



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

Name of the Centre:	Eglinton Centre
Centre ID:	OSV-0008428
Provider Name:	Maplestar LTD
Location of Centre:	Co. Galway
Type of Inspection:	Announced
Date of Inspection:	22/04/2024 and 23/04/2024
Inspection ID:	MON-IPAS-1023

Context

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

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

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published a White Paper to End Direct Provision and to establish a new International Protection Support Service.³ It was intended by Government at that time to end direct provision on phased basis by the end of 2024.

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

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

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

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

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

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

About the Service

Eglinton Centre is an accommodation centre located in Salthill, County Galway. The centre provides accommodation for families and single females. There are 181 residents living in the accommodation provided in 56 units, including 14 apartments and 42 bedrooms.

The main building comprises a reception area, a laundry room, a dining area and a communal kitchen, with individual cooking stations and a well-stocked shop that residents use a points system to purchase goods with. There is communal lounge area for residents to relax in and sitting rooms which residents could book for their individual use. There are two meeting or social rooms, a computer room and a room for residents to meet with professionals. The centre is located overlooking the promenade in Salthill and residents have access to free parking across the road from the centre.

The centre is managed by a management team including a general manager, an assistant general manager, a receptionist and three duty managers. In addition, there are night porters, a shop supervisor, a shop assistant and general support staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	181
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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	Inspector	Role
22/04/2024	10:00 – 18:00	Una Coloe	Lead Inspector
22/04/2024	10:00 – 18:00	Bronagh Gibson	Support Inspector
23/04/2024	08:15 – 12:15	Una Coloe	Lead Inspector
23/04/2024	08:15 – 12:15	Bronagh Gibson	Support Inspector

What residents told us and what inspectors observed

From speaking with residents and observations made during the inspection, the inspectors found that this was a well-run, person-centred service where residents' needs were prioritised and addressed. Residents experienced a good quality of life and, for the most part felt happy and safe living there. The location of the centre ensured residents had access to a range of supports, services and local amenities and they were well-integrated into the local community. This inspection found that some improvements were required in the governance and management of the service, particularly in relation to recording, reporting and oversight systems. The risk management system needed further development but no significant risks were found during the inspection.

This inspection took place over two days. During this time, the inspectors met or spoke with 21 adult residents and seven children. The inspectors spoke with the Chief Executive Officer (CEO) of Malplestar, who was the nominated provider representative and met with the general manager of the centre. The inspectors also spoke with the assistant general manager, the receptionist, the shop supervisor and two duty managers.

Eglinton Centre was located on the outskirts of Galway City and provided accommodation to families and single females. The centre was a former hotel and the accommodation provided included 42 en-suite bedrooms for families and single people and 14 self-catering apartments specifically for families. The reception area of the centre had a reception desk where residents could seek support from staff on a 24-hour basis, seven days a week. The centre had a communal kitchen, a dining area and a communal lounge area. Residents had access to a computer room and two social rooms which were used to facilitate a homework club and various activities in the centre. In addition, residents could book these rooms for birthday parties or to meet with visitors. Residents could also book rooms which had been converted into sitting rooms to allow them to have additional living space outside of their bedrooms, for socialising as a family or to study.

Over the course of the inspection, inspectors observed that this was a nicely busy centre, with residents coming and going with their meals, going for walks with each other after work on the promenade, and children going to school. Some residents seemed to have built friendships with each other and they were observed dropping in to each other's rooms for a chat.

While there was limited facilities for the children in the centre, they had access to a wide range of amenities nearby including a beach, a playground and various clubs and organisations. While children had access to a homework club, a library and various activities, including arts and crafts, computer and music lessons, there was no dedicated play area for the children. Some residents said play equipment for their children was limited and one child who responded to HIQA questionnaires said there was no play area in the centre.

The inspectors completed a walk around of the centre and found that overall the centre was clean, well-maintained, safe and suitable for children and adults. Residents told inspectors that they felt safe and happy living in the centre and they liked the local area.

The centre accommodated 181 residents across 56 units. Families were accommodated together and single people shared bedrooms with a maximum of two other people. The inspectors viewed some of the bedrooms and while residents had access to large wardrobes for their clothes, there was limited space for residents to store all of their belongings and equipment they had accrued over time. This led to a lack of surface space in bedrooms which meant that residents could not enjoy a comfortable living environment or for children to play, complete their homework and develop within their own living space. Residents had bought fridges and appliances such as kettles and toasters which impacted further on the available space in the rooms.

Residents had access to a communal kitchen which had adequate facilities and equipment. The staff team provided residents with their own crockery and cutlery, and cooking equipment such as pots and pans were available in the kitchen for everyone to use. Some residents said that the kitchen was often busy and that on occasion there was not enough cooking equipment available. Despite this, they said staff offered additional cooking utensils when required and there were no time constraints on when they could cook their meals as the kitchen was open 24 hours a day.

There was a well-stocked shop onsite and residents had access to a wide range of fresh, frozen and dried goods. Although the opening times of the shop were quite limited, staff ensured residents could access basic food items, if required, outside of the shop opening hours. Residents were of the view that the points they received to buy their groceries were not adequate. The inspectors found that residents used their points to buy non-food items such as nappies, toiletries and hygiene products. The service provider representative agreed to review their systems in relation to non-food items with the general manager following the inspection.

The rights of residents were mostly upheld and promoted. Adults and children had access to information about their rights and information about the centre had been translated into a number of different languages. The staff team ensured that all residents understood the supports and services available both within the centre and in the community. They treated residents with respect and dignity and the inspectors observed kind and caring interactions between staff and residents. Residents' needs were attended to without delay and children were greeted by staff and asked about their day when they returned from school. While the centre had reduced the capacity of rooms for single residents, some of these residents said their right to privacy and dignity was compromised due to the fact that they were sharing with people who they were not related to. When invited in to view bedrooms with three people sharing, inspectors observed that each bed was separated by tall wardrobes, and while this acted as a screen in some instances, it did not ensure total privacy.

The majority of residents were very positive about the staff team and the support they received. Residents told inspectors that the staff were very helpful, always listened to them and they were treated with respect. One resident said "staff are so nice and friendly, they are good people", and another resident said "they are friendly and accommodating". A very small number of residents who met with inspectors or responded to questionnaires said they did not feel listened to on occasions. While it was evident that consultation occurred with residents on a one-to-one basis and residents were encouraged to attend residents meetings, participation was limited and it was not evident how resident's views and experiences contributed to changes to practice or quality improvement planning.

Safeguarding practices in the centre were good and residents told inspectors that they felt safe living in the centre. The staff team responded appropriately to incidents, complaints and welfare concerns and ensured residents were referred to the appropriate support services, if this was required. Residents had access to health services in line with their needs. The centre invited local health professionals to the centre to provide children with vaccinations or to deliver talks on mental health awareness for residents.

Residents were well-integrated into the local community and the staff team made continuous efforts to source support services, social clubs, educational courses and opportunities for the residents to meet and interact with the local community. Residents told inspectors that they liked living in the area and had lots of opportunities to meet with the local community, and many worked or went to school or university locally. Several services visited the centre and a wide range of activities were organised for both adults and children to enjoy. Residents were invited to attend a cultural celebration evening in the community to showcase the craft work they had completed during art and crafts classes provided in the centre.

In addition to speaking with residents about their experiences, the inspectors received four completed questionnaires from adult residents and one from a young person. The questionnaires asked for feedback on a number of areas including safeguarding and protection; feedback and complaints; residents' rights; staff supports and accommodation. There was mostly positive feedback provided in the completed questionnaires with residents indicating that they felt safe and adequately protected in the centre. They all said the management team were approachable and that they were consulted with about matters affecting them. Three out of the four adult respondents indicated that they felt listened to and respected. The child who responded outlined that they felt safe living in the centre but did not know how to make a complaint.

The observations of inspectors and the views of 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 Eglinton Centre by HIQA. The accommodation centre was managed by a dedicated and committed management team who provided a good service to residents, but 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.

This inspection found several areas of good practice but there were deficits evident due to a limited awareness and understanding of the national standards, legislation and regulations. The management team had completed a self-assessment of their compliance against the standards in 2023. This process had identified three areas that required an action but the inspectors found that this assessment was not comprehensive and reviewed for implementation. There was a suite of policies and procedures to guide practice but further policy development was required to ensure there was a comprehensive set of policies in place in line with the requirements of the national standards. The management team and service provider showed a commitment to increasing their knowledge, and developing systems and policies to ensure compliance with the standards and the provision of a safe service.

There was a clear governance structure in place. The organisational structure 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 CEO of the company. The management team comprised an assistant general manager, a receptionist and three duty managers. The team were competent and clear about their roles and responsibilities and there was a consistent management presence in the centre seven days a week. The service provider had recently appointed a centre manager to enhance the management team, as the general manager had other responsibilities outside of this accommodation centre. The centre manager was due to commence in the position the week after the inspection.

Governance and reporting systems required further development. While there were clear lines of accountability and authority, records were not maintained of how the service provider was assured of the quality and safety of the service provided. The service provider representative stated that they regularly visited the centre and met with residents and this provided them with some assurance that the service was safe. In addition, the service provider representative received regular briefing and updates from the general manager but there were no written records of these interactions.

Monitoring and oversight systems were developed but required review to ensure they supported the management team to maintain adequate oversight of the service. The

duty managers completed daily checks of the building, as well as regular checks of residents' rooms. They reported on any deficits and maintenance issues arising from their checks which were addressed promptly. Regular health and safety meetings took place and the assistant manager facilitated meetings with the duty managers. While this demonstrated that the assistant manager had oversight of the work of the duty management team, there were no formal team meetings between the management and staff team to ensure all aspects of the service were discussed and reviewed. Management meetings took place once a week but there was no set agenda or minutes recorded of these meetings. This meant that it was not possible for senior managers to track decision making or to demonstrate how risks, incidents or safeguarding concerns, for example, were discussed or actioned. The service provider had not yet developed quality assurance or auditing systems at the time of the inspection.

The service provider had recording systems in place but they 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. However, the inspectors found that the recording systems were fragmented and labour intensive, and there was a benefit to developing centralised systems to record key data and information relating to the residents. The current system meant that it was difficult for the management team to have thorough oversight or to track for example, the numbers of complaints, incidents, or welfare concerns that the staff team had managed well, or to trend the information which could lead to changes in practice. Staff and managers recorded key data and information about service delivery in a daily journal and while this was an effective handover tool for the staff team, the service provider needed to consider how residents' personal information was fully protected.

The risk management system in the centre was underdeveloped. There was no overarching risk management policy to guide the staff team in the identification, assessment and management of risk. The management team were managing risks as they arose and it was evident that risks relating to staff and health and safety had been assessed. The team had identified and assessed risks relating to children and adults while developing adult safeguarding and child safeguarding statements. However, there was no overarching risk register and therefore, not all risks relating to the residents had been assessed. For example, there was no risk assessment relating to managing conflict between residents, or when restrictive practices were put in place to manage the safety of children. A contingency plan was in the process of being developed and this required further information to ensure it provided adequate guidance in the event of a full evacuation of the centre being required.

The service provider had adequate systems in place to manage the risk of fire in the service but residents' responses to fire alarms needed attention. Duty managers demonstrated how they completed their fire safety checks using an application on their phone and the data from this was logged on their system and fire safety logs. In addition, the service had developed individual plans for residents who required additional assistance in the event of a fire. The inspectors observed the fire alarm being activated and while this was a false alarm, there was no response from the residents to its activation. Managers in the service told inspectors that getting residents to evacuate outside of planned evacuation drills was challenging, despite all the efforts they had put in to this area. This risk had not been assessed by the service provider.

The system to manage complaints about the service required improvement. The inspectors found that the staff team was proactive in addressing residents' complaints or concerns when they were made directly to them. Staff members recorded complaints on various documents including the daily journal and log books. While residents were provided with a complaints form to direct complaints to the Department of Children, Equality, Disability, Integration and Youth, if they wished, there was no centre specific complaints form or policy. While residents did complain, local policy and pathways were needed and communicated to all current and future residents. The absence of a centralised system to record complaints did not support managers to trend and analyse all complaints over time which could lead to improvements in service provision.

Recruitment practices needed some improvement. The centre had introduced an induction programme for all new staff employed in the centre. The centre maintained records of the interview process, reference checks, Garda vetting and training for all staff who were employed in the previous 12 months. The assistant manager engaged new employees in probation meetings to review the staff member's performance for the first three months of their employment. This was good practice and in addition, staff were offered a comprehensive training programme to support them in their induction to the role.

Garda vetting checks were on file for all staff members and updated Garda vetting was submitted for one staff who required this. International police checks were not on file for staff members who had lived or worked abroad for more than six months. The general manager told inspectors at the end of the inspection that they had already discussed this with the relevant staff to ensure these checks were obtained as soon as possible and that this was in progress. The centre had a system in place to ensure volunteers or professional working with residents in the centre were appropriately

vetted and aware of the centre's safeguarding policies. There was no system in place to risk assess positive disclosures in returned Garda vetting checks.

The staff and management team reported that they were well supported in their roles but regular, formal supervision was not provided. Supports offered to the team were informal and not recorded and the service provider had not yet developed a performance appraisal system.

The centre was adequately resourced at the time of the inspection but the on-call arrangement required review. The general manager was satisfied that the service provider ensured sufficient resources were in place to deliver a good and safe service. There was a member of the management team on duty seven days a week and sufficient staffing on a daily basis. The general manager told inspectors that he provided on-call support on a continuous basis and while he was satisfied with this arrangement, this was not sustainable.

The learning and development needs of the staff team were prioritised and ensured the team had a wide range of training to support them in their roles and to meet the needs of the residents. Members of the staff team had engaged in several training programmes including training in domestic, sexual, gender-based violence, equality, diversity and cultural competence and mental health training, for example. This meant that the staff team were well-equipped to deal with a wide range of issues that may present for the residents. All staff had completed training in Children First: National Guidance for the Protection and Welfare of Children and the majority of staff had completed training in safeguarding vulnerable adults. This was outstanding for two staff members.

A residents' charter had not yet been developed for the centre. Residents were provided with a welcome pack on their arrival and this provided residents with information regarding local support services and important forms in relation to their entitlements. This pack was available in seven different languages which was very positive. In addition, residents had access to a wealth of information on notice boards in the centre. Despite this, the service provider needed to develop a residents' charter that included all of the information as required by the national standards such as how residents personal information would be treated and how adults and children would be consulted with.

There was a positive culture in the service and residents said they felt respected and treated fairly. Staff were observed interacting in a kind and respectful way with the residents and provided assistance without delay. Consultation with residents occurred on a one-to-one basis and at weekly residents meetings but these were not well attended. While residents told inspectors they felt listened to, the service provider

needed to consider how feedback from residents was gathered and collated to inform quality improvement initiatives in the service.

In summary, the service provider ensured that residents received a person-centred service, but they were on a learning curve in relation to fully understanding their role and responsibilities as set out in the national standards. While the service provider had completed a self-assessment of their compliance against the standards, improvements were required in relation to the governance, oversight and risk management systems to ensure that a consistently safe and good quality service was provided to residents, which was focused on ongoing improvement. This will be discussed further in the next section of this report.

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.

This inspection found areas of good practice but there were deficits evident due to a limited awareness and understanding of the national standards, legislation and regulations. While the management team had completed a self-assessment of their compliance against the standards, this was not comprehensive. The centre managers and service provider showed a commitment to increasing their knowledge but improvements were required to ensure that all of the required policies and procedures were in place to guide staff practice and ensure continuity in approach.

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 service provider had a clear governance structure in place but management and oversight systems needed to be developed further to ensure there was appropriate and effective governance and oversight of all aspects of service provision. The recording and reporting systems required further development to ensure appropriate management of documentation and oversight by the service provider of incidents, risks, complaints and safeguarding concerns. The development of formal meeting structures and on-call systems were required to ensure that the staff team were appropriately supported in

their roles. While complaints were managed as they arose, there was an absence of a centralised system to manage complaints.

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.

Residents were provided with information about the centre on their arrival and this was available in seven different languages. However, there was no residents' charter nor did the welcome pack contain all of the information required by the standards.

Judgment: Partially Compliant

Standard 1.4

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

There was an absence of an ongoing auditing or quality assurance programme to assess, evaluate and improve the quality and care and experience of residents living in the centre. An annual review of the service provided had not been completed. While there were systems in place to seek feedback from residents, the service provider needed to consider methods to increase their consultation with residents and how their feedback was reflected in a quality improvement plan for the service.

Judgment: Partially Compliant

Standard 2.1

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

Recruitment practices required some improvement. International police checks for staff who had lived or worked abroad for more than six months had not been obtained. The general manager acted on this deficit during the inspection and provided assurances that the process to obtain these records was underway. Garda vetting was on file for all staff, with the exception of one, who had applied for this and was awaiting their

updated vetting. There was no risk assessment in place for positive disclosures in Garda vetting checks.

Judgment: Partially 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 management and staff team reported that they were well supported on a day-to-day basis but there was no formal, recorded supervision provided. In addition, a performance appraisal system had not been developed.

Judgment: Partially Compliant

Standard 2.4

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

The service ensured that the staff team received the necessary training appropriate to their role. The management team continuously sourced training programmes to enhance the performance of the staff team to ensure they were meeting the needs of the residents. All staff were trained in Children First but two staff required training in safeguarding vulnerable adults.

Judgment: Substantially 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. There was no risk register and not all risks relating to residents had been recorded and assessed. A contingency plan was in the process of being developed and required further information to ensure it provided adequate guidance in the event of a full evacuation of the centre. While regular fire drills took place, the risk relating to residents not responding to the fire alarm needed to be assessed.

Judgment: Partially Compliant

Quality and Safety

Residents in this centre received a good quality service, were provided with adequate accommodation and received supports in line with their needs. The staff and management team were committed to promoting and upholding residents' rights but this was impacted by the nature of the accommodation provided to some residents. Some improvements were required in relation to how residents' needs were assessed upon their arrival to the centre and how residents were consulted with in relation to the delivery of services.

Residents were provided with a good standard of accommodation. The accommodation provided included 14 apartments and 23 bedrooms for families and a further 19 bedrooms for single females who shared with a maximum of two other unrelated residents. The facilities available depended on the type of accommodation a resident was offered. Families living in an apartment had their own kitchen facilities and living space, while residents living in the bedroom units had access to a communal kitchen, dining area and shared living spaces. While a room allocations policy had not yet been developed, the management team considered residents' needs when allocating accommodation. They had facilitated residents to change rooms when this was requested. They operated a waiting list for residents who had requested to be accommodated in one of the apartments. While no policy was in place, the allocation of this accommodation was fair and transparent and prioritised based on families identified needs.

The service provider ensured that families were accommodated together but space was limited to ensure residents enjoyed a good standard of living. Residents had adequate storage space for their belongings but many of the residents had bought additional items for their rooms including a fridge, for example, and as a result, space was limited in residents' rooms. This meant that surface space was at a minimum and children did not have adequate space to play, develop and complete their homework in their own accommodation. In addition, while the service provider had reduced the capacity of shared bedrooms from four to three, space was limited due to the large amount of belongings contained in these rooms.

On a walk around of the centre, the inspectors found that overall it was clean and well maintained. The service provider had a cleaning and maintenance programme in place to ensure the centre and bedrooms were checked on a regular basis. Children and teenagers had access to two rooms to complete their homework, read books or play board games and so on. The inspectors found that while there was a playground close to the centre, there was no play equipment in the centre for children to use. The service provider had identified this gap and had plans to provide outdoor play

equipment for the children to use. In addition, there was no indoor playroom for children and considering there was limited space in some of the family rooms for children to play and develop, this deficit needed consideration from the service provider. Laundry facilities were adequate. Residents had access to a shared laundry facility including six washing machines and six tumble dryers.

CCTV was in operation in the centre and its use was informed by a centre policy. The use of CCTV was not excessive as there were rooms available without CCTV for residents to spend time alone, meet with their visitors or to engage in various activities.

This centre provided facilities for residents to prepare their own meals. Residents living in the apartments had their own kitchenettes while the other residents shared facilities in a communal kitchen. Residents said they were provided with adequate cutlery and crockery and had access to shared pots and pans. Some residents told the inspectors that the kitchen was busy at times and during these times, there was limited cooking equipment. They said staff ensured additional cooking equipment was provided when this arose. There was a large dining area for families and other residents to dine together if they wished. Residents had access to sufficient storage for their food and while there was access to a fridge and freezer in the kitchen area, most residents had sourced a fridge for their bedrooms.

There was a well-stocked shop on-site and a points system in place which residents used to buy their groceries. Although some residents reported that points provided were not adequate, this was beyond the control of the service provider. The shop supervisor told the inspectors that they sourced the best value on products and tried to accommodate individual requests as much as possible. The inspectors observed a range of fresh and frozen foods and dried goods which catered for a wide range of preferences and cultures. The shop had limited opening hours but staff told the inspectors that they could retrieve basic food items from the shop outside of opening hours, if requested. It was not evident that consultation had occurred with residents regarding the opening times of the shop and if this was meeting their needs.

Residents used their weekly points to buy non-food items including toiletries, hygiene products and nappies for young children. The service provider told the inspectors that this system would be reviewed with the general manager following the inspection to ensure residents did not have to use their points to buy these products. Residents told inspectors that they received one set of towels and bed linen which was not in line with the requirements of the national standards. Despite this, staff told inspectors that they provided additional towels or bedlinen to residents, when these items were requested.

The staff and management team endeavoured to promote and uphold the rights of residents but some improvements were required. Information relating to residents rights and children's rights was available. Staff members who spoke with inspectors

understood the importance of promoting people's rights and this was evident in the interactions between staff and residents. The inspectors observed that residents were treated with respect and kindness and residents told them that they were treated fairly and listened to. Information was translated for residents into a language they could understand and staff had access to a translating application, if this was required. The staff team ensured residents had opportunities to give feedback about the service during residents meetings but due to limited participation, the service provider needed to consider how to increase consultation to inform service delivery going forward. The right to privacy and dignity was not fully promoted for some residents due to the nature of the accommodation where they shared a bedroom with other residents who were not related.

Children living in the centre had information about their rights and had engaged with external statutory bodies. The inspectors observed staff members engaging positively with children, asking them about their day and treating them in a kind and caring manner. The assistant manager said they often ask children about their views of the service but this was not recorded.

The centre was located on the outskirts of Galway city and residents had access to a wide range of shops and amenities. The residents were well-integrated in the local community and had opportunities to work and study locally, and to engage in a variety of social and recreational activities such as a walking club and volunteering with the local tidy towns initiative. The centre provided a range of activities for the residents to engage in, including art and crafts, computer and English classes and a men's shed. Residents had recently engaged in a mask crafting project. The crafts were on display in the centre and there was a celebration event planned to take place in the community to display the residents' work.

Due to the location of the centre, the service provider was not required to provide transport for the residents as they had access to shops and services within walking distance or by public transport. The general manager said that they ensured residents had access to transport to take them to a doctor or to hospital, in exceptional circumstances.

The service provider was proactive in meeting the educational and recreational needs of children. Children in the centre attended local schools and parents were supported to source school placements when they moved to the centre. Children had access to afterschool activities in the local schools and the centre also provided an afterschool club for children two afternoons a week. The assistant manager said that local businesses often provided free tickets for the children to go to the aquarium or the circus, for example. The children had opportunities to attend music and art classes in the centre and were involved in local sporting clubs.

Safeguarding practices were well developed in the centre. There was an adult safeguarding policy and a child protection and welfare policy. There was a designated liaison person (DLP) and a deputy DLP. Child protection and welfare concerns were appropriately managed and referred to the Child and Family Agency (Tusla) in line with Children First. All staff had completed training in Children First and the majority of staff had completed training in adult safeguarding. The service had an informal system in place which allowed residents to mind each other's children on occasion. Residents had to inform staff when this occurred but it was not recorded when these childminding arrangements took place. This meant that there was a risk that the staff may be unaware when a child's parent(s) were absent from the centre or if safeguarding arrangements were necessary.

Safeguarding risks relating to both adults and children had been assessed and it was evident that the staff team responded appropriately to safeguarding concerns as they presented. The inspectors found that incidents were managed well and residents were referred to the appropriate support service, following an incident, if required. While the service provider ensured serious incidents were appropriately reported, they had not developed a system to regularly review and trend incidents or to ensure associated risks had been assessed.

The service provider promoted the health, wellbeing and development of each resident. Staff in the centre ensured residents had access to a general practitioner (GP) and residents had free access to a doctor while they were awaiting their medical cards. A mental health awareness talk was scheduled to take place in the coming weeks and it was evident that staff advocated for residents and supported them in relation to their needs. Information was provided to residents on local health, social care and well-being services. Staff encouraged residents to attend educational courses, not only to enhance their knowledge and skills but also to develop links and friendships within the community. The staff team had good systems in place to manage the spread of contagious infections and there was a room available for residents to isolate from other residents, if required. While there had been no incidents relating to alcohol or drug use, there was no risk assessment or policy on substance misuse.

Residents with special reception needs were well supported but a comprehensive approach to assessing their needs had not been developed. The service provider received limited information about the residents when they arrived. Despite this, the inspectors found that residents with special reception needs were well supported and staff made every effort to ensure they were referred to the services they required. 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 Department of Children, Equality, Disability, Integration and Youth when the supports or services in the accommodation centre could not meet the special reception needs of

residents. The service provider was in the final stages of recruiting a reception officer to work with the residents in the centre. This was a very positive step; however, a manual to guide their practice when they commenced in the position was needed.

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. Factors such as medical and health needs were taken into consideration and residents with specific health needs were prioritised for allocation of an apartment, where possible. Despite this, there was no policy in place to guide the team on the allocation of accommodation to residents. This deficit relating to the policy was addressed earlier in the report.

Judgment: Compliant

Standard 4.4

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

The privacy and dignity of family units was protected and promoted. Some families were accommodated in apartments with kitchen facilities and adequate living space, while others were accommodated in bedrooms with private bathroom facilities. Families accommodated in bedrooms did not have adequate living space to ensure children could play and develop. These residents had access to communal sitting rooms and social rooms, but there was no playroom and play equipment was limited.

Judgment: Partially 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. They had access to a homework club two afternoons a week provided by the centre and also had afterschool supports in the local schools. There was a study room available with an adequate number of chairs and desks. In addition, children could avail of a library, computer classes and a computer room to support them in their study. A bus service was available to take children to and from school.

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 had access to adequate laundry facilities. The centre was well-maintained and clean throughout.

Judgment: Compliant

Standard 4.8

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

There were appropriate measures in place to ensure residents' right to privacy and dignity was protected. CCTV was in operation in the centre and its use was appropriate and guided by a centre policy. Residents had access to rooms in the centre without CCTV to ensure they could welcome visitors or meet with professionals in private.

Judgment: Compliant

Standard 4.9

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

The service provider had not ensured that residents had sufficient and appropriate non-food items. Residents received one set of towels and bedlinen on arrival and although they were provided with additional items upon request, this was not in line with the standards. In addition, residents had to buy their own toiletries and hygiene products in the on-site shop. The service provider assured inspectors that the system for the provision of non-food items would be reviewed immediately following the inspection.

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 were appropriately equipped and maintained to meet the needs of residents. Residents had access to food storage spaces but many of the residents had bought their own fridges for their bedrooms and some reported that there was insufficient storage to freeze their food. Cooking utensils such as pots and pans were available and shared by residents but they said there was often a shortage of these items, particularly when the kitchen was busy. This meant that they had to wait for other residents to finish cooking or request additional utensils from staff which did not promote their dignity.

Judgment: Substantially 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 there was a well-stocked shop in the centre. The shop had a wide variety of food items including fresh fruit and vegetables, meats and dried food that was suitable for resident's cultural requirements and preferences. The shop had limited opening times and it was not evident that residents were consulted with to determine if this was meeting their needs.

Judgment: Substantially Compliant

Standard 6.1

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

The rights and diversity of each resident were mostly promoted and respected. Residents were treated with respect and kindness and staff provided person-centred care and advocated for residents, when required. However, residents' participation in meetings was limited and therefore the service had minimal feedback from residents to consider in relation to service delivery. The right to privacy and dignity was not promoted for some residents due to the nature of the accommodation where they shared accommodation with other residents who were not related.

Judgment: Substantially 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. Residents had access to rooms in the centre to meet with visitors in private and there were rooms available for family members to spend time together outside of their bedrooms.

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 were well-integrated in to the local community and had access to information about local amenities and support services. The staff team ensured residents had opportunities to engage in social, recreational and fun 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.

The service provider had the appropriate child protection and adult safeguarding policies in place. All staff were trained in Children First and the majority had training in safeguarding adults. The staff team had responded appropriately to safeguarding concerns and the necessary referrals were completed, when required.

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 and welfare concerns were reported to Tusla in line with Children First and staff who met with inspectors were aware of their responsibilities to ensure children were safeguarded. The service had an informal system in place which allowed residents to mind each other's children on occasion. Residents had to inform staff when this occurred but it was not recorded when these childminding arrangements took place.

Judgment: Substantially 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 that had occurred in the centre were well-managed and the appropriate supports were put in place for residents, following an incident if this was required. However, the service provider had not developed a system to regularly review and trend incidents or to ensure associated risks had been assessed. This was addressed previously 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 staff team promoted the health and wellbeing of residents and provided care and support that was person-centred. Residents were provided with information and leaflets about a wide range of health and social care services in the locality and appropriate referrals were made from residents who required additional supports. The service provider ensured that professionals visited the centre to provide information and talks on issues affecting the residents. The centre did not have a policy in place regarding substance use which was addressed earlier in the report.

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 made every effort to ensure that the residents had the required support and services they needed.

Judgment: Compliant

Standard 10.2

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

The service provider ensured the staff team had received the appropriate training to support them to identify and respond to the needs of residents. However, 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 wellbeing 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. The staff team received minimal information about residents and they did not have a process to assess the needs of residents on their arrival to the centre.

Judgment: Partially Compliant

Standard 10.4

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

A recruitment plan was in the final stages to employ a suitably qualified reception officer for the centre but a reception officer policy and procedure manual had not been developed at the time of the inspection.

Judgment: Partially Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Partially Compliant
Standard 1.4	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Partially Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.4	Partially Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Substantially Compliant
Theme 5: Food, Catering and Cooking Facilities	

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

Compliance Plan for Eglinton centre

Inspection ID: MON-IPAS-1023

Date of inspection: 22 and 23 April 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> <ul style="list-style-type: none"> • Management have reviewed the National Standards, legislation and regulations. Further policies and procedures have been implemented. • Continued training of staff and supporting team in carrying out self-assessments to ensure good practice and improvements are recorded. <p>Completed: May 2024</p>	
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • A formal Incident/Complaint reporting procedure has been implemented. • The management team will have oversight and review all incidents, complaints and safeguarding concerns and the general manager will sign off this. • Formal meetings between staff and management are recorded. Agendas will be set for these meetings to get feedback from staff in areas that require improvement, Incidents/Complaints, Risks identified. • A formal on call system has been implemented and will be visible for staff beside the rosters. • Residents can make complaints with the IPAS complaint forms that are available in the reception area, also included are child feedback forms which can be sent to IPAS. Ombudsman information for adults and children is included in the IPAS House Rules on arrival and are displayed at reception. Complaints can also be made directly to Management and Reception staff. Incident/complaints 	

	<p>centralized system has been implemented for all residents complaints and safeguarding issues.</p> <ul style="list-style-type: none"> • All current risk assessment have been complied on to a risk register. Risk assessment relating to conflict between residents has been done and the risk has been assessed for residents not responding to the fire alarm. <p>Completed – May 2024</p>
1.3	Partially Compliant
	<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • A Resident charter has been implemented and the welcome pack has been updated to include all relevant information. • <p>Completed – May 2024</p>
1.4	Partially Compliant
	<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • An auditing system has been put in place to improve the quality of the service provided. • Annual review of the service is being carried out. • Coffee morning with residents was held to get feedback, the residents meeting is ongoing every week. Attendance is improving. • Residents feedback will be used to improve the quality of service in the centre. <p>We aim to have this completed by July 2024.</p>
2.1	Partially Compliant
	<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • Staff are in the process of obtaining police checks, three staff have already presented these to Management. • A risk assessment has been done for positive disclosures in Garda vetting checks. • Updated Garda vetting is being processed for one staff member. <p>We aim to have these completed by July 2024.</p>

2.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • Supervision for staff will be recorded and documented. • Performance appraisal forms for all staff have been implemented and are being carried out. These appraisals will be carried out annually. <p>We aim to have these completed by June 2024.</p>	
3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • A risk register has been done and risks regarding residents have been carried out. • Risk management policy is in place to manage all identified risks, they will be assessed and added to the risk register to be monitored. • A contingency plan has been completed. • Risk relating to residents not responding to the fire alarm has been carried out. Emphasis during residents welcome tour is being put on fire safety procedures and what to do if the alarm sounds. All new arrivals since the HIQA inspection have received this. <p>Completed – May 2024</p>	
4.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • The communal sitting rooms are available for families to use as they wish. The Eglinton Centre is in the heart of Salthill, with the beach across the road, there are two parks very close to the Centre. • Galway County Council have a fully equipped playground for everyone to use and enjoy with exercise equipment as well, 3 minutes from the centre. • There is a room available with appropriate toys for children to use with their parents. 	
10.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • A reception needs questionnaire has been implemented and will be included in the welcome pack for new arrivals. • Reception staff have a policy to follow when meeting new residents to assess any special reception needs. • All reception staff have been informed of this policy. 	

- The Reception officer will further assess residents, provide a care plan and referrals to services available.

Completed – May 2024

10.4

Partially Compliant

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

- A Reception Officer has been hired and will be employed full time in the Centre. She is suitably qualified to carry out this work. She will commence employment in the next two weeks.
- A policy and procedure manual will be developed.

We aim to have this completed by June 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 legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Partially Compliant	Orange	30/05/2024
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	30/05/2024
Standard 1.3	There is a residents' charter which accurately and	Partially Compliant	Orange	30/05/2024

	clearly describes the services available to children and adults living in the centre, including how and where the services are provided.			
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	31/07/2024
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Partially Compliant	Orange	31/07/2024
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	30/06/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Substantially Compliant	Yellow	30/05/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	30/05/2024
Standard 4.4	The privacy and dignity of family units is protected and promoted in	Partially Compliant	Orange	30/06/2024

	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.			
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	30/06/2024
Standard 5.1	Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.	Substantially Compliant	Yellow	30/06/2024
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.	Substantially Compliant	Yellow	30/06/2024
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Substantially Compliant	Yellow	31/08/2024

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.	Substantially Compliant	Yellow	30/05/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	30/05/2024
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.	Partially Compliant	Orange	30/06/2024