



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

Name of the Centre:	The Hazel Hotel
Centre ID OSV:	OSV-0008454
Provider Name:	Horizon House Group
Location of Centre:	Kildare
Type of Inspection:	Announced
Date of Inspection:	24/01/2024 and 25/01/2024
Inspection ID:	MON-IPAS-1004

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

The Hazel Hotel is an accommodation centre located outside of the town of Monasterevin, Co. Kildare. The building contained 35 bedrooms, all of which had en-suite bathroom facilities, and at the time of the inspection accommodated 95 residents. This included seven rooms that were designated for use by families, and 28 rooms used to accommodate adults.

The centre further comprised a large reception, a spacious dining area, a communal kitchen area with individual cooking stations and a well-stocked shop that residents used points to purchase items with. There was also a social room with gym equipment, three meeting/study rooms, a multi-faith prayer room, a laundry room and a large play room for children. The external areas of the centre had a football pitch, basketball court and children's play area.

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

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	95
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

The inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
24/01/2024	09:30-17:10	Amy McGrath	Lead Inspector
24/01/2024	09:30-17:10	Una Coloe	Support Inspector
24/01/2024	09:30-17:10	Bronagh Gibson	Support Inspector
25/01/2024	09:00-14:10	Amy McGrath	Lead Inspector
25/01/2024	09:00-14:10	Una Coloe	Support Inspector
25/01/2024	09:00-14:10	Bronagh Gibson	Support Inspector

What residents told us and what inspectors observed

The inspection found that residents were supported in a person-centred manner that endeavoured to uphold their rights and to provide comfortable and safe accommodation. Residents were well consulted and it was evident their feedback influenced practice in the centre. Staff supported residents to integrate into the local community and to avail of services and facilities in the area to meet their needs. Overall, while there were some improvements required to optimise some of the governance and management systems and the safeguarding arrangements in the centre, it was clear that the provider was motivated to provide a high-quality service to residents.

The inspection took place over the course of two days. Inspectors met with the service provider representative, the centre manager (acting in an interim capacity), and five staff members including; reception staff, shop assistants and cleaning staff.

The Hazel Hotel accommodation centre was located on a main road on the outskirts of the town of Monasterevin. It was a large building that previously operated as a hotel. This was reflected in some of its facilities, for example there was a large parking area to the front, a spacious dining room and a large reception area. Inspectors completed a walk-around of the centre and observed it to be spacious, well-utilised by residents and clean. It was evident that both the interior and exterior of the building required updating and general maintenance, including redecoration and some renovation. The provider had a plan in place for this, which is discussed later in the report.

The centre accommodated 95 residents across 35 bedrooms. All of the bedrooms had an en-suite bathroom with shower facilities. There were seven rooms utilised by families with children, with a maximum occupancy of seven people in one family room. All other rooms were occupied by single adults with a maximum occupancy of three people in one room.

Inspectors observed many of the facilities in use throughout the centre over the course of the inspection. It was noted that the use of one of the social rooms to manage a health and safety issue was not in accordance with the planned room configuration and meant that a private room was not available for residents who required one for the short term, for example, in times of ill-health.

Residents' views on the service were gathered by inspectors through various methods of consultation, inspector observations and a review of documents. Inspectors met with 25 residents, including two children. One resident completed a resident questionnaire. Inspectors also observed a residents' meeting that was scheduled to take place on the first day of the inspection, which was well attended and managed.

Residents who spoke with inspectors said that they were happy with the facilities and the accommodation. Most residents said that they felt safe living in the centre. They also said that the centre manager and staff were approachable and that they felt comfortable raising any concerns with them. Some residents told inspectors that they did not always feel safe in the centre; this was despite efforts made by the provider to address issues that put specific residents at risk. These issues are discussed further later in the report.

Residents who met with inspectors were complimentary of the kitchen facilities and said they were always clean and that they rarely had to wait for a space to be available. The provider was installing six new cooking stations in a smaller kitchen area to enhance cooking facilities for residents. There was also a cooking station installed that was accessible to residents who use a wheelchair. This was discussed at the residents meeting observed by inspectors. Some residents commented that the on-site shop was well stocked and said that staff ordered specific items if they were asked.

The centre was located a short distance from the nearest town and most residents spoken with said they walked there when they needed to. There was transport provided by a third party to children to travel to and from school. Some residents said that they would benefit from transport being provided at times to travel to appointments or in the case of emergencies as the bus service was infrequent and not very reliable. For example, one resident was spending a large proportion of their weekly payment to travel to and from hospital appointments.

Inspectors were invited to see a number of resident bedrooms. Most bedrooms that accommodated single adults had two or three residents sharing. Where there were two people in a bedroom, it was found that residents had sufficient space for their personal items and were able to maintain a clean and tidy living space, notwithstanding it was not their own private room. Residents said they were happy with the space and facilities in their room, although some residents (who shared with two others) mentioned they felt three people in one room was too many to share, particularly in relation to sharing of bathroom facilities.

General observations throughout the inspection indicated that residents were comfortable and secure in this accommodation centre. They appeared relaxed in the company of staff and engaged in small talk when they were arriving or leaving the centre. Inspectors saw residents asking staff members to speak with them privately on occasion and this was facilitated in a prompt and friendly manner.

The observations of inspectors and the views of residents outlined in this section are generally reflective of 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 first inspection of The Hazel Hotel accommodation centre by HIQA. The inspection found that there was a governance and management structure in place that, while underdeveloped, had some reporting and monitoring systems which aimed to promote a person-centred service for residents.

Prior to the inspection, the centre manager and the provider had conducted a review of the governance and management systems in place in the centre and identified some areas that required improvement in order to fully comply with the national standards. This had resulted in a range of quality improvement initiatives and a review of relevant policies and procedures. While some of these measures were still in early stages of implementation, and in some cases, required further review, it was evident that they had contributed to some positive changes to the way in which the centre was managed and in relation to risk management procedures.

Residents had information provided to them that supported them to give feedback and to make a complaint where necessary. It was noted that residents' complaints were acknowledged, and that the centre manager endeavoured to address them. However, it was not always evident that the centre manager had determined if the complainant was satisfied with the response. Improved record keeping, particularly in relation to monitoring the outcome of complaints, was necessary to provide effective oversight of the complaints procedure.

Further improvements to the management systems, particularly in relation to incident management and risk management, were required to ensure that all aspects of the service were effectively monitored. At the time of inspection there was a draft risk management policy in place. There were some risk management measures that were being trialled with a view to further informing the overall approach to risk management.

There was a risk register in place that outlined some of the risks identified to residents and the measures in place to manage them. This needed to be further expanded to include known health and safety risks, for example, risks associated with fire safety. Additionally, it was noted that reports of incidents and accidents needed to be more fully and accurately recorded to ensure that the risk register and corresponding risk assessments were based on up-to-date and relevant information.

The centre was staffed by a team of general assistants, cleaning staff and shop-assistants. There were also maintenance staff available when required. A review of staff files found that the provider had received a Garda Vetting report for all staff members. Staff had each completed training in areas such as child protection and fire safety. While

staff were found to be responsive to residents' general needs as they arose, enhanced training and clarity regarding their roles was required to ensure that planned changes and quality improvements could be fully implemented and well embedded. The provider confirmed at the time of inspection that there were plans in place to carry out a training needs analysis to inform future training plans.

While the centre manager met with staff members regularly, these meetings were not minuted, and individual staff supervision plans were required to support staff development and ensure professional accountability.

There was a management structure in place that oversaw the operation of the centre. The centre manager reported to the executive team and managed the staff team in the centre. There was no dedicated reception officer employed in the centre, and therefore the senior management team did not include this post.

At the time of inspection, due to a staff absence, the centre manager role was being fulfilled on an interim basis by a member of the senior management team, whose substantive post was compliance manager for this and two other centres. It was not clear when the designated centre manager would return to the centre. While the role of centre manager was being fulfilled to a good standard, the appointment detracted from the time available for the person to fulfil their role as compliance manager. A full-time, designated centre manager was required to ensure that all managerial posts were being fulfilled in line with the governance structure. This was required to ensure that adequate oversight measures and suitable lines of accountability were in place.

The provider had prepared a residents' charter that clearly described the services available to residents, however it had not been finalised at the time of inspection and as such had not been made available 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 provider had taken various steps to operate the centre in compliance with relevant legislation, regulations and national standards. The operational management of the centre had undergone changes in an effort to meet the requirements of the national standards. While the systems in place were found to promote the welfare and dignity of residents, inspectors found that there were some areas in which further work was required to fully meet the standards, particularly in relation to safeguarding arrangements and risk management.

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.

While there was a clear governance structure in place within which the centre manager reported to the executive team, it was found that due to temporary staff absences, the role of the centre manager was being fulfilled by a staff member who also held another role as a senior manager. The temporary centre manager had been fulfilling the role to a good standard, however it did reduce the time available for them to carry out their role as compliance manager (in which they oversaw three centres in total).

The inspectors found that as the provider was implementing improvement initiatives in order to meet the requirements of the national standards, staff roles and responsibilities were also changing. Clarity around roles and specific training would be beneficial in ensuring staff were equipped to take on new responsibilities.

There was evidence that residents were supported to make complaints, and efforts were made to address them. A review of complaints records found that the provider did not record if residents were satisfied with the outcome of their complaint. Improved monitoring of the status of complaints was required to provide full oversight of complaints management.

Judgment: Substantially 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.

There was a residents' charter available to inspectors which accurately described the services available to adults and children living in the centre. At the time of inspection this document was in draft form, and had yet to be translated into any other languages or distributed to residents. There were plans in place to finalise the charter and make it available to residents.

Judgment: Partially Compliant

Standard 1.4

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

While there were some arrangements in place to monitor the quality of the service provided, further work was required to ensure that a comprehensive review of the service was conducted periodically. The provider and centre manager had conducted a number of specific issue reviews and were noted to be actively working on the improvement plans that these informed, for example in relation to policy development.

Judgment: Partially 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.

It was clear that residents were consulted about the service, that their views were listened to and improvements to the service were based on residents' needs.

Judgment: Compliant

Standard 2.1

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

Staff files were held centrally off-site. A review of staff records available in the centre showed that Garda Vetting reports were available for all staff. The centre manager was compiling individual staff files to be held in the centre at the time of inspection, to ensure all relevant information was available and recorded.

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.

While staff told inspectors that the centre manager was available to them for support, there were no formal, recorded supervision arrangements in place to oversee and support staff in their roles, including supervision of the centre manager. The provider had commenced a programme of reviewing staff job descriptions to enhance their understanding of their specific roles and areas of responsibility.

Judgment: Partially Compliant

Standard 2.4

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

The provider had ensured that staff had training in key areas such as safeguarding, child protection and fire safety, but some staff required refresher training in these areas. Enhancements to the training arrangements were required to ensure that staff had training in areas required by the standards, and in accordance with the specific needs of residents living in the centre. The provider had plans to carry out a training needs analysis following finalising of job descriptions to better inform the staff training plan.

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 provider had various systems in place to manage risk in the centre, including risks associated with residents, health and safety risks, and fire safety risks. While there was a risk register in place, it did not contain a comprehensive list of all of the known risks in the centre. The risk register also functioned as a record of incidents. There was no risk management policy in place. At the time of inspection a new policy was being developed. It was acknowledged that some of the risk management systems were in initial stages of implementation and the provider was working on optimising them.

There were significant fire safety arrangements in place. There were fire evacuation systems, emergency alert and lighting systems, and containment measures in place throughout the accommodation centre. Residents appeared well informed about fire evacuation arrangements and learning from fire evacuation drills was discussed at residents' meetings. There were personal evacuation plans in place where it was known that residents had additional support needs.

Judgment: Partially Compliant

Quality and Safety

This inspection found that for the most part the provider was operating a service that appeared safe and comfortable for residents. It was evident that efforts were taken to meet residents' needs where they were known to the provider. The provider engaged in meaningful consultation with residents and also supported them to meet their own needs as independently as possible. Some improvement was required to the premises and general upkeep of the exterior grounds. Additionally, further development of the safeguarding arrangements was necessary to ensure that they were fully effective.

Inspectors reviewed the process of allocating rooms to residents in the centre. It was found that allocation was based on residents' needs where possible. The centre manager and staff decided on allocation upon residents' arrival to the centre using information available to them at the time. Families were accommodated together, and efforts were made to place people with special reception needs or accessibility requirements in the most suitable accommodation. Where this could not be achieved on admission, the centre manager monitored the availability of room vacancies and moved residents to more suitable accommodation once available.

The provider had plans to reduce the number of residents living in the centre. It was found that a more considered and person-centred approach to room allocation would be possible once this was achieved. Nevertheless, this would not ensure that each resident had their own room. A reduction in numbers would also be beneficial in ensuring a room was available when it was required for the purpose of isolation in the event of a resident becoming ill.

The inspectors found that the bedrooms in the accommodation centre were well equipped and in good condition. In rooms that accommodated three people there was minimal space for residents personal items, however despite residents telling inspectors they would prefer to share with just one other person, they stated that they were happy with their accommodation.

The rooms in which families were accommodated were bigger than the other rooms in the centre, and all family rooms were located in the same area of the centre. One family room observed had four beds positioned together, a small designated space for dining, a living space with a compact sofa and television, and space for children to play. There was also an ensuite bathroom. While there were a lot of personal items in the room, it was clean and very tidy.

There were ample communal facilities for residents to use, including a large dining space with multiple seating areas, a social room for adults with seating, television,

computers and gym equipment, and a multi-faith prayer room. Inspectors observed residents using these spaces on their own, with other residents and with visitors throughout the inspection. There were also three private spaces for residents to receive visitors or hold meetings etc., including a study space. It was found that the Wi-Fi in these areas was quite poor. Most of the communal areas were in good condition and nicely decorated. Some areas required attention or repair, such as damaged flooring, broken tiles, and some of the counterspace in the kitchen and dining room.

There was a well-equipped laundry room and a kitchen with multiple cooking stations. The provider was renovating a second smaller kitchen to increase availability of cooking stations to residents. Cooking equipment and laundry detergents were available in the on-site shop for purchase with points (in line with the points system residents avail of to meet some of their material conditions). There was a dedicated play room for children that opened out to a playground. There were also other outdoor facilities available to residents, such as a football pitch and basketball court. All outdoor facilities required some maintenance to ensure they were safe and fit for purpose.

Through discussion with staff and speaking with residents, inspectors found that the general welfare of residents was well promoted and concerns raised by residents were effectively dealt with. There were procedures in place for residents to give their feedback on the centre and it was evident that the provider used this feedback to inform service delivery. Residents were encouraged to be independent and autonomous while receiving the necessary support to achieve this. The centre manager ensured that residents had information about their rights and entitlements, and staff supported them in their engagement with other agencies where necessary.

The provider had ensured children had access to transport to take them to and from school. This was provided by a third party service. Inspectors found that a wider review of the transport facilities in the centre was required as some residents found relying on public transport difficult given the location of the centre and frequency of buses. This was noted to be particularly difficult for residents with a disability or with children.

There were arrangements in place to safeguard children. There was a child protection policy in place and a designated liaison person had been appointed. Staff had training in the area of child protection and it was found that any child protection concerns had been reported in line with national requirements.

There were measures in place to protect adult residents from the risk of abuse or mistreatment, however a clear and comprehensive policy was required to ensure that responses to adult safeguarding concerns were in line with best practice, fully informed and monitored for effectiveness.

There were a number of adult safeguarding risks present in the centre at the time of inspection. The centre manager had notified these issues to the relevant government

department as required and had taken steps to reduce risks to residents. Despite these efforts, some residents remained at potential risk from other residents and consequently did not always feel safe in the centre. The provider had a longer-term plan in place that would ultimately address these concerns and also implemented some additional interim safety measures at the time of inspection.

There were some residents living in the centre with known special reception needs. The provider had not, for the most part, been made aware of these vulnerabilities in advance of the resident arriving to the centre. The centre manager had implemented a system to assess residents' needs on arrival to the centre, with their agreement. Where special reception needs were identified the provider implemented additional supports, or directed the resident to an appropriate service to receive the necessary assistance.

There was no dedicated reception officer employed in the centre, with multiple staff taking on some responsibilities in this area.

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.

There were arrangements in place to ensure that, where possible, accommodation was allocated in a way that considered and facilitated residents' known needs. For example, families were accommodated in larger rooms. While the admissions process somewhat limited the ability of the provider to always accommodate people in the most appropriate way, it was evident that the provider and centre manager made considerate attempts to meet people's needs.

There was evidence that where residents asked to be moved or transferred that these requests were fulfilled wherever possible. However, the level of occupancy (with no vacant rooms and some rooms containing four adult residents) limited the provider's ability to arrange planned room transfers without impacting other people.

The arrangements for providing a bedroom for isolation purposes (for use in the event a resident had an infectious illness) needed review to ensure a suitable room, with bathroom and handwashing facilities, was available when required.

Judgment: Partially Compliant

Standard 4.4

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

The provider ensured that families were accommodated together and it was evident that the needs of families was considered in the allocation of rooms. While the rooms were small in size, there was sufficient space for families and the rooms were well furnished.

Family members who met with inspectors said they considered the centre their home and shared that the centre manager was very helpful in making sure they had what they needed in their accommodation to meet their children's' needs. There was also space available for families to safely store larger items (such as prams and car seats) when they were not in use to maximise space in their rooms.

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.

There was a dedicated play space for small children which was equipped with toys, art materials and books. There was a study room available for older children with desks and chairs. There were computers available for older students to use if required. The study room was being renovated at the time of inspection to increase the number of desks available based on resident feedback.

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.

The majority of common areas in the centre were found to be clean, tidy and in a good state of repair. Some minor issues needed to be addressed, such as damaged flooring in a hallway, and tiling and countertops in a kitchen. The outdoor spaces also required attention to ensure they were fit for purpose and free of hazards. For example, the grass on the football pitch was very uneven in some places, and there were raised access points to obsolete septic tanks. The playground also required weeding, and wooden play equipment needed repair or replacement.

There were adequate laundry facilities, with six washing machines and six dryers available. There were also facilities to dry clothes outside. Residents consulted with said they were happy with the laundry facilities. Laundry products were available to purchase through the points system in the on-site shop.

Judgment: Substantially Compliant

Standard 4.8

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

There were no formal security arrangements in place in the centre. There was CCTV in most communal areas, such as hallways, the dining room and the adult leisure space. This was monitored by staff in the reception area. The use of CCTV was not subject to periodic review to ensure that it was proportionate and reasonable.

There were no security staff employed in the centre. There were some risks in the centre that would benefit from enhanced security to promote resident safety, and at the end of the inspection the provider had made arrangements for staff to carry out more specific roles in terms of security.

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.

The provider ensured that residents had access to a range of non-food items in the on-site shop, such as nappies and wipes, feminine hygiene products, toiletries and laundry products. It was observed that residents were comfortable letting staff know what items they needed and the shop was stocked accordingly.

Residents received bedding and towels on arrival, and while it was found that some people did not receive a sufficient number of towels, this appeared to be an oversight due to unexpected admissions and was rectified when the centre manager was made aware.

There was evidence that the centre manager informed residents how they could ask for items to be replaced if needed (such as mattresses or duvets) and residents told inspectors that their requests were facilitated.

Judgment: Compliant

Standard 5.1

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

There were sufficient food preparation and dining facilities available to residents. The provider had also made improvements to the furnishings in the dining area and had plans to add additional seating to further improve the space for residents.

Similarly, there were plans to fit new cooking stations into a second, smaller kitchen. This kitchen was located closer to where families were accommodated and the provider was also making arrangements to add additional storage facilities near the new kitchen. Residents each had designated fridge and freezer space.

Cooking equipment was available from the shop onsite and these were given to new residents on a temporary basis when they arrived to ensure they had all necessary cooking equipment.

As mentioned previously, the provider had installed a wheelchair accessible cooking station to support residents who required it to prepare and cook their meals safely.

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.

This centre was fully self-catered and as such no meals were provided to residents. There was a well-stocked shop in the centre that had a wide variety of food items and ingredients. This included fresh fruit and vegetables, and fresh meat that was suitable for residents' dietary and cultural requirements and preferences. The shop was open six days per week and residents were encouraged to give feedback on the items in the shop and specific requests were facilitated where possible. There was fresh drinking water available in the dining hall.

Judgment: Compliant

Standard 6.1

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

It was clear that residents were consulted about the service and that their views were listened to. Residents were encouraged to give feedback, for example, they were invited to discuss concerns or issues at residents' meetings and it was observed that issues raised were openly and respectfully discussed. Where suggestions required consideration, the centre manager sought out other residents to help inform decisions and ensure that changes reflected the views of the group as a whole.

Changes and improvements to the service were based on residents' needs and preferences. There was a resident notice board that was used to provide information about the centre and about services in the local community. There was also a resident communication book that contained useful information.

Judgment: Compliant

Standard 7.1

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

There were arrangements in place to support residents to develop and maintain their personal and family relationships. The provider ensured that families were accommodated together and there were facilities in the centre for families to spend time together outside of their rooms. Residents could not have visitors in their own rooms where they shared with others, but there were spaces in the centre for residents to receive visitors and to have private appointments. Residents were observed sharing meals in the dining room with visitors during the inspection.

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. It was found that the centre manager and staff were supporting residents to avail of resources in the local area and providing information about their rights and entitlements. The provider often arranged for representatives of local services to speak to residents in the centre in an effort to make services more accessible.

That being said, some residents said they were not able to avail of some services in the community as often as they might like due to lack of transport options. The provider did not have any specific transport facilities available to residents. A review of these arrangements was required to ensure that it was based on the needs of the resident group.

Judgment: Substantially Compliant

Standard 8.1

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

There were measures in place to safeguard adults who lived in the centre, however there was no adult safeguarding policy to adequately oversee and direct safeguarding plans. The provider had taken some steps to protect residents from known safeguarding risks, although in some cases residents remained exposed to these risks and did not always feel safe living in the centre.

Some additional steps were taken during the course of inspection to address these issues, however overall the provider needed to prepare and implement an adult safeguarding policy to ensure safeguarding risks were promptly identified and that suitable safety plans were in place where necessary.

Judgment: Partially Compliant

Standard 8.2

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

There was a policy in place with regard to child protection, and all staff had received training in the area. There was a child safety statement and staff spoken with knew how to raise concerns about child protection. There was evidence that child protection concerns were reported appropriately and safeguarding measures had been put in place where necessary. However, a comprehensive record was needed of all child protection and welfare risks in the centre to ensure adequate oversight was possible, as it was noted that records of risks were found across different files and communication records.

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.

Significant adverse incidents were reported to the relevant department as required. However, improvement was required to ensure that all adverse incidents were consistently recorded in a manner that allowed them to be reviewed effectively. It was found that information about incidents was not always used to inform risk management practices in the centre.

Judgment: Partially 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 endeavoured to meet any specific special reception needs of residents, as notified to them by the relevant department. It was noted however, that for the most part, the provider was not made aware of 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.

The centre manager carried out an assessment of vulnerability on admission to the centre, with the consent and agreement of residents. These assessments were used to inform the supports provided to residents. While all staff were noted to support residents on a day-to-day basis, clarity around staff roles and responsibilities was required to ensure staff were clear on their role in identifying and responding to residents' 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 provider had implemented measures to support identifying any special reception needs that residents may have. Where the provider became aware of special reception needs, they took reasonable steps to meet them and to ensure that residents could also avail of relevant supports in the community.

Judgment: 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 provider had not ensured that a dedicated Reception Officer was employed in the centre. This was a known deficit and the provider was developing a plan to address it.

Judgment: Not Compliant

Standard 10.5

In accommodation centres where a significant percentage of residents are deemed to be exceptionally vulnerable or in cases where a centre has been designated for exceptionally vulnerable international protection applicants, the service provider makes additional measures available.

Approximately 25% of residents were young adults, some of whom had come to Ireland as unaccompanied minors (children not accompanied by a parent or guardian). The special reception needs and vulnerabilities of these young people were identified and acknowledged, with some supports in place from the centre manager. However, a sustained approach to the management of room allocation and monitoring of the environment was required to ensure that their safety needs were wholly met.

Judgment: Substantially Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Partially Compliant
Standard 1.2	Substantially Compliant
Standard 1.3	Partially Compliant
Standard 1.4	Partially Compliant
Standard 1.5	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.3	Partially 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	Partially Compliant
Standard 4.4	Compliant
Standard 4.6	Compliant
Standard 4.7	Substantially Compliant
Standard 4.8	Substantially 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	Substantially Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Partially Compliant
Standard 8.2	Substantially Compliant
Standard 8.3	Partially Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Substantially Compliant
Standard 10.3	Compliant
Standard 10.4	Not Compliant
Standard 10.5	Substantially Compliant

Compliance Plan for The Hazel Hotel

Inspection ID: MON-IPAS-1004

Date of inspection: 24 and 25 January 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>We are developing a risk assessment process. The risk assessment process includes the putting in place of an immediate management plan, the scoring of each risk using a 5x5 methodology. Risks scoring a 6 or below are managed by the Centre Manager, 6-15 by the Head of Compliance for the Group in collaboration with the Centre Manager and 15 and above immediately notified to the Directors and Managed by the Head of Compliance in collaboration with the Centre Managers and the Directors.</p> <p>We fully take on board some of the comments in relation to managing and reviewing ongoing risks and we are putting a review process in place to ensure that we are monitoring each risk. We are putting plans in place to formally review each risk management plan, on a monthly basis.</p> <p>The safeguarding of young adults and the compatibility of them residing side by side with some of our more resilient and forthright adults, is a particular issue that concerns us. We immediately consult with IPAS incident team, and with Gardaí and while we can put plans in place to ensure everyone is as safe as possible within the center and move people around the center to make every effort for every ones safety, ultimately IPAS are responsible for which residents are on site.</p> <p>We anticipate to have a robust and full risk assessment policy and procedure in place for the end of June 2024.</p>	

1.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Our Resident’s Charter was signed off by the Governance Board on the 22.02.2024.</p> <p>It is now being translated and put on our notice board and in our Residents Folder which is located on the reception desk.</p> <p>It will be made available in a range of languages.</p> <p>It is one page and easy to read.</p> <p>Timeframe: Currently available to residents in English, The range of other languages will be available for the end of April 2024</p>	
1.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>There is a full and comprehensive Child Protection Policy in place, which is compliant with Children First Act 2015, Signed off by the Governance Board in January 2024.</p> <p>We are currently recruiting for a FT play therapist, to be employed within the Hazel and another Center locally.</p> <p>We are working with CYPSC to ensure that we are compliant and constantly reviewing our practices and provision.</p> <p>Target June 2024.</p>	
2.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We are currently developing a staff review and supervision process across all our centers. This is part of our overall HR process.</p> <p>It is our plan to do the following:</p> <p>Open and visible pay structure that is in line with National pay structures – Going before the Governance Board on the 28.03.2024.</p> <p>Job Descriptions will be prepared for all posts within the new pay structure. - April 2024</p> <p>Meetings with all staff to discuss and sign new contracts recognizing their pay and increments, time with the company, roles and responsibilities, educational/training</p>	

requirements and compliance with supervision going forward. – Completed by end of August 2024.

Formal recording of supervision to initially commence with Managers – April 2024 and then disseminated to all staff by end of August 2024.

Formal Supervision will include the review of training for each member of staff.

We are planning to use CORU guidance on Supervision as the basis for our Supervision policy.

Target: End of August 2024

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

As with the response to Standard 2.3, the Training and Education of staff is part of our overall HR review.

Within the proposal going before the Governance Board on the 28.03.2024, is the proposal to have a training budget per head of staff.

We will be gathering information on the training needs of our staff as part of their one to one meetings and their formal Supervision process.

Target: To have a Training Plan in place for end of September 2024.

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

A comprehensive Risk Management Register, ongoing analysis and a management plan will be in place for End of June 2024.

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

All our bedrooms are ensuite.

We are currently in discussions with IPAS on Maximum capacity. Our new contract was meant to start on the 1st November 2023, however there have been some delays and we had our contractual review in February 2024, however we have not had confirmation

from IPAS yet re the commencement date for our new contract. Therefore our numbers are currently circa 95

All families are accommodated in the Family Centre.

All AOM's, whenever possible, are accommodated in 101 to 110.

Single Adults are accommodated in 111 to 120.

Room 121 to Room 124 and Room 136 are mixed at the moment. We have the mothers in a room across a hall from their sons who are over 18 years and adults. We plan to have room 123 as an isolation room, when next vacated, when our contracts change and we can reduce our numbers.

Target: June 2024

8.1	Partially Compliant Choose an item.
<p>Outline how you are going to come into compliance with this standard:</p> <p>We will have an formal Adult Safeguarding Policy in place for the end of July 2024. This will be inclusive of process to identify Risks (From the Risk Management Policy) and a process for ensuring suitable safety plans are in place.</p>	
8.1	Partially Compliant
As Above	
8.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We will have a comprehensive Risk Management Policy in place that ensures the recording of all risks, their review on an ongoing basis.</p> <p>While we comprehensively record each incident, IPAS ultimately has the say on who resides within the Center. We do send comprehensive date by date lists of all incidents to IPAS but it sometimes takes up to 2.5 months to get a response back. Our hands are tied sometimes without a quick response from IPAS.</p> <p>Target: End of June 2024</p>	

10.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We plan to educate our Reception Officer to QQI Level 6 initially, commencing this September. We will have two staff commencing this training.</p> <p>Once completed, they will move on to QQI Level 7 training. We anticipate that they will commence QQI Level 7 in September 2025/2026.</p> <p>Target: May 2027</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	End of June 2024
Standard 1.3	There is a residents' charter which accurately and clearly describes the services available to children and	Partially Compliant	Orange	April 2024

	adults living in the centre, including how and where the services are provided.			
Standard 1.4	The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.	Partially Compliant	Orange	End of June 2024.
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Partially Compliant	Orange	End of August 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	End of September 2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service	Partially Compliant	Orange	End of June 2024

	and develop a risk register.			
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.	Partially Compliant	Orange	End of June 2024
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Partially Compliant	Orange	End of July 2024
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	End of June 2024
Standard 10.4	The service provider makes available a dedicated Reception Officer, who is suitably trained to support all	Not Compliant	Red	May 2027

	residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.			
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