



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

Name of the Centre:	Hanratty's Hotel
Centre ID:	OSV-0008435
Provider Name:	Birch Rentals Ltd.
Location of Centre:	Co. Limerick
Type of Inspection:	Unannounced
Date of Inspection:	26/09/2024
Inspection ID:	MON-IPAS-1056

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 Service³. 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 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

Hanratty's Hotel is an accommodation centre located in Limerick city. The building dates back to 1820. In 2010 it was developed as an accommodation centre to provide support to international protection applicants. The building contains 48 bedrooms, all of which have en-suite bathroom facilities, and at the time of the inspection accommodated 95 residents.

The building comprises four storeys over a basement. The kitchen and a shop are on the basement floor, the laundry room is on the ground floor and bedrooms on the upper floors. In addition there is a reception area, a dining space, a communal kitchen area with individual cooking stations and a well-stocked shop that residents used points to purchase items with. There is also a television room, visitor room, and meeting or study rooms.

The centre was managed by a centre manager who reported to members of the executive team, and was staffed by a deputy manager, kitchen manager, general support staff, cleaning staff and shop assistant.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	100
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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)
26/09/2024	09:30hrs-19:45hrs	1	1

What residents told us and what inspectors observed

The inspectors found, through conversations with residents, a review of documentation, and observations made during the inspection, that the residents of Hanratty's Hotel were receiving good supports from the staff team and service provider. However, the inspectors found areas for improvement, particularly in enhancing an understanding of the responsibilities outlined in national standards and in the development of internal systems for the oversight and monitoring of the service provided.

This was an unannounced inspection and on arrival at the centre the inspectors entered through a side entrance which had an electronic keypad on the entrance door and closed circuit cameras (CCTV). The inspectors met the office administrator who directed the inspectors to the centre manager. The inspectors had an introduction meeting with the centre manager and then completed a walk-through of the building.

The building comprised four storeys over a basement. The kitchen and a shop were on the basement floor, the laundry room was on the ground floor and 48 bedrooms on the upper floors. The bedrooms in the centre had a maximum of four residents sharing and the majority were two and three residents sharing at the time of the inspection. Each room had an en-suite with a shower and toilet and there were communal bathrooms on the ground floor also.

This was the second inspection of this centre by HIQA. The centre manager had overseen a programme of renovations to improve the physical environment and living conditions for residents since the previous inspection. The centre had been painted both inside and out and had new carpet tiles fitted on the ground floor. A new door had been fitted to the kitchen store room and the resident's kitchen had been deep cleaned. The facade of the building was much more inviting and was in keeping with the surrounding buildings.

The primary function of the centre was to provide accommodation to international protection applicants and it catered for single males. The centre manager informed the inspectors that approximately four of the residents had received refugee or subsidiary protection status. Due to the lack of alternative accommodation options available to residents, they were unable to avail of private accommodation options.

The residents had a communal dining area with seating for 18 individuals; the inspectors were informed that a lot of residents took their evening meal to their bedrooms and most residents ate at different times so the space was adequate. The dining area had been painted and freshened up and looked much more inviting for residents. The residents said they were very happy with the communal kitchen which had six cooking bays and a specific cooking bay which accommodated cooking pork,

which was in line with some residents' cultural and religious beliefs. The kitchen facilitated the Ramadan period in that it remained open 24 hours per day during this time. There was a separate laundry room on the ground floor which had five washing machines and five tumble dryers. Resident rooms were inspected each week and residents could leave out their bed linen for washing and replacement. They could request fresh bed linen and towels when they were required.

In order to fully understand the lived experience of the residents, the inspectors made themselves available to the residents over the course of the inspection. Residents' views on the service were gathered by inspectors through various methods of consultation, including discussion, observations and a review of documents. The inspectors engaged with 12 residents and it was noted that overall, they were very satisfied with the support they received and stated that they were treated with respect. Overall, the feedback from residents was positive and they said they were happy in the centre and they liked the fact that they could cook meals of choice in line with their cultural needs and religious beliefs.

Although the centre didn't provide transport, residents benefited from the convenience of having local transport services nearby. The centre had easy access to shops, restaurants, and health services, and leisure facilities such as sports grounds were also within easy reach.

There was information displayed in the reception area on notice boards from various support services and external agencies. For example, there was guidance available from the Irish Refugee Council and there was guidance on making complaints, alongside resources from the Health Service Executive and The McVerry Trust Housing Clinic. The noticeboard also provided important information for residents about their rights and entitlements. There was also information regarding employment locally which residents could apply for.

In summary, by closely observing daily life and interactions within the centre and engaging with residents, it was evident that residents were treated with respect and their opinions and feedback were used to inform practices in the centre. However, there were improvements required in relation to monitoring and audit systems to ensure the residents received a consistently good service and that this was maintained to a high standard. The observations of the 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 the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This was the second inspection of Hanratty's Hotel by HIQA. The inspection found that the service was well managed on a day-to-day basis and had a committed management and staff team in place, but some improvements were required to ensure there was effective governance and oversight of the service. Key areas for improvement which were identified related to record keeping, risk management and the ongoing monitoring of service provision.

The inspectors found that the centre management team had improved in their understanding of the legal and policy framework governing service operations, encompassing relevant legislation, national policy, and national standards, which enhanced their effectiveness in their roles. There was a strong commitment from the centre management team to enhance their knowledge further and embed a culture which strove for sustained compliance.

The service provider had a clear governance structure in place. The centre was managed on a daily basis by a centre manager and deputy managers who reported to the director of services. While the governance arrangements were clear, there were deficits in the oversight practices of the centre. The provider had developed an 'Infrastructure Quality Improvement Plan' which provided clear guidance in terms of the building upgrade and improvement. However, an overall quality improvement plan was required to include the supports provided to residents. The provider's compliance plan actions from the previous HIQA inspection had not been fully addressed. For example, a reception officer had not been employed since the previous inspection.

Although the centre management had completed a self-assessment of their performance against national standards, they needed to develop their level of understanding of the areas for improvement within the centre. While completing a self-assessment was a positive step, there was no measurable system in place to drive improvement on a rolling basis. For example, there was an absence of a comprehensive audit framework where the self-assessment identified areas for improvement were tracked. On a positive note, the provider was proactive in promoting learning and development across the service and was committed to implementing change.

Inspectors were provided with a suite of policies which were aligned with the requirements of the national standards. However, not all policies were implemented by the service provider. By way of an example, the recruitment policy stated that a risk assessment would be completed where an international police check could not be

obtained for staff member. Inspectors found that risk assessments had not been completed in relation to three staff to whom this aspect of the policy applied.

There was a complaints policy and process in place and a template to record complaints, however, some of the records did not indicate how the complaint was resolved or if the complainant was satisfied with the resolution. The complaints officer's details were highlighted on the residents' noticeboard.

The service provider had a system in place to record and report on incidents that took place within the centre. While incidents were logged and addressed through the appropriate pathways, there was no incident review and learning evident. A forum for reviewing, trending and facilitating learning from adverse events was required to reduce the likelihood of incidents reoccurring and to consistently promote the safety and wellbeing of residents.

The service provider had formal arrangements in place to actively seek the views of residents in the form of a survey and group meetings. While this was a positive finding, the inspectors found that this engagement strategy could be improved by ensuring that the views of residents informed staff practice and support quality improvement initiatives. Other forms of engagement were conducted on an informal basis and were not recorded, which was a missed opportunity to ensure the views of residents were heard and acted upon. While residents reported that they had very positive relationships with staff members and they felt listened to, development of the centre's engagement strategy would be of further benefit to residents on a sustained basis.

The provider had prepared a residents' charter which clearly described the services available, and this document had been made available to residents. The charter was discussed with residents during their induction meeting at the centre. This ensured that residents had accurate information regarding the services provided to them.

The service provider had a risk management policy and critical incident policy in place, and had developed a risk register. However, some of the risks on the register were generic and not centre specific. By way of an example, while comforting to know, the provider had risk assessed areas such as presence of asbestos, but asbestos was not present in the building. Conversely, the provider had not identified risks associated with residents with special reception needs or medical-associated risk which were highlighted verbally by staff and residents, as a risk in the centre.

The service provider had a contingency and emergency preparedness plan in place for scenarios including a flood, the outbreak of a fire, outbreak of an infectious disease, and should a staff shortage occur. Residents were informed about fire drills and emergency protocols were detailed on notice boards in the centre. Fire evacuation

routes and exits were clearly marked and there was appropriate fire detection, alarm and emergency lighting systems in the centre.

From a review of centre records, the inspectors found that two staff members did not have an up-to-date Garda vetting disclosure on file and three staff members who had resided outside of the country prior to their employment did not have an international police check completed. While a policy was in place, it was not supplemented by a risk assessment for positive disclosures identified through their vetting process, or to risk assess staff members whom they were unable to attain vetting for.

The inspectors reviewed a sample of personnel files and found that there was an effective performance management and appraisal system in place. The centre manager explained that new staff members participated in appraisal meetings during their probationary period while all other staff members received an appraisal annually.

The service provider had ensured that accurate personnel files were held securely and included role profiles and contracts for each staff member. In addition, the service provider had developed a supervision policy which had recently been implemented. This ensured all staff members received regular formal supervision to support them to effectively carry out their roles and be held to account for their individual practice.

The inspectors completed a review of the training records and found that the staff team had received safeguarding of vulnerable adults training, but half the staff team had not received Children's First training, and a training needs analysis had not been completed by the provider with a subsequent training plan developed.

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.

There were mixed levels of non-compliance with the national standards identified during this inspection and improvements were required across a number of areas including in the development of monitoring systems and implementation of policies.

Judgment: Substantially Compliant

Standard 1.2

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

There was effective management of some key areas of service provision including recording and reporting of incidents and maintenance issues. The service provider had governance arrangements in place that set out the lines of authority and accountability and detailed responsibilities for areas of service provision. However, the internal management structure did not include a reception officer and there was an absence of effective monitoring systems to ensure good oversight and management of risk and staff vetting.

Judgment: Partially Compliant

Standard 1.3

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

The service provider had a residents' charter in place which was available to residents and was displayed prominently. It outlined how new residents were welcomed, the name and role of staff members in the accommodation centre and how the centre met the needs of children and adults in the centre. The residents' charter also included how each individual's dignity, equality and diversity was promoted and preserved and how all residents were treated with respect. There was information available on the complaints process, how the service provider sought the views of the residents, the code of conduct, and about how residents' personal information would be treated confidentially.

Judgment: Compliant

Standard 1.4

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

There were deficits in the systems for the monitoring of the quality of care and experience of adults and children living in the centre. The provider had identified several issues as part of the self-assessment process, however, there were areas that had not been identified and incorporated in an audit framework. Views of residents were sought

but the centre did not demonstrate how they contributed to improvement initiatives. The provider was committed to ensuring that arrangements were put in place to evaluate and manage the safety and quality of the service.

Judgment: Substantially Compliant

Standard 1.5

Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.

Management consulted residents on their views and facilitate them to participate in decisions which affected them. The provider had initiated a residents' committee and meetings of this group had occurred and further meetings were planned. The provider outlined a plan to further consult with residents through a questionnaire or survey. The residents informed the inspectors that they had regular informal discussions with staff and felt listened to.

Judgment: Compliant

Standard 2.1

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

On review of documentation, the inspectors found that while the provider had a Garda vetting disclosure in place for eight out of 10 staff members. While efforts were made to have Garda vetting completed for two remaining staff members this was not achieved. There was no evidence that the provider had notified the relevant government department of the vulnerabilities of the residents within this centre and their relevance to the requirement for Garda checks to be completed for all staff. The provider had failed to obtain international police checks for three staff members who required them. A staff appraisal system had been developed by the provider and had been implemented.

Judgment: Not Compliant

Standard 2.2

Staff have the required competencies to manage and deliver person-centred, effective and safe services to children and adults living in the centre.

The service provider had ensured there were appropriate numbers of staff members employed in the centre with regard to the number and needs of the residents and the size, layout and purpose of the service. The service provider had ensured that the staff team had the necessary experience and competencies to deliver person-centred support to the residents and to meet the individual needs of residents.

Judgment: 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 provider had recently developed a system for the supervision of staff, which they had begun to roll out to the staff team. There was a schedule in place for the remaining staff members to receive supervision. The provider had developed a supervision policy and was implementing this in practice. The inspectors noted that staff members demonstrated a good understanding of their roles and responsibilities in promoting and safeguarding the welfare of all residents. Staff members spoken with said they felt supported by the centre manager and deputy managers.

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.

Training was provided to staff including safeguarding of vulnerable adults although Children's First training had only been provided to 50% of the staff team; this was contrary to the provider's own policy on staff training. A training record was kept of all training which had been completed however a training needs analysis had not been completed. Members of the management team had received additional training in areas such as indicators of human trafficking and conflict resolution but had not completed supervision training.

Judgment: Partially Compliant

Standard 3.1

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

The service provider had developed a risk register for the centre, however, a number of risks the inspectors observed had not been identified on the risk register such as risks relating to residents' mental health. Some other risks that were noted on the risk register were not applicable to the centre. The provider had not completed a risk analysis of the service and therefore the risks identified were general risks and not person specific risks.

Judgment: Partially Compliant

Quality and Safety

This inspection found that despite the dedication of the service provider and centre managers to deliver a consistently good quality and safe service which met the needs of all residents, this was not fully achievable within the context of the current governance arrangements and absence of a robust risk management framework and fully effective management systems.

The inspectors reviewed the procedure for allocating rooms to residents at the centre and it was noted that allocation was primarily determined by residents' needs and guided by the provider's newly developed policy. Upon residents' arrival, the centre's manager and staff team made allocation decisions based on the information available to them at the time. They endeavoured to fulfil residents' needs by placing them in the most appropriate accommodation. The inspectors found that factors such as health needs were taken into consideration, with residents who had specific health needs being given individual rooms, where possible. In cases where immediate accommodation matching residents' needs wasn't possible upon admission, the centre manager kept track of vacancies and relocated residents to more suitable accommodations once available. The allocation policy ensured that there were clear and transparent criteria considered when making decisions regarding apartment allocation.

The inspectors found that bedrooms in the accommodation centre were clean and well maintained. The rooms were appropriately furnished and there was adequate space in line with requirements of the national standards. Since the previous inspection the centre had been renovated and this was found to be a very positive improvement. The living and sleeping accommodation provided a good quality living environment for residents.

Closed-circuit television (CCTV) (visual) was in place in the communal and external areas of the centre and its use was informed by data protection legislation and centre policy. Security arrangements were in place and there was adequate checks of people entering the building. There were no unnecessary restrictive practices in use in the centre.

The centre offered Wi-Fi internet access throughout the buildings which supported residents who were studying. The service provider was proactive in meeting the educational needs of residents and offered support for those who had returned to education. The service provider was also very aware of the need for health supports and there was a healthcare service available for residents locally; assistance was also offered to access screening and vaccination clinics.

The communal kitchen was equipped with fridges, freezers, microwaves, toasters, kettles and pots and pans for the residents to cook and prepare food with. The inspectors observed residents cooking foods specific to their culture during the inspection and they were happy to have the opportunity to maintain their cultural traditions.

Residents were provided with bedding, towels and non-food items on arrival to the centre. The management team explained that toiletries including toothpaste, shampoo and shower gel would be supplied on an ongoing basis free of charge.

Through discussion with staff members and speaking with residents, the inspectors found that the general welfare of residents was well promoted and any concerns raised by residents were effectively dealt with. Residents informed the inspectors that they were treated with respect and spoke well of the management team. Residents were encouraged to be independent and autonomous while receiving the necessary supports. The centre manager informed the inspectors that residents' rights were promoted in the centre and there was documentary evidence that rights and entitlements were discussed with residents as part of an induction to the centre.

Residents were supported and facilitated to maintain personal and family relationships and they were encouraged to receive visitors. The inspectors observed visitors coming and going on the day of inspection.

A child safeguarding statement was in place in the centre along with a national policy on child protection and welfare. The service provider had ensured there was an adult safeguarding policy in place and staff members had completed safeguarding of vulnerable adults training, however, 50% of the staff team had not completed Children First training. Although there were no children living in the centre at the time of inspection, the provision of child protection training to staff members would ensure the provider was prepared for any change in the centre's population. The service provider had ensured that adult safeguarding concerns were identified and addressed in line with national policy and legislation. No adult safeguarding concerns had been reported, and residents informed the inspectors that they felt safe living in the centre. The service provider had appointed a designated officer for the service and their contact details were listed on a notice board at reception. The service provider had policies in place for the management and reporting of incidents and the centre manager was committed to developing a system to review and learn from such events.

The service provider endeavoured to promote the health and wellbeing of residents and links with local services were established and maintained where required. Residents were referred to mental health services where necessary and information about support services was made available. The inspectors found that the provider did not have a substance misuse policy to support staff in responding appropriately to substance misuse issues in the centre.

The service provider had established a policy to identify, communicate and address existing and emerging reception needs. However, at the time of the inspection a dedicated reception officer, who had the required skills and experience, had not been employed to fulfil the role. A vulnerability assessment had been developed to identify residents with special reception needs, although the supports offered to residents were informal and limited records were maintained to effectively address and track these needs. When the staff became aware of special reception needs, they made arrangements to assist individual residents in accessing the required services.

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 provider had a policy and procedure for allocation of rooms to residents. Rooms were allocated having regard to the needs of the residents including health conditions, familial links, and cultural, linguistic and religious backgrounds. Residents with whom the inspectors spoke stated they were happy with this approach and that the provider was accommodating in this regard.

Judgment: Compliant

Standard 4.2

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

The service provider had ensured that the accommodation for residents was of a good standard. Since the previous inspection, the provider had repainted the centre, replaced carpet tiles and replaced a kitchen store room door. The rooms in general were homely and well maintained.

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.

There was a laundry room in the centre which was clean and well maintained, and contained adequate number of washing machines and tumble dryers to meet the needs of residents. All equipment was observed to be in working order and there was appropriate access to cleaning materials and laundry detergent. Residents consulted with were happy to maintain their independence in relation to laundry and cleaning.

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 found that the service provider had implemented suitable security measures within the centre which were deemed proportionate and adequate and which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre and was monitored in line with the service provider's policy.

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.

This inspection found good practice in relation to the provision of appropriate non-food items. Residents received two sets of bed linen and towels on arrival at the centre. Residents were provided with the necessary utensils and equipment in the kitchens to allow them to live independently.

Judgment: 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 self-catering options for residents where they could cook foods of choice and culturally sensitive meals. There were storage facilities available for residents' food and the kitchen facilities included an ovens, cookers, microwaves, fridges, freezers, hot water and space for preparing and eating meals.

Judgment: Compliant

Standard 5.2

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

Residents could order food of choice through a points system and cook meals which reflected their religious and cultural beliefs and also dietary, nutritional and medical requirements. The kitchen was open 24 hours per day during religious feasts to facilitate residents to practice their religious and cultural traditions.

Judgment: Compliant

Standard 6.1

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

The inspectors found that the provider promoted the rights of the residents and they were treated with dignity, respect and kindness by the staff team employed in the centre. The staff team provided person-centred supports which met the needs of the residents. Equality was promoted in the centre in terms of religious beliefs, sexual orientation, gender and age.

Judgment: Compliant

Standard 7.1

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

Residents were supported to develop and maintain personal relationships and they could invite family and friends to visit them in the centre. The family unit was respected in the centre and privacy and dignity were promoted.

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 service provider facilitated residents to have appropriate access to local recreational, educational, medical, health and social care services. External agencies attended the centre to offer support and advice around education, training, employment and local services. The centre was located in the city where there was access to public transport links while some residents had their own vehicles.

Judgment: Compliant

Standard 8.1

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

The inspectors reviewed all incident records for the centre and noted that there was an effective reporting and recording system in place for adult safeguarding concerns. Residents were aware of, and were actively supported to engage with, the complaints process. Residents reported feeling safe living in the accommodation centre.

Judgment: Compliant

Standard 8.3

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

There was a system in place to report and notify all incidents and serious events which occurred in the centre. Policies and procedures were in place to ensure the timely reporting, response, review and evaluation of adverse incidents and events. The service provider did not have a system in place to review adverse events for the purpose of learning and informing practice.

Judgment: Substantially Compliant

Standard 9.1

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

The service provider promoted the health, wellbeing and development of each resident. The staff team provided person-centred support that was appropriate to the needs of residents. The service provider had engaged with community healthcare services and facilitated residents to access a local general practitioner.

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.

The provider ensured that any special reception needs notified to them informed the provision of accommodation and delivery of supports and services for residents. Residents received information and referrals to relevant external supports and services as necessary. While these supports were person-centred, they were offered informally and there was limited records maintained of special reception need requirements.

Judgment: Substantially Compliant

Standard 10.2

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

While staff members had not received specialist training to identify and respond to the special reception needs and vulnerabilities of residents, they were responsive to residents need and person-centred in their approach. The manager and deputy manager had received some training in special receptions needs.

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 service provider had a policy in place to identify, address and respond to existing and emerging special reception needs, although it was not comprehensive and required review. There was also a need for the development and implementation of a formal recording system to ensure that the special reception needs of residents could be appropriately responded to and monitored. Given the number of residents identified with special reception needs, for example complex mental concerns, there was a need for suitably vetted staff members to be employed by the provider.

Judgment: Not Compliant

Standard 10.4

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

The centre did not have a reception officer employed in the centre but were actively recruiting for this role. Residents were linked with the appropriate healthcare services within the local community by the centre manager. A guidance manual and vulnerability assessment had not been developed to support the identification of special reception needs and to enable the reception officer to become the principal point of contact for residents, staff and management.

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
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Substantially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
Standard 1.5	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Not Compliant
Standard 2.2	Compliant
Standard 2.3	Compliant
Standard 2.4	Partially 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 4.2	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant

Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	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 8.3	Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Substantially Compliant
Standard 10.2	Substantially Compliant
Standard 10.3	Not Compliant
Standard 10.4	Not Compliant

Compliance Plan for Hanratty's Hotel Accommodation Centre

Inspection ID: MON-IPAS-1056

Date of inspection: 26 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
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ol style="list-style-type: none">Hanratty House shall recruit for the position of Reception Officer to fulfil the requirements detailed in the National Standards. The recruitment process is underway, and the position has been advertised on various platforms. Responsibility: Centre Manager To be completed by: 30/11/2024Implement an effective and efficient audit programme. The National Standards shall provide the framework for the audits and shall encompass:<ul style="list-style-type: none">Documentation Review - Including policies and procedures, records, meeting minutes, system evaluations, etcProcess Observation - Including policy and procedure adherence, governance, risk management etc.Staff Interviews - Including discussions re processes, issues, records, management, etc. <p>A Quality Improvement Plan which identifies SMART actions shall be developed following each audit which will be carried out as per the internal audit schedule. Actions will be appropriately allocated to key team members for review, close out and ongoing monitoring.</p>	

Responsibility: Centre Manager
To be commenced by: 01/11/2024

2.1 Not Compliant

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

1. Garda vetting to be completed for the two remaining staff members, in the interim, relevant staff members will be risk assessed.

Responsibility: Centre Manager
To be completed by: 30/11/2024
2. International police checks to be completed for the three staff members who require one.

Responsibility: Centre Manager
To be completed by: 30/11/2024
3. RW-003 Recruitment Policy and Procedure has been updated to include that:
 - A risk assessment shall be completed by Hanratty House where an international police check cannot be obtained for a staff member.
 - A risk assessment shall be completed where a positive disclosure is received through the vetting process.
Responsibility: Centre Manager
To be completed by: 06/11/2024

2.4 Partially Compliant

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

1. Training Needs Analysis to be completed. This will be reviewed going forward and annually at a minimum.

Responsibility: Centre Manager
To be completed by: 31/01/2025
2. All staff to complete Children First Training.

Responsibility: Centre Manager
To be completed by: 30/11/2024
3. Management to complete supervision training to enable them to supervise staff so they can perform their duties to the best of their ability.

Responsibility: Centre Manager
To be completed by: 20/12/2024

3.1

Partially Compliant

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

1. Risk Register to be reviewed and updated to include risks observed by inspectors during the inspection, all risks which are not applicable to the Centre shall be removed.

Responsibility: Centre Manager
To be completed by: 15/11/2024

2. Hanratty House shall ensure that where specific risks are identified for individual residents, the Reception Officer, in conjunction with the resident, shall complete an Individual Risk Assessment and Plan. The Individual Risk Assessment and Plan shall detail the specific risks, the current controls in place and the additional controls required to support the resident within the Centre.

Responsibility: Centre Manager
Commenced: 31/01/2025

10.3

Not Compliant

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

Please refer to actions detailed in Standards 1.2 and 2.1.

1. IARS-001 Responding to Special Reception Needs Policy and Procedure has been reviewed to ensure Hanratty House has an appropriate mechanism in place to identify and respond to special reception needs and vulnerabilities.

Responsibility: Centre Manager
To be completed by: 06/11/2024

2. The 'Resident Profile' form utilised has been reviewed and expanded to ensure insofar as possible, all necessary information relating to the resident's physical, psychological, economic and social care needs is obtained, with a view to identifying and responding to any vulnerabilities and related special reception needs.

Responsibility: Centre Manager
Commenced: 06/11/2024

3. A Resident Profile tracker will be implemented to ensure each resident is supported in the development of a Resident Profile and corresponding Individual Risk Assessment and Plan where appropriate. The tracker shall be utilised also to ensure that where vulnerabilities or special reception needs are identified, these are monitored on a regular basis.

Responsibility: Centre Manager
Commenced: 30/11/2024

4. The vulnerabilities and special reception needs of residents shall be reviewed on an ongoing basis as part of the Management Team meetings, with due regard for the resident's right to confidentiality. This shall include any open actions or pending supports as identified within the Resident Profile document or the Individual Risk Assessment and Plan.

Responsibility: Centre Manager
Commenced: 30/11/2024

10.4

Not Compliant

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

Please refer to actions detailed in Standard 1.2 and 10.3.

1. A Reception Officer Procedure Manual shall be developed and made available to residents in an accessible format.

Responsibility: Centre Manager
To be completed by: 30/11/2024

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 1.2	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	30/11/2024
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	30/11/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Partially Compliant	Orange	31/01/2025
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	31/01/2025

Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	30/11/2024
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.	Not Compliant	Red	30/11/2024