



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

Name of the Centre:	Birchwood House
Centre ID:	OSV-0008420
Provider Name:	Stompool Investments Ltd
Location of Centre:	Co. Waterford
Type of Inspection:	Announced
Date of Inspection:	30/04/2024 and 01/05/2024
Inspection ID:	MON-IPAS-1025

## Context

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

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

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published a White Paper to End Direct Provision and to establish a new International Protection Support Service.<sup>3</sup> 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 time frame for implementation.

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent<sup>4</sup> International Protection Accommodation Service centres against national standards on 9 January 2024.

---

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

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

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

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

## About the Service

Birchwood House is an accommodation centre located on the outskirts of Waterford City. The centre had capacity to accommodate up to 145 people; this included families, and single men and women. At the time of inspection there were 142 people living in Birchwood House.

The centre comprised two large buildings in which accommodation was provided, and a number of smaller ancillary buildings, such as a laundry facility, a kitchen and dining room, and a small gym. There were 73 bedrooms in Birchwood House.

One of the main buildings provided accommodation for single men, with occupancy of bedrooms ranging from one to three people. There were no en-suite bathrooms in this building, with shared bathroom facilities on all three floors. This building also contained a kitchen, dining room, a shop, and a large common room. The centre reception and staff offices, as well as some meeting rooms were also located here.

The other main building accommodated families and single women. Most of the bedrooms in this building contained en-suite bathrooms. Women residing in single bedrooms generally shared communal bathrooms, and four family bedrooms had designated shared family bathrooms. There were a number of small lounge areas and a large family common room in this building, and there was a kitchenette on each of the three floors. Residents who lived in this building had access to a laundry facility on the ground floor, and a large kitchen with dining facilities was located nearby. There was a second laundry room available, generally used by single males.

There was a registered preschool and afterschool club on the premises. The space between the two main buildings had been utilised to provide a basketball court, a playground and a small sensory garden.

Birchwood House was managed by a centre manager, who reported to a director of the service. The manager oversaw a team of 14 staff members, including housekeeping staff, general operatives, reception staff, a reception officer and maintenance staff.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	142
---	-----

## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**The inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
30/04/2024	10:55-18:30	Amy McGrath	Lead Inspector
30/04/2024	10:55-18:30	Pauline Clarke	Support Inspector
01/05/2024	08:15-14:00	Amy McGrath	Lead Inspector
01/05/2024	08:15-14:00	Pauline Clarke	Support Inspector

## What residents told us and what inspectors observed

From speaking with residents, and through observations made during the inspection, the inspectors found that residents felt safe living in this centre. The staff team was person centred in their approach and residents were supported to integrate into the local community.

The inspection took place over two days. During this time the inspectors spoke with 18 residents, including seven children. Three residents shared their views on the service by completing a questionnaire. In addition, the inspectors spoke with the shop staff, the reception officer, the deputy duty managers, the centre manager, and the general administration manager.

Birchwood House was located in Waterford City, within walking distance of local services and transport links. The centre provided accommodation to 36 families (50 adults and 49 children) and 43 single men and women. The main centre building accommodated single males over three floors. There was also an additional building to the rear of the centre that accommodated families and single females over three floors.

The inspectors completed a walk around the centre and found that it was clean and well maintained. The main building had a reception area and staff office. The communal cooking and dining facilities for single adults, and the centre's shop were also located within this main building. Inspectors observed the kitchen and adjoining dining facilities in use throughout the course of the inspection. It was found they were clean, well-equipped and appropriately furnished, and offered a comfortable space for residents to prepare and eat their meals. The inspectors found that the shop was well stocked and provided sufficient choice and variety for residents who used it to buy food and non-food items. Residents told inspectors they could request additional items to be stocked which was facilitated by shop staff.

The communal cooking and dining facilities for families was located in a standalone unit between the two main buildings. These facilities were very well equipped, and contained ten large cooking stations with an oven, grill and hob, large preparation areas and additional equipment such as hand blenders and microwaves. There were adequate tables and chairs for dining, including numerous high-chairs for small children. The location of the kitchen and dining facilities, which overlooked a playground and open play area, allowed parents to supervise their children playing while they cooked their meals. The inspectors observed children playing football and enjoying the playground during the course of the inspection.

The provider had made further facilities available to families and children. There was an onsite preschool and homework club located next to the family accommodation building. The building also contained two large communal rooms on the ground floor where families watched television or carried out activities like hairdressing, while able to supervise children in the play area. There was a small kitchenette on each floor with facilities to store and reheat food, wash dishes and make hot beverages. These were noted to be busy during the inspection. One parent told inspectors it was very convenient and meant they did not have to leave the building to make snacks for their children. The centre manager showed inspectors a sensory garden that was being developed to support children with additional needs who were living in the centre.

Single adult residents also had access to a variety of communal spaces throughout the centre. In the main building there was a large television room and a separate games room. Both rooms were comfortably furnished, and inspectors observed that these rooms were used frequently by the residents. The larger room could be divided into multiple areas through the use of partitions which allowed residents to have space and privacy when required. Residents also had access to a private meeting room, a study room with computer facilities, and a small but well-equipped gym.

Residents who spoke with the inspectors said that they felt safe living in the centre. The inspectors observed pleasant interactions between the residents, and saw children playing together in outdoor spaces and congregating to watch television or play games inside the family building. Residents spoken with gave positive feedback about the living environment, saying there was a 'good atmosphere' and that people were 'neighbourly'.

Inspectors also observed that interactions between staff members and residents were familiar and respectful. Both adults and children living in the centre told inspectors that staff were helpful and easy to talk to. All three residents who completed a questionnaire agreed that they were listened to by staff and that they would be comfortable making a complaint if they needed to.

Due to the proximity of the city, the centre did not operate a transport service. Residents had access to the public transport system, with local health and support services located within walking distance from the centre. The staff members informed inspectors that support workers also visited the centre regularly to meet with the residents. The inspectors observed that residents were supported to integrate into the local community. Some of the residents were working, while others were taking part in training courses. Information about support services, clubs and activities was available on notice boards throughout the centre.

Inspectors observed five residents' bedrooms with their agreement, all of which were occupied by families. All rooms were well furnished, clean, and met the minimum space requirements of the standards. Most family rooms had an en-suite bathroom. In the case of four rooms, which each accommodated one parent and one child, residents used designated family bathrooms located on the same corridor as their rooms. There were two separate toilets and four showers available, as well as one large bathroom with a shower. One resident told inspectors it could be difficult to manage, especially when their child was asleep in their bedroom.

Single male residents were accommodated in bedrooms in the main building. Of these bedrooms, nine were shared and the remainder provided single accommodation. Most shared bedrooms accommodated two adults, with some larger rooms housing three people. In all cases, residents used communal bathroom facilities which were located on all floors of the building. As an example, 15 residents in seven rooms across one floor shared four showers and five toilets. Bathroom facilities were seen to be clean and in good condition. Newly fitted showers were observed by inspectors not to provide sufficient privacy due to the layout and presence of clear glass screens. This was rectified by the provider prior to the inspection, concluding with the installation of a privacy panel on each door.

Overall, the inspectors found that the service provider was operating a service that was committed to meeting residents' needs and providing a high-quality service. The centre was well managed and operated by competent and considerate staff. There was some improvement required in order to fully meet the requirements of the standards. For example, to optimise the oversight arrangements and to fully implement some of the planned quality improvement initiatives. However, most of these had been self-identified by the provider who had plans in place to address any known deficits.

The observations of inspectors and the views of residents outlined in this section are generally reflective of the overall findings of the inspection.

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



## Capacity and capability

This was the first inspection of Birchwood House by HIQA. The inspection found that there were clear and established governance and management arrangements in place that were facilitating the delivery of a good-quality service. The provider had implemented various oversight and monitoring systems that were found to inform quality improvement plans. While there were some areas that required further development to fully meet the standards, inspectors found that the centre was well managed and was providing a safe and person-centred service to residents.

Birchwood House was managed by an experienced centre manager who reported to a director of the service. The management team also included a reception officer and local duty managers. There was a general administrative manager employed by the provider organisation, with a background in social care, who provided additional support and oversight of the operation of the centre. The centre manager oversaw a team of 14 staff members, including general operatives, housekeeping staff, night porters and reception staff. It was found that staffing levels in the centre were adequate to ensure a consistent and good-quality service was delivered to residents.

There were a range of local oversight systems in place, such as health and safety audits and fire safety checks. Staff had clear areas of responsibility to which they reported to the centre manager. The provider oversaw a centre quality improvement plan which had been developed, in part, based on a self-assessment of compliance with the national standards. At the time of inspection there were a number of improvement initiatives being implemented, with actions at various stages of completion. It was evident that the work undertaken had positively impacted the operation of the centre, with improvements in areas such as risk management and resident engagement.

Inspectors reviewed the recruitment arrangements in the centre and found that the service provider had introduced measures to ensure that recruitment practices were safe and effective. While there were some areas for improvement, the provider had clear plans in place to enhance recruitment practices. For example, while there were no written references available for staff who had been employed in the centre for a long time, a policy had been implemented to ensure suitable references were received for any future appointment. Not all staff had a clear job description available, however these were being developed at the time of inspection.

The service provider had ensured that a Garda Vetting disclosure had been received for all staff members who worked in the centre. There were arrangements in place to ensure that no staff member commenced work prior to a vetting disclosure being

obtained. The provider had also sought international police checks for any staff member who had resided outside of the State for a period of six months or more.

In addition to the centre manager and the general administrative manager, the inspectors spoke with six staff members during the inspection. All staff spoke confidently about their role in the centre, and were knowledgeable regarding the operation of the centre and their own areas of responsibility. Staff spoke highly of residents and were familiar with residents' needs. Inspectors observed staff engaging with residents in a friendly and respectful manner, and it was noted that staff and residents addressed each other by first name. Children spoken with were complimentary of staff, telling inspectors they were nice and treated them kindly.

Inspectors reviewed the arrangements in place regarding staff training and development. It was found that staff had received training in a range of areas. All staff had undertaken training in areas the provider determined to be essential, for example, child protection, adult safeguarding and first aid. Additional training had been undertaken by some staff. For example, two staff had been trained in mental health awareness and suicide prevention and four staff had received training in conflict resolution. There was a training assessment in place that outlined areas of training that were required by staff. Improvement to the assessment and training plan was necessary to ensure it highlighted training that needed to be repeated at specific intervals (for example, child protection training) in sufficient time for the provider to address. The training plan could be further developed by the inclusion of particular training and development needs of staff specific to their role.

While staff spoken with told inspectors they felt supported by the management team, the inspectors found that a programme of staff supervision had not been implemented by the provider. There was a supervision policy in place and at the time of inspection, there were plans to commence supervision meetings with staff. There was a staff appraisal system in place.

The risk management arrangements in the centre were reviewed by inspectors. There was a risk management policy that defined how risk was managed. There was a risk register in place that outlined known risks and the associated control measures. While planned improvements to the incident management system would further support effective risk management, it was found that the provider and centre manager were identifying risks and using the risk management system to improve the safety and quality of the service.

The risk register included contingency assessments and plans, for use in the event of specific circumstances that would impact service provision. These contained sufficient information and guidance for staff and management to implement contingency plans if

necessary. The risk register also included assessment of risks specific to residents, which were generally overseen by the centre manager or reception officer.

A review of fire safety arrangements in the centre found that there were suitable control measures in place. For example, there were fire doors installed throughout all buildings, fire-fighting equipment was located throughout the centre and was serviced regularly, and there was a detection and alarm system in place linking all main and ancillary buildings. The centre manager ensured fire evacuation drills were carried out at planned intervals.

The service provider had developed a residents' charter that described the services available to residents. It included, for example, information about staff, the facilities in the centre and how to make a complaint. The residents' charter had been translated into multiple languages and there were arrangements in place for residents to request the charter in another language if required. This information was provided along with the charter to residents on arrival to the centre.

The provider had developed a complaints policy that outlined how complaints were to be managed. Residents who spoke with inspectors told them they rarely had any reason to complain, but would feel comfortable making a complaint if necessary. Residents had information provided to them about how to make a complaint. A review of records found that complaints made were managed in accordance with the provider's policy.

Generally, inspectors found that the provider had good oversight of the running of the centre and was committed to delivering a person-centred service and a comfortable living environment. While there were some areas requiring improvement, it was evident that the service provider was responsive to feedback and had clear plans in place to fully meet the requirements of the standards.

### **Standard 1.1**

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

The service provider had systems in place to ensure the service was delivered in a way that met the requirements of relevant regulations, policies and standards. While some further action was required to fully comply with the national standards, the provider had self-identified most of these and had clear plans in place to address them. It was evident that the provider endeavoured to operate a high-quality service that promoted resident welfare and safety.

Judgment: Substantially Compliant

### **Standard 1.2**

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

There were clear leadership and governance arrangements in place. All staff members and managers had defined roles and responsibilities, with specific areas of accountability. There were clear reporting systems that facilitated good oversight of the operation of the centre.

The centre was well resourced and there were clear strategic and operational plans in place to facilitate various quality improvement initiatives.

There was a complaints policy and procedure in place that was made available to residents. Inspectors found that complaints were managed in accordance with this policy and that complainants were kept up to date in relation to actions taken to resolve their complaint.

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.

There was a residents' charter available that contained all of the necessary information, and described the services available to adults and children living in the centre. This was available in multiple languages and was provided to residents 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.

There were various measures in place to monitor and review the quality and safety of the service. The centre manager oversaw local operations through themed audits and regular meetings with accountable staff members, for example, in areas such as fire safety, and health and safety. An administration manager provided further oversight in areas such as training and development, and risk management. There was a centre improvement plan in place informed by internal audits and reviews, resident feedback, and third party audits.

Judgment: Compliant

**Standard 2.1**

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

The provider had implemented measures to promote safe and effective recruitment practices. A review of staff files found that a Garda vetting disclosure had been received for all staff members. At the time of inspection, not all staff members had a job description in place or had written references available. The provider had sought an international police check for staff, where indicated; however, not all had been received at the time of inspection. The provider had plans in place to address these deficits.

Judgment: Substantially 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.

It was found that staff received support from the centre manager and the provider to carry out their duties and to meet residents' needs. The provider had developed a policy on staff supervision although the practices had not fully commenced at the time of inspection, and as such staff supervision arrangements were not fully implemented.

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.

There were arrangements in place to identify the training needs of, and provide training to, staff who worked in the centre. Staff had undertaken a range of training courses and there were plans in place to address any known training deficits. The oversight measures in place required review to ensure they monitored training that needed to be repeated, such as child protection, to ensure refresher training was provided in an appropriate time frame.

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 carried out an analysis of risk and developed a risk register that outlined known risks and control measures. There was a risk management policy in place with clear procedures to identify, assess and review risk.

There were contingency plans in place to ensure continuity of service in the event of specific circumstances. Inspectors also found that any fire safety risks had suitable control measures in place.

Judgment: Compliant

## Quality and Safety

This inspection found that the governance and management arrangements were supporting the delivery of a safe and person-centred service in comfortable accommodation. Residents were supported by the staff team to meet their health and welfare needs, avail of educational and employment opportunities, and to integrate into the local community. While some further work was required to fully implement some of the planned improvements to the governance and management arrangements, the provider had identified most of these deficits in their own audits, and had clear plans in place to address them.

Inspectors reviewed the process of allocating rooms to residents. The provider had an allocations policy that detailed the manner in which room allocations were decided. The centre manager used information known to them about residents prior to their arrival to determine where they would be accommodated. For example, families were accommodated together in one building, and single men were accommodated in another. In the case of larger families, it was found the provider made sure sufficiently sized rooms were allocated to them. It was also found that, where a specific need was identified after arrival, this was considered in the allocation of rooms. For example, there were a number of single occupancy rooms provided to meet residents' specific health or welfare needs. Residents spoken with, and those who completed a questionnaire, said they thought the procedures for allocating rooms were fair.

Inspectors completed a walk-around of the centre, and observed all communal areas and some resident bedrooms. All communal areas were clean, well-maintained and nicely decorated. There were ample communal spaces for residents' use. In the main building where single men were accommodated, there was a large kitchen and dining room, which was situated beside the shop. There was a large living space with a television that was used regularly to watch sports. This could be separated into smaller sections with a divider, and there was comfortable seating available in each section. There were two private meeting rooms available in this building as well as a computer and printer.

The other main building was used to accommodate families and single women. This building had a small living room and a private clinic room on the ground floor. There was a large communal space to the rear with a toddler play area, comfortable seating areas and a small kitchenette. There was another small kitchenette located on each of the three floors, as well as some smaller lounge rooms for families to use. A separate building contained fully-equipped cooking stations, space for food storage and dining facilities. This building overlooked a large play-area and playground. There were two

laundry facilities available, with one generally used by families and women, and the other by male residents. These were in good condition and feedback from residents suggested there were sufficient washing machines and dryers available to meet their needs.

Bathroom facilities available to residents varied. In all but four cases, where families shared specific communal facilities, family rooms contained an en-suite bathroom with a shower. Single females were accommodated in single occupancy rooms and shared their own designated communal shower and toilet facilities. All male residents shared bathroom facilities, with toilets and showers located on each of the three floors of the accommodation building. Although this was not ideal, it was found the facilities were clean and well maintained, and there was sufficient quantity to meet the number of residents accommodated in the building.

Inspectors observed a number of family rooms and found them to be furnished well and in a good state of repair. They were nicely decorated and clean. In addition to residents' beds, they contained wardrobes, chests of drawers, a small table and chairs. One room observed had a small sofa. Some residents had purchased their own fridge which they kept in their rooms. All residents spoken with, and those who completed a questionnaire, said their rooms had sufficient space to store their personal belongings.

The centre provided self-catering accommodation, and as such, residents purchased their own food. This was facilitated through a small shop in the centre, and residents used a points system, with points allocated to individual residents and families to purchase items. The shop stocked a wide variety of food and non-food items, including fresh meat, fruit and vegetables, dried and canned goods and toiletries. There were food items available to meet residents' known dietary or cultural preferences.

Prior to the inspection, residents used their weekly allowance to purchase food and non-food items, with additional points allocated for sanitary products. On review of this arrangement, the provider implemented a change to the system, whereby an additional allowance was added to account for purchases of cleaning products and personal toiletries. This was introduced by the provider to support residents to purchase essential items without unduly affecting their ability to purchase sufficient food.

Residents received some household items on arrival to the centre, including bedding and towels. They also received a basic provision of items such as cutlery and crockery. The centre manager supported residents to avail of support to purchase nappies for



their children, and any additional nappies, creams and so on were provided through the on-site shop.

It was evident that the provider had considered the needs and best interests of children in the design and running of the centre. There were plenty of spaces for children to play and there were areas available for children to do their homework. Some small children attended preschool at the on-site facility and older children told inspectors they enjoyed going to the afterschool club to do their homework.

Inspectors found that residents received support to independently manage their own health and development needs, and that additional assistance was provided where necessary. For example, some residents had received support to avail of healthcare services for themselves or their children. The centre manager and reception officer maintained good links with local community organisations and facilitated residents to engage with local support services. For example, a local housing charity held clinics in the centre and the public health nurse used the centre clinic room where necessary. The provider had ensured they had confirmation of Garda Vetting for any third party providing a service in the centre.

Inspectors reviewed the arrangements in place to safeguard residents in the centre. There were measures in place to protect adults and children from the risk of abuse or neglect. All staff had received training in the areas of child protection and adult safeguarding. There was a child protection policy and a safety statement in place. Staff were clear with regard to their role in relation to child protection. There was an adult safeguarding policy in place, although this required further development to ensure it accurately reflected the recording and reporting arrangements in the centre.

Inspectors found that where a potential safeguarding risk had been identified, there were measures to protect residents and promote their safety and welfare. In some cases, where there were control measures in place in response to a potential risk, these needed to be more clearly documented to ensure they were well known by all staff members and could be effectively monitored. For example, risks related to child supervision.

There were arrangements in place to record incidents and adverse events that occurred in the centre, although the policy at the time of inspection was found to lack clarity in relation to the method of recording and reporting for all incidents. For example, while serious incidents were recorded and reported as required by national policy, there were a number of other systems in place to record incidents based on their circumstances and it was not clear how the provider would collate, oversee, and ultimately learn from incident records.

There were a number of residents living in the centre with special reception needs. While it was found that the provider was generally not notified of these needs in advance of a resident arriving to the centre, inspectors found that the provider endeavoured to meet residents' needs as they became aware of them.

There was a dedicated reception officer employed in the centre, who was experienced and had a relevant qualification. This person had commenced the development of needs assessments for all residents to support the identification of special reception needs. When special reception needs were identified, appropriate care plans with clear actions were developed, in consultation with residents, to support their specific needs. Inspectors found that the reception officer reported directly to the centre manager, which ensured management oversight of the supports provided to residents.

#### **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.

It was found that the accommodation provided had been designed and planned with residents' interests and needs in mind. Space in the centre had been well-utilised to meet residents' physical, social, developmental and family needs. There was an allocation policy in place to set out how room allocations considered residents' needs.

Judgment: Compliant

#### **Standard 4.4**

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

The provider had taken steps to meet the needs of families in the planning and delivery of the service. All families were accommodated together and there were a wide range of facilities available to support independent and private family life. Most of the accommodation provided to families had an en-suite bathroom, however four family rooms shared communal bathrooms. While there was limited space in some bedrooms to use as a living space, the provider had made multiple living areas and leisure spaces available for families to use outside of their bedrooms.

Judgment: Substantially Compliant

**Standard 4.6**

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

There was a variety of dedicated facilities provided in the centre to support the educational development of children and young people. There was an independently run preschool and afterschool club on-site. There were study spaces and materials available to children, as well as a computer and printer. Wi-Fi was available throughout the centre. There was an enclosed playground, a tarmacadam play area with street games, such as hopscotch, painted in bright colours, and a space to play football and basketball.

Judgment: Compliant

**Standard 4.7**

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

The centre was maintained in good condition and was clean and tidy throughout. There were adequate laundry facilities available to residents, with washing machines and dryers available in two separate areas. Residents took responsibility for cleaning and tidying any communal space they used, while staff in the centre regularly cleaned all common areas. Residents spoken with told inspectors 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.

There were reasonable and proportionate security measures in place. The centre was well resourced with sufficient staff present to meet residents' needs. There was a night porter employed to supervise the centre overnight. There was CCTV in most common areas, and there was a clear policy regarding CCTV in place. There were two meeting rooms available to residents to hold private meetings where required. These rooms did not have CCTV.

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.

Residents purchased non-food items, such as personal toiletries and cleaning products, through a points system that was administered by staff in the centre's shop. Prior to the inspection, residents purchased all items from their standard points allowance. On review of the system in place, at the time of inspection, the provider had facilitated residents to purchase non-food items without impacting their points allowance for food. This meant residents would have sufficient items to ensure their personal-hygiene and household cleaning needs could be met without unduly affecting their points allowance.

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 facilities for food preparation and dining provided to residents. There were two large kitchens in the centre, with one assigned to be used by families and the other for use by single men and women. Both kitchens were well-equipped, clean and in good condition. There were also a number of smaller kitchenettes located in the building occupied by women and families. Residents gave good feedback on the kitchen facilities.

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.

Residents purchased their own food from a shop in the centre using points allocated to them on a weekly basis. The shop contained a wide variety of fresh food, dried and canned goods, and a range of non-food items. Staff managing the shop ensured that residents' cultural and dietary preferences were considered and provided for. Inspectors found that staff endeavoured to provide good value and sufficient variety to facilitate choice and affordability.

Judgment: Compliant

## Standard 6.1

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

Inspectors found that the service provided respected the rights of residents and promoted their dignity. Residents told inspectors that staff treated them with respect and took their feedback on board to deliver a service that met their needs. It was evident that residents' rights to privacy was considered in the layout of the centre, specifically in relation to communal areas. Residents were provided with information about their rights and entitlements.

Judgment: Compliant

## Standard 7.1

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

There were measures in place to facilitate residents to develop and maintain personal and family relationships. Families were accommodated together and there were multiple spaces throughout the centre for families to spend time together outside of their bedrooms. Residents could receive visitors in the centre and there were numerous comfortable areas to meet with a small or large group of people.

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.

Adults living in the centre were supported to avail of educational, recreational and employment opportunities in the local community. Information about local health and welfare services was made available to residents. There was an on-site preschool and afterschool club in the centre which were well utilised. Older children attended schools in the local community, all of which were in walking distance of the centre. Due to the location of the centre, no transport facility was provided. Residents had access to up-to-date information about public transport facilities in the area.

Judgment: Compliant

## Standard 8.1

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

There were measures in place to protect adults and children from the risk of abuse or neglect. While there were control measures in place for any potential risk to residents' safety, in some cases, improved record keeping was required to provide assurance that they were based off an accurate assessment of risk.

The provider had developed a range of policies and procedures to support the delivery of a service that protected residents, and ensured all staff had training in child protection and adult safeguarding.

Judgment: Substantially Compliant

## Standard 8.2

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

There were a range of measures in place to protect children in the centre from the risk of abuse or neglect. All staff had received training in child protection and there were two designated liaison persons appointed to oversee the management of child protection risks. Each of these staff members had undergone additional training to fulfil this role. There was evidence that where staff had any concerns in this area, they reported them in line with the provider's policy.

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.

The provider had implemented systems to record adverse events and incidents. Any significant incidents were recorded and reported as required by national policy. Some improvements to the incident management policy was required to ensure it provided sufficient clarity regarding the recording and reporting of all incidents and adverse events, and the oversight arrangements in place.

Judgment: Substantially Compliant

### **Standard 9.1**

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

The provider had ensured that residents received person-centred support based on their individual needs and circumstances. Residents were provided with information and assistance to access support themselves. Staff in the centre, including the reception officer, assisted residents in this area where necessary. There were private spaces in the centre for residents to meet with health and social care professionals.

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.

For the most part, the provider was not made aware of any special reception needs in advance of a resident admission. It was found that where they were notified of, or became aware of a special reception need, they took steps to meet them in the provision of accommodation and associated services.

Judgment: Compliant

### **Standard 10.2**

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

Staff had received training in a variety of areas to support them in identifying and meeting residents' needs. There was a system in place for the reception officer to communicate with staff and the centre manager and ensure that, where appropriate, staff were aware of any special reception needs of residents and equipped to provide the necessary support.

Judgment: Compliant

### **Standard 10.3**

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

At the time of inspection the provider was developing a policy to identify, communicate and address existing and special reception needs. Many of the practices within the policy were already in place, for example, there were care plans developed for residents who required them. However, full implementation of a developed policy was required to wholly meet this standard.

Judgment: Partially 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.



A dedicated reception officer was available in the centre. This person was suitably qualified and experienced, and was a member of the management team. While the reception officer had clear objectives and was actively supporting residents, a manual and policy to guide their work was required in line with the standards.

Judgment: Substantially Compliant

## Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Substantially Compliant
Standard 1.2	Compliant
Standard 1.3	Compliant
Standard 1.4	Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Substantially Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Substantially Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Compliant
Standard 4.4	Substantially Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant

<b>Theme 5: Food, Catering and Cooking Facilities</b>	
Standard 5.1	Compliant
Standard 5.2	Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.1	Compliant
Standard 7.2	Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Substantially Compliant
Standard 8.2	Compliant
Standard 8.3	Substantially Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Partially Compliant
Standard 10.4	Substantially Compliant

# Compliance Plan for Birchwood House

Inspection ID: MON-IPAS-1025

Date of inspection: 30 April and 1 May 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>The procedures outlined in the supervision policy have been initiated and are now under completion. A plan is in place to ensure that all staff members will receive their first supervision session within the second quarter of 2024. Following this initial session, supervisions will be conducted on a quarterly basis, in accordance with the policy. Additional supervisions will be provided more frequently if necessary (July 1<sup>st</sup>, 2024)</p>	
10.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A Policy Manual has been developed to identify, communicate, and address existing and emerging special reception needs within the service (complete).</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.	Substantially Compliant	Yellow	31/7/2024
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Substantially Compliant	Yellow	27/05/2024
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	31/07/2024

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	31/09/2024
Standard 4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.	Substantially Compliant	Yellow	31/07/24
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Substantially Compliant	Yellow	31/07/2024
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Substantially Compliant	Yellow	31/07/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	27/05/2024
Standard 10.4	The service provider makes available a dedicated	Substantially Compliant	Yellow	27/05/2024

	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.			
--	---	--	--	--