



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

Name of the Centre:	Basin Lodge
Centre ID:	OSV-0008729
Provider Name:	Coolebridge Limited
Location of Centre:	Co. Dublin
Type of Inspection:	Unannounced
Date of Inspection:	02/05/2024
Inspection ID:	MON-IPAS-1026

Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a national¹ and international level² since that time. In response, the Irish Government took certain steps to remedy this situation.

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

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published a White Paper to End Direct Provision and to establish a new International Protection Support Service³. It was intended by Government at that time to end direct provision on phased basis by the end of 2024.

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

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent⁴ International Protection Accommodation Service centres against national standards on 9 January 2024.

¹ Irish Human Rights and Equality Commission (IHREC); The Office of the Ombudsman; The Ombudsman for Children

² United Nations Human Rights Committee; United Nations Committee on the Elimination of All Forms of Racial Discrimination (UNCERD)

³ Report of the Advisory Group on the Provision of Support including Accommodation to People in the Protection Process, September 2022

⁴ European Communities (Reception Conditions) (Amendment) Regulations 2023 provide HIQA with the function of monitoring accommodation centres excluding temporary and emergency accommodation

About the Service

The Basin Lodge is located in Dublin City. It provides accommodation to people seeking international protection and has a recorded capacity of 20 people. There were no vacancies at the time of inspection.

The centre is a red brick terraced apartment located a short stroll from St James's Hospital. It is within walking distance of Dublin city centre. Public transport, including tram, bus, and train, is within immediate access, making all parts of the city easily accessible, as are a range of shopping, leisure, and public service facilities.

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

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	20
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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)
02/05/2024	8:30 – 16:45	1	1

What residents told us and what inspectors observed

From speaking with residents and observations made during the inspection, the inspectors found that the provider was operating the service in a way that supported residents in a person-centred manner and strove to uphold their rights. Overall, residents were generally well supported and, for the most part, felt happy and safe living there. The location of the centre ensured residents had access to a range of supports, services, and local amenities. While residents were well supported and happy with their accommodation, there were some areas that required improvement to meet the national standards. This included risk management, effective consultation with residents, staff supervision, and reporting and accountability systems. The service provider's commitment to addressing these issues was evident, and they had identified some of these deficits prior to the inspection.

This was the first inspection of this centre by HIQA, which took place over one day. During this time, the inspectors spoke and engaged with 11 residents. Three completed questionnaires were returned. In addition, the inspectors spoke with the service provider and the management team members.

On arrival at the centre, the inspectors were met by a duty manager and brought to a staff office on the ground floor for an initial introduction meeting.

On a walk around the accommodation centre, inspectors observed that the physical structure of the centre was in good condition and the common areas were tidy and well-maintained. The communal areas were nicely decorated and welcoming. The entrance hallway gave access to a staff office, residents' kitchen, dining area, and some residents' bedrooms on the ground floor. The remainder of the centre was located across the upper floors of the building where residents' bedrooms and a living room were located. A small, paved courtyard was at the rear of the centre and accessed from the kitchen, providing an ideal place to relax and entertain. Laundry facilities, which included two washing machines and two dryers, were in an enclosure located in the rear courtyard. There was also a storage facility for bikes located in the courtyard. Apart from the living room on the upper floor, most areas of the centre were accessible to people using wheelchairs, and there was a wheelchair ramp from the rear courtyard with direct street access.

The accommodation centre catered for single males and had a contractual capacity of 20 residents living across 12 bedrooms. At the time of the inspection, the centre operated at full capacity, with residents from six countries.

Upon being invited by residents, inspectors observed some bedrooms. The rooms were clean, tidy, and very warm. There was plenty of space available in the rooms. They were homely and sufficiently furnished with lockers, desks, and wardrobes. Additional storage cubes were fixed under the beds. The duty manager informed inspectors that the bedrooms accommodated a maximum of two residents, and each bedroom, except one, had an en-suite with a shower and toilet. Four bedrooms were single, and one of them had an external bathroom and toilet.

The centre provided self-catering facilities for residents to prepare and cook their meals. Residents used a voucher system to buy food from a local supermarket. A kitchen was available until midnight for residents to make food and snacks. The kitchen received sufficient natural and artificial light and was well equipped with an adequate number of cookers, fridges, freezers, kettles, toasters, and microwaves. The dining area had four tables and eight chairs, appropriate for the number of residents in the centre. The inspectors observed that the kitchen and dining areas were clean, and an effective cleaning schedule was in place. There were shared fridges and sufficient storage facilities in the dining room area where residents could store dry foods. The residents who engaged with the inspectors were complimentary of the kitchen and dining facilities in the centre.

The inspectors observed residents going about their day and engaging in friendly conversations among themselves and with centre staff in the kitchen. The interactions were pleasant, and the residents appeared comfortable. Some residents were making meals and some told inspectors they were preparing snacks to bring to work. The dining and kitchen areas were well-utilised areas of the centre. Inspectors also observed residents coming to the staff office. They were treated with respect and provided with support and assistance without delay. General observations throughout the inspection indicated that residents were comfortable and secure living there, and there was a calm and relaxed atmosphere within the centre.

The inspectors observed a visitor being welcomed to the centre and meeting with a resident. The visitor was treated with respect and politely asked to sign in the visitor's book. Later during the inspection, the visitor told inspectors that they always felt happy visiting the centre, and described the centre staff as "very good."

A living room for residents was on the upper floors, and there were no restrictions on accessing it. The living room was available for residents to meet their visitors in private. It contained two couches, a television set, lap-top for residents, board games, and a dart board. A staff toilet was accessible through the living room. These areas, as well as all common areas and toilet facilities, were found to be very clean throughout.

The inspectors observed information about local support services on the notice boards in the living room, dining area, and staff office. It was evident that community organisations regularly visited the centre to help people with their various needs. Wi-Fi coverage extended throughout the centre.

Fire safety equipment was visible throughout the buildings, and fire evacuation routes and exits were clearly marked.

To engage as thoroughly with the people living in the centre, inspectors made themselves available to talk with any resident who wished to do so and placed questionnaires in seven different languages in the dining area for residents who wanted to complete one. The inspectors spoke and engaged with 11 residents, and three completed questionnaires were returned. Overall, these residents described a positive experience of living in the centre. They said that they were happy with the facilities and services provided and that they felt safe living in the centre. They explained that the staff checked in with them to ensure that they were doing okay. They also said the managers and staff were approachable and that they were comfortable raising their concerns with them.

Residents explained that centre staff supported them in accessing information about various supports, including health, education, social support, and community welfare. Overall, they expressed satisfaction with the services provided and also commended the support received from the local community, considering it an integral aspect of their experience. Other residents highlighted areas they would like to improve, specifically noting the need for a cover over the courtyard to protect against bad weather. While inspectors observed the staff team responding to requests from residents in the staff office, it is a finding of this inspection that there was no system in place for formal meaningful consultation with the residents on the running of the centre or their experiences of living there. The centre was in a busy neighbourhood in the city centre, and residents could avail of plenty of local amenities and public transport.

In summary, by closely observing daily life and interactions within the centre and engaging with its residents, it was evident to inspectors that the centre was a supportive space where staff and managers were readily available to residents. Interactions with residents were characterised by respect, and were person-centred. While the general facilities in the centre were of a good standard and residents felt safe, the provider improvements were needed in relation to oversight of the service and the development of formal systems for meaningful consultation with residents on the delivery of the service.

The observations of the inspectors and the residents' views presented in this section of the report reflect the overall findings of the inspection. The following two sections of the report present the findings of this inspection about the governance and management arrangements in place and how these arrangements impacted the quality and safety of the service delivered.

Capacity and capability

The inspection found that while a governance and management structure was in place, it was underdeveloped and could not effectively guarantee a consistently safe and high-quality service to residents. As a result priority areas for improvement were identified by inspectors, and these included; governance and management systems, risk management, staff supervision, consultations with residents, record keeping and formal reporting mechanisms. While the service provider had started implementing systems to address some of the deficits identified, these plans were in the early stages of development and required further implementation.

While some centre-specific policies and procedures were in place to guide staff practice, there was a lack of a comprehensive set of policies aligned with the national standards. For example, the reception officer policy and manual had not been developed. While the centre management had initiated a service self-assessment to identify areas for improvement, this assessment had not identified all areas that required improvement. In addition, there was no system in place in the centre to inform staff about changes to policies and procedures. Inspectors found that this led to varying levels of awareness among staff regarding the centre's policies, and ultimately their implementation.

While strong leadership and decision-making were evident at the senior level, formal systems of reporting and accountability were less so. The centre was well managed by a centre manager whose formal title was 'accommodation manager' and was supported by duty managers, social care workers and a reception officer. The centre manager held management support responsibilities over other centres and reported to one of the two directors of the service. A regional manager had recently been appointed to strengthen the management team, with the centre manager expected to report to the regional manager. While it was evident that the service provider had started reflecting the centre's needs in developing this management structure and defining roles, it was unclear how the centre manager regularly assured the service provider of service performance. Although the service provider was actively engaged in centre operations and regularly met with the centre manager, these meetings were not formally recorded. This inhibited the provider's ability to monitor the implementation of actions or decisions made during these meetings.

The inspectors found that the reporting and communication systems in the centre needed improvement. There was a handover log where on-duty staff recorded all activities within the centre. While this log helped ensure staff awareness of centre issues, it lacked clear oversight from the centre manager and did not show evidence of follow-ups on the issues raised. In addition, while recording residents' daily

activities and key data in the handover log was good practice, the service provider needed to consider how residents' personal information was fully protected using this system.

Alongside the handover log, the staff team maintained records such as incident reports, individual risk assessments, progress reports and support plans. While the staff team showed proactivity in responding to residents' needs, there was fragmentation and duplication of these records. Inspectors found that this system hindered effective monitoring, making it difficult to track and trend information, potentially impeding practice improvements.

While the centre had started convening staff meetings, with three meetings held so far in 2024, there was no formal supervision for staff. This and the absence of effective formal reporting systems meant that staff members and managers were not consistently held accountable for their practices. Nevertheless, inspectors noted that members of the staff team met with were clear about their responsibilities, and the staff rota ensured consistent management presence in the service seven days a week. A formal emergency on-call arrangement outside management working hours was a positive aspect.

There was a residents' charter and feedback mechanisms such as a suggestion box in place. However, the service provider had not ensured effective consultation with residents on their views of the service and did not proactively encourage them to participate in decisions that impacted them. The suggestion box was not utilised, and a resident survey questionnaire was developed at some point, however, it was not evident how the information collected informed staff practices. While it was positive that residents' meetings had started to be held in the centre, beginning with the first meeting in April 2024, the inspectors found that this meeting functioned more as a platform to inform residents about centre policies and issues, rather than a genuine attempt to consult with them and this could be improved upon. Improved consultation with residents would support the provider to monitor practice and improve the quality of services provided in the centre.

The service provider had yet to implement systems to oversee and monitor the quality of life and experiences of residents, but was developing an audit framework for quality improvement. Areas needing improvement such as residents' rights, staff supervision, and complaints procedures were identified and audit templates developed. While these measures were still in the early stages of development, it was clear the provider was committed to ensuring the delivery of safe and high-quality services to residents.

The provider had failed to ensure consistently safe and effective recruitment practices. Two staff members had commenced in their positions without the required Garda vetting. While the provider had evidence of an application and made follow-ups for

one staff member who had commenced work a few weeks before the inspection, the vetting disclosures were not available at the time of the inspection. No vetting application had been submitted for the other staff member undergoing on-boarding processes in the centre. The service provider acknowledged these deficits and assured the inspectors that appropriate supervision arrangements would be implemented for staff without Garda vetting while it was being sought. International police checks for staff members who had lived or worked outside of Ireland prior to their employment were in place. However, there were no references on the staff files reviewed.

Residents were supported in making complaints, and a locally developed complaints policy was in place. A monthly compilation report was provided to the DCEDIY as required. The inspectors found that the staff team proactively addressed residents' complaints or concerns when made directly to them. However, as mentioned previously, inspectors found that some complaints were duplicated in other records, therefore, it was difficult to track whether complaints were closed or not. Furthermore, actions taken by staff in response to complaints were not recorded on some forms reviewed. Where actions were recorded, it was not evident whether the centre manager had determined if the complainant was satisfied with the response or not.

The provider prioritised learning and development needs of the staff, offering extensive training to support their roles and to meet residents' needs. The centre employed managers with social care qualifications and experience, and the benefit of this was evident in how residents were supported. In addition, the staff team had engaged in several training programmes, equipping them to handle a wide range of resident issues. However, there was no Children's First training record for one staff member during the time of the inspection. Furthermore, no training needs analysis had been conducted to identify potential training gaps.

Significantly, there was no overarching risk management framework or policy to guide the staff team in the identification and assessment of the management of risk. A risk register was in place and contained a list of the identified risks in the centre, the perceived level of risk, and the necessary control measures in place for each risk. However, there was a lack of ownership of the risks identified. In addition, not all risks known in the centre were recorded. For example, the centre had residents with significant health issues, but this was not identified as a risk and placed on the register. At the time of inspection, the arrangements for reviewing the risk register had not fully been decided upon. The inspectors found that this limited the provider's ability to be assured that the centre was consistently safe for residents.

Several contingency plans in place ensured continuity of services during emergencies, including alternative accommodation and evacuation, and risk assessments for staff,

water, and food shortages, as well as data loss. Comprehensive fire safety arrangements were also in place, and residents participated in planned fire evacuation drills.

In summary, while the management and staff team endeavoured to provide a good service, sustained improvements across key areas were necessary to consistently comply with the requirements of the national standards. There was lack of consultation with residents, ineffective recording and reporting systems, absence of an effective risk management system, and under-developed governance arrangements in place. The provider presented as committed and engaged in addressing these issues.

Standard 1.1

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

While there was generally a good awareness of responsibilities in terms of legislation and implementing relevant national policy, the response to this by way of putting in place good management and governance arrangements was at a very early stage of development. There was an absence of a full suite of policies and procedures essential for the delivery of the service and to guide staff in delivering appropriate supports to residents. For example, there were no policies on staff supervision, risk management and the identification of special reception needs.

Judgment: Partially Compliant

Standard 1.2

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

While there were governance arrangements in place which clearly identified the lines of authority for the various positions in the staff team, the effectiveness of this structure was compromised by undefined areas of accountability and underdeveloped reporting systems. There were good records relating to residents but management systems required improvement to ensure there was appropriate and effective governance and oversight of all aspects of service provision. There were no formal quality assurance or reporting systems to ensure the service provider was aware of all risks, incidents and safeguarding concerns. While residents were comfortable speaking to staff and giving feedback to the centre manager on an informal basis, there was no effective systems of resident consultation in place.

Judgment: Partially Compliant

Standard 1.3

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

The provider had established a resident charter which clearly outlined the services available in the centre. The residents' charter included a summary of the services and facilities provided, information around equality, dignity and respect and the complaints process. It also included information around the code of conduct. The residents' charter was displayed prominently in the communal areas.

Judgment: Compliant

Standard 1.4

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

The service provider had not yet implemented systems for the oversight and monitoring of the quality of care and experience of adults living in the centre. Audits of the quality of the service had not been completed. While there were systems in place to seek feedback from residents, the service provider needed to consider methods to increase their consultation with residents and how their feedback was reflected in a quality improvement plan for the service. The process for reviewing and learning from incidents that occurred in the centre required further development.

Judgment: Partially Compliant

Standard 2.1

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

The provider had failed to ensure that recruitment practices in this centre were safe and effective. Garda vetting was not completed for two staff members who had commenced work a few weeks prior to the inspection. While there was evidence of vetting application on file, the vetting disclosures were not in place at the time of the inspection. There was an assurance from the provider that the staff member would be supervised until Garda vetting was received. In some files reviewed there was an absence of job descriptions and references.

Judgment: Not Compliant

Standard 2.3

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

The staff and management teams reported that they were well supported in their roles, however, there was an absence of regular, formal and recorded supervision for staff or centre managers as required by the national standards. A formal performance appraisal system was not in place for staff members at the time of the inspection.

Judgment: 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 learning and development needs of the staff team had been considered and the service provider had ensured that mandatory training for all staff members was up to date. There was a need to undertake a training needs analysis to ensure all the required training as prescribed in the national standards was delivered to the staff team and to inform the training plan going forward.

Judgment: Substantially Compliant

Standard 3.1

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

While a risk register was in place and individual risk assessments were regularly carried out on residents, there was no overarching risk management policy to guide the staff team in the identification, assessment and management of risk. Inspectors found that considerable work was required to develop and implement an effective risk management system. There was a lack of ownership of the identified risks and some known risks were not on the register. The arrangements for reviewing the risk register had not fully been decided upon.

Judgment: Partially Compliant

Quality and Safety

Overall, residents had a reasonably good quality of life in the centre, which would be further enhanced by effective governance and management systems, particularly in ensuring that residents' views and living experiences inform practices. Residents in this centre were provided with suitable quality accommodation and support, and as a result, they felt safe and had a positive experience while living there. The centre managers and staff team ensured residents' rights were respected and promoted. Still, there was a need for sustained improvements across several key areas to ensure that the service consistently promoted the safety of residents and met their diverse needs.

Inspectors reviewed the process of allocating rooms to residents in the centre. While there was no specific policy in place regarding room allocations, it was found that the centre manager strove to allocate accommodation based on residents' needs. When the centre received relevant information before a resident arrived, this was used to inform the room allocation. There was a checklist completed by staff with residents' consent at the time of admission in the centre to assess presenting needs of residents and guide staff in the allocation of rooms. The allocation process ensured that residents with special reception needs were accommodated in single rooms where necessary. The layout and design of the centre ensured wheelchair access to bedrooms located on the ground floor.

The inspectors found that the centre was clean and well-maintained throughout, enabling all residents to have a good quality of life. The physical structure of the centre was in good condition, and the common areas were homely. The inspectors found that residents' rooms were in a good state of repair and sufficiently furnished, and adequate storage facilities were observed in most of the rooms. There were arrangements in place to manage the upkeep and general maintenance of the building. Residents who engaged with this inspection were happy with the centre and the facilities it provided.

Closed-circuit television (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 adequate checks of people entering the building were conducted.

The service provider made sufficient and appropriate non-food items available to residents. For example, toiletries, bed linen, towels, and washing detergents were provided as needed. There were two washing machines and two tumble dryers in the laundry area. The rules in place in the centre ensured that residents from each room had a particular day to do their laundry, however, there was flexibility in accommodating residents' wishes. Feedback from residents indicated that the laundry facilities were adequate and met their needs. The inspectors found that the laundry area in the centre was clean and well-maintained, promoting a good quality of life for all residents.

The food preparation and dining facilities in the centre were well maintained and had the necessary equipment to prepare, cook and store food. The centre provided self-catering accommodation and residents used a voucher system to buy food from a local supermarket. This was found to facilitate independence and choice for residents. A residents' kitchen was available up to midnight. Although there were no formal mechanisms for consulting with residents collectively on using the kitchen and dining facilities, the centre manager and staff constantly talked with residents and took on their suggestions as much as possible. Residents were complimentary of the kitchen and dining facilities.

The staff and management team endeavoured to promote and uphold residents' rights. Inspectors observed pleasant interactions between the centre staff and the residents; residents were treated with respect and kindness. Residents told inspectors that staff advocated for them where required. From a review of residents' files, inspectors found that staff were responsive to the communication needs of residents. For example, inspectors observed translated documents on one file for a resident with communication needs. A staff member informed inspectors that the centre had recently purchased a translating device to communicate with the particular resident. The centre management told inspectors that they were developing procedures to ensure residents' rights were promoted and that residents understood them. While the centre management had started facilitating residents' meetings, the service provider needed to consider increasing consultation to ensure residents' individual and collective experience informed service delivery.

The service provider supported and facilitated residents' engagement with the broader community and services. They accessed local services and educational facilities and were supported to do so. There were efforts by the staff team to organise social evenings in the centre. An excursion to the Wicklow Mountains and a five-a-side soccer match with residents from another centre and the local community were being organised.

Safeguarding risks relating to adults had been assessed, and it was evident that the staff team responded appropriately to safeguarding concerns as they presented. Staff had all undertaken training in adult safeguarding, and an adult safeguarding policy was in place. Risk assessments were completed, support plans implemented, and residents were referred to the appropriate external support services. While the service provider ensured serious incidents were reported in line with centre policy, and residents supported, they had not developed a system to review and trend incidents regularly for learning and improvement.

The service facilitated a person-centred and needs-based approach for promoting each resident's health, well-being, and development. As a result, residents felt safe and well-supported. The provider had implemented a system of direct work with residents through which they would (with agreement from residents) assess their needs on arrival and an ongoing basis. This process included identifying their needs, and existing or emerging vulnerabilities risks. Individual risk assessments, person-centred support plans,

and individual progress reports were completed to ensure the staff had a full overview of the needs of the residents. However, there was a need for these documents to be reviewed to ensure the most recent plan reflected residents' current needs and was incorporated into one document.

There was a reception officer in place in the centre, but the provider had not put a reception officer policy and manual in place to guide their practice. Some residents living in the centre were known to have special reception needs. In some cases, the provider had been made aware of these vulnerabilities before the resident arrived at the centre. In others, with the consent and agreement of residents, the staff team in the centre had identified existing or emerging special reception needs. Where special reception needs were identified, individual risk assessments were completed, and additional support was provided. While special reception needs were responded to once they were brought to the attention of the staff team, there was no training provided to staff to help identify people with special reception needs.

In summary, the accommodation centre was in good condition and promoted a good quality of life for people living there. Residents were happy with their accommodation, and it was evident that the provider had adopted a person-centred and needs-based approach to support them. The provider had established links with the local community, and the residents were supported in accessing them and felt well integrated into the local community. While the residents reported that Basin Lodge was a good place to live, their experiences would be further enhanced with improvements in governance and practice, such as promoting residents' right to a voice and risk management.

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.

While there was no policy to direct the allocation of accommodation, the provider had ensured that accommodation was allocated in a way that considered and met residents' known needs at the time of admission and on an ongoing basis.

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 in the centre which was found to be clean and well maintained and contained adequate number of washers and dryers for the number of residents. All equipment was observed to be in working order and there was appropriate access to cleaning materials and laundry detergent. Residents consulted with largely said they were happy with the laundry facilities.

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 noted that the service provider had implemented suitable security measures within the centre, which were deemed proportionate and adequate. There was CCTV focussing on the external areas, and in most communal areas the centre, such as the reception area, hallways and the dining room. There was clear signage in place regarding the presence of CCTV in relevant areas of the building.

Judgment: Compliant

Standard 4.9

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

The service provider ensured sufficient and appropriate non-food items and products were available to residents. Residents were provided with bed linen and sets of towels on arrivals and there were replaced as required. They also received the basic equipment required to prepare and cook their meals.

Judgment: Compliant

Standard 5.1

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

There were adequate and suitable food preparation and dining facilities available to residents. Residents had access to a communal kitchen. There were adequate food preparation facilities and cooking utensils in the kitchen. The dining space was bright and well furnished with sufficient tables and chairs. The provider had made secure storage available in the centre for residents to store chilled and dry food. Residents spoken with expressed satisfaction with the quality and quantity of facilities in the kitchen and dining areas.

Judgment: Compliant

Standard 5.2

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

The centre provided self-catering and fully catered facilities for residents where they had a choice of foods and could cook culturally sensitive meals. Residents used the voucher system which allowed them to buy food from a local supermarket and cook for themselves.

Judgment: Compliant

Standard 6.1

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

It was evident that a considered effort was made by the provider and centre manager to provide a service that respected residents as individuals, acknowledged their strengths and supported them in their personal endeavours. Residents were provided with information and the necessary support to avail of services and resources they were entitled to. Residents were treated with respect and kindness by the staff team employed in the centre. However, the systems in place to formally consult with residents were limited and needed to improve to ensure residents' views were informing service delivery.

Judgment: Substantially Compliant

Standard 7.3

The service provider supports and facilitates residents, including children and young people, to integrate and engage with the wider community, including through engagement with other agencies.

The provider was ensuring that residents had access to information about local services and facilities in the community. It was found that the centre manager and staff were supporting residents to avail of resources in the local area and providing information about their rights and entitlements. It was evident that the centre had strong working relationships with support services in the area. Support services routinely visited the services to support the residents in relation to housing and advocacy needs. The provider had ensured residents had access to relevant information about local services and facilities. 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.

Residents felt safe, and it was evident that the staff team responded appropriately to safeguarding concerns as they presented. The inspectors found that incidents were managed well and reported other appropriate services as required. Risk assessments were completed, support plans were implemented, and residents were referred to the appropriate external support services. There were measures in place to safeguard adults who lived in the centre. Staff had all undertaken training in adult safeguarding, and an adult safeguarding policy was in place.

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.

Inspectors found that significant adverse incidents were reported to the relevant department. Improvement was required to ensure that all adverse events and incidents were consistently recorded in a manner that allowed them to be reviewed effectively. This was particularly important to ensure any self-evaluation of incident management was based on relevant and accurate information. While the service provider ensured serious incidents were appropriately reported and residents supported, they had not developed a system to review and trend incidents regularly and to learn from them to improve the service continuously.

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.

Inspectors found that arrangements in the centre ensured that each resident received the necessary support to meet their individual needs. The staff team provided support that was person-centred and they promoted the health and well-being of residents. The service provider had appropriate links with community health and social care services and provided information or referrals, when appropriate, to services to meet a resident's health or social care needs. The centre manager ensured that where suitable supports could not be provided in the centre, that residents were assisted to avail of support from external services.

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.

In the event that the provider was notified of any special reception needs, it was found that they strove to meet them. For the most part, the provider was not made aware of any special reception needs in advance of resident admissions.

Judgment: Compliant

Standard 10.2

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

While staff members and management had not received specialist training to identify and respond to the special reception needs and vulnerabilities of residents, they were responsive to residents need and person-centred in their approach. The staff team oversaw a defined admissions and induction process for all residents which provided an opportunity for residents to share any specific needs they may have. Staff had received training in a wide range of areas that equipped them with the knowledge and skills required to provide person-centred care and provide necessary support. While training was provided to staff in response to emerging needs of residents which was recorded, there was no specific specialised training programme on carrying out needs assessments and responding to special reception needs of residents.

Judgment: Substantially Compliant

Standard 10.3

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

The provider had not developed a policy to guide staff on how to identify and address existing and emerging special reception needs, as required by the standards. While the service provider had implemented a system to record some key information about newly arrived residents, if they consented, this was not sufficient to assess or determine the needs of residents.

Judgment: Not Compliant

Standard 10.4

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

There was a reception officer, with the required qualifications, employed in the centre in line with the national standards.

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	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Not Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.7	Compliant
Standard 4.8	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	Substantially Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.3	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	Substantially Compliant
Standard 10.3	Not Compliant
Standard 10.4	Compliant

Compliance Plan for Basin Lodge

Inspection ID: MON-IPAS-1026

Date of inspection: 02/05/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The Senior Management have recruited in a Regional Manager for the oversight, implementation and development of good governance and practice.</p> <p>The Regional manager has completed a self-audit to ensure that the organisation reaches its requirements. Annual planning and policy review schedules are under development and underway. The senior management team will review the current policies and associated forms and will focus on:</p> <p>Staff supervision. A new supervision process has been implemented and will be reviewed after 3 months trial. The supervision form supplementary supervision form, probation and appraisal form has been reviewed and implemented. All staff sign a supervision agreement for formal supervision every 4 to 6 weeks. Centre management undertake supervisor training to support same. The regional manager has implemented formal supervision of all centre management through the same conduit. ONGOING</p> <p>Risk management: a new risk management process is in place, and associated forms will be implemented. In addition to risk management plans for tracking and documenting same. ONGOING</p> <p>Assessment of needs: this will be under the remit of the RM and RO and will be encompassed as part of the placement planning process. All centre documentation is being reviewed at present to align with HIQA standards. ONGOING</p> <p>The Regional Q & A manager has implemented new placement and case management documents that further support this identification of needs #. Separately to this the regional manager has implemented a tracker-based system to ensure that all areas of concern are being documented, monitored and actioned. This is also discussed and documented both at management level and senior management level. ONGOING</p>	

The centre management team will then clearly communicate these procedures to all staff via team meetings and individual staff supervisions and in conjunction with the support of the regional manager and any additional in-house training as needed.

The centre manager and staff team will consistently record, as per procedures and placement planning processes, documentary evidence of risk management, staff supervision and assessment of need.

Centre management will continue to record all instances of centre risk assessments and individual risk assessments in response to concerns arising. These will be recorded in the Centre management meeting minutes, The Centre Trackers and in Team Meeting minutes and IPAS / HIQA forms as required.

The senior management team will conduct a bi-monthly review of all instances all trackers to ensure that the appropriate recording has occurred, reporting her findings in the senior management meeting.

October 2024 for review

1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The senior management team have put in place a regional Manager for governance and oversight.</p> <p>The regional manager has implemented and is implementing governance arrangements which will clearly identify appropriate and effective governance and oversight of all aspects of service provision.</p> <p>The senior management team are putting into place formal quality assurance and reporting systems to ensure we are aware of all risks, incidents and safeguarding concerns. This is monitored through the weekly team meetings template, the weekly management meeting template, the centre trackers for risk, child protection and safeguarding.</p> <p>In addition to this the centre management team have implemented a documented consultation process with residents and will be implementing a quarterly residents survey. This will be discussed with senior management and appropriate actions will be taken from this.</p>	
1.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The Senior management team are developing an annual auditing system that will cover both centre management internal audits and external Governance audits. These audits will cover, health safety, fire, safeguarding, Child Protection, placement planning, staff training, accident and injury, and staff personnel file audits.</p> <p>As the standards are new effective Jan 2024 the systems must be implemented before auditing can commence. We anticipate that auditing can commence September 2024</p> <p>The weekly management meeting has now been divided into two separate meetings. One to focus solely on the maintenance health and safety aspect of service provision and the second meeting to focus on governance, practice and learning</p>	
2.1	Not Compliant

Outline how you are going to come into compliance with this standard:	
<p>A full and robust recruitment process is now in place. The senior management team are recruiting in a dedicated internal HR person for management of oversight of recruitment practices. We have implemented a review of all job descriptions mentioned above part of the annual auditing process is to undertake a personnel file audit. A new personnel file structure has been introducing and rigorous vetting is in place. All staff file s must have the required documentation on file prior to commencing employment. This will be in place fully by 21.06.2024</p>	
2.3	Partially Compliant
Outline how you are going to come into compliance with this standard:	
<p>The staff and management teams reported that they were well supported in their roles, however, there was an absence A regular, formal and recorded supervision process has been implemented for staff and centre managers as required by the national standards. A formal performance appraisal system is now in place for staff members. This will be reviewed via the annual governance audits and the monitoring of the centre trackers.</p>	
3.1	Partially Compliant
Outline how you are going to come into compliance with this standard:	
<p>An overarching risk management policy is under review and this will guide the staff team in the identification, assessment and management of risk. Risk management and identification is now a standing item on the team meeting agenda in addition to the staff supervision process and senior management meeting agenda. The risk management trackers will allow for live updating, monitoring and tracking of risk. The centre manager will escalate as needed and the Senior management team and RO will review with the centre managers all risks for appropriate risk management actions.</p>	
10.3	Not Compliant
Outline how you are going to come into compliance with this standard:	
<p>The senior management team are recruiting in a dedicated professional for the implementation and oversight of needs assessing of all residents. this will also include the development and implementation of a needs assessment policy, procedure and practice related guidelines. This will be in place by 28.06.2024</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 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Partially Compliant	Orange	August 2024
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	April 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	September 2024
Standard 2.1	There are safe and effective recruitment practices in place for	Not Compliant	Red	21/06/2024

	staff and management.			
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	July 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	July 2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	May 2024
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.	Substantially Compliant	Yellow	August 2024
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Substantially Compliant	Yellow	August 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	August 2024
Standard 10.2	All staff are enabled to identify and	Substantially Compliant	Yellow	August 2024

	respond to emerging and identified needs for residents.			
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	28/06/2024