



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

Name of the Centre:	Finn Accommodation Centre
Centre ID:	OSV-0008430
Provider Name:	Townbe ULC
Location of Centre:	Co. Donegal
Type of Inspection:	Unannounced
Date of Inspection:	04/09/2024 and 05/09/2024
Inspection ID:	MON-IPAS-1051

## 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

Finn accommodation centre is located in the town of Ballybofey in County Donegal. The centre provides accommodation to people seeking international protection and has capacity for 179 residents. The centre provides own door independent living family accommodation, and at the time of inspection, it was accommodating 153 residents across 41 apartments.

The centre is a three storey apartment building, located over a shopping centre, and close to some health and social services, transport links, and public amenities and facilities.

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

The buildings are privately owned and the service are privately provided by Townbe ULC on a contractual basis on behalf of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY).

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	153
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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)
04/09/2024	11:00hrs–18:30hrs	1	1
05/09/2024	08:30hrs–16:00hrs	1	1

## What residents told us and what inspectors observed

The inspectors found, from speaking with residents and staff members and from what was observed, that the centre was generally pleasant, with residents feeling safe, supported, and respected, and their autonomy promoted. Residents experienced a generally good quality of life and were encouraged to engage with the local community. The staff were person-centred in their approach, though there was a need to improve privacy and dignity for families living in the centre. Additionally, a review of transport arrangements for medical appointments, non-food item provisions, and risk management was necessary to ensure a consistently safe and good quality service was delivered.

This inspection took place over two days. During this time, the inspectors met or spoke with 15 adult residents and seven children in direct consultations. In addition, 24 resident questionnaires were completed and returned to the inspectors. The inspectors also spoke or met with the service provider representative; the centre manager; duty managers; and maintenance, housekeeping and security staff members.

At the time of the inspection, the centre accommodated 41 families, comprising 153 residents, including 85 children, across 41 self-contained apartments. Each family had their own apartment, promoting independent living in a secure environment. The apartments featured bedrooms, bathrooms, and an open-plan living room and kitchen area. There was a mix of one, two, and three bedroom units spread across three floors. Residents could move freely between floors via escalators and stairs, although one escalator was under repair at the time of the inspection. Fire evacuation procedures were in place to ensure the safety of all residents, including those with disabilities, in the event of a fire or an emergency.

The accommodation centre was close to schools, transport routes, local statutory and non-statutory services. Leisure and sports facilities such as playgrounds, Gaelic football, soccer and swimming amenities were available close to the centre. Residents engaged with found the area safe, with convenient surface and underground parking available nearby.

The inspectors found the centre's physical structure to be in good condition, with well-maintained communal areas. However, the inspectors noted plaster peeling from the balcony walls, which management had since reported to the property landlord. Communal spaces displayed artwork, including pieces created by children living in the centre. Fire safety equipment and evacuation routes were clearly marked throughout the building.

The inspectors found a homely, relaxed, and warm atmosphere in the centre at the time of the inspection. Residents were observed engaging in daily activities, interacting with each other, and going in and out of the centre. The inspectors observed courteous and respectful interactions between staff and residents, which made for a comfortable and safe centre for residents.

Although many children lived in the centre, it remained generally quiet, with most activity occurring in the mornings and afternoons when children went to and returned from school. The inspectors observed local school buses and private mini-buses collecting and dropping off children for school and pre-schools. Parents brought their children to the collection point, while staff were present to ensure the process ran smoothly.

Residents invited the inspectors into several of the apartments, which were bright, well furnished, and some personalised to individual tastes. The apartments were maintained to a good standard, equipped for daily living, and allowed residents to cook meals using a points system to purchase food. Each apartment had a washing machine, tumble dryer, and ample space for children to play and do homework. Balconies or patios provided small spaces for outdoor relaxation and to dry clothes in fine weather. There was adequate storage for residents to store their clothes and belongings without impacting their living environment.

While the apartments were bright and spacious, the provider had failed to ensure the privacy and dignity of some families. The inspectors observed two apartments where children shared beds or bedrooms with parents or siblings of a different sex and found eight other families in similar situations. While one family was set to be relocated, risks for the other families were neither identified nor addressed. In addition, the inspectors found that instead of double beds, couples were sleeping on single beds pushed together. This lack of attention to room arrangements meant that some residents were not being protected as well as they should have been. The inspectors also noted mould in some units; however, this matter was known to management and had been escalated to the property manager.

The inspectors observed other facilities in the centre, including a bright and spacious multi-purpose room used for children's play, homework clubs, and family events. It featured four double couches, a large table, and various toys and books, with one wall displaying photos of children participating in centre activities. A smaller room on a different floor of the centre allowed residents to meet staff and professionals in a private setting. However, the provider was required to review the use of closed-circuit television (CCTV) in this room. On a large landing, there was a pool table and two chairs beside it. The centre manager informed the inspectors that the pool table was purchased by the provider following consultations with residents.

To fully understand residents' experiences, the inspectors made themselves available to the residents over the course of the inspection. All the residents engaged with reported feeling safe in the centre. Some residents appreciated the ability to cook meals that met their cultural and religious needs. Residents told the inspectors they felt comfortable raising concerns with staff and were confident any issues would be addressed. Most residents were satisfied with the supports they received, with one resident stating they felt "lucky to be here". The inspectors also met some residents with special reception needs who were complimentary of the support from the staff team. However, some residents with babies highlighted that the monthly supply of nappies and wipes was insufficient, and others expressed concern about the lack of transport for medical appointments. These issues are explored further in the report.

The inspectors met with some children living in the centre, all of whom were happy to discuss their lives there. The children expressed happiness with the facilities in the centre and some mentioned their awareness of their rights as outlined in the centre's Children's Charter. The children described the staff as "good" and "helpful", with one young person calling the centre a "kind space for everyone".

In summary, thorough observation of daily activities and interactions, along with active engagement with residents, the centre provided a positive environment with a supportive staff team and managers. The service provider delivered a service that met residents' needs and promoted their independence and integration. While residents were complimentary of the accommodation and services provided, some areas of the operation required further development and enhanced management oversight. The provision of non-food items and transport arrangements for medical appointments required review. Additionally, the provider was required to enhance efforts to ensure the privacy and dignity of residents. The observations of inspectors and the views of residents presented in this section of the report reflect the overall findings of the inspection.

The next two sections of this report present the inspection findings in relation to governance and management arrangements in the centre, and how governance and management affected the quality and safety of the service being delivered.

## Capacity and capability

This was HIQA's first inspection of the Finn Accommodation Centre. The service provider had a management team who were committed to providing a high-quality and a person-centred service. The inspection found that the centre was reasonably well managed with clear lines of accountability and reporting systems. However, management arrangements in the centre required further development to ensure consistent delivery of quality services and support to residents. Specifically, improvements were needed in risk management, recording, monitoring, and the development of oversight and management systems.

While the service provider had conducted a self-assessment of their compliance with the national standards and developed a range of policies, procedures, and management systems, they failed to ensure that all necessary statutory notifications were made to HIQA. The inspection identified four child protection incidents that were appropriately managed and escalated but had not been notified to HIQA as required. There was a need for the provider to ensure that the service was being delivered in line with current policies and procedures.

The centre had established clear reporting and accountability structures, with managers and staff members understanding their roles and responsibilities. The centre's three deputy managers reported to the centre manager who in turn reported to the managing director who was also the service provider representative. A manager was present on site every day, supported by housekeepers, maintenance staff, and contracted security. During the inspection, staff members demonstrated a strong commitment to respect and kindness, and most residents, including children, felt they were treated with kindness and received attentive support.

The service provider had daily management oversight and accountability systems in place but these needed further development and improvement. Regular staff meetings occurred with managers and the centre's staff team, and learning from inspections of other centres was discussed. However, the minutes lacked records of whether previous actions were addressed. While there was regular communication between the centre manager and the managing director, it was not consistently recorded, and records of support requests and decisions were not available. A resident welfare log recorded complaints, incidents, and staff interactions, but these were not always categorised appropriately and managed in line with centre policy. Inconsistent documentation and poor recording systems compromised the safe and effective delivery of services to residents.

The inspectors found that the service provider had a system to record, address and resolve issues of concern raised by residents. Information on how to make a complaint was included in the residents' charter, and the welcome pack was provided to residents upon arrival. Most residents said they knew how to make a complaint and had received information regarding the complaints process. The service provider had also developed a children's charter, and some children engaged with were aware of the rights outlined in this document.

The service provider encouraged a culture of continuous quality improvement and the management team endeavoured to provide person-centred care and support to residents. A service plan had been developed for the centre, however, there was no evidence of feedback from residents informing this plan. Notwithstanding this, the provider had systems in place for consulting with residents to inform practice on a daily basis. Direct consultations with residents occurred during weekly room check-ins, and staff facilitated resident meetings to gather feedback and involve residents in decisions affecting them. For instance, the provider implemented a residents' suggestion for a pool table in the centre. Although a suggestion box was available, it was not widely used.

The inspectors found that learning from the inspection of other centres operated by the same provider had been included for discussion at staff team meetings. While there was a system in place to review and track incidents, complaints, and adverse events, this system was in the early stage of implementation.

Recruitment practices were both safe and effective. The inspectors found that staff files included job descriptions, Garda Síochána (police) vetting, induction records, and references. Garda vetting was also conducted for external support staff providing onsite services. Risk assessments were completed for two staff members who could not obtain international police clearances from their home countries. Although the service provider followed their recruitment policy, which required one reference per staff file, a review of the policy was necessary to ensure it aligned with international best practices in employee recruitment.

Support and supervision meetings between the staff team and their line manager had begun, guided by an established policy. These meetings covered topics such as training needs, current challenges, and areas of success. Records of these supervision meetings were maintained, signed, and dated. Performance appraisals were conducted annually, and staff wellbeing events were scheduled yearly. Regular supervision ensured staff were supported to exercise their individual accountability for the provision of an effective and safe service.

The service provider prioritised staff training and development to ensure positive outcomes for residents. A training matrix was created to track completed and

upcoming training sessions. Although additional training needs were identified through annual appraisals and supervision meetings, the provider had yet to conduct a comprehensive training needs analysis for the service.

The service provider implemented a risk management policy with a risk register and log to track risks, but some identified risks, such as communal kitchens, were not relevant to the centre. Significantly, risks observed during the inspection, such as children sharing beds or bedrooms with family members, were not included on the risk register. This lack of appropriate oversight compromised residents' privacy, safety, and dignity, highlighting the need for the provider to improve their risk identification and management system.

Fire safety procedures were well managed, with regular fire drills and appropriate evacuation measures for residents with disabilities. However, the centre lacked an adequate contingency plan to ensure service continuity in unforeseen circumstances.

Overall, the management and staff team endeavoured to provide a good service and most residents reported feeling safe and had their basic needs met. Sustained improvements across several key areas were necessary to ensure compliance with the national standards. Governance, oversight arrangements, monitoring, recording and risk management systems required further development to ensure that quality services and support were consistently delivered to residents.

### **Standard 1.1**

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

The staff team did not have full understanding of their responsibilities as outlined in the national standards, relevant legislation and national policy. While a self-assessment of the service had been completed and a full suite of policies put in place, the provider had not notified HIQA of child protection incidents which had occurred in the centre as required. A service improvement plan had not been developed by the service provider to guide quality improvement in the centre.

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, and lines of reporting and accountability were in place. While the provider had systems in place to ensure management oversight of the centre through regular communication and recording, there were no records of the actions taken, recommendations or the decisions made. Improvements were also required to ensure that resident welfare logs were completed as required, and that the categorisation and management of events under the necessary policy and procedure had occurred.

Judgment: Partially Compliant

**Standard 1.3**

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

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

Judgment: Compliant

**Standard 1.4**

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

While there were systems in place to consult with residents, monitoring and auditing systems required further improvement to ensure feedback from residents informed audits and service plans.

Judgment: Substantially Compliant

**Standard 2.1**

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

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

Judgment: Substantially Compliant

**Standard 2.3**

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

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

Judgment: Compliant

**Standard 2.4**

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

The centre promoted a culture of learning. All staff members received mandatory training to meet the specific needs of residents. Where there were some deficits in training, the provider had implemented a schedule of training for staff and a plan devised for staff to complete a number of courses. The service supported staff in continually updating and maintaining their knowledge and skills. However, a training needs analysis was required to identify any training gaps.

Judgment: Partially Compliant

**Standard 3.1**

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

While the management team had responded to some risks as they arose, the risk register did not contain details of all risks in the service. The service provider had not completed a risk analysis or assessment of all risks in the centre. In addition, there were no contingency plans to ensure continuity of service in the event of a disaster or unforeseen circumstance.

Judgment: Partially Compliant

## Quality and Safety

Overall, residents living in this centre were provided with good quality accommodation and good quality services and were supported in line with their identified needs. The provider engaged in meaningful consultation with residents and supported them to meet their needs as independently as possible. The needs of residents were being met through good access to support services, quality information and opportunities for social engagement and integration. However, improvements were required to ensure the privacy and dignity of families, access to appropriate transport for medical appointments, and equitable access to non-food items.

The provider offered own door, independent living accommodation based on residents' needs, guided by a standard operating procedure to ensure fairness. However, the procedure did not fully address residents' changing needs. While staff members supported families in moving to different apartments as needed, there was no formal policy to outline this process and ensure consistency.

Residents were supported in maintaining personal and family relationships, with families being accommodated and the family unit respected and promoted. Residents were encouraged to host visitors in their private living spaces until a designated time at night. Additionally, a separate room was available for residents to meet visitors outside of their living quarters.

Although families were housed together, the provider did not adequately protect or promote their privacy and dignity. While plans were in place to relocate one family to a more suitable apartment, the inspectors found nine other families where children shared beds or bedrooms with parents or siblings. At the time of inspection, there were no plans to secure better accommodation for these families, and they were not listed in the risk register or included in risk assessments. Additionally, couples were provided with single beds pushed together, compromising their comfort and dignity. The provider committed to reviewing the living arrangements for these families.

The service provider had an effective system to promote residents' independence in grocery shopping and food preparation. Residents received weekly vouchers to purchase groceries from a local supermarket, allowing them to make choices and create culturally appropriate meals. Those engaged with during the inspection expressed satisfaction with this system. Each apartment was well-equipped with cooking facilities, utensils, cutlery, and towels, and residents were pleased with the quality of the food preparation facilities in their living spaces.

The security measures were adequate, proportionate, and appropriate, ensuring residents' dignity and privacy were respected. CCTV monitored the entrance and communal areas, and security risk assessments were conducted. A CCTV policy was in place to guide its use. Security staff were present around the clock.

The provision of non-food items did not meet national standards and required review. Residents received one set of towels and bed linen upon arrival. Although the management team indicated that additional items could be requested, this did not align with the requirements of the national standards, and some residents were not adequately informed. While female sanitary products, contraception, wipes, and nappies were provided freely, residents used their weekly allowance to purchase toiletries, cleaning products, and other non-food items. The provider recently increased weekly allowances by €7.50 for a family of five and above, and €5 for a family of four or smaller, but this adjustment required further review to ensure equity and fairness, especially for larger families. The provider was committed to reviewing the arrangements.

The inspectors found that residents' rights were generally upheld and their welfare promoted, though some improvements were needed. Various methods, including a residents' committee, were used to consult with residents and enhance service delivery. Upon arrival, children received a charter detailing their rights and safety. Residents were encouraged to be independent with the necessary support, and visitors were allowed in residents' living quarters up to a specific time. Most residents felt respected and treated with dignity by staff members. However, privacy and dignity were not fully maintained when children shared beds or bedrooms with parents or siblings.

The centre had an open and welcoming atmosphere during the inspection. Residents were encouraged and supported to participate in activities that provided entertainment and met their cultural needs. For instance, the centre organised and hosted weekend summer activities for children. Residents were also encouraged to connect with the local community, and the provider developed a community engagement strategy to guide staff members in fostering these connections.

The inspection found adequate safeguarding measures for adults and children in the centre. An adult safeguarding policy was in place but needed further development to outline processes for handling allegations. The child protection safeguarding statement, policy, and procedures were established, and staff members had completed Children First training. Residents knew how to report concerns. A designated liaison person was appointed, and a transparent process managed situations involving one parent caring for another's children. While support and referrals for child protection concerns were

appropriate, the recording systems needed improvement to ensure detailed and consistent documentation of actions.

The staff team promoted residents' health, well-being, and development with a person-centred approach. A weekly resident welfare clinic allowed private discussions with management, and weekly room check-ins were recorded and followed up. However, there was CCTV in the room which did not ensure resident privacy. Support services information was displayed in various languages, and external support workers visited regularly. Some residents reported covering their transport costs for medical appointments in other towns. The managing director told inspectors that the service was reviewing these arrangements in light of a new national policy received shortly before the inspection.

A policy and process were established for managing adverse events and incidents. Although the service provider handled and escalated incidents appropriately, the recording system needed improvement to document all relevant details and actions consistently. Incidents and adverse events were reviewed annually and monthly to identify trends and agree on actions. However, a comprehensive review focused on improving incident management was essential to enhance the quality of support for residents.

Although the centre did not have a reception officer at the time of the inspection, plans were in place to recruit one, and an external support was arranged to assess and support residents with special reception needs. However, the service provider needed to review information-sharing protocols with the external support to ensure comprehensive monitoring and support for these residents. The manual guiding the reception officer's practice required further development. Evidence showed that learning from other centres, including risk assessments and personal emergency evacuation plans, was applied to support residents with special needs.

In summary, the accommodation centre was generally well-maintained, though some areas with mould required attention. Residents had choices in their daily lives, and their rights and independence were promoted. The community connections were established, and residents were supported in engaging with them, reporting good integration. While the accommodation was of high quality and the staff treated residents respectfully, there was a need to enhance the privacy and dignity of certain families in their living quarters.

**Standard 4.1**

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

While the centre was always not informed of the initial needs of residents at the time of admission, it was evident that the centre worked with the DCEDIY to ensure people were accommodated in a way that considered and facilitated residents' known needs. There was a standard operating procedure developed by the service provider to ensure fairness and transparency in the allocation of accommodation but this needed to be developed further to consider the evolving needs of residents in the centre.

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 provider did not ensure the privacy and dignity of families was fully protected and promoted in the centre. There were children sharing beds or bedrooms with parents or siblings in the centre. In addition, couples slept on single beds pushed together instead of double beds. Risks associated with these living arrangements had not been identified and assessed by the provider.

Judgment: Partially Compliant

**Standard 4.5**

The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.

The centre had dedicated child-friendly, play and recreational facilities. The multi-purpose room was adequately equipped and furnished, clean and accessible to all children. The centre was close to other sporting and recreational facilities for suitable for children of all age groups. Centre staff organised weekend and summer activities for children in the centre.

Judgment: Compliant

**Standard 4.6**

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

Children and young people were supported in reaching their educational potential. The centre had sufficient materials and play areas. Children had access to sufficient living spaces to complete their homework. There was access to Wi-Fi throughout the centre, and children had access to computers outside their living quarters if needed. Transport was available for children to attend crèche and schools outside 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.

Overall, the centre provided a clean and well-maintained environment throughout. Laundry facilities were available in each apartments and residents were satisfied with the facilities. Outdoor clothes drying spaces were also available.

Judgment: Compliant

**Standard 4.8**

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

The inspectors noted that the service provider had implemented suitable security measures within the centre. There was security presence throughout the day and night. Security risk assessments had been completed. There was CCTV in the external areas and also in most communal areas the centre. There was clear signage in place regarding the presence of CCTV in relevant areas of the building. However, a review on the use of CCTV in the smaller room where residents meet staff and professionals was required.

Judgment: Substantially Compliant

**Standard 4.9**

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

Non-food items were not provided to residents in line with the requirements of the national standards. While an additional allowance was provided to families on a weekly basis, this additional allowance needed to be reviewed to ensure that the system was equitable to all families and that parents could purchase the necessary products for their family.

Judgment: Partially Compliant

**Standard 5.1**

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

The centre provided appropriate food preparation and dining facilities for residents. Residents had fully fitted kitchens in their apartments.

Judgment: Compliant

**Standard 5.2**

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

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

Judgment: Compliant

**Standard 6.1**

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

The inspectors found that residents' rights were generally upheld and their welfare promoted, though some improvements were needed. Various methods, including a residents' committee, were used to consult with residents and enhance service delivery. Residents were encouraged to be independent with the necessary support, and visitors were allowed in residents' living quarters up to a specific time. Most residents felt respected and treated with dignity by staff. However, privacy and dignity were not fully maintained when children shared beds or bedrooms with parents or siblings of the opposite gender.

Judgment: Partially 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 their personal and family relationships. There were clear arrangements in place for residents to receive visitors, which were facilitated in common areas. Activities were arranged during the weekend and summer holidays as a support to families.

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.

The provider was ensuring that residents had access to information about local services and facilities in the community. There were notice boards throughout the centre that provided up-to-date information about a range of support services. Support services routinely visited the services to support the residents in relation to housing and advocacy needs. The provider supported residents to access healthcare, education, community supports and leisure activities. However, there was a need for the service provider to review transport arrangements for medical appointments in line with the DCEDIY transport policy.

Judgment: Partially Compliant

### **Standard 8.1**

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

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

Judgment: Substantially Compliant

### **Standard 8.2**

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

The child protection safeguarding statement, policy, and procedures were established, and staff had completed Children First training. Residents knew how to report concerns. A designated liaison person was appointed, and a transparent process managed situations involving one parent caring for another's children. While support and referrals for child protection concerns were appropriate, the recording systems needed improvement to ensure detailed and consistent documentation of actions taken.

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.

The inspectors found that significant adverse incidents were reported to the relevant government department. Improvement was required to ensure that all adverse events and incidents were consistently recorded in a manner that allowed them to be reviewed effectively. This was particularly important to ensure any self-evaluation of incident management was based on relevant and accurate information. A comprehensive review focused on improving incident management was essential to enhance the quality of care for residents.

Judgment: Partially Compliant

**Standard 9.1**

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

The inspectors found that arrangements in the centre ensured that each resident received the necessary support to meet their individual needs. The centre manager ensured that where suitable support could not be provided, residents were assisted in availing of support from external services. The service provider had appropriate links with community health and social care services and provided information or referrals, when appropriate, to services to meet a resident's needs. The service provider had developed a substance misuse statement.

Judgment: Compliant

**Standard 10.1**

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

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

Judgment: Compliant

**Standard 10.2**

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

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

Judgment: Substantially Compliant

**Standard 10.3**

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

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

Judgment: 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.

While an external support was available to attend to residents, there was no reception officer employed in the centre at the time of the inspection.

Judgment: Not Compliant

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

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

Standard	Judgment
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Substantially Compliant
Standard 2.3	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	Partially Compliant
Standard 4.5	Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Substantially Compliant

Standard 4.9	Partially Compliant
<b>Theme 5: Food, Catering and Cooking Facilities</b>	
Standard 5.1	Compliant
Standard 5.2	Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Partially Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.1	Compliant
Standard 7.2	Partially Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Substantially Compliant
Standard 8.2	Substantially Compliant
Standard 8.3	Partially Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.1	Compliant
Standard 10.2	Substantially Compliant
Standard 10.3	Partially Compliant
Standard 10.4	Not Compliant

# Compliance Plan for: Finn Accommodation Centre

Inspection ID: MON-IPAS-1051

Date of inspection: 04 and 05 September 2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Standard	Judgment
1.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The centre manager is committed to providing additional training to the staff team to ensure all members of staff have full understanding of their responsibilities as outlined in the national standards, relevant legislation and national policy.</p> <p>Following the inspection on the centre, the centre manager has included HIQA in the centre's reporting structure for child protection incidents. All members of the centre's management team have been made aware that HIQA are also to be notified of any child protection incidents via the NF06 Notification Form as well as TUSLA and IPAS. This has since been rolled out following the inspection, the centre manager has added an additional section to the resident welfare logs to ensure full oversight of the notifications made on each log to any and all services.</p> <p>The centre manager and service provider are committed to developing a quality and service improvement plan (QSIP) for the centre team to utilize to further develop and improve the quality and services that are available in the centre. The QSIP will be developed in consultation with residents within the centre and it will capture the feedback of the residents and reflect the theme in focus. It will form the basis of tracking improvements needed within the centre, and actions planned to address the improvements identified. The centre manager will have ownership of the QSIP with support from the group operations manager.</p>	

1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Going forward, all records of actions taken, recommendations from the centre management team and external support services i.e. Tusla, IPAS, HIQA, and the decisions made will be recorded in an additional section to the existing resident welfare logs, incident reports and general resident files as well as being recorded on daily handovers for the centre, until they have been escalated, managed and a decision made on each individual case.</p> <p>The centre manager and management staff are committed to establishing a more in-depth recording system to ensure full transparency for all staff regarding the full follow through of actions taken, recommendations and decisions that were made.</p> <p>The centre manager with support from the group operations manager is committed to reviewing all resident welfare logs to ensure the correct and appropriate categorization and management of each resident welfare log has occurred, and to make the appropriate updates and recategorization of the logs, adhering to the relevant policy and procedure for each.</p> <p>This review will be included as part of the centre’s QSIP (quality service improvement plan) and a full document review will be completed with the centre team once established.</p>	
2.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The centre manager and the service provider are committed to conducting a training needs analysis with all centre staff to identify any training gaps. Any training needs that have been identified will be appropriately addressed and actioned on to ensure staff have the knowledge and skills necessary to provide support and quality services to all residents. Any identified training gaps will form part of the QSIP for the centre.</p>	

3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The centre manager and service provider are committed to completing a thorough risk analysis and risk assessment of all potential risks identified within the centre.</p> <p>The centre manager will include reviewing the risk register in the managers' daily checklists to ensure full oversight by the centre management team.</p> <p>The centre's live risk register will be fully reviewed and updated appropriately by the centre manager with the support of the group operations manager and service provider on a monthly basis. The centre manager will sign off on the risk register monthly and the appropriate supervisor will also co-sign off on the risk register, when both the centre manager and supervisor ensure up to date information is included in the register regarding control measures that are in place.</p> <p>The service provider has developed contingency plans for the centre and the sister centres which operate under the same provider, these contingency plans are due to be reviewed on 13/12/2024. These contingency plans were provided to inspectors for review on the day of the inspection and are in place to ensure continuity of the service in the event of a disaster or unforeseen circumstance.</p>	
4.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The centre manager and service provider are committed to ensuring the privacy and dignity of all families in the centre is fully protected and promoted. The centre manager and duty managers have since reviewed the sleeping arrangements of all families within the centre.</p> <p>All identified risks relating to siblings sharing bedrooms with siblings of the opposite gender or parent have been identified and assessed by the centre manager and the risk register has been updated to fully represent the identified apartments following the inspection. The centre manager is committed to assessing these identified risks and to transfer the identified families to more appropriately sized apartments should they become available within the centre.</p> <p>The risk register will be fully reviewed, updated, and signed off by the centre manager once reviewed and cosigned by the group operations manager/ service provider on a monthly basis. The centre manager has also update the management team's daily</p>	

checklist to ensure the risk register is reviewed on a daily basis, to ensure full oversight by the management team.

All couples that have been identified to be sleeping on single beds pushed together have since been added to the centre's live risk register which the centre management team and service provider are committed to reviewing to ensure their privacy and dignity is fully protected and promoted. The centre manager and management team are consulting with all couples on their sleeping arrangements. All couples have been asked whether they would like their sleeping arrangements to be reviewed. Once final feedback has been received from the identified couples, the centre manager and service provider will develop a costing and procurement budget and implement the necessary sleeping arrangement adjustments for the identified couples.

The centre manager has since notified the group operations manager and service provider of the consultations that are taking place with the residents in relation to their sleeping arrangements. The centre manager and service provider are committed to reviewing the identified residents' sleeping arrangements to ensure their privacy, dignity and choices are fully promoted and protected in the centre.

4.9

Partially Compliant

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

We provide an additional weekly allowance adjusted for family size. Please note this allowance is in addition to the family's weekly grocery points payments. This allows families more control and independence in purchasing the necessary items for their families.

The provision of nappies and wipes has since been reviewed to ensure all families receive an appropriate amount of nappies and wipes that is in line with the national standards for the provisions of non-food items in accommodation centre's. Nappies and wipes have been provided weekly to those families that require them since the inspection.

The centre management team will continue to freely provide contraception, sanitary provides and covid testing kits to all residents in the centre in a way that ensure the residents privacy and dignity is fully promoted and protected.

The centre management team will continue to monitor the residents' needs and address any concerns that arise |

6.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The centre manager and service provider are committed to ensuring the privacy and dignity of all families in the centre is fully protected and promoted. The centre manager and duty managers have since reviewed the sleeping arrangements of all families within the centre.</p> <p>All identified risks relating to siblings sharing bedrooms with siblings of the opposite gender or a parent have been identified and assessed by the centre manager. There were no siblings sharing beds in the centre at the time of the inspections as the centre management team ensure all children have their own bed. The risk register has been updated to fully represent the identified apartments following the inspection. The centre manager is committed to assessing these identified risks and to transferring the identified families to more appropriately sized apartments should they become available within the centre.</p> <p>IPAS are aware of the family set up and configuration of the centre’s apartments and bedrooms prior to knowingly transferring families to the centre.</p> <p>The centre management team will continue to consult with all families on a weekly basis during apartment checks when the resident consultation form is being completed and monthly in the residents committee meetings with managers in the centre.</p>	
7.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The centre manager received an updated IPAS transfer policy for medical appointments 2 days prior to the inspection and has since reviewed the policy and is committed to making all residents in the centre aware of the contents of the policy.</p> <p>The centre manager and duty managers are committed to assisting all residents with any queries they have with this policy and to assisting them in obtaining transport to and from medical appointments that are not in the local area.</p> <p>This policy was given to the inspectors prior to the completion of the inspection and the policy has been put into practice in the centre since the week ending 6<sup>th</sup> October 2024.</p>	

8.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The centre manager and service provider are committed to carrying out a comprehensive review of all records of adverse events and incidents that have occurred in the centre.</p> <p>Going forward, all records of actions taken, recommendations from centre management teams and external support services i.e. Tusla, IPAS, HIQA and the decisions made will be recorded as an additional section to the existing resident welfare logs, incident reports and general resident files as well as being recorded on the centre’s daily handovers until they have been escalated, managed and a decision made on each individual case.</p> <p>The centre manager and centre staff are committed to establishing a more in-depth recording system to ensure all incidents and adverse events are consistently recorded in a manner that allows them to be reviewed effectively.</p> <p>The centre manager with support from the group operations manager is committed to reviewing all resident welfare logs to ensure the correct and appropriate categorization and management of each resident welfare log has occurred, and to making the appropriate updates to ensure all records are based on relevant and accurate information and are recorded effectively to enhance the quality and care for all residents.</p>	
10.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The service provider is committed to reviewing the reception officer policy and procedure manual in consultation with the dedicated reception officer when a reception officer has been recruited within the company.</p>	

10.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The service provider is committed to recruiting a dedicated reception officer, who is suitably qualified to support all residents in the centre, especially those residents with special reception needs.</p> <p>In the absence of a dedicated reception officer the centre manager is committed to continuing to accommodate the services of a trained psychologist from ADVIC counselling services who is in constant contact with residents in the centre, offering both in person and online support to residents.</p>	

## Section 2:

### Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Partially Compliant	Orange	01/12/2024
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	01/12/2024
Standard 2.4	Continuous training is provided to staff to improve the	Partially Compliant	Orange	31/01/2025

	service provided for all children and adults living in the centre.			
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	31/12/2024
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.	Partially Compliant	Orange	31/12/2024
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.	Partially Compliant	Orange	30/11/2024
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Partially Compliant	Orange	31/12/2024
Standard 7.2	The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to	Partially Compliant	Orange	06/10/2024

	residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport.			
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	01/12/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	31/01/2025
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.	Not Compliant	Red	20/12/2024

