with residents and the recording and reporting systems employed impacted negatively on the service provider's ability to have appropriate oversight of the centre and to monitor the quality of support residents were receiving.

Standard 4.1

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

The provider had recently developed a policy and procedures for allocation of rooms to residents. Rooms were allocated having regard to the needs of the residents including health conditions, familial links, cultural, linguistic and religious backgrounds. Residents with whom the inspectors spoke said they were happy with this approach and that the provider was accommodating where possible.

Judgment: Compliant

Standard 4.2

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

The service provider had ensured that the accommodation for residents was of a good standard and that the residents had sufficient space in line with the requirements of the national standards. The buildings in general were homely and well maintained. However, some minor improvements were required to bedrooms and the heating system.

Judgment: Substantially Compliant

Standard 4.7

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

There was a laundry room adjacent to the accommodation building which was found to be clean and well maintained and contained adequate number of washing machines and tumble dryers for the number of residents living in the centre. All equipment was observed to be in full working order.

Judgment: Compliant

Standard 4.8

The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.

The inspectors found that the service provider had implemented suitable security measures within the centre which were deemed proportionate and adequate and which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre only and was monitored in line with the service provider's policy.

Judgment: Compliant

Standard 4.9

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

The service provider had not made available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing. Residents did receive two sets of bed linen and towels on arrival at the centre, however, they were not given any toiletries and had to purchase them from their weekly points allowance. Residents were provided with the necessary utensils and equipment in the kitchen to allow them to live independently.

Judgment: Partially 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 could cook foods of choice and culturally sensitive meals. There were storage facilities available for residents' food in their bedrooms and the kitchen was equipped with ovens, cookers, refrigerators, hot water and space for preparing meals. It did, however, require additional toasters and microwaves to meet the needs of residents.

Judgment: Substantially 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.

The provider had developed an online food ordering system where the residents could order their groceries and they would be delivered to their accommodation from the provider's off-site shop. The service provider had not ensured that there was a variety of foods, brands and best value options which accommodated cultural, religious, dietary, nutritional and medical requirements available. Residents reported that the food was sometimes not fresh when it arrived at the centre.

Judgment: Partially Compliant

Standard 6.1

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

The inspectors found that arrangements in the centre did not consistently uphold residents' rights. It was evident that the staff team made efforts to treat each person with dignity and respect. However, the role of staff members in supporting residents was not fully outlined and there was evidence that there were certain areas where they did not adequately advocate for residents or support them in exercising their rights.

Judgment: Partially Compliant

Standard 7.1

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

Residents were supported to develop and maintain personal relationships and they could invite family and friends to visit them in the centre where they could meet in the communal areas. The family unit was respected in the centre and privacy and dignity were promoted by the service provider and staff team.

Judgment: Compliant

Standard 7.2

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

The service provider ensured that the residents had access to local recreational, educational and health and social services. Residents had easy access to local bus and rail links. External agencies and NGOs attended the centre to offer support and advice around education, training, employment and local services.

Judgment: Compliant

Standard 8.1

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

The service provider had policies and procedures in place to protect all residents from all forms of abuse and harm. The inspectors reviewed all incident records for the centre and noted that there was a good reporting and recording system in place relating to safeguarding issues. Residents were aware of and were actively supported to engage with the centre's complaints process.

Judgment: Compliant

Standard 8.3

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

There was a system in place to report and notify all incidents and serious events in the centre. Policies and procedures were in place to ensure the timely reporting and response to adverse incidents and events. However, there was no formal review system in place or documentation of the supports offered.

Judgment: Substantially Compliant

Standard 9.1

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

The service provider promoted the health, wellbeing and development of each resident. The staff team provided person-centred support that was appropriate and proportionate to the needs of the residents. Residents were provided with information and assistance to access supports for their physical and mental health. The service provider had engaged with community healthcare services, general practitioners and local NGOs to support resident's needs.

Judgment: Compliant

Standard 10.1

The service provider ensures that any special reception needs notified to them by the Department of Justice and Equality are incorporated into the provision of accommodation and associated services for the resident.

The provider ensured that any special reception needs notified to them informed the provision of accommodation and delivery of supports and services for the residents. Residents received information and referrals to relevant external supports and services as necessary.

Judgment: Compliant

Standard 10.2

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

The service provider had not ensured that the staff team had received the appropriate training to support them to identify and respond to the needs of residents. While the service provider had plans in place to formalise meetings and incident reviews, at the time of the inspection the support provided to staff took place on an informal basis.

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 service provider did have a policy in place to identify, address and respond to existing and emerging special reception needs. A recording system was required to ensure that the special reception needs of residents could be appropriately responded to and monitored.

Judgment: Substantially Compliant

Standard 10.4

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

The service provider had recruited a reception officer and while they had the appropriate qualifications and were part of the senior management team, further development of the role was required to ensure that sufficient training and knowledge was attained to enable the reception officer to become the principal point of contact for residents, staff and management.

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	Not Compliant
Standard 1.3	Compliant
Standard 1.4	Partially Compliant
Standard 1.5	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.2	Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Partially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Substantially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.2	Substantially Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant

Standard 4.9	Partially Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Substantially Compliant
Standard 5.2	Partially Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Partially Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Compliant
Standard 8.3	Substantially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Partially Compliant
Standard 10.3	Substantially Compliant
Standard 10.4	Partially Compliant

Compliance Plan for Linden House

Inspection ID: MON-IPAS-1034

Date of inspection: 05 and 06 June 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	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Our reporting systems were recently implemented and included residents file recording, risk management, team meetings, supervision and staff appraisals.</p> <p>A system of auditing will be implemented from 15 October 2024. Findings from the audits will be used to provide an assurance on the progress of actions and to identify further potential improvements.</p> <p>The first audit will take place in November 2024. This will have a dual focus and includes:</p> <p>(a) A once yearly improvement audit that will focus on specific areas of governance and service provision with actions to be identified, persons responsible and timeframe attached. Areas identified in the first audit include:</p> <ul style="list-style-type: none"> - Incidents - Risk management practices - Recording on resident's files - Team meetings - Supervision and staff appraisal <p>(b) The centre annual 'Quality Review', where the quality and safety of service provision will be assessed in conjunction with staff, children and adults living in the centre. The findings of the audit will inform service improvement in the centre. A copy of this review will be available to residents and IPAS.</p>	

1.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Our reporting systems were recently implemented and included residents file recording, risk management, team meetings, supervision and staff appraisals.</p> <p>A system of auditing will be implemented from 15 October 2024. Findings from the audits will be used to provide an assurance on the progress of actions and to identify further potential improvements.</p> <p>The first audit will take place in November 2024. This will have a dual focus and includes:</p> <p>(c) A once yearly improvement audit that will focus on specific areas of governance and service provision with actions to be identified, persons responsible and timeframe attached. Areas identified in the first audit include:</p> <ul style="list-style-type: none"> - Incidents - Risk management practices - Recording on resident's files - Team meetings - Supervision and staff appraisal <p>(d) The centre annual 'Quality Review', where the quality and safety of service provision will be assessed in conjunction with staff, children and adults living in the centre. The findings of the audit will inform service improvement in the centre. A copy of this review will be available to residents and IPAS.</p>	
2.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Staff Supervision is scheduled to be implemented by 30 August 2024. As per the Cromey Ltd policy on supervision, Staff Supervision will take place on a quarterly basis as planned.</p> <p>As per our Improvement plan which was in place prior to the inspection, Staff Appraisal is scheduled to take place at the end of the year in line with the Cromey Ltd policy on staff appraisal as planned.</p>	
2.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A training needs analysis was in place at the time of the inspection. This identified mandatory and required training for specific roles. The Cromey Ltd training plan was completed on the 06 June 2024. All staff will have required mandatory training</p>	

completed by 15 August 2024. A schedule of training dates will be put in place for required training once Staff Appraisal have been completed and individual required training needs are known.	
4.9	Partially Compliant
Outline how you are going to come into compliance with this standard: As per the Cromey Ltd Induction Policy and Induction Pack, Residents are provided with appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing. As of 30 August 2024, the average weekly points allowance will be increased to ensure that residents have greater choice if they wish to purchase products to ensure personal hygiene, comfort, dignity, health and wellbeing.	
5.2	Partially Compliant
Outline how you are going to come into compliance with this standard: The Cromey Ltd food ordering system ensures a variety of foods, brands and best value options which accommodated cultural, religious, dietary, nutritional and medical requirements is available to residents. A online feedback is available to residents to complete and the variety of foods, brands and best value options are continually updated in line with residents requests. Cromey Ltd has amended the delivery procedure and residents are now required to sign for their delivery of food. This will be implemented by the 30 August 2024. If residents have any issues with food items, we will endeavour to address them as soon as they are delivered.	
6.1	Partially Compliant
Outline how you are going to come into compliance with this standard: Cromey Ltd will amend the Induction policy and procedure for new residents by the 30 August 2024. A meeting will now be held with new residents and all aspects of rights will be explained. A template has been developed and a record of this meeting will be held on residents files. Current residents will be asked if they wish to participate in a re-induction meeting by a member of staff to inform residents about their rights. A template has been developed and a record of this meeting will be held on residents files.	
10.2	Partially Compliant
Outline how you are going to come into compliance with this standard: As stated, a schedule of training dates will be put in place for required training once Staff Appraisal have been completed and individual required training needs are known.	

As per the Cromey Ltd Policy on Incidents which was implemented on the 14 May 2024, all incidents that occur within the centre are now a standing item on the Monthly Centre Team Meetings. Incidents will be reviewed by the staff team and if any learning is identified, this will be recorded in the centre team meeting minutes.

A organisational 'Sharing of Learning' resource will be implemented by the 30 August 2024. This is accessible by the centre manager only and ensures that where learning has been identified in a particular centre, then it can be shared to other centres across the organization.

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.	Not Compliant	Red	31/08/2024
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	15/10/2024
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Partially Compliant	Orange	30/08/2024

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	15/08/2024
Standard 4.9	The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.	Partially Compliant	Orange	30/08/2024
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.	Partially Compliant	Orange	30/08/2024
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Partially Compliant	Orange	30/08/2024
Standard 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Partially Compliant	Orange	30/08/2024

