



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

Name of the Centre:	Atlantic House
Centre ID:	OSV-0008415
Provider Name:	Atlantic Blue Ltd
Location of Centre:	Co. Waterford
Type of Inspection:	Announced
Date of Inspection:	05/09/2024
Inspection ID:	MON-IPAS-1052

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

Atlantic House is an accommodation centre located in Tramore, Co. Waterford. It comprises three buildings which provide accommodation to up to 80 single male residents, and a number of small ancillary buildings. At the time of inspection the centre accommodated 74 people.

One accommodation building contained 24 en-suite bedrooms. A second building contained 10 en-suite bedrooms; in some of these cases the en-suite bathroom was shared between two bedrooms on either side. The third building contained 11 bedrooms with four communal bathrooms. Ten of these bedrooms contained a hand-wash sink.

The centre further comprised a large open plan leisure space with multiple seating areas, a reception area and a pool table. There was a shop that supplied food and basic provisions located in this building also. There was a small building at the rear of the accommodation buildings that contained eight well-equipped cooking stations and a small dining space. There was also a small building housing laundry equipment and another that served as a prayer space.

The centre was managed by a centre manager who reported to the directors. The centre manager oversaw a team of seven staff members, including general support staff, cleaning staff, security staff and a shop manager. There was also a reception officer employed in the centre.

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)
05/09/2024	09:15hrs-18:00hrs	1	1

What residents told us and what inspectors observed

From speaking with residents and through observations made during the course of the inspection, the inspectors found that residents were generally well supported to live independent lives while living in comfortable accommodation. Residents spoken with were satisfied with the service provided and spoke positively about the staff team. The inspectors found that residents were consulted with and their feedback was taken on board by centre management. The provider had implemented a number of changes to the operation of the centre since the previous inspection, which was carried out in February 2024. It was found that while some further improvement was required in relation to governance and oversight, the provider was actively implementing a service improvement plan and it was evident that the centre managers and staff team were motivated to provide a good quality service to residents.

The inspection was announced in advance and took place over the course of one day. During this time, the inspectors spoke with seven residents, the service provider representative, the centre manager, the reception officer and other team members including housekeeping and shop staff. The inspectors also observed many other residents as they engaged with staff members and each other, and while they were using communal facilities.

The accommodation centre was located in the town of Tramore, Co. Waterford, and was situated in walking distance to a range of local services and facilities. At the time of inspection, Atlantic House accommodated 74 residents across 45 bedrooms. The service provided self-catering accommodation to single males and the maximum occupancy of any bedroom was two people. The centre comprised three adjacent accommodation buildings, and a number of smaller ancillary buildings with communal facilities, such as kitchen and dining facilities, a laundry room and a prayer room.

The kitchen had eight fully-equipped cooking stations which were available to residents. Residents spoken with were complimentary of the kitchen facilities and told the inspectors they had all the items they needed to prepare and cook meals. The kitchen also contained fridge and freezer storage for residents to store their food. Residents told the inspectors that the additional facilities near the shop, which included a microwave and kettle, were very useful for preparing snacks and hot drinks.

Residents purchased food and essential non-food items from an onsite shop, through a weekly allocation of points. The provider had carried out a review of the onsite shop following the previous inspection, where concerns were raised regarding the affordability of items for residents. As a result of this review many of the items had been reduced in price and it was found that this facilitated residents to purchase a sufficient quantity and variety of food. Residents spoken with noted the change to prices in the shop, and some told the inspectors they were better able to afford hot meals since the change had occurred.

At the time of the previous inspection, residents used their weekly allocation of points to purchase items such as laundry detergent and personal toiletries. This further impacted their ability to buy sufficient food. Following the review carried out by the provider, additional points had been allocated to residents to offset the cost of essential toiletries, which further improved residents' access to essential food and non-food items.

Residents spoken with gave feedback on their experience of living in the centre. Many were complimentary of the support they received from staff members, telling the inspectors that the staff team and the centre manager were friendly and helpful. The inspectors observed residents speaking with staff members who worked in the shop, the reception officer and the centre manager. Residents and staff members greeted each other in a familiar and friendly way and it was evident that residents were comfortable approaching staff members for assistance or advice.

The provider had employed a reception officer a few weeks prior to the inspection. It was found that the reception officer had commenced a review of residents' needs and had conducted vulnerability assessments for new admissions to the centre. Some residents spoken with were already familiar with the reception officer and told the inspectors of support they had received in areas such as healthcare and integration. For example, some residents were receiving assistance to manage long-term health conditions and others had been supported to join local sports clubs. It was clear that the necessary resources and systems were in place to provide residents with person-centred supports.

Since the previous inspection, it was observed that more information was provided to residents about external supports and services in the community. The inspectors found that the reception officer had developed links with local charities and services and information about local events and services was displayed on a resident notice board.

The centre manager had also improved the system of record keeping in relation to resident engagement which facilitated better oversight of residents' ongoing needs and supports. The inspectors also found that the centre manager was working towards establishing a residents' committee, and that residents' meetings were taking place. A review of minutes of these meetings found that residents' feedback was sought in many areas and this feedback influenced change in the centre.

Overall, it was found that the work undertaken by the provider and the staff team had positively contributed to the day-to-day experience of residents living in the centre. Residents spoken with were generally satisfied with the service provided, and were confident they could raise a concern if necessary. Residents in Atlantic House were supported to live independent lives with a focus on integration. Additionally, the systems in place ensured that any resident with special reception needs would receive the necessary supports. The observations of the 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 inspection was carried out to assess compliance with the standards, and to monitor the provider's progress with the compliance plan submitted in response to an inspection carried out in February 2024. It was found that the provider had developed a clearer understanding of the national standards and had developed systems and procedures to ensure ongoing compliance with the standards. The service provider had implemented many of the actions submitted in their compliance plan, which had resulted in enhanced local governance arrangements and improvements to the experience of residents living in the centre. While there was further action required to fully comply with the standards, for example, in relation to auditing and monitoring, and staff supervision, the provider was aware of these deficits and was working on taking the necessary action.

The centre was managed by a centre manager who reported to the service provider representative. It was found that the management team had carried out a comprehensive review of the service following the previous inspection, which had resulted in many operational changes. For example, numerous policies and procedures had been developed, and there had been significant improvement to the record keeping arrangements. It was noted that efforts were taken to ensure actions taken were relevant and practical, and that staff were appropriately trained in any operational changes.

The inspectors found substantial improvement in the area of risk management. There was an established risk management policy which clearly outlined the risk management procedures. Staff members had received training in relation to the new risk management policy. There was a risk register which contained information about risk assessments undertaken. This included risks in areas such as governance, health and safety, resident experience and staffing. In most cases, the necessary control measures were in place to manage the associated risk. In other cases, it was found that further action was required to mitigate specific risks. While it was noted these were generally lower risk areas, a composite improvement plan was required to monitor the implementation and progress of improvement initiatives.

The inspectors reviewed the fire safety arrangements in place and found that there were suitable control measures in place. Staff had received training in the area and there were a range of measures in place to mitigate fire risks, for example, fire containment measures, detection and alarm systems, and fire-fighting equipment. Fire drills were carried out, and while record keeping in this area required improvement, it was evident that the staff team and residents knew what to do in the event of a fire.

The inspectors found that the provider had made improvements to the governance and management systems since the previous inspection. Regular staff meetings had commenced, and a review of minutes found that these were used to communicate key issues to staff, facilitate discussion and staff feedback, and monitor the ongoing operation of the centre. For example, in one meeting, the centre manager discussed an emerging risk and facilitated a discussion with a view to informing a risk assessment.

The inspectors reviewed the staffing arrangements in the centre. It was found that the provider had taken steps to ensure safe and effective recruitment practices were undertaken. A staff recruitment policy had been developed and there were job descriptions in place for all staff members. A review of staff files found that any new appointments had been carried out in line with the provider's recruitment policy.

At the previous inspection, there were deficits in relation to Garda Vetting. The inspectors found that since that inspection, the provider had received an updated Garda Vetting disclosure for all staff members. Where an international police check was required for a staff member, the provider had initiated this process, with some in place at the time of inspection.

The centre manager oversaw a team of seven staff members. This included housekeeping staff, general support staff and shop staff. There was also a shop manager and a reception officer employed in the centre. A review of staff training had been carried out by the provider and centre manager, and staff had undertaken a range of training in response to this review. At the time of inspection all staff members had received training in adult safeguarding and eight of eleven staff had received training in child protection. Some staff members had also been trained in areas specific to residents' needs, such as suicide prevention, mental health awareness, and indicators of human trafficking. While there was a training plan in place for staff to meet any further training requirements, the records of training assessments and plans required improvement to facilitate effective monitoring.

At the time of inspection the provider had yet to develop a policy on staff supervision. While there were supervision arrangements in place for the reception officer, there were no supervision arrangements for any other staff members. The provider had commenced a staff appraisal system, and acknowledged that further work was required in this area to fully meet the requirements of the national standards.

The provider had developed a residents' charter which contained all necessary information. The charter was available in different languages where required, and there were clear arrangements in place to ensure residents' received the charter on arrival to the centre.

Overall, residents expressed that they felt safe living in the centre, could lead independent lives and receive support when necessary. The service provided comfortable living space with good communal facilities. The provider was responsive to feedback and had improvement plans in place to meet any service deficits they had identified. Some enhancements to the monitoring systems would further support the provider in developing proactive and specific service plans. While there was some further work required to fully meet the requirements of the national standards, the provider had made considerable progress towards compliance, and residents were satisfied with the service they received.

Standard 1.1

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

The service provider had established a good understanding of their responsibilities under relevant legislation, regulations and standards. There were systems in place to meet these requirements. While there were some areas in which further implementation of service improvement plans was required to fully comply with the standards, these were known to the provider and there were plans in place to address them.

Judgment: 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.

It was found that the leadership team were competent and knowledgeable in their roles. The provider had developed job descriptions for all staff members, including the centre manager and the reception officer. There were systems in place to ensure staff were accountable for their individual responsibilities.

Judgment: Compliant

Standard 1.3

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

The centre had a residents' charter in place which provided details of the services available to residents and was available in different languages. There were arrangements in place to ensure residents received the charter on arrival to the centre.

Judgment: Compliant

Standard 1.4

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

The provider had some measures in place to monitor the quality of the service, which had led to a number of improvement initiatives. A more formal monitoring system was necessary to ensure a proactive approach to service review was taken. This would ensure any potential issues were promptly identified and facilitate the analysis and tracking of service improvements.

Judgment: Substantially Compliant

Standard 1.5

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

The provider had developed initiatives to consult with residents, for example residents' meetings. It was evident that the centre manager and residents were working towards establishing a residents' committee and that residents' feedback was acted upon.

Judgment: Compliant

Standard 2.1

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

The service provider had ensured there were safe and effective recruitment practices in place. There was a recruitment policy available, and the provider had made arrangements to ensure satisfactory records were maintained in relation to staff recruitment. The service provider had received a Garda Vetting disclosure for all staff members employed in the centre.

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.

Staff members were receiving support to carry out their duties. The inspectors found that the centre manager was providing informal supervision to staff who worked in the centre. However, formal supervision arrangements had not commenced at the time of inspection and there was no staff supervision policy in place.

Judgment: Partially Compliant

Standard 2.4

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

The service provider had carried out an assessment of staff training needs and identified a number of training deficits. There were plans in place to meet the training needs of all staff members which were found to be progressing well. For example, all staff had undertaken training in adult safeguarding and training was also provided in areas specific to residents' needs.

Judgment: Substantially Compliant

Standard 3.1

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

The service provider had developed a risk management policy. A risk register was developed in line with the risk management policy; it outlined potential risks to the service and to residents, and contained detailed risk assessments and control measures.

There were clear fire evacuation plans in place.

Judgment: Compliant

Quality and Safety

It was found that the governance and management arrangements had strengthened since the previous inspection which had contributed to an improvement to the safety and quality of the service provided to residents. Many of the operational changes had a direct positive impact on residents' experience of living in the centre, and overall it was found that residents were provided with safe and comfortable accommodation and individualised supports that promoted independence and integration.

The centre accommodated 74 single-male residents at the time of inspection. Eight residents were accommodated in single rooms, with the remaining residents sharing a room with one other person. The centre was generally found to be maintained in good condition. There were clear maintenance arrangements in place and it was noted that any maintenance issues were addressed quickly. At the time of inspection there were six vacancies, although not all were available due to renovations being carried out in some rooms. Residents spoken with were satisfied with their sleeping accommodation and reported no concerns to the inspectors.

The service provider had developed an allocation policy that outlined how accommodation would be allocated to residents. For example, in the case of single rooms, it was noted these would be allocated to residents who required them for medical reasons as a priority. The inspectors spoke to some residents about the process of allocations, and residents appeared satisfied with the processes in place. In one case, a resident was offered alternative accommodation in accordance with the policy which they declined for personal reasons.

Residents received all necessary items on arrival to the centre. Each twin room contained two single beds, wardrobes, and lockers or chests of drawers. Residents were provided with new bedding and towels when they were admitted to the centre. Laundry facilities were available in a communal laundry room located at the rear of the centre. Residents spoken with told the inspectors they were happy with this arrangement and that it worked well for them.

The centre provided self-catering accommodation. Residents purchased food from the onsite shop using a weekly allowance of points. They prepared and cooked their own meals in the shared kitchen facilities, which also contained a space for dining. The shop contained a wide variety of fresh foods, non-perishable items and sundries, as well as cleaning products and toiletries.

Following the previous inspection, the provider carried out a review of the operation of the onsite store. As a result of this review, the service provider had reduced the price of many items, which made them more affordable for residents. Additionally, residents' weekly points allowance had been increased to facilitate the purchase of non-food items, such as laundry detergent and personal hygiene products. These changes meant that residents could purchase more food with their weekly allowance, which facilitated better variety and ensured residents had adequate access to a nutritious diet.

Residents spoken with told the inspectors that they were happy to see the prices in the shop reduce and that they could better provide meals for themselves since the review. Some residents also told the inspectors that they would like to see the opening hours of the shop be reviewed. The shop did not open at weekends or in the evenings, and some residents said this did not suit people who worked during the week. While there were arrangements in place for residents to place an order for items at the weekend, resident feedback indicated they would prefer the shop to open for a brief time over the weekend so they could choose their items in person.

Throughout the inspection, the inspectors observed that residents were treated with respect and kindness. Residents who spoke with the inspectors were complimentary of the staff team in the centre. All staff members appeared familiar with residents and their needs. Residents told the inspectors that they discussed their emerging needs with the centre manager and the reception officer, and that they were responsive to their needs.

It was noted that residents were provided with extensive information about local services including healthcare, education and leisure activities. This was another area of improvement since the previous inspection. The centre had information boards throughout communal areas with information about local support and wellbeing services. Information was available in multiple different languages as required. While most residents managed their personal health and wellbeing needs independently, the management team ensured that residents were referred to local support services when required.

There were measures in place to protect and promote residents' safety and welfare. There was an adult safeguarding policy in place, with clear recording and reporting arrangements. All staff had undertaken training in adult safeguarding, and many had received training in child protection. There was a child protection policy and safety statement available to direct how any potential child protection or welfare concerns would be managed.

The centre had a policy and procedures in place to report and notify incidents and serious concerns. At the time of inspection there were no known safeguarding risks, although there were some known risks to resident safety that were being managed. Staff members in the centre recorded incidents in a timely manner and in line with the recording requirements in the centre. While record keeping in this area had improved, a further review was necessary to ensure that the records were maintained in a manner that facilitated better oversight and ensured learning from incidents informed risk management approaches.

The inspectors found that where the provider was informed of the special reception needs of a resident, such as a mental or physical health needs, they endeavoured to provide the necessary supports. The service provider had a suitably qualified reception officer in place. At the time of inspection, the provider had yet to develop a policy that outlined how special reception needs were identified, communicated and met.

The reception officer was found to have extensive training and relevant experience and competencies to fulfil the role. It was found that despite the role being a relatively new appointment, the reception officer had commenced numerous vulnerability assessments and had developed support plans for residents who required them. Additionally, they were known to many of the residents who spoke with the inspectors, and had developed good working relationships with residents in a short period of time. Further training for staff was required to support them in identifying vulnerabilities themselves and to ensure they were escalated to the reception officer where necessary.

In summary, the inspectors found that residents were receiving individualised support in comfortable accommodation. The service provider was responsive to feedback from residents and third parties and demonstrated a commitment to meeting the requirements of the standards. Enhanced local monitoring arrangements and clear oversight measures were necessary to make sure the provider could respond to potential issues as they arose. This would ensure possible issues were self-identified and would ensure improvement plans and risk management initiatives were informed, relevant, and effectively monitored.

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.

<p>There was an allocations policy in place that set out the allocations procedures for the centre. The service provider endeavoured to meet the identified needs of residents in the allocation of accommodation.</p>
<p>Judgment: Compliant</p>
<p>Standard 4.2</p> <p>The service provider makes available accommodation which is homely, accessible and sufficiently furnished.</p>
<p>The accommodation provided to residents had sufficient space for each person. The bedrooms met the size requirements of the standards and were well furnished.</p>
<p>Judgment: Compliant</p>
<p>Standard 4.7</p> <p>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.</p>
<p>The communal areas in the centre were found to be clean and tidy, with effective cleaning arrangements in place. The provider made adequate laundry facilities available to residents, including necessary detergents.</p>
<p>Judgment: Compliant</p>
<p>Standard 4.9</p> <p>The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.</p>
<p>The provider had made sufficient and suitable non-food items to residents. Items such as bed linen and towels were provided on arrival to the centre, and were replaced as required. Residents received additional points to purchase items such as personal toiletries and cleaning materials.</p>
<p>Judgment: Compliant</p>

Standard 5.1

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

The provider had made sufficient food preparation and dining facilities available to residents. The kitchen area had eight individual fully-equipped cooking stations with adequate cooking utensils and food storage facilities available for residents' use.

Judgment: Compliant

Standard 5.2

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

The provider made food and other cooking materials available from the on-site shop through a points system. Residents told the inspectors that staff in the shop made efforts to stock items they asked for. The shop had a good variety of fresh food and dried or non-perishable items that were culturally appropriate.

It was found that a reduction in the price of some items, as well as the addition of extra points for non-food items, meant residents could purchase a sufficient quantity and variety of food.

Judgment: Compliant

Standard 6.1

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

Residents were treated with respect and were encouraged to provide feedback on the service through residents' meetings. Issues raised by residents were addressed in a timely manner. Information about residents' rights and entitlements, and on services and supports available in the centre was displayed on noticeboards in communal areas.

Judgment: Compliant

Standard 7.1

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

The service supported residents to develop and maintain their personal and family relationships. Residents could receive visitors in communal areas, and there was a space without CCTV for residents to have meetings, for example, with legal representatives or social workers.

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 provider had ensured residents had access to relevant information about local services and facilities. The centre manager and staff were supporting residents to avail of resources in the local area, such as health services and housing supports. There were notice boards throughout the centre that provided up-to-date information about a range of support 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 taken steps to protect and promote residents' safety and welfare. There was an adult safeguarding policy in place, and a safeguarding officer had been identified. All staff had undertaken training in adult safeguarding, and many had received training in child protection. There was a child protection policy and safety statement available.

Incidents of a safeguarding nature were recorded and appropriately reported.

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.

Staff in the centre were recording incidents that occurred in the centre. These records contained sufficient detail and it was evident they informed immediate risk management measures. However, improvement to the incident management system was necessary to provide better oversight of potential risks and to facilitate trending of incidents.

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.

Residents were supported to live healthy lives and manage their health and wellbeing needs independently. Where necessary, residents received support to manage their health and wellbeing needs, and where external support was required the centre manager facilitated this.

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 was not always made aware of special reception needs in advance of residents arriving to the centre. Notwithstanding, where the provider was informed of the special reception needs of a resident, they endeavoured to meet their needs in the provision of accommodation and any other services.

Judgment: Compliant

Standard 10.2

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

The centre manager and reception officer had undertaken training in areas specific to residents' potential needs and vulnerabilities. The provider had identified some deficits in the training of other front-line staff, which when addressed, would support them to identify emerging needs. This is addressed in Standard 2.4.

Judgment: 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 had yet to develop a policy to identify, communicate and address emerging special reception needs.

Judgment: Not Compliant

Standard 10.4

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

The service provider had a suitably qualified reception officer in place. The reception officer had additional training in areas such as suicide prevention and mental health. The reception officer was actively involved in the assessment of residents' needs and had developed support plans for residents where necessary.

Judgment: 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	Compliant
Standard 1.2	Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
Standard 1.5	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.2	Compliant
Standard 4.7	Compliant
Standard 4.9	Compliant
Theme 5: Food, Catering and Cooking Facilities	

Standard 5.1	Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	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	Compliant
Standard 10.3	Not Compliant
Standard 10.4	Compliant

Compliance Plan for Atlantic House

Inspection ID: MON-IPAS-1052

Date of inspection: 05 September 2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
2.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Support of the team of Staff on an individual basis and ongoing supervision will be recorded going forward. It is intended that bimonthly a formal meeting that is to be supportive in nature will be carried out individually with each member of staff by the Centre Manager and where required to include the Service Provider. A policy and procedure will be put in place with a form to record each supportive meeting and any follow-up requirement/s that is/are identified These forms will be kept on record in a safe and secure place. This is to be completed by November 15th Nov 2024.</p>	
10.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We have a robust vulnerability assessment process in place which was facilitated by an external contractor. Currently where supports are identified residents are directed to the appropriate services. This will be laid out in a policy and associated procedures, the pathways to access necessary supports detailed and records of this kept on file and kept in confidence. Where appropriate and in the interests of supporting the resident necessary communication with staff and other professionals will be undertaken. We are conscious of wanting to learn, improve and grow the service we provide to residents. The work to meet this standard is to be completed by November 18th 2024 and will directly involve the recently recruited Reception Officer.</p>	

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 1.4	The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.	Substantially Compliant	Yellow	22/11/2024
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	15/11/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Substantially Compliant	Yellow	29/11/2024

Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Substantially Compliant	Yellow	22/11/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	18/11/2024

