



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

Name of the Centre:	Dominick Street Complex
Centre ID:	OSV-0008426
Provider Name:	Keldesso LTD
Location of Centre:	Co. Galway
Type of Inspection:	Unannounced
Date of Inspection:	08/05/2024 and 09/05/2024
Inspection ID:	MON-IPAS-1027

## 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.

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<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

Dominick Street Complex is an accommodation centre located in Galway City. The accommodation centre comprised 35 family units including 30 apartments and five townhouses. The family units all facilitated independent living with a kitchen and living space, bathroom and separate bedrooms. The family units are fully equipped with kitchen appliances and laundry facilities. At the time of the inspection, there were 124 residents living in the centre, including 61 children.

The centre further comprised a reception area, an indoor playroom, a teenagers room and multi-purpose rooms. Residents had access to many amenities in the local community which were within walking distance of the centre.

The centre is managed by a management team including a general manager, a duty manager/reception officer and a youth and advocacy officer/trainee duty manager. The staff team included security personnel and housekeeping staff.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	124
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
08/05/2024	10:20 – 17:15	1	1
09/05/2024	08:30 – 14:30	1	1

## What residents told us and what inspectors observed

From speaking with residents and through the observations made during the inspection, the inspectors found that residents were happy and safe living in the centre. The staff members provided person-centred care and were committed to meeting the needs of and supporting the residents living in the centre. Residents were supported to live independent lives and be active members of the community.

The inspection took place over two days. During this time, the inspectors spoke with nine adults and five children living in the centre. In addition, the inspectors spoke with the service provider and centre staff including the reception officer/duty manager, the human resource manager, security staff and the youth and child advocacy worker/trainee duty manager.

Dominick Street accommodation centre was located in Galway city centre, and provided own-door accommodation to 35 families. The centre accommodated 124 residents in 35 family units which included 30 apartments in the main building and five townhouses that were located within walking distance of the main centre. The apartments and townhouses had their own bathroom and kitchen facilities, with each unit having a private living area.

The apartments located within the main centre were accessed through a communal, locked gateway and residents had access to the key code to unlock the gate. The area was bright, welcoming and well maintained, with information posters on display. The townhouses were located a short distance away from the main centre, and each townhouse had their own private entrance.

The main centre comprised a reception area, a staff office, toilets, a staff kitchen, a communal room and three multi-purpose rooms, one of which was also used for religious practice. The inspectors found that the communal rooms were appropriately decorated and furnished to address the needs of the residents living in the centre. The duty manager explained that each of the rooms was decorated to meet the needs of the various age groups who lived in the centre. For example, the teenagers' room was equipped with a television and computer games while the children's room was brightly decorated and had child appropriate furniture and books. Residents had access to a room that did not have CCTV which ensured they had a private space for meetings, separate to their living accommodation, if required.

The inspectors completed a walk around the centre and found that the communal areas were well maintained. The inspectors observed children sitting with friends and playing at the picnic benches that were available in the communal areas. Due to the accommodation being spread across three stories, the children could not play football in the outdoor communal areas. However, the location of the centre close to playgrounds and parks, meant that children had access to outdoor play areas to support their development.

The outdoor space at the townhouses required maintenance, and the duty manager said that the lawns were due to be cut in the days following the inspection. The inspectors found that the path area to the side of the townhouses needed attention, and there was a plan in place to have this addressed by the centre's maintenance company. Residents living in the centre had laundry facilities within their own accommodation including a washing machine and tumble dryer, however, outdoor drying facilities were not available.

Due to the location of the centre, residents had access to the public transport system. There was a school transport system to bring children to and from school. The duty manager shared that they had worked closely with the local pre-school facility to ensure that children living in the centre had access to early years care and education as required. The inspectors were informed that a homework club was held in the centre two days per week. This club was organised in partnership with local community services. The children told inspectors that the club was helpful, and they enjoyed attending it.

Residents were supported to integrate into their local community, and some were taking part in various training courses while others had secured employment. The centre had supported the residents to establish a residents' committee as a means of ensuring consultation between the centre staff and the residents. Support workers from local health, housing and social services visited the centre regularly to meet with residents. In partnership with a local community group, music lessons were provided in the centre for children one day per week. A support group for refugee and migrant women was founded in the centre and a member of the group was nominated for a majors award in recognition of their commitment to community and voluntary activity and the impact they have made on the quality of community life in the city. This was a very positive initiative supported by the staff team.

Residents told inspectors that they felt safe living in the centre. They described the staff as helpful, and the inspectors observed pleasant and respectful interactions between the staff members and residents during the two day inspection. Both children and adults living in Dominick Street said that they would talk with a staff member if they had any concerns. Residents, including children, had access to information about their rights and this inspection found that their rights were upheld and promoted.

The inspectors observed that storage within residents' bedrooms was limited. Inspectors found that clothing and personal belongings were stored in large plastic containers which were stacked up in bedrooms. While there was additional storage spaces available to residents, this space was a distance away from the main centre, to the rear of the townhouses, which meant it was under utilised. In one of the apartments that inspectors visited, significant mould was evident in the two bedrooms and the bathroom area. In addition, a four year old child was sleeping in a cot. The inspectors discussed this with the centre management team, and while a single bed and mattress had been offered to the family previously, this had been refused. The service provider assured inspectors that a single bed would be provided and the maintenance team would address the mould issue.

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 Dominick Street Complex by HIQA. The accommodation centre had a management team who were committed to providing a good quality service. However, the governance and management systems required further development to ensure the service delivered was continuously safe and effective and delivered in full compliance with the national standards. Key areas for improvements identified related to risk management, monitoring and oversight of service provision and the maintenance of records relating to residents.

The organisational structure for the centre was outlined in an organogram and there were clear lines of reporting and accountability in the centre. The centre was managed by a general manager who reported to the company director. There was a duty manager and a trainee duty manager who supported the general manager in the day-to-day management of the service. The general manager had been off duty for an extended period of time and despite the additional pressures this placed on the duty management team to ensure the continued safe delivery of services, the inspectors found that they were competent and capable. The service provider ensured there was additional senior management support provided during this time. Both the service provider and a human resources manager increased their presence in the service to support the duty managers. While the general managers leave was unexpected, the service provider had no formal contingency plan in place to provide cover in such instances.

This inspection found that the service provider and management team had a good understanding of the national standards, legislation and national policy but their systems required further development to ensure full compliance with the standards. The service provider had commenced a self-assessment of their compliance with the standards and it was evident that key areas under governance and management had been prioritised for their initial focus. The self-assessment needed to be reviewed to ensure actions identified were implemented and that all standards were reviewed and assessed by the provider.

The management team had developed and finalised some policies but further improvements were needed in the area of policy development to ensure that a comprehensive set of policies and procedures were put in place. While there was an annual review of the service, this did not identify actions required to continue to drive improvements in service delivery and it did not reference how feedback from residents informed the review. The inspectors found that the management team were keen to learn from the inspection process and had begun implementing changes to their systems during the course of the inspection.

There was a governance and management structure in place but formal quality assurance, monitoring and auditing systems were required, to strengthen the oversight of the service. The management team had implemented systems to monitor fire safety, health and safety, maintenance and the general cleanliness of the centre. Despite these systems being in place, inspectors found deficits in these areas which had not been identified during the centre's internal checks. The management team had regular team meetings and while there were records to evidence their discussions about the operations of the centre, it was not evident that risks, incidents, safeguarding concerns or complaints were routinely discussed or reviewed. The service provider did not have a consistent auditing or monitoring programme in place. The deficits in monitoring and oversight meant that incidents and safeguarding concerns had not been reviewed to establish if ongoing safeguarding arrangements were required or to ensure risks had been adequately assessed.

Recording systems required further development. The staff team was proactive in responding to the needs of residents and it was evident that maintenance issues and residents' requests or concerns were dealt with promptly. There was no centralised systems to record key data and information relating to the residents, as managers recorded this information in a daily journal. Inspectors found that while this journal supported the team with the sharing of information at handovers, it did not ensure appropriate management oversight or the trending of information that could lead to changes in practice. For example, the handover journal did not support the management team to track the numbers of complaints, incidents, or welfare concerns that the staff team had managed. In addition, staff did not consistently record key information about the day-to-day interactions they had with residents or the support they provided.

The centre's risk management system was in an early stage of development. There was no overarching risk management policy to guide the staff team in the identification, assessment and management of risk. There was a risk register in place but this needed further review to ensure it provided a comprehensive overview of all of the key risks in the service. The management team had commenced a process of identifying and assessing risks relating to each family living in the centre and safeguarding risks had been assessed during the development of child and adult safeguarding statements. While this was a positive step, the inspectors found a number of risks that had not been assessed. These included, for example, risks relating to the management of difficulties between residents and unrelated families sharing family units. As noted previously, the limited oversight of incidents and safeguarding concerns meant that the associated risks had not been identified, assessed or noted on the centre's risk register.

The centre had adequate systems in place for fire safety. Fire drills took place twice a year and routine fire safety checks were carried out. The service had developed a contingency plan with the steps to follow in the event that a full evacuation of the centre was required, following an unforeseen event.

The system to manage complaints about the service required improvement. While residents' complaints or concerns were addressed and managed as they arose, and relevant complaints were reported externally in line with centre policy, the service provider did not have a centralised system to record complaints managed within the centre. Records relating to centre specific complaints were logged in a daily journal along with other information, which meant that the service provider could not monitor or trend the issues arising without trawling through this journal. This hindered their ability to ensure complaints informed a quality improvement plan for the service. Residents had access to a complaints form to direct complaints to the DCEDIY if they wished, but there was no centre specific complaints form or policy. While residents told inspectors they felt comfortable to make a complaint to a staff member, a centre specific policy and procedures needed to be developed and communicated to all current and future residents.

Recruitment practices in place in the centre were good but some records were absent from staff personnel files. Staff members had a written job description, Garda vetting, evidence of identity and an overview of their employment history but references were not available on three staff files reviewed by the inspectors. While international police checks were not on file for staff members who had lived or worked abroad for more than six months, the service provider had identified this deficit and staff members were in the process of obtaining these records. There was an induction process for new employees but their engagement and attendance in this process was not recorded. The centre had a system in place to ensure volunteers or professionals working with residents in the centre were appropriately vetted and aware of the centre's safeguarding policies.

Improvements were required to ensure that the staff team were supported and supervised to carry out their duties. The staff team reported that they were well supported in their roles and had opportunities to have individual meetings with a member of the management team. However, these meetings were not recorded and regular, and formal supervision was not provided. While a policy had been developed, it did not outline how often supervision meetings would take place. The service provider had a performance management system in place and it was evident that two duty managers had engaged in this process. This demonstrated an understanding of accountability on behalf of the provider. However, inspectors found that the records of this process were limited and required further development to ensure that any training or development needs were identified and recorded.

The training and development needs of the staff team were prioritised but additional training was required. Some members of the management team were qualified and had experience of working in social care settings and the transfer of this knowledge was evident in how residents were supported. Mandatory training was prioritised for all staff to complete and training was offered to the team in line with their roles and responsibilities. Additional training provided to some staff was comprehensive and included training in human rights, intercultural training and trauma informed child development. Staff had completed training in *Children First: National Guidance for the Protection and Welfare of Children (2017)* and the majority of staff had completed training in safeguarding adults. However, not all of the training as required by the national standards had been completed. There was a training plan devised for the year ahead but a training needs analysis was not developed. The service provider had a system to track the training completed by staff and it required further improvement to ensure improved oversight of the training completed by individual staff and when refresher training was required.

The residents' charter for the centre needed to be reviewed to ensure it included all required information. For example, it did not include how the centre met the needs of children and adults and how residents' personal data was protected. Residents received a welcome pack on their arrival and this included important information to help residents understand the service provided, the staffing arrangements and guidance on how to operate equipment within their family unit. While residents had access to information in communal areas, the residents' charter needed review.

There was a positive culture within the service where residents stated they felt listened to and respected. Feedback from residents was valued and acted upon by the staff members. A resident's survey was completed and the management team had reviewed the feedback and addressed the necessary actions arising from the review. Residents meetings were scheduled weekly but these had not occurred in recent months. The duty manager said residents had requested a break from the meetings and they were due to commence again following the inspection.

Governance and management systems were in an early stage of development. Auditing and monitoring systems were not developed and this limited the management team's oversight of the service provided. As a result, some risks had not been assessed, and areas for improvement had not been identified by the provider. The management team were eager to provide a good quality and safe service and there was a willingness to make changes to ensure the service delivered was of a consistently high standard.

### **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 management team had good awareness of the legislation, national standards and national policy. While they had commenced a self-assessment of their compliance against the standards, this was limited to a small number of standards and a comprehensive assessment was yet to be completed. The management team and service provider showed a commitment to driving improvements in the service but the service provider needed to ensure that all of the required policies and procedures were in place to guide staff practice.

Judgment: Partially Compliant

### **Standard 1.2**

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

The centre had a clear organisational structure in place and managers were aware of their roles and areas of responsibility. However, there was no formal procedure to ensure the centre was appropriately managed when the centre manager was absent for prolonged periods of time. Management and oversight systems needed to be developed to ensure there was appropriate and effective governance of the service. The service provider needed to develop formal monitoring and reporting systems to support good oversight of all aspects of service provision including risks, incidents, complaints and safeguarding concerns. Records relating to the residents needed improvement to ensure there was evidence of the work completed.

Judgment: Partially Compliant

### **Standard 1.3**

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

The centre had a residents' charter in place, but it did not contain all of the necessary information as outlined in the national standards.

Judgment: Substantially 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.

Systems in place to review and monitor the quality of the service delivered were not well developed. There was an absence of an ongoing auditing programme to assess, evaluate and improve the quality of care and experience of residents living in the centre. While the service provider had completed an annual review of the service, it did not inform a detailed quality improvement plan. While there were systems in place to seek feedback from residents, the service provider needed to consider methods to increase their consultation with residents and how their feedback was reflected in a quality improvement plan.

Judgment: Partially Compliant

#### **Standard 2.1**

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

Recruitment practices were satisfactory but some records were not available on staff files including reference checks and records relating to the induction of staff in to their roles. While international police checks were not on personnel files at the time of the inspection, the service provider had liaised with the relevant staff to ensure these were obtained.

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 reported that they were well supported in their roles and had opportunities to have individual meetings with a member of the management team. However, these meetings were not recorded and regular, formal supervision was not provided. There was a performance development system implemented in the centre but this was in an early stage of implementation and not all staff had engaged in this process, at the time of the inspection.

Judgment: Partially Compliant

### **Standard 2.4**

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

Some staff had qualifications in the area of social care and staff had completed mandatory training including training in Children First and safeguarding adults, with the exception of one staff member. There was a training plan devised to outline the training plan for the year but a training needs analysis was not developed and not all of the training, as required by the national standards had been completed. The system to track the training completed by staff needed to be improved.

Judgment: Partially Compliant

### **Standard 3.1**

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

There was no overarching risk management policy to guide the staff team in the identification, assessment and management of risk. While there was a risk register and a number of risk assessments completed, not all risks relating to residents had been recorded and assessed.

Judgment: Partially Compliant

## **Quality and Safety**

Residents in this centre were provided with good quality accommodation and supports to live as independently as possible, and as a result had a positive experience of life in the centre. The service provider promoted the health, wellbeing and development of each resident and their rights were upheld and protected. Residents were well integrated into the local community. As noted previously in the report the deficits in monitoring and oversight systems meant that some concerns relating to the accommodation had not been identified and improvements were required in the oversight of safeguarding practices and incidents to ensure residents had adequate safeguarding plans, if required, and the associated risks assessed.

The accommodation centre provided own-door accommodation for families at the time of the inspection and each family was allocated their own apartment or townhouse. The management team ensured residents' ongoing and changing needs were considered in the allocation of accommodation. For example, residents were provided with ground floor accommodation, when required, to meet their needs. Although the allocation of accommodation was fair and transparent at the time of the inspection, an allocations policy had not been devised to outline the process to guide practice going forward. In addition, there was one occasion prior to the inspection where two unrelated families shared one family unit. While both families were in agreement, this had not been risk assessed and there was no procedure to guide the staff team should further similar requests be made.

The standard of the accommodation provided was mostly good but some improvements were needed for some families. Inspectors found that the apartments and town houses were generally in good condition with adequate facilities to allow the residents to live independently. Each family unit had a kitchen and living area, with laundry facilities. Inspectors observed a significant issue with mould in one family unit, insufficient storage in some units and one child was not provided with a bed when they needed to transition from a cot. In addition, the sleeping arrangements for one family were not ideal due to the ages of the siblings who were sharing a room. The management team responded appropriately when these concerns were brought to their attention and confirmed that they had addressed them before the inspection was completed. Despite weekly accommodation checks taking place, these concerns had not been identified or responded to. This was a direct result of inadequate monitoring and oversight systems, as highlighted earlier in the report.

Families were accommodated together and lived independently with the necessary equipment to cook for themselves and complete their own laundry within the privacy of their own home. Children had adequate space to play, develop and complete their homework.

The centre was well-maintained and clean. The service provider had a cleaning schedule and maintenance programme in place. The centre was clean throughout and



maintenance issues were addressed promptly. Inspectors found that the outdoor space at the townhouses required maintenance and this was due to be addressed by the centre's maintenance company. Due to the accommodation being spread across three stories, the children were unable to play football in the outdoor communal areas, but there were playgrounds and parks close by, which they utilised.

This inspection found there was appropriate monitoring of CCTV. CCTV was in operation in external and communal areas of the centre and its use was informed by a centre policy. Residents had access to rooms without CCTV to meet with staff members, professionals or with their visitors.

Residents prepared meals for themselves in their private living space. They were provided with all necessary cooking utensils and they received a prepaid card that was topped up on a weekly basis to allow them purchase their own groceries. Women were provided with feminine hygiene products and residents bought other non-food items including toiletries and nappies, for example, using a prepaid card. The service provider was reviewing this system to ensure the adequate provision of non-food items.

The rights of residents were promoted by the staff team. Adults and children had access to information about their rights through notice boards and information leaflets on display in the main centre. Staff members were respectful and advocated for the residents, as required, while empowering them to live independently. The benefits of residents having their own private living space was that they had sufficient space to practice their religion, where applicable, and there was additional space in the main centre for residents to pray. Person-centred supports were provided and staff members promoted residents right to dignity and privacy. Some of the staff members spoke a number of languages and this benefited the residents as they could provide a translation service, when this was required. Systems in place to formally consult with residents were well-developed and resident's feedback was valued and actioned, particularly in relation to maintenance issues. Residents had an opportunity to complete a survey this year and while resident meetings had not taken place in recent months, there was a plan to recommence these meetings following the inspection.

Residents were supported and facilitated to maintain personal and family relationships. Families were accommodated together and the family unit was further respected and promoted as residents were encouraged to bring their family members to their private living space for visits. Visitors to the centre had to sign in at the main centre and while some residents had complained about this system, the rationale was clearly outlined.

The centre was located in a city centre and residents had access to a wide range of shops, services and amenities. The service provider ensured that residents were well supported to integrate into the local community. The staff team had developed strong links with community organisations and residents had information about community

supports, English classes and social groups. The staff team had invited volunteering groups, the local Gardaí and services from the local community to meet with residents to share information about their service and to provide opportunities for residents to get involved in local community initiatives.

The service provider was proactive in meeting the educational and recreational needs of children. Parents were supported to source school and crèche placements for their children and transport was provided to bring children to and from school. There was a homework club two afternoon every week and the children who attended this club had the opportunity to attend swimming lessons also. Children had access to a well-equipped playroom and older children could use a teenagers' room which had a television and computer games. These rooms were nicely decorated and child-friendly spaces. These spaces could also be booked for birthday parties or family celebrations. There was a youth advocacy officer employed in the centre who organised various activities for the children including colouring competitions, celebrations for special events and road safety awareness talks. There was a child friendly notice board, information for children about their rights and a suggestions box for children to give their feedback about the service.

There were deficits in the recording, monitoring and oversight of safeguarding concerns. There was a child safeguarding statement, a child protection policy and an adult safeguarding policy. Staff members had completed training in Children First and the majority of staff members had training in adult safeguarding. Child protection concerns were reported to the Child and Family Agency (Tusla) in line with Children First but centre records relating to the ongoing support to children and families needed to improve. The management team said they recorded their concerns or contact they had with a social worker in a management diary but this system was not satisfactory as it was not possible to track or have oversight of all concerns. For example, while the management team had implemented a safeguarding plan following a request from Tusla, there were no records to show how this plan was communicated to the staff team or implemented. In addition, there was no log to track concerns and as a result the management team were not aware of the status of a child protection concern, and they had not considered if there were risks that needed to be assessed or if safeguarding arrangements were necessary within the centre.

The service had a system in place which allowed residents to mind each other's children on occasion. Residents had to complete a form to indicate when another residents were minding their children.

Incidents relating to adults were well managed and proportionate responses to concerns were evident. The staff team had liaised with the welfare team in the DCEDIY and ensured appropriate supports were put in place for residents, when required. Although incidents were reported in line with centre policy, the service provider had not yet

developed a system to regularly review or trend incidents and risks associated with incidents had not been assessed.

The service provider promoted the health, wellbeing and development of each resident. Staff in the service advocated for residents and it was evident that they understood their needs. The service had links with community health and support services and ensured residents had information to allow them to self-refer to services, to protect their privacy, if they wished. Residents had access to general practitioners and had a system in place to ensure residents had access to medical services while awaiting their medical card applications. There were no recorded incidents relating to drug or alcohol misuse but the centre had the required policies in place to guide the staff team in the event of such an occurrence.

Residents with special reception needs were well supported but a comprehensive approach to assessing their needs had not been developed. The centre received limited information about new arrivals to the centre. The reception officer engaged with newly arrived residents regarding their needs and when special reception needs were known, the reception officer ensured they received the required supports and services. However, a policy to guide staff on how to identify and address existing and emerging special reception needs had not been developed. The management team alerted the DCEDIY when the supports or services in the accommodation centre could not meet the special reception needs of residents and had liaised with the departments' welfare team for additional supports when required.

The provider had employed an appropriately-qualified reception officer who was a member of the management team. The reception officer had relevant experience and training to fulfil their role. The centre had a draft manual developed to guide the practice of the reception officer but this had not been finalised at the time of the inspection.

#### **Standard 4.1**

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

The service provider ensured that there was a fair and transparent approach to the allocation of rooms to residents and those with specific health needs were accommodated in the most appropriate accommodation to meet their needs. In most cases, families were allocated one unit per family but there was no procedure or risk assessment to guide the staff team when requests for unrelated families to share a family unit were made.

Judgment: Substantially 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 family units was protected and promoted in this centre. The service provider ensured that families were accommodated together in own-door accommodation. This ensured that families could live independent lives with private living spaces and suitable space to allow children to play and develop. Inspectors found two cases where the sleeping arrangements for family members needed consideration by the management team. This included the arrangements in place for siblings sharing a bedroom and another child who was not provided with an appropriate bed when they needed to transition from a cot. The management team addressed the concerns during the inspection but weekly accommodation checks had not identified these deficits prior to the inspection, as noted previous in the report. In addition, there was no system to review the configuration of family units, as the family changed, over time.

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.

Children and young people were supported to reach their educational potential. Parents were supported to source school placements for their children and younger children were enrolled in crèche and preschool facilities within the community. Children had access to sufficient living spaces which facilitated them to complete their homework and they had the option to attend a homework club provided in the main building. There was access to Wi-Fi throughout the centre.

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.

Residents lived in an environment that was clean and well maintained. They had access to their own laundry facilities within their own accommodation. Although there was a cleaning schedule and maintenance programme in place, and weekly checks of the accommodation, a significant issue with mould had not been identified in one family unit. This was addressed during the inspection and the management team outlined that this would be considered going forward in their accommodation checks. These deficits were addressed earlier in the report.

Judgment: Compliant

#### **Standard 4.8**

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

The service provider had appropriate and proportionate security measures in place which respected the privacy and dignity of residents. CCTV was in operation in external and communal spaces within the centre and this was monitored in line with the service provider's policy. Residents had access to rooms without CCTV to meet with staff members, professionals or with their visitors.

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 were provided with the necessary utensils and equipment to allow them to live independently in their own apartment. Residents used their prepaid card to buy their own non-food items. The service provider was reviewing their system for the provision of non-food items to ensure residents had access to sufficient supplies.

Judgment: Substantially Compliant

**Standard 5.1**

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

Food preparation and dining facilities met the needs of the residents and supported family life. Residents had kitchen and dining areas in their own family unit and had adequate cooking and storage facilities to prepare meals for their family.

Judgment: Compliant

**Standard 5.2**

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

The centre was fully self-catered and residents were provided with a prepaid card to buy their own groceries. This was meeting the needs of the resident living in the centre.

Judgment: Compliant

**Standard 6.1**

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

The rights of residents were respected, safeguarded and promoted. Residents, including children were provided with information about their rights and were treated with dignity, respect and kindness. Information was translated for residents and there was a number of staff on the team who translated for the residents, if this was required. The staff team provided person-centred care and advocated for the residents, when required. While there were good systems in place to consult with residents, residents meetings had been postponed in recent months and needed to recommence.

Judgment: Substantially Compliant

### **Standard 7.1**

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

The residents were supported and facilitated to develop and maintain personal and family relationships. Residents' right to privacy was promoted as residents could welcome visitors to their own living space.

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.

Residents had access to information about local amenities and support services and they were well-integrated in to the local community. Adults and children were supported and encouraged to engage in social and leisure activities both within the centre and in the local community. Residents were within walking distance of many amenities and had access to public transport close by and therefore the service provider was not required to provide transport for the residents.

Judgment: Compliant

### **Standard 8.1**

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

Residents reported that they felt safe and protected living in the centre. The service provider ensured that the appropriate policies and procedures were in place to guide the team in the safeguarding of both adults and children. The staff team had training in Children First and the majority of staff had training in safeguarding adults.

Judgment: 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.

Child protection concerns were reported to Tusla in line with Children First and there was a DLP and a deputy DLP. Centre records relating to the ongoing support provided to children and families needed to improve, particularly when there were child protection and welfare concerns. In addition, there was no system to log or track concerns and as a result, concerns had not been reviewed to identify if there were risks that needed to be assessed or if additional safeguarding arrangements were necessary.

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.

Incidents in the centre were minimal but when they occurred they were well managed and reported to the DCEDIY, if required. The service provider had not developed a system to regularly review or trend incidents to identify potential actions required arising from the incidents. This deficit was addressed earlier in the report.

Judgment: Compliant

### **Standard 9.1**

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



The service provider promoted the health, wellbeing and development of each resident and they offered appropriate, person-centred care and support. Staff had developed links with local community services to support residents in relation to their physical or mental health and advocated on residents behalf. Residents had access to ample information regarding local services.

Judgment: Compliant

### **Standard 10.1**

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

For the most part, the provider was not made aware of any special reception needs in advance of resident admissions. Despite this, residents with special reception needs were well supported and staff ensured they received the appropriate supports and services. The management team informed the DCEIDY when they were unable to meet the needs of residents with special reception needs.

Judgment: Compliant

### **Standard 10.2**

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

Members of the staff team were qualified in the social care field and attended additional training to ensure they had awareness and understood the special reception needs of residents. There were no formal process in place to ensure the staff team had opportunities to debrief after incidents and supports offered to the team regarding their well-being or self-care were informal. This was addressed previously in the report.

Judgment: Compliant

### **Standard 10.3**

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

The service provider had not developed a policy to guide staff on how to identify and address existing and emerging special reception needs, as required by the standards. While the reception officer engaged with residents to determine their needs, this process was not guided by a policy or an assessment framework.

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.

The service provider had employed an appropriately qualified reception officer who was suitably trained to support all residents. The reception officer had developed links with support services and ensured residents were referred to the services they required. There was a draft policy and procedure manual relating to the role of the reception officer that needed to be finalised.

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	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Substantially Compliant
Standard 1.4	Partially Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Substantially Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Partially 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	Substantially Compliant
Standard 4.4	Substantially Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Substantially 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	Substantially 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	Compliant
Standard 8.2	Partially Compliant
Standard 8.3	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 Dominick Street Complex

Inspection ID: MON-IPAS-1027

Date of inspection: 8 and 9 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
1.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Full Self Assessment on our Compliance on the National Standards is being completed, with a focus and review on all standards by July 24<sup>th</sup> 2024.</p> <p>The service provider has reviewed company policies and procedures relating to the service we provide, and have established some that could be further developed to ensure that they will provide ample guidance to staff members during their day to day duties.</p> <p>Areas of development include the services complaints procedure and policy and further training to ensure all staff have an understanding and awareness on the National standards, policies and legislations.</p>	
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Management and oversight systems are to be reviewed and amended to include a clear and organized structure in the event of the Centre Managers prolonged absence. This structure is due to be confirmed on Wednesday June 12<sup>th</sup> 2024 and implemented by the end of June 2024.</p> <p>Contingency plans created and implemented to support staff and ensure the appropriate and effective governance of the service.</p>	

New reporting methods introduced to ensure that all evidence of assisting residents is documented in a clear and concise manner – ensuring it is easy to locate and revert to for example we now have labelled folders categorized with relevant log systems in place.

Staff and management meetings have also been reviewed and amended to ensure that we focus under organized headings i.e Risks, incidents, complaints and safeguarding to improve our service and to ensure that the families residing with us benefit as we grow and develop as a service provider.

Centre Specific Complaints procedure implemented and circulated with the residents and staff. Residents are regularly reminded and avail on a daily basis our open door policy.

1.4

Partially Compliant

Outline how you are going to come into compliance with this standard:

Service provider is committed to ensuring an auditing and monitoring system is implemented along side oversight systems and logs to ensure a clear and concise operation for the service.

Annual Report on the Service will be developed further to include a quality improvement plan for the service for the incoming year.

As a service provider we are continuously trying to encourage more participation from the residents to ensure that we are meeting their needs. We are further developing our residents committee to make it appealing for a bigger audience.

We are planning on assigning one day a month for a Coffee Morning, open to all residents in order to engage with people in a relaxing and safe environment.

The service provider is committed to increasing customer surveys and feedback, further development of the children's suggestion box will see the implementation of a new customer survey form which is being designed to target children and young adults residing in the complex with a proposed plan to introduce a children and young peoples committee by the 16<sup>th</sup> September 2024.

2.3

Partially Compliant

Outline how you are going to come into compliance with this standard:

Additional employee appraisal reviews have been put in the diary for 2024 for all staff, which will increase the appraisal review from Annual to Bi-annual. These will be conducted with staff in July and December of each year.

Supervision reviews have commenced with the introduction of a supervision policy to ensure we are providing the necessary support for staff delivering this service.

Staff meetings have become more structured to ensure a distinguished line between staff and management meetings, with the introduction of a staff huddle at the beginning of each business day with all rostered staff and contents recorded in a specific diary.

2.4

Partially Compliant

Outline how you are going to come into compliance with this standard:

Training needs analysis is in the process of being created with the completion date and entire review on our training needs to be completed by September 01<sup>st</sup> 2024 .

The service provider is committed to providing training in specific areas in line with the National Standards to reflect Self Awareness training, Anti Bullying, Self Care, Disability training, Conflict resolution and Mental Health Awareness.

The one staff member highlighted at time of inspection is now booked in to complete their Adult Safeguarding training on Friday 14<sup>th</sup> June 2024.

3.1

Partially Compliant

Outline how you are going to come into compliance with this standard:

Service provider has implemented a Risk Management Framework Policy that gives the staff a clear oversight on how to identify, assess and manage risk. This was implemented on May 14<sup>th</sup> 2024.

Risk register has been updated with the Risk Management Framework Policy in mind.

Completed new Centre Risk Assessments with a resident focused lens.

New individual personal risk assessment template created to ensure we can focus on individual risk. To be completed with all new arrivals if they wish to engage whilst the postponement of the IPAS Vulnerability Assessments is in place to ensure we are meeting the needs of all individuals.

8.2

Partially Compliant

Outline how you are going to come into compliance with this standard:

New oversight and Log system implemented to show any outstanding Child Welfare concerns and action plans.

The Service provider has initiated a review of all previous child safeguarding and welfare concerns to ensure that they have been fully risk assessed, and we have a clear indication on how to mitigate and support going forward.



The service provider continues to liaise with TUSLA regarding any safeguarding concerns that may arise and we will continue to work closely with them going forward to ensure that there is a clear reporting procedure between both parties involving child safeguarding, welfare concerns and action plans that TUSLA have suggested/implemented.

10.3	Partially Compliant
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Outline how you are going to come into compliance with this standard:

The service provider has begun the process of developing a comprehensive manual for the Reception Officer. This will include how to identify and address existing and emerging special reception needs.

The reception officer will continue to engage with the residents to determine any additional special reception needs in line with the comprehensive manual which is under development. Proposed completion of the policy and assessment framework is October 31<sup>st</sup> 2024.

## 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	Partially Compliant	Orange	July 24 <sup>th</sup> 2024

	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.			
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	September 02 <sup>nd</sup> 2024
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.	Substantially Compliant	Yellow	July 31 <sup>st</sup> 2024
Standard 1.4	The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.	Partially Compliant	Orange	September 30 <sup>th</sup> 2024
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Substantially Compliant	Yellow	December 31 <sup>st</sup> 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	December 31 <sup>st</sup> 2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Partially Compliant	Orange	November 30 <sup>th</sup> 2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	May 14 <sup>th</sup> , 2024
Standard 4.1	The service provider, in planning, designing and allocating accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.	Substantially Compliant	Yellow	May 13 <sup>th</sup> , 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	May 09 <sup>th</sup> 2024

Standard 4.9	The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.	Substantially Compliant	Yellow	August 31 <sup>st</sup> 2024
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted	Substantially Compliant	Yellow	August 31 <sup>st</sup> 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	September 16 <sup>th</sup> 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	October 31 <sup>st</sup> 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 both inside the accommodation centre and with outside agencies.	Substantially Compliant	Yellow	October 31 <sup>st</sup> 2024

