



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

Name of the Centre:	Carraig Accommodation Centre
Centre ID:	OSV-0008422
Provider Name:	Townbe
Location of Centre:	Co. Leitrim
Type of Inspection:	Unannounced
Date of Inspection:	02/07/2024 and 03/07/2024
Inspection ID:	MON-IPAS-1042

## 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 timeframe for implementation.

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent<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

The Carraig accommodation centre is located in the town of Ballinamore in County Leitrim. The centre provides own door independent living family accommodation to 104 residents across 25 apartments. The centre is located in close proximity to local schools, crèches, pre-schools, shops, transport links, and some health and social services.

The centre is located on the first floor of a shopping centre unit, and comprises a main administration office and individual apartments that are located around a communal outdoor area. The administration office has a reception area, three staff and managers' offices, a staff kitchen and an open plan communal area that is used by residents where required. The outdoor communal area has picnic benches, seats and a playground for children.

The service is managed by a centre manager who reports to a managing director. There is an assistant manager, three duty managers and a maintenance worker also employed. Security is provided through a contracted company.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	104
---	-----

## 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)
02/07/2024	09:50hrs–17:00hrs	1	1
03/07/2024	09:00hrs–14:00hrs	1	1

## What residents told us and what inspectors observed

From speaking with residents and through observations made during the inspection, the inspectors found that residents were generally happy, safe and well supported. Residents experienced a good quality of life and were encouraged to integrate into their local community. The staff team were person-centred in their approach, and residents felt respected. However, further work was required to ensure that policies were implemented in practice, and a review of the risk management, recording and safeguarding practices was needed to ensure a consistently safe service was delivered. Further consultation with residents was required to ensure that the transport services provided met their needs.

The inspection took place over two days. During this time the inspectors spoke to 10 adult residents and 10 children. The inspectors also spoke with the service provider and the centre management team.

At the time of the inspection the centre accommodated 25 families totalling 104 residents. The families living in the centre were provided with own door, independent living accommodation in the form of apartments. Each family had their own apartment which comprised a living room area, kitchen, bathroom and bedrooms, some of which were en-suite. The centre was accessed through a secure gated entrance that had a key code. All residents had access to the code and this ensured that they could move freely to and from their homes. Closed-circuit television (CCTV) was strategically placed at the entrance areas and the external communal areas so that the service provider could ensure the safety of residents and staff members. Residents felt that the complex was a safe place to live, particularly at night time. As the accommodation was located on the first floor of a shopping unit, lift facilities were available for all residents and there were appropriate fire evacuation procedures in place to ensure residents, including those with a disability, could be safely supported to leave the building in the event of a fire. Designated car parking facilities were available for residents also.

The inspectors completed a walk around the centre and found that it was clean and well maintained. The main administration building comprised a reception area, staff kitchen area, three staff offices and a communal area. Parenting support sessions, children's activities and meetings took place in the communal space. The communal area was open plan which led to limited privacy for meetings, however, due to the nature of the accommodation such facilities were not necessary for residents as they had private living space within their own apartments.

The inspectors were invited by residents into several of the apartments and found that they were bright and well furnished. Residents had ample storage and the service provider had made appropriate beds and bedding available to them. Kitchens were well equipped with ovens, cooker hobs, cooking utensils and cutlery. However, the inspectors were told by a small number of residents that when they arrived to the centre, the cooking equipment they received appeared to be worn and well used. Residents felt that the apartments had plenty of space to support family life and had ample space for children to play. Room checks were completed by staff members on a weekly basis for maintenance requirements and health and safety reasons. Residents explained that they are always informed of the checks and they are able to stay with the staff while the checks are taking place. Generally the accommodation was well maintained and residents had sufficient equipment to allow them to live their daily lives and complete their own laundry.

Residents had access to local and public transport services within close proximity to the centre. The schools, crèche and pre-school were within walking distance of the centre. Residents explained that the service provider made transport available to attend medical appointments. However, a small number of residents explained that they were told that such transport arrangements had to be booked three days in advance. The centre management team and the residents shared that places in the local crèche were limited. This created a challenge for residents who were unable to secure a crèche placement for their children.

The residents were supported to live independent lives and integrate into their local community. While some residents were taking part in training courses, others had secured employment. Monthly residents' committee meetings had been scheduled as a means of facilitating consultation between residents and the service provider. Support workers from local health, housing and social services visited the centre regularly to meet with residents. For example, parenting support classes had been provided in the centre by local services. Activities were regularly organised by the centre staff in consultation with the residents such as Irish language classes, reading hour, treasure hunts and teddy bear picnics for children. English language classes were provided in the local community. Some of the residents explained that the area was nice and the local community were very welcoming and supportive. In addition, the residents were supported to welcome visitors to the centre and children told inspectors that they had had their friends visit their homes to play.

The residents who spoke with inspectors said they felt happy and safe living in the centre. Residents shared that the staff were very nice and available to them, and there was always somebody to talk to. Staff were described as being “welcoming and helpful” and “very respectful” towards the residents. The majority of residents said that they had everything they needed, and there were no issues in getting additional items when needed, such as bed linen. Some of the residents described the centre as a good and safe place to live where residents were well protected. As one resident explained: “we got a new life me and my children, we feel free”. They added: “my children are safe and the local community is unbelievable”; “all staff are very nice, they talk to us like human beings and it gives us confidence, love and security”. Children who spoke with the inspectors stated that they liked living in the centre and they enjoyed the playground facilities that were onsite.

Each apartment had laundry facilities which ensured that the residents could complete their laundry within the privacy of their own home. While outdoor drying facilities were not available, the residents were provided with a clothes rail to dry their clothes indoors. This was in addition to a combination washing machine and tumble dryer which was installed in each apartment.

The service provider transferred money to each resident’s bank account on a weekly basis. This supported the residents to make their own choices as to where they bought their food and household supplies. While the residents were being provided with additional money to cover the cost of toiletries and non-food items, the system to determine the amount paid to each family required a review to ensure equity for residents, and in particular, the number of children within each family.

The observations of inspectors and views of the residents outlined in this section are generally reflective of the overall findings of the report. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

This was the first inspection of the Carraig Accommodation Centre by HIQA. The service provider had put a management team in place which was committed to providing a good quality and person-centred service. Improvements were needed, however, in the areas of risk management, recording, staff training, and the development of oversight and management systems.

The service provider and management team of the centre had a good understanding of the national standards, relevant legislation and national policy. A self-assessment had been completed to review compliance with the national standards and a significant suite of policies and standard operating procedures had been developed by the service provider. It was evident that the service provider and the management team were eager to learn from the inspection process, and learning from inspections of other centres operated by the same provider had informed the development of the centre's policies and procedures. However, not all policies were effectively implemented in practice and there was a need for the consideration of the views of residents to further inform practice and ensure an equitable approach was taken in some areas.

The service provider had a clear governance structure in place and lines of reporting and accountability were evident. The management and staff teams were clear on their roles, areas of responsibility and were knowledgeable about the reporting structure in the centre. The management team comprised one assistant centre manager and two duty managers who all reported to the centre manager. The centre manager reported directly to the managing director for the service. The staff rota ensured that there was a manager onsite seven days per week. The management team were supported by security staff members who were contracted through an agency and maintenance staff were available when required. The staff team demonstrated a commitment to promote and strengthen a culture of respect, quality and kindness. The majority of residents said that staff treated them with dignity and were available to listen to them and help where they could.

The inspectors found that the service provider had a system in place to manage complaints and incidents that occurred in the centre. Information on how to make a complaint was included in the residents' charter and the welcome pack provided to residents on arrival. The majority of residents said they were aware of how to make a complaint and had received information regarding the complaints process. The inspectors were told that complaints made by residents, incidents that occurred within the centre, and staff interactions with residents were recorded on a resident welfare log. The management team explained that this log noted any follow-on actions that were required, and each recording was then categorised and managed as either a complaint

or incident as required. The centre manager had oversight of these logs and told the inspectors that each resident welfare log remained open until the issue had been addressed. The inspectors found that there were limited resident welfare logs completed and of those that were completed, the categorisation and management of events under the necessary policy and procedure had not always occurred. A review of the resident welfare log system and the categorisation of events was required to ensure that all incidents were appropriately managed in line with the relevant policy.

The service provider had systems in place to ensure management oversight of the centre on a daily basis. Daily activities carried out by staff members in the centre were recorded in handover reports, and the management team had specific roles and responsibilities which they carried out on a daily, weekly and monthly basis. The handover reports were sent to the managing director for review and they included details relating to the welfare of residents, maintenance issues and the activities completed by staff members that day. For example, weekly checks of resident apartments were completed by the managers on duty. The centre manager completed monthly audits regarding health and safety issues, complaints, residents' files and monthly meetings which included the residents committee and staff meetings. The managing director received these audits on a monthly basis and the inspectors found that there was regular communication between the managing director and the centre manager which facilitated oversight of the services provided in the centre. The inspectors found that while incidents that occurred in the centre had been reported to the managing director and necessary actions taken, these incidents had not been recorded on the daily handover log at that time, and there were no records of the recommendations and the decisions made.

The service provider encouraged a culture of continuous quality improvement and the management team endeavoured to provide person-centred care and support to residents. A service plan had been developed for the centre and this was due to be reviewed at the end of 2024. Regular team meetings took place with regional centre managers and also with the staff team within the centre. The inspectors found that learning from inspections of other centres operated by the same provider had been included for discussion at these meetings. Standing items were present on meeting agendas which promoted oversight of practice in areas such as risk management, complaints and incidents. However, the monitoring and auditing systems were in the early stages of development and required further improvement. For example, an annual review of incidents and adverse events which was completed in January 2024 had not included a serious incident which had taken place in the centre. While there was a system in place to review and report on incidents, complaints, and adverse events, this system required further development to ensure that all relevant information was consistently tracked over time to identify trends and learning opportunities.

The service provider had developed a risk management policy to guide staff in the identification, assessment and management of risks within the service. A risk register had been developed and an additional risk log was also in place which identified what the management team considered to be their live risks in the centre. Some of the risks identified were not relevant to the centre, for example risks in relation to the use of communal kitchens as the centre did not have such facilities. The service provider had not developed an overarching risk register for the service and the live risk log had limited information regarding the control measures in place to address the risks identified. Risks that were identified during the inspection were not reflected on either of the systems in place. The previously unidentified risks included the management of complaints and child protection concerns. Discussing risk at the staff meetings was a new development for the team and as such they were on a learning curve, and the system for reviewing and updating the risk register to ensure risks were identified, assessed, managed or escalated as required, needed to be considered further by the service provider.

Fire safety procedures within the centre were well managed. Fire drills took place twice yearly and appropriate measures were in place for the evacuation of residents with disabilities. An adequate contingency plan had been developed to ensure the continuity of the service due to unforeseen circumstances.

The service provider had developed a residents' charter which accurately and clearly described the service provided by the staff team. A children's charter had also been developed which contained information specifically for children in relation to their rights, staying safe and local activities in the area. Residents were provided with a welcome pack and a detailed orientation to life in the centre. The residents' charter and the welcome pack were available in multiple different languages.

Recruitment practices were safe and effective. The inspectors found that job descriptions, Garda Síochána (police) vetting, employee identification and a reference were available on staff files. Garda vetting was also available for external support staff who provided services onsite to residents. The recruitment policy for the service required one reference to be available on staff personnel files. While the service provider had adhered to their own policy, a review of the recruitment policy was required to ensure that it was in line with evidence-based human resource practices. The staff team received a comprehensive programme of induction when they commenced employment.

Support and supervision meetings between the staff team and their line manager had commenced, and there was a policy to guide this practice. Training had also been provided in relation to the purpose of support and supervision. Areas discussed during these meetings included training needs, current challenges and areas of work that were going well. Records were held and had been signed and dated by those involved. Performance appraisals took place on an annual basis and staff wellbeing events were

scheduled throughout the year. The service provider had a policy to guide staff in relation to protected disclosures.

The service provider prioritised staff training and development. A comprehensive range of training had been completed by the staff team including *Children First: National Guidance for the Protection and Welfare of Children (2017)*, adult safeguarding, diversity and cultural awareness. Additional training needs of staff were being identified through the annual appraisals and the support and supervision meetings. All of the mandatory training required by the national standards had not been completed by staff, however, the staff team had received training to support them to meet the needs of their residents. The service provider had developed a training matrix which outlined the training that had been completed and those that were planned. However, this needed to be reviewed to ensure refresher training was provided within appropriate timeframes and that it was centre specific.

### **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 staff team had a good understanding of the national standards, relevant legislation and national policy. A review of the self-assessment and consultation with residents was required to ensure that appropriate improvements were made to the delivery of services in the centre. A review of practice was required to ensure that policies and procedures were effectively implemented.

Judgment: Substantially Compliant

### **Standard 1.2**

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

The service provider had clear governance and lines of reporting and accountability in place. The service provider had systems in place to ensure management oversight of the centre on a daily basis. However, improvements were required as incidents that occurred in the centre had not been recorded on the daily handover log at, and there were no records of the actions taken, recommendations or the decisions made. Improvements were also required to ensure that resident welfare logs were completed as required, and

that the categorisation and management of events under the necessary policy and procedure had occurred.

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.

A residents' charter had been developed which accurately and clearly described the services provided by the staff team. Children were provided with a children's' charter and a welcome pack was also made available to residents. The residents' charter and the welcome pack were available in multiple different languages. Information was provided to residents regarding the records created by staff members.

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 operated a culture of continuous quality improvement and a service plan had been developed for the centre. Monitoring and auditing systems required further improvement to ensure all relevant information, incidents and complaints were included for consideration during reviews and audits to ensure the service provider could identify trends and learning opportunities.

Judgment: Partially Compliant

### **Standard 2.1**

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

Recruitment practices were safe and effective. A review of the recruitment policy was required to ensure that it was in line with evidence-based human resource practices. Staff members received a comprehensive programme of induction when they commenced employment.

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.

The staff team received support and supervision to carry out their duties. Support and supervision meetings had commenced, and there was a supervision policy in place. Performance appraisals took place on an annual basis, and personnel files were well maintained. A protected disclosures policy was in place for staff members.

Judgment: Compliant

### Standard 2.4

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

Staff training and development were prioritised and staff members had completed a comprehensive range of training. All of the mandatory training required by the national standards had not been completed by staff, however. The training matrix which had been developed needed expansion to ensure that dates when refresher training was required were identified.

Judgment: Substantially Compliant

### Standard 3.1

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

A risk management policy was in place to guide staff practice and individual risk registers had been developed under each theme of the national standards. Improvements were required, however, to ensure that a centralised risk register was available for the centre. A review of the risk registers in use at the time of the inspection was also required to ensure it contained adequate and up-to-date information regarding the control measures in place to address the risks. Risks that were identified during the inspection had not been included on the risk register. A system was required for reviewing and updating the risk register to ensure risks were identified, assessed, managed or escalated as required. In addition, the risks identified needed to be specific to the centre. Fire safety procedures

within the centre were well managed, and there were appropriate contingency plans in place to ensure the continuity of the service due to unforeseen circumstances.

Judgment: Partially Compliant

## Quality and Safety

Residents living in this centre were provided with good quality accommodation and received supports in line with their identified needs. The management and staff teams provided person-centred care and were committed to promoting and upholding residents' rights. Improvements were required, however, to how residents' needs were assessed, ensuring access to appropriate transport, the provision of non-food items and child protection practices.

Own-door, independent living accommodation was provided for families living in the centre. Each apartment contained a kitchen, living area, bathroom and bedrooms, some of which were en-suite. Each apartment was allocated based on the needs of the residents and this practice was guided by a standard operating procedure developed by the service provider to ensure fairness and transparency. The centre manager ensured that the necessary modifications were made to the relevant apartments in order to meet the specific health needs of residents. As the accommodation was based on the first floor of a building, lift facilities were available to support residents to access their accommodation. In addition, consideration had been given to placing residents with mobility issues closer to the lift facilities.

The privacy and dignity of families was protected and promoted by the service provider. Family members were placed together. As families evolved and their needs changed, the staff team supported them to move to alternative apartments within the centre as one became available. Each family had access to private living space and kitchen area within their apartments and parents had bedrooms that were separate to their children. Apartments were bright, spacious and well-furnished to meet the needs of families. The service provider had made sufficient numbers of beds available for each family.

Residents had access to one communal space for training, groups and children's activities. This area was located upstairs in the administration office, and there were toys and children's art materials available. As the accommodation provided was fully independent living in generous sized apartments, the need for additional communal spaces for study was not necessary. The centre manager told the inspectors that the centre had a laptop available to residents, and that at the time of the inspection it was being utilised by a resident who was completing a training course. The service provider had a system in place whereby the residents were charged for printing and photocopying facilities. The managing director ceased charging residents for those services with immediate effect during the course of the inspection. The local crèche, pre-school and schools were located within walking distance from the centre, and the staff team supported the residents to access placements for their children in these

services. There was also a homework club provided locally which children living in the centre attended. While all children were attending school, the residents and centre management team told inspectors that securing crèche placements for children was a challenge due to limited facilities in the area. The centre staff had arranged regular children's activities and outings to support families due to the limited crèche placements available. Residents were provided with information about training opportunities in the area and English language classes were available to residents in the local community. Irish language classes and a reading club were provided within the centre at the request of the residents.

Overall, the centre provided a clean and well-maintained environment throughout the communal areas. Children also had access to a well-kept playground on site, and gardens located to the front of the apartments were well maintained. A combination a washing machine and tumble dryer was available in each apartment and this facilitated the residents to complete their laundry in the privacy of their own home. While indoor drying facilities were provided, the residents did not have access to outdoor clothes drying facilities.

The service provider had a standard operating procedure in place for the management of maintenance issues. A maintenance log and weekly maintenance checklist were maintained by the management team and these indicated that maintenance issues were completed in a timely manner. However, the inspectors found that not all issues that had been recorded on the maintenance log as being resolved had actually been completed or had reoccurred. For example, a sink that was recorded as being unblocked was observed by inspectors to remain blocked and a window handle that was recorded as having been fixed remained broken. During a walk around the apartments the inspectors observed that an upstairs window did not have the appropriate fixtures to prevent it from opening to full width and created a health and safety risk, particularly for children. Some residents told the inspectors that the hot water and heating system were managed by the centre staff and that at times this created challenges as their hot water had run out while bathing. The management team explained that while the heating system for each individual apartment was managed through an online application on the centre's mobile phone, the residents could request to have their heating and hot water system turned as they required. A review of this system and the identification of maintenance needs across the centre was needed.

The security measures in place were sufficient, proportionate and appropriate. The service provider ensured residents' dignity and right to privacy was protected. CCTV was in operation at the entrances to the centre and in the outdoor communal areas. Security risk assessments had been completed and there was a CCTV policy to guide practice. Security staff were rostered on a twenty-four hour basis, seven days per week.

Security staff were garda vetted and had the relevant security licenses required for their post. The service provider ensured that the staff team were aware of the requirements of data protection legislation, and ensured that residents' information was managed in a secure and confidential manner.

Residents were supported to maintain their independence in relation to their grocery shopping. The service transferred money into each resident's bank account on a weekly basis and this enabled residents to buy their groceries without any restrictions. Each apartment was equipped with cooking utensils, cutlery, bedding and towels. While the majority of residents were satisfied with the supplies provided, a small number said that the cooking utensils they received on arrival to the centre had been well used and were worn.

While contraception was made available by the service provider, the provision of non-food items was not in line with the requirements of the national standards. Sanitary products were provided by a local support service, and residents were required to purchase toiletries, nappies, cleaning products and other non-food items from their weekly allowance. The service provider had been proactive and recently added an additional €5 to the weekly allowance provided to each family. However, this additional blanket allowance needed to be reviewed to ensure that the system was equitable, particularly for larger families. The service provider assured the inspectors that sanitary products, nappies, wipes and lotions would be provided to residents by the centre staff in the days following the inspection and the additional allowance would be reviewed to ensure it allowed families to purchase the necessary products.

Residents were able to store, prepare and cook their food within their own private accommodation. The apartments were well equipped with food storage, preparation and cooking facilities. As the centre was located within the town, residents had access to food shops within walking distance of the centre. As residents had access to the food allowance in their own bank accounts, they could order specific food products online as required. The inspectors found that the residents' committee had requested that transport be provided to a neighbouring town where there were multiple ethnic food shops available. The centre manager said that this bus service was being provided later in the month.

The rights and diversity of residents were respected and promoted by centre staff and management. The majority of residents informed the inspectors that they felt respected and treated with dignity by the staff members. The staff team respected the residents' right to privacy. For example, there was strong emphasis on protecting the residents' private information and weekly room checks were completed at the same time with residents present. The centre's staff team communicated with residents through individual telephone messages rather than a group messaging service.

Information on services, events and repair works being carried out to apartments were communicated with residents through this system. Information on advocacy services was available on the centre's notice board. Residents who were eligible to vote had been registered appropriately. Children received a specific children's charter on arrival that contained information on their rights and staying safe. It also provided information on services and groups in the locality that may have been of interest to them. The inspectors observed pleasant interactions between the centre staff and the residents. Person-centred care and support was provided to the residents based on their level of need.

The service provider supported and facilitated residents to develop and maintain personal and family relationships. Visitors were welcomed to the centre and children told the inspectors that they had friends come to the centre to play. However, the house rules provided to the service provider created challenges for families when adult children who had previously been residents of the centre visited and wanted to stay overnight as this was not in line with policy. This impacted the residents' right to family life and relationships. Families were accommodated together, and the centre had made a second apartment available to a family for a period of time due to their personal circumstances. The centre staff were aware of the challenges that holiday periods could create for families, and had arranged activities three times per week during the summer holidays as a means of support.

As the centre was located in the town centre the residents had access to local public services, healthcare, recreational and educational supports. The service provider made taxis available to take residents to medical appointments. However, a small number of residents said that they needed to book this service a number of days in advance. Local bus services were available in the town and residents were required to cover the cost of this transport service if they choose to use it. At the time of the inspection, consultation had begun to take place through the residents' committee about access to appropriate retail outlets. The service provider was committed to completing a further needs analysis on the availability of adequate transport with residents.

The health, wellbeing and development of residents was promoted by the service provider through the staff team. Information regarding support services was displayed throughout the centre and some of this information was available in different languages. Support workers from various services attended the centre regularly to meet with the residents and provide information and advice, including local family support services. The majority of residents said that the staff team were kind and helpful, and that they provided the residents with support where required. While incidents relating to alcohol or drug use had not been an issue for the service, the service provider had developed a substance misuse statement.

The service provider had appropriate adult safeguarding and child protection policies and standard operating procedures in place. These included the procedures to be followed regarding the management of allegations against staff members. All staff working in the centre had received training relevant to safeguarding and protection of children and adults. Residents said they felt safe living in the centre, and they felt that they were adequately protected. All of the residents who completed questionnaires circulated by the inspectors stated they were aware of how to raise a safeguarding or child protection concern. A designated liaison person had been identified and the management team had a good process in place to manage situations where one parent took care of another parent's children. While there were no adult safeguarding concerns reported in the months preceding the inspection, the staff team had identified the risks and potential concerns that could arise. The inspectors found that while appropriate support had been provided where child protection and welfare concerns arose for children living in the centre, the service provider and management team had not reported these concerns in line with the requirements Children First.

While the management team were confident that practice in the centre was of a good standard and they were aware of all complaints made, the centre's procedures in relation to managing complaints about staff was not always followed. This meant that there was a lack of transparency or resolution for the complainant and staff member involved.

There was a policy and process in place for the management of adverse events and incidents. A monthly review of all incidents and resident welfare logs took place to identify trends within the centre and the actions required were agreed upon. While the service provider managed incidents that occurred in the centre, the recording system in place regarding incidents and adverse events required improvement to ensure that all relevant details and actions were consistently available. Welfare concerns for children and adults were not centrally recorded and tracked over time to ensure the necessary governance and oversight arrangements were in place.

The service provider received limited information about residents prior to their arrival to the centre. However, the inspectors found that the residents received the appropriate supports when the staff team became aware of their needs and links were made with the relevant support services in the area. A reception officer was due to commence in the weeks following the inspection. The service provider needed to consider the number of centres that the intended reception officer was going to have responsibility for, and the appropriateness of this to meet the needs of the residents in the centre. Improvements were required to the policy and manual that had been developed by the service provider as they contained limited information on the assessment and monitoring of special reception needs.

Staff members responded to the needs of residents in a person-centred manner and had received training to develop their awareness of vulnerability. Staff were well supported by the service provider and staff wellbeing initiatives took place on a regular basis. Improvements were required to ensure that the special reception needs of residents and the supports offered were documented. In addition, the staff team needed to consistently share experiences and learnings from events to ensure best practice across the team.

#### **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.

Own-door, independent living accommodation was allocated based on the needs of the residents. There was a standard operating procedure developed by the service provider to ensure fairness and transparency in the allocation of accommodation. Lift facilities were available to support residents to access their accommodation.

Judgment: Compliant

#### **Standard 4.2**

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

A maintenance log and weekly checklist were maintained by the management team and these indicated that maintenance issues were completed in a timely manner. Not all issues that had been recorded on the maintenance log as being resolved had actually been completed. The hot water and heating system were managed by the centre staff which created challenges as residents hot water had run out at times. A review of the maintenance and heating systems across all apartments was required in addition to a consultation process with residents to ensure that all necessary works were completed.

Judgment: Partially 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 privacy and dignity of families was protected and promoted by the service provider. Families had access to private living space and kitchen areas within their apartments and parents had bedrooms that were separate to their children. Apartments were bright and spacious. Appropriate furnishings had been provided.

Judgment: 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.

Crèche, pre-school, school and homework club facilities were located within walking distance from the centre. The communal space available was used to provide training and group and children's activities. There was a laptop available to residents as required. Regular children's activities and outings were arranged to support families. Residents were provided with information regarding training opportunities and language classes in the area.

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.

Overall, the centre provided a clean and well-maintained environment throughout. Laundry facilities were available in each apartments. The provision of outdoor clothes drying facilities needed to be reviewed by the service provider.

Judgment: Substantially 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 security measures in place were sufficient, proportionate and appropriate. Security risk assessments had been completed and there was a CCTV policy to guide practice. The

use of CCTV in the centre protected the residents' right to private life. Security staff were Garda vetted and had the relevant security licenses. The staff team were aware of the requirements of data protection legislation and ensured that resident information was managed in a secure and confidential manner.

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.

Non-food items were not provided to residents in line with the requirements of the national standards. Sanitary products were provided by a local support service and residents were required to purchase toiletries, nappies, cleaning products and other non-food items from their weekly allowance. While an additional allowance of €5 was provided to families on a weekly basis, this additional allowance needed to be reviewed to ensure that the system was equitable to all families and that parents could purchase the necessary products for their family. The managing director provided an assurance that sanitary products, nappies, wipes and lotions would be provided to residents by the centre staff in the days following the inspection and the additional allowance would be reviewed to ensure it allowed families to purchase the necessary products.

Judgment: Partially Compliant

#### **Standard 5.1**

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

The apartments were well equipped with food storage, preparation and cooking facilities. Residents were able to store, prepare and cook their food within their own private accommodation.

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.

As residents had access to the food allowance in their own bank accounts, they had independence in relation to where they bought their groceries and could order specific food products online as required. A request by residents for transport to be provided to a neighbouring town where there were multiple ethnic food shops available was being facilitated by the service provider.

Judgment: Compliant

### **Standard 6.1**

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

The rights and diversity of residents were respected and promoted by centre staff and management. Residents felt respected and treated with dignity by the staff members. Information on services, events and repair works being carried out to apartments were communicated with residents through individual private messages. Information on advocacy services was provided to residents and those who were eligible to vote had been registered appropriately. Children received a specific children's charter on arrival.

Judgment: Compliant

### **Standard 7.1**

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

The service provider supported and facilitated residents to develop and maintain personal and family relationships. Adult children who had previously been residents of the centre were not permitted to stay with their parents in the centre. Families were accommodated together, and activities were arranged three times per week during the summer holidays as a support to families.

Judgment: Substantially 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.

Residents had access to local public services, healthcare, recreational and educational supports within walking distance from the centre. Taxis were made available to take residents to medical appointments. However, a small number of residents said that they were told they needed to book this service a number of days in advance. A review of transports arrangements was required, with consideration given to the weekly allowances received by the residents, the rural location of the town and the availability of crèche facilities and culturally appropriate retail outlets within the area. At the time of the inspection, consultation had begun through the residents' committee regarding access to appropriate retail outlets. The service provider committed to completing a further needs analysis on the availability of adequate transport with residents.

Judgment: Substantially Compliant

### **Standard 8.1**

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

The service provider had appropriate adult safeguarding policies and standard operating procedures in place, which included the procedures to be followed regarding the management of allegations against staff members. Staff had completed the necessary adult safeguarding training. Improvements were required to ensure that there was a clear categorisation of incidents and the relevant adult safeguarding policies and procedures were adhered to where allegations were made by residents.

Judgment: Partially Compliant

### **Standard 8.2**

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

The necessary child protection safeguarding statement, policy and standard operating procedures were in place. Staff had completed the Children First training. Residents were aware of how to raise a safeguarding or child protection concern. There was a DLP named in the centre and a clear process in place to manage situations where one parent took care of another parent's children. While appropriate support had been provided where child protection and welfare concerns arose for children living in the centre, the service provider and management team had not reported these concerns in line with the requirements Children First. Assurances were provided by the management team that

they would contact Tusla for advice regarding an incident that had previously arisen in the centre.

Judgment: Partially Compliant

### **Standard 8.3**

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

The service provider had a policy and process in place for the management of adverse events and incidents. However, all incidents that had occurred in the centre had not been included in a completed review of incidents. Improvements were required in the recording and categorisation of events that took place within the centre to ensure that a comprehensive review of all incidents could be completed. A system to ensure that incidents, adverse events and welfare concerns for children and adults were centrally recorded and tracked over time was required.

Judgment: Partially 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 health, wellbeing and development of residents was promoted by the service provider through the staff team. Information was available in different languages regarding support services. Local support services provided information and advice to residents in the centre. The service provider had developed a substance misuse statement.

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.

While the service provider received limited information about the residents prior to their arrival to the centre, residents received the appropriate supports when the staff team became aware of their needs.

Judgment: Compliant

### **Standard 10.2**

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

Staff had received training to develop their awareness of vulnerability which supported them to respond appropriately to the residents. Staff wellbeing initiatives took place on a regular basis. Shared learning from events that occurred in the centre was required to support best practice across the team.

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 policy and manual that had been developed by the service provider required further development as it contained limited information on the assessment and monitoring of special reception needs. Improvements were required to ensure that there was a system in place to record the special reception needs of residents and the supports offered.

Judgment: Substantially Compliant

### **Standard 10.4**

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

There was no reception officer employed in the centre at the time of the inspection. The service provider was, however, in the process of recruiting a reception officer and consideration was required on the number of centres that this individual would be responsible for supporting. The manual developed to guide the practice of the reception officer required further development and improvement.

Judgment: Not 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	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Partially Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Substantially Compliant
Standard 2.3	Compliant
Standard 2.4	Substantially Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Partially Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Compliant
Standard 4.2	Partially Compliant
Standard 4.4	Compliant
Standard 4.6	Compliant
Standard 4.7	Substantially Compliant
Standard 4.8	Compliant

Standard 4.9	Partially 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	Substantially Compliant
Standard 7.2	Substantially Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Partially Compliant
Standard 8.2	Partially Compliant
Standard 8.3	Partially 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	Substantially Compliant
Standard 10.3	Substantially Compliant
Standard 10.4	Not Compliant

# Compliance Plan for Carraig Accommodation Centre

Inspection ID: MON-IPAS-1042

Date of inspection: 02 and 03 July 2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Standard	Judgment
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• All incidents going forward will also be recorded on the daily handover with records of actions taken, recommendations and the outcome of any decisions made.</li> <li>• Welfare logs will be fully completed and signed off by centre management. The categorisation and management of events at the centre will be separated under the following headings, adhering to the relevant policy and procedure for each:               <ul style="list-style-type: none"> <li>- Adult Safeguarding</li> <li>- Child Safeguarding</li> <li>- Incidents</li> <li>- Complaints</li> </ul> </li> </ul>	
1.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• Improvements will be made to the monitoring and auditing of incidents and complaints. Re-categorisation of same as referred to in Standard 1.2 will assist in identifying trends and learning opportunities.</li> </ul>	

<ul style="list-style-type: none"> <li>The service provider will ensure monthly auditing systems are in place. The Centre Manager will report findings to the Group Operations Manager and/or Managing Director.</li> </ul>	
3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>The Centre Manager will conduct a weekly review of the risk register, ensuring up-to-date information is included regarding control measures in place to identify risks. The risk register will be re-developed to ensure it is centralised, and centre-specific. The centre will be guided on this through HSEland.ie online training tools and documentation.</li> <li>When risks are identified they will be managed or escalated as required to the service provider.</li> </ul>	
4.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>All maintenance issues reported by residents will be monitored daily by the management team with full oversight by the Centre Manager, ensuring there is a timely resolution. Regular updates on issues requiring external contractors and time-lines of same will be communicated to residents. A follow-up on all current outstanding maintenance issues will be conducted by the Centre Manager to ensure each issue has been resolved.</li> <li>A consultation will take place with residents to discuss the heating system timings.</li> </ul>	
4.9	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>The non-food items allowance will be reviewed for larger families and an increase will be implemented.</li> <li>Nappies, wipes and sanitary products have been provided to residents of the centre on the days following the inspection and they will be supplied going forward on a monthly basis.</li> </ul>	

8.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• Clear categorisation of events at the centre will be implemented under the following headings: <ul style="list-style-type: none"> <li>○ Adult &amp; Child Safeguarding</li> <li>○ Incidents</li> <li>○ Complaints</li> </ul> </li> <li>• Where allegations are made by residents, the relevant procedures and policies will be adhered to, ensuring there is a resolution for the complainant and the staff member involved. Written recordings of same will be available for review.</li> </ul>	
8.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• Following the inspection an outstanding child protection concern was reported in line with Children’s First guidance. Management contacted Tusla who advised the correct steps were taken at the time, and no follow up was required.</li> </ul>	
8.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• All incidents will be logged, centrally recorded and tracked by the Centre Manager under the categories as outlined in Standard 1.2.</li> <li>• The service provider will ensure monthly auditing/tracking systems are in place. The Centre Manager will report the findings to the Group Operations Manager and/or Managing Director.</li> </ul>	
10.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p>	

The recruitment of a Reception Officer is on-going through a recruitment agency who specifically source social care candidates. The service provider has also recruited a HR Manager to assist with sourcing a Reception Officer for the centre.

The Reception Officer manual will be developed by the Reception Officer on commencement of employment. This person will have the necessary skill-sets and qualifications to develop and improve the current policy

## Section 2:

### Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The provider or centre manager has failed to comply with the following standard(s):

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	09/08/2024
Standard 1.4	The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.	Partially Compliant	Orange	19/07/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	12/07/2024
Standard 4.2	The service provider makes available	Partially Compliant	Orange	30/09/2024

	accommodation which is homely, accessible and sufficiently furnished.			
Standard 4.9	The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.	Partially Compliant	Orange	31/08/2024
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Partially Compliant	Orange	02/08/2024
Standard 8.2	The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.	Partially Compliant	Orange	05/07/2024
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	02/08/2024
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	Not Compliant	Red	28/10/2024

	both inside the accommodation centre and with outside agencies.			
--	---	--	--	--

