



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

Name of the Centre:	Slaney Court
Centre ID OSV:	OSV-0008628
Provider Name:	Double Property Group
Location of Centre:	Wicklow
Type of Inspection:	Announced
Date of Inspection:	13/02/2024
Inspection ID:	MON-IPAS-1010

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

Slaney Court is an accommodation centre located in Baltinglass, County Wicklow. The complex comprised 18 family units located in three blocks of apartments and a separate three-bedroomed house. The family units all facilitated independent living with an open plan kitchen and living space, bathroom and separate bedrooms. At the time of the inspection, there were 68 residents living in the centre, including 40 children.

The centre further comprised an onsite office which contained a meeting room for residents to access during office opening hours. There was a playground for children, and residents had access to many amenities in the local community which were within walking distance of the centre.

The centre was managed by four centre managers who reported to the director of the service. There was a cleaner and an on-call maintenance person, who managed maintenance issues when required.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	68
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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
13 February 2024	10:00 – 17:00	Una Coloe	Lead Inspector
13 February 2024	10:00 – 17:00	Bronagh Gibson	Support Inspector
13 February 2024	10:00 – 17:00	Godfrey Mushongera	Support Inspector

What residents told us and what inspectors observed

This inspection found that there was a good level of compliance across a high number of the national standards. While improvements were required in relation to the governance and management of the service, including risk management, the service was led by a qualified, experienced and competent staff team who ensured residents received a good standard of care and support. Residents were supported in a person-centred manner, where their rights were upheld and promoted. They were provided with safe and comfortable accommodation that enabled them to live independent lives with full control over their own laundry, meals and day-to-day activities.

This inspection took place over one day. During this time, inspectors met or spoke with six adult residents and two children. Inspectors spoke with the service provider representative and two centre managers, and met with a newly-recruited centre manager. In addition, five residents' questionnaires were completed and returned to inspectors.

Slaney Court accommodation centre was located in a small village in County Wicklow. The residents were accommodated in self-contained apartments. There was on-street access to some apartments and access to other apartments was through secure gates. All residents had their own electronic fob to enter and exit the complex without any restrictions, and there was adequate parking spaces for residents and staff. There was an office onsite where residents could meet with staff to discuss their needs or to seek support or assistance. Residents had access to a meeting room which was open during office hours. This offered a private space for residents to meet with visitors or professionals and had computer equipment available for their use, if they wished. Children had access to a well-maintained playground and plans were underway to create a football pitch and an outdoor gym for residents to use.

The centre accommodated 68 residents across 18 family units. All of the family units had a kitchen, living space, an en-suite bedroom and separate bathroom. This inspection found that the accommodation was maintained to a high standard and had sufficient equipment and facilities for residents to live their daily lives, cook and complete their own laundry. The apartments were spacious with ample space for children to play, develop and complete their school work. There was adequate storage for residents to store their clothes and belongings without impacting on their living environment.

Inspectors completed a walk around of the centre and while some paint work was required on stairways, overall, the centre was clean, safe and suitable for children and adults. Although communal spaces for residents to meet as a group were limited, this inspection found that due to the nature of the accommodation, such facilities were not necessary. For example, residents had opportunities to engage with each other in a normal neighbourly manner.

This inspection found that residents' rights were protected and promoted. Residents were facilitated to live an independent life with appropriate supports available in line with their needs. The staff team were experienced professionals in the area of social care and it was evident that residents benefited from this professional support. Children and adults were referred to health and social services as required and they had access to recreational and social activities in the local community.

Inspectors found that the service had worked hard to support the residents to integrate and develop a sense of belonging within the community. The residents were invited to lead the upcoming St. Patricks Day parade in the town, which demonstrated the impact of this positive community integration. Visitors were welcomed to the centre and residents' right to privacy was promoted, as they met with their family and friends in their own apartment. A meeting room was also available if they preferred to meet with a visitor in a neutral location.

Residents' views on the service were gathered by inspectors through various methods of consultation, inspector observations and a review of documents. Inspectors met with six adult residents and two children. An additional five residents completed a resident questionnaire and inspectors observed residents engaging with the staff team.

Residents who engaged in this inspection said they were happy living in the centre and spoke highly of the kindness, support and assistance they received from the staff team. Some residents described the practical support they had received from staff such as support to compose and send emails, secure schools placements for their children, or to secure a general practitioner for the family. They said maintenance issues were resolved promptly and they had access to a manager outside of the office opening hours. Residents were satisfied that they were facilitated to prepare their own meals, but some said the system in place for purchasing their groceries was restrictive and did not fully meet the needs of their family. Transport was provided to a nearby town once a week and staff ensured residents had transport to attend appointments in locations where there was no public transport. While some residents were content with this system, some stated that they had to pay for their own transport to such appointments on occasion.

Five residents responded to the questionnaires provided by the inspectors. Their feedback was very positive, with all respondents stating that they were happy and felt safe living in the centre. They said that staff members were kind and respectful in their interactions with them and staff welcomed their feedback about the service. These residents said that they had access to the relevant procedures regarding safeguarding and complaints and most of the residents who engaged said they felt comfortable raising a complaint, if they needed too.

The observations of inspectors and the views of the 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.

Capacity and capability

This was the first inspection of Slaney Court accommodation centre by HIQA. This inspection found that the service was effectively managed on a day-to-day basis by a committed management team, but some improvements were required to ensure there was effective governance and oversight of the service. Key areas for improvements were identified which related to risk management, safe recruitment practices, record keeping and the ongoing monitoring of service provision. An urgent compliance plan was issued to the service provider in relation to Garda Síochána (police) vetting of staff. This will be addressed in further detail in the body of the report.

Prior to the inspection, the service provider had completed a self-assessment of their compliance with the national standards. This was a positive step and demonstrated an understanding of their responsibilities under the national standards. Inspectors found that this required a further review to ensure it captured the actions required to reach full compliance, and to incorporate these actions in to a quality improvement plan. The service had developed a suite of policies and procedures, but not all of the required policies were in place to guide the safe delivery of services.

The centre was in operation since 2022 and provided accommodation for families in own-door apartments. Residents were facilitated to lead independent lives with appropriate support available, in line with their respective needs.

While there was an organisational structure in place and the management of the centre was effective, improvements were required to ensure there were clear lines of accountability. There were four centre managers who managed the day-to-day operations of the service, one of whom was the reception officer. Centre managers reported to the director of the service. The service provider had also employed a quality and compliance officer who had oversight responsibilities for this centre and a number of other centres they operated. While there was a list of tasks and duties to guide the centre managers on their daily work, their specific areas of responsibility were not clearly documented, to ensure they were aware of what aspect of the centre they were accountable for, and to prevent duplication of roles.

There was a governance and management structure in place, but formal quality assurance, auditing and reporting systems were needed, which would strengthen oversight and monitoring of service provision. The director of the company, and the quality and compliance officer regularly visited and monitored the service. This was positive and ensured they had good oversight of service provision. Although this mechanism was in place, there was no consistent reporting system developed to record their findings and incorporate them into a quality improvement plan for the service. The service provider had engaged with an external organisation who completed a review of the management systems of this centre. The service provider representative informed

inspectors that they were addressing the actions required from this analysis, some of which were similar to deficits identified on this inspection.

Inspectors found that although the centre was well-managed, centre records needed to improve to reflect this work. There was effective oversight and management of child protection and welfare concerns, maintenance issues and incidents. Fire safety was prioritised and monitored. Centre managers communicated regularly with their line manager and the quality and compliance officer regarding the operations of the service, but records to demonstrate these reporting arrangements were limited. Inspectors were told that team meetings took place regularly but there were no minutes of these meetings. As a result, decision-making in the centre lacked transparency, and any actions from team meetings could not be monitored to ensure they were implemented and effective.

The risk management system for the centre was underdeveloped. While the staff team had a good understanding of risk and proactively addressed risks as they arose, there was no overall risk register, or a policy to guide the management of risk within the service. There were some risk assessments related to the health and safety aspect of the centre, but risks related to residents had not been assessed. Although the service was actively managing risks related to residents, they were not identified as risks and therefore not subjected to the level of recording, assessment and review required. Inspectors identified risks relating to recruitment practices which had not been identified and managed, and there were no contingency plans developed to outline how the service would respond in the event of an emergency. Under-developed risk management systems in the centre meant that there was a missed opportunity to record the ways in which risk was managed and review their effectiveness or not.

The centre was adequately resourced to meet the needs of the residents. Three centre managers rotated to provide cover during office hours five days per week and cover for four hours at the weekend. In addition, the service had recently recruited a centre manager with responsibility for security who worked 20 hours per week. Outside of these hours, there was an adequate on-call system in place. Residents were aware that they could contact a manager if difficulties arose and this was working well at the time of inspection. The service provider had contracted a cleaner and a maintenance worker for the centre.

Centre managers were qualified and experienced working in social care settings and the transfer of this knowledge was evident in how residents were supported. Additional training provided to staff was comprehensive and varied, and this impacted positively on the residents and the quality of care and supports they experienced. While there was a training log to evidence all the training completed by staff, a training needs analysis was not developed to inform a training plan going forward.

The staff team reported that they were well supported in their roles, but there were no records to this effect. There was no formal supervision process or performance appraisal system in place as required by the national standards.

The service was operated by a small team and as such, communication across the team was good. While much of their interactions were verbal, communication systems such as emails and a communications diary were found to be effective in sharing information and ensuring specific tasks were undertaken.

A review of staff files found that recruitment practices needed to improve. There was no comprehensive recruitment policy to guide the process, and inspectors found that two staff members commenced in their position before their Garda vetting disclosure was obtained. Inspectors issued an urgent compliance plan as two other staff members did not have Garda vetting on file, and while there was evidence that the required forms had been submitted to the National Vetting Bureau some time previously, the relevant forms were not on file.

There was a residents' charter developed for the service. This was a welcome pack which contained information such as how residents were welcomed to the centre, staffing arrangements and information regarding the complaints procedure. The welcome pack was available to residents in a language they could understand. This document required further review to ensure it contained all of the information as required by the national standards.

There was a positive culture within the service where feedback from residents was welcomed. Consultation with residents occurred in a variety of ways including a messaging service and direct contact with residents. There was a complaints and suggestions box in the apartment blocks, where residents could submit their feedback. Although there was no residents committee meeting or formal approach to engaging with residents, inspectors found that the staff team elicited and valued the views of residents on an individual basis, and their views informed service provision.

Standard 1.1

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

The management team had good awareness of the legislation, national standards and national policy. While they had completed a self-assessment of their compliance against the standards, this was not adequate as it did not identify the deficits and a quality improvement action plan was not developed to guide the service to strive for compliance.

Further work was required in the area of policy development to ensure they had all of the required policies in place for the safe and effective delivery of services.

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.

There was effective management of some key areas of service provision including child protection and welfare issues, maintenance issues and reporting of incidents. However, the service provider needed to develop formal quality assurance and reporting systems to support good oversight and monitoring of all aspects of service provision. The centre was staffed by centre managers operating at the same grade and while there was some differentiation between the roles, specific areas of responsibility needed to be allocated to each manager to ensure they were clear about their duties, areas of responsibility and to avoid duplication of roles.

Judgment: Partially Compliant

Standard 1.3

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

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

Judgment: Substantially Compliant

Standard 1.4

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

This inspection found that while the service had some processes in place to monitor and review the quality of the care and experience of residents, some improvements were required. Inspectors found that the service needed to formalise internal auditing and monitoring systems to demonstrate compliance. An annual review of the quality and safety of care delivered to residents had not been completed.

Judgment: Partially Compliant

Standard 2.1

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

Recruitment practices were not sufficiently safe. There was no overarching policy to guide the recruitment process. Staff were recruited before Garda vetting checks were completed and there was no system in place to assess risks which may arise from these checks. An urgent compliance plan was issued as two staff members did not have the required Garda vetting on file. Personnel files contained each staff member's employment history, but references had not been obtained for each staff member.

Judgment: Not 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.

Staff reported that they were adequately supported but there was no formal, recorded supervision in line with the requirements of national standards. The service had not developed a staff appraisal or performance management system.

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.

Staff employed in the service had appropriate qualifications and experience necessary for their roles and this positively impacted the care and support provided to residents. The service provider was proactive in identifying additional training courses for staff to attend based on the needs of the residents. A training needs analysis was not completed to guide the training plan for the staff team.

Judgment: Substantially Compliant

Standard 3.1

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

The risk management system was not effective and a comprehensive overarching risk management policy was not in place. The service did not have a risk register and while some risks in the service had been assessed, risks relating to residents had not. Although the staff team were managing these risks, the service provider needed to consider how to identify, assess and record all risks within the service.

There were no contingency plans to ensure continuity of service in the event of a disaster or unforeseen circumstance.

Judgment: Not Compliant

Quality and Safety

Residents in this centre were provided with good quality accommodation and supports to live as independently as possible, and as a result had a positive experience of life in the centre. The service provider promoted the health, wellbeing and development of each resident and their rights were upheld and protected. Safeguarding practices were good and residents were well integrated into the local community.

The accommodation centre provided own-door accommodation for families at the time of the inspection and each family was allocated their own apartment. Although the allocation of accommodation was fair and transparent at the time of the inspection, an allocations policy had not been devised to outline the process and ensure its consistent implementation on a sustained basis.

The standard of the accommodation provided was good. Inspectors found that the apartments were in good condition with adequate facilities to allow the residents to live independently. The majority of the accommodation provided was two-bedroomed apartments and there were two three-bedroomed units and a one-bedroomed apartment. Each apartment had an open plan living space and kitchen, with laundry facilities. The apartments contained sufficient storage and additional shelving was provided when this was requested. While there had been some difficulties with condensation, this was rectified without delay and residents were educated on the need to open their windows now and again as a preventative mechanism.

On a walk around the centre, inspectors found that the some minor painting work was required, but overall the centre was well-maintained and clean. There was sufficient parking for staff and residents. Children had access to a well-kept playground on site and a football pitch was in the process of being developed. The service was also in the process of obtaining some outdoor gym equipment following a consultation process with the residents regarding their preferences. CCTV was in operation in external, communal areas of the centre and its use was informed by a centre policy. This inspection found there was appropriate monitoring of CCTV.

There was one communal space for residents, which was located in the office building. Residents had access to this space to study, use the computer and there were a few toys for children to play with. As the accommodation provided fully independent living in generous apartments, the need for additional communal spaces for study or visitors was not necessary. On balance, the centre ran outings and activities which provided residents with an opportunity to meet and get to know each other.

Residents prepared meals for themselves in their living space. They were provided with all necessary cooking utensils and they received a prepaid card that was topped up on a weekly basis to allow them purchase their own groceries. Women and mothers with

young children had sufficient resources to obtain feminine hygiene products and baby supplies.

The rights of residents were consistently promoted by the provider and staff team. Residents had access to support which was person-centred and led by their needs. Staff members were respectful and advocated for the residents, as required, while empowering them to live independently. It was evident that residents were comfortable discussing their needs or concerns with staff members and they reported that they were very satisfied with the service and support they received. Feedback from residents was welcomed and informed service provision. The benefits of having their own private living space was that residents had sufficient space to practice their religion where applicable.

Residents were supported and facilitated to maintain personal and family relationships. Families were accommodated together and the family unit was further respected and promoted as residents were encouraged to bring their family members to their private living space for visits. However, if they wished, they could bring visitors to a private room located just off the staff office.

The centre was located in a small town and residents had ready access to shops and amenities within the local community. Transport was provided once a week by a private bus company to a larger town. This allowed residents access to a wider range of shops and amenities if they wished. There was also public transport to the nearby town and Dublin city. The staff team ensured travel arrangements were provided to residents when public transport was not available, to assist residents getting to medical appointments, for example.

The service provider was proactive in meeting the educational and recreational needs of residents. A budget was allocated to support the educational development of children. This allowed parents to access grinds or to purchase educational equipment to support their child's learning and development. The service provider had also made a recreational fund available. The staff team had organised a variety of social activities in the last 12 months including a family trip to the circus and a theme park, and they had organised a mental health café and activities to celebrate cultural events.

Safeguarding practices in the centre were good. There was a child protection policy and an adults safeguarding policy in place. Staff had completed training in *Children First: National Guidance for the Protection and Welfare of Children (2017)* and training in safeguarding adults at risks of abuse. There was a designated liaison person appointed and they had completed the required training for this role. Child protection and or welfare concerns had been reported to the Child and Family Agency (Tusla), in line with national requirements. Staff were alert to child welfare concerns and it was evident that they monitored these concerns while actively supporting parents to minimise risks to children. Incidents relating to children were well managed with proportionate responses to

concerns taken. However, as noted earlier, the provider needed to improve how risks to individual children and adults were identified, recorded and assessed, and the control measures put in place to manage these risks.

Residents said they felt safe in the service, were aware of the designated liaison person and understood how to raise a safeguarding concern, if required. There had been no incidents relating to the safeguarding of adults. This inspection found that while safeguarding practices were good, the service had not developed a procedure for managing allegations against staff. While there were no allegations against staff at the time of inspection, a policy was required to inform practice should such an allegation be made.

The service provider promoted the health, wellbeing and development of each resident. Staff in the service understood the needs of residents and their welfare and wellbeing was prioritised. The service had links with a local counselling service and residents had access to free mental health supports. The service had access to a psychologist, if this was required for residents with special reception needs. Staff members supported residents to attend appointments related to their physical or mental health and advocated on residents' behalf.

The provider had employed an appropriately-qualified reception officer who was a member of the management team. The staff team had engaged in a range of training which equipped them to support a wide range of needs including working with people from diverse cultures. Residents were encouraged to complete vulnerability assessments with the assistance of a staff member. The service maintained a copy of these assessments to ensure team members were aware of the individual needs of residents. Despite this good approach to identifying and responding to the special reception needs of residents, a policy had not been developed to support staff to identify, communicate and address existing and emerging special reception needs of residents, as required by the national standards.

The reception officer had developed links with local services and it was evident that residents were appropriately referred to health and social care services in accordance with their needs. Although a policy and procedure was in place regarding the role of the reception officer, this was limited in detail and was not specific to this accommodation centre. Overall, residents in the centre benefited from access to the reception officer.

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.

Centre amenities were informed by the needs of the residents. Families were allocated their own door accommodation which provided ample space for young children to develop. An allocations policy was required to ensure a fair and transparent process was sustained into the future.

Judgment: Substantially Compliant

Standard 4.4

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

The privacy and dignity of family units was protected and promoted in this centre. The provider fully promoted independent living. Families lived in their own self-contained apartment which promoted and respected family life and residents were satisfied with the quality of the accommodation provided.

Judgment: Compliant

Standard 4.6

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

Children and young people were supported to reach their educational potential. Children had access to sufficient living spaces which facilitated them to complete their homework. There was access to Wi-Fi throughout the centre and children had access to computers, if needed, during office opening hours. In addition, the provider had an education fund available to support the educational development of children.

Judgment: Compliant

Standard 4.7

The service provider commits to providing an environment which is clean and respects, and promotes the independence of residents in relation to laundry and cleaning.

Residents lived in an environment that was clean and well maintained. They had access to their own laundry facilities within their own apartment. While there had been some concerns in relation the impact of condensation in residents' homes, this was managed by the service provider through maintenance work and an educational piece of work was completed with residents.

Judgment: Compliant

Standard 4.8

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

The service provider had appropriate and proportionate security measures in place which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre only, which 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 were provided with the necessary utensils and equipment to allow them to live independently in their own apartment and additional equipment was provided when required, such as a blender, to support mothers with young children. The additional costs associated with providing products for babies and young children and sanitary wear was covered by the service.

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 apartments had a kitchen and dining area and therefore residents were facilitated to cook their own food. Residents had adequate cooking and storage facilities to meet their needs.

Judgment: Compliant

Standard 6.1

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

The service was actively promoting the rights of adults and children living in the centre. Residents were treated with dignity, respect and kindness. The staff team provided person-centred supports according to the needs of the residents. Residents said they felt respected, listened too and that their feedback was welcomed.

Judgment: Compliant

Standard 7.1

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

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

Judgment: Compliant

Standard 7.2

The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport.

The provider, through their staff team, ensured residents had access to healthcare, educational community supports and leisure activities. Residents were integrated very well into the local community, and children and young people were involved in local community activities. Transport arrangements were adequate to meet the needs of residents.

Judgment: Compliant

Standard 8.1

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

Safeguarding practices in the centre were good and residents reported that they felt safe and protected living in the centre. Staff had a good understanding of safeguarding issues and were proactive and responsive in dealing with concerns as they presented. The service had most of the required policies and procedures but they needed to develop a procedure for managing allegations against staff, to guide the process should such an allegation be made. Residents were aware of the designated liaison person and understood how to raise a safeguarding concern, if required.

Judgment: Substantially Compliant

Standard 8.2

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

There was a child protection policy and staff had completed training in Children First. There was an appropriately trained designated liaison person appointed. Child protection concerns had been reported to Tusla, in line with national requirements. The staff team provided support and advice to parents when difficulties arose and children had access to additional supports, if this was required.

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.

The service provider had recorded and managed all incidents that occurred in the centre and there were good systems in place to ensure there was a proportionate response to these incidents. It was evident that the staff team supported parents when incidents were related to their children, to help minimise the risk. However, there was an absence of risk assessments for dealing with situations where the safety of residents was compromised. This was addressed under standard 3.1.

Judgment: Compliant

Standard 9.1

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

The service provider promoted the health, wellbeing and development of each resident. The staff team provided person-centred care that was appropriate and proportionate to the needs of the residents. Staff had developed links with local community services to support residents in relation to their physical or mental health and advocated on residents behalf.

Judgment: Compliant

Standard 10.2

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

The staff team were experienced practitioners in the social care field and had awareness and understood the special reception needs of some residents. They provided appropriate supports and empowered these residents. While there were some informal measures to support staff and their wellbeing when dealing with residents with special reception needs, this was not recorded. The service provider had a plan in place to provide additional supports in place regarding staff welfare and wellbeing.

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 ensured that residents were supported to complete a vulnerability assessment with staff assistance, if required. The team was aware of any special reception needs arising and ensured the appropriate referrals were submitted for residents who needed specialised services, such as disability services or counselling for trauma related issues. However, the service provider did not have a policy to identify, communicate and address existing and emerging special reception needs.

Judgment: Substantially 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.

There was a reception officer employed in the centre who was suitably qualified to carry out the role. Residents were linked with the appropriate services within the community or in nearby towns. The staff team were consistent in their response and approach to residents with special reception needs. While inspectors were provided with a policy and procedure on the role of the reception officer, this was limited in detail and related to another accommodation centre.

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	Partially Compliant
Standard 1.3	Substantially Compliant
Standard 1.4	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Not Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Not Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.4	Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant
Theme 5: Food, Catering and Cooking Facilities	

Standard 5.1	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	Substantially Compliant
Standard 8.2	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 10.2	Substantially Compliant
Standard 10.3	Substantially Compliant
Standard 10.4	Substantially Compliant

Compliance Plan for Slaney Court

Inspection ID: MON-IPAS-1010

Date of inspection: 13/02/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The Quality and Compliance officer together with the center managers reviews the centers policies and procedures against the standards to ensure compliance with all standards. These are reviewed quarterly along with our risk register and items for improvement are identified and implemented. These are signed off and reviewed by the Service Provider on the minutes tracker.</p> <p>In addition to our internal review as outlined we are also implementing the Q Mark for Quality Management Systems.</p> <p>Quality improvement action plan is in place to obtain the Q Mark for Quality Management Systems which is accredited to companies on a yearly basis after an audit takes place by the third party provider EIQA (Excellence Ireland Quality Association) is the Irish National Quality Association. We have already had our initial workshop and obtained feedback from EIQA which we are currently implementing.</p>	
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We have introduced recording of minutes of meetings with the Q&C officer and their site visits to the centers. The Service Providers reviews, comments and signs off on these minutes and follows up with the Q&C officer and center managers if required.</p>	

As our centers operate with low numbers of staff, all managers are trained and responsible for all policies and procedures for the running of the center. This ensures that when there is only 1 manager on duty all responsibilities are covered. It also ensures that if a staff member leaves the company knowledge is not going with them.

The roles and responsibilities are documented and all center managers are aware of their responsibilities.

1.4

Partially Compliant

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

The Q Mark accreditation is an annual audit of the management systems to ensure compliance with policies and processes.

The Q&C Officer visits the centers on a monthly basis to ensure compliance and consistent processes. These visits are minuted and reviewed by the Service Provider. During these monthly visits they review any issues arising with the residents or center, review that all records are being kept and that policies and procedures are being followed. All items discussed are minuted and reviewed by the Service Provider. On a quarterly basis during these visits the risk register and risk assessments are reviewed to ensure any new risks are captured and review whether there have been any changes to existing risks. The National Standards are reviewed to ensure compliance with same and any gaps identified will be discussed and an action plan put in place.

2.1

Not Compliant

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

All disclosures are received and saved on the company's server.

Going forward it is our policy to ensure that the disclosures are received prior to the staff member or contractor working at the center.

Going forward references will be kept for all new staff members.

Our Employment and recruitment policy has been updated with the above improvements, we are reviewing this policy in line with the National Standards.

2.3

Partially Compliant

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

The Service Provider has implemented staff appraisals for each staff member these appraisals will be performed and recorded annually.

The Service provider will implement a formal system for the supervision of staff on a quarterly basis and this will be recorded.

3.1

Not Compliant

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

DPG have put in place a risk register that will be assessed by the managers and the Q&C officer quarterly on their visit to the centers. The risk register includes a risk assessment for each identified risk. This assessment documents the risk, mitigating factors to minimize the risk and grades the risk as low medium or high. The risk register and risk assessments are reviewed quarterly during the Q and C officers visits. This review is documented in the meeting minutes and signed off by the Service Provider.

The risk of an event of a disaster or unforeseen circumstance that deems the accommodation usable is identified on the risk register and is assessed as a low risk. Our contingency plan is documented and all staff members are aware of the process to follow.

DPG has within it's portfolio available accommodation in the event of a disaster, residents will be accommodated within these accommodations if required. We will also endeavor to accommodate the residents close to the affected center so that they can continue to attend school, work and their daily routine. If necessary we will erect a temporary office and accommodation with the use of portocabins and living pods if accommodation can not be located and sought within the area of the center.

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Partially Compliant	Orange	01/09/2024
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	01/03/2024
Standard 1.4	The service provider monitors and reviews the	Partially Compliant	Orange	01/09/2024

	quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.			
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	05/03/2024
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	01/12/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	24/04/2024