



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

Name of the Centre:	Temple Accommodation Centre
Centre ID:	OSV-0008452
Provider Name:	Townbe ULC
Location of Centre:	Co. Westmeath
Type of Inspection:	Announced
Date of Inspection:	20/05/2024 and 21/05/2024
Inspection ID:	MON-IPAS-1030

## Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a national<sup>1</sup> and international level<sup>2</sup> since that time. In response, the Irish Government took certain steps to remedy this situation.

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

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

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

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent<sup>4</sup> International Protection Accommodation Service centres against national standards on 9 January 2024.

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

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

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

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

## About the Service

The Temple accommodation centre is located in a rural location approximately nine kilometres from Moate in Co. Westmeath. The centre provides accommodation for families, single males and females. There are 88 residents living in the accommodation provided in en-suite 37 bedrooms.

The centre comprises a large reception, dining area, a communal kitchen area with individual cooking stations and a snack area that is open 24 hours a day. There are two meeting rooms where residents can meet with their family or friends, a library area and a salon where residents can meet to complete beauty courses. There is a gym and outdoor spaces to play sports, a gardening poly-tunnel and lounge areas. Children have access to a playroom and outdoor spaces including a well-equipped playground.

The centre is managed by a management team including a centre manager, an assistant manager and two duty managers, and is staffed by housekeeping, maintenance and security staff.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	88
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**The inspection was carried out during the following times:**

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
20/05/2024	11:15 – 18:30	1	1
21/05/2024	08:30 – 15:30	1	1

## What residents told us and what inspectors observed

From speaking with residents and observations made during the inspection, the inspectors found that this was a person-centred service where residents for the most part experienced a good quality of life and were happy and safe living in the centre. While it was evident that the centre was led by a committed management team who were motivated to provide a good quality and safe service to residents, further work was required to ensure the views and experiences of the residents informed service delivery. Consultation with residents and a review of practices was required particularly in relation to the transport system, food preparation facilities and supports to young parents.

This inspection took place over two days. During this time, the inspectors met or spoke with 20 adult residents and four young children. The inspectors spoke with the managing director of the service, the acting centre manager and two duty managers. The inspectors also met with four members of the staff team including security personnel, housekeeping and maintenance staff.

Temple accommodation centre was located in a rural location approximately nine kilometres from small town in County Westmeath and provided accommodation to families, single females and single males. The accommodation provided included 37 ensuite bedrooms for families and single people. This centre previously operated as a hotel and this was reflected in some of its facilities, for example, there was a parking area to the front, a large reception area and ample space for residents to relax in communal areas. The reception area of the centre had a reception desk where residents could seek support from staff on a 24 hour basis, seven days a week. The centre had a communal kitchen, a snack area, a dining room and a communal living space. Residents had access to a meeting room, family rooms, a library, a gym and a beauty room.

On a walk around the centre, the inspectors found that the centre was very well-maintained and clean throughout. It was safe and suitable for children and adults. There were indoor and outdoor spaces for residents to interact with other each other, to read or relax. Residents had access to recreational facilities in the centre including a pool table, table tennis and foosball table. There was an outdoor area for residents to play sports and there was a well-maintained playground for children to play. Residents had the opportunity to grow their own fruit, vegetables, herbs and flowers in a gardening polytunnel. Photographs of residents engaging in various recreational activities were displayed in the reception area of the centre.

Over the course of this inspection, the inspectors observed that this was a nicely busy centre with residents interacting with each other in communal areas and engaging in friendly conversations in the kitchen and dining spaces. Inspectors observed residents accessing bus transport and they used communal spaces to chat with each other, relax or to work on their laptops. The staff team engaged with residents in a friendly, kind and respectful manner and provided support to residents and tended to their needs without delay. The inspectors observed residents being congratulated by staff when they returned from a graduation ceremony.

The centre accommodated 88 residents across 37 units. Mothers and their children shared an en-suite bedroom while single residents shared an en-suite bedroom with up to two other unrelated individuals. This inspection found that the accommodation was clean and well-maintained. The service provider was in the process of redecorating rooms where a concern with mould had occurred and some bedrooms had been recently painted. The inspectors observed that there was inadequate storage for residents to store their clothes and belongings without impacting on their living environment. While additional storage space was available for residents to store their suitcases or belongings, they did not require on a day-to-day basis, not all residents were aware of this facility.

The centre was located in a rural location and whilst residents enjoyed beautiful views and a peaceful countryside, they were reliant on transport to access community amenities, education and employment and shops. Transport was provided to a local town twice a day and there was a bus to a larger town at the weekends. The majority of residents that engaged with inspectors expressed dissatisfaction with the transport provided and advised that the times of the buses did not meet their needs. Some residents said they had to walk several kilometres if they missed the bus and other residents commented that the bus did not facilitate people to get to appointments or to attend work. A local support group had provided bicycles for residents to use for their leisure and some of the residents used the bicycles to access public transport.

Residents prepared their own meals in a communal kitchen which had seven individual work stations. Residents were provided with basic crockery and cutlery on their arrival and they shared other cooking utensils, such as pots and pans with each other. Some residents told inspectors that the kitchen was often busy and they did not have sufficient equipment to cook their meals. The centre manager provided residents with additional pots and pans when this issue was highlighted.

While some residents said they were happy with the kitchen facilities, many residents reported that the opening times of the kitchen was restrictive and impacted negatively on them, particularly those who were working or attending college. For example, some residents said the kitchen was not open early enough to allow them to prepare food before they left the centre in the morning or the kitchen was closed before they could prepare their dinner in the evening. One resident told inspectors that they were not permitted to access the food storage areas or place their groceries in the fridge when the kitchen was closed at 8pm. Residents had access to a snack area which was open 24 hours a day which had a microwave, fridge and boiling water but residents reported these facilities were not sufficient to prepare wholesome meals when the main kitchen was closed.

Residents were provided with information about their rights and had access to the health and social care services they required. The staff team ensured that residents had links with support services and residents had access to professionals to support them with their mental health and well-being. Residents had opportunities to volunteer with local community organisations such as the tidy towns and to participate in local integration initiatives. The staff team had organised well-being initiatives for residents including a cultural evening where staff and residents prepared and cooked a meal together.

Residents provided mixed feedback of their experience living in the centre. While some residents said staff were helpful and respectful in their interactions, others said they did not feel listened to and their complaints had not been managed by the service. Some residents complained to inspectors that their food had gone missing on occasions and the centre was often cold. They said the staff team had not supported them in relation to these concerns. Parents of babies and young children advised inspectors of the challenges they faced to ensure their children were supervised at all times with limited facilities or supports to prepare meals or complete their laundry. Inspectors observed that there were steps beside the laundry room which was not accessible for parents with a buggy and there were no facilities in the kitchen/dining area to support parents while they were cooking.

Residents were provided with detailed information about the service and they engaged in an orientation process with staff members on their arrival to the centre. Despite this, some newly arrived residents did not know about local bus stops and thought they had to buy their own utensils to prepare their meals. The service provider advised that they would further engage with residents to ensure they were aware of all aspects of the service going forward.

In addition to speaking with residents about their experiences, the inspectors received 11 completed resident questionnaires. The questionnaires asked for participant feedback on a number of areas including safeguarding and protection; feedback and complaints; how the centre is managed; food, catering and cooking facilities; residents' rights; staff supports; and accommodation. There was mostly positive feedback provided in the completed questionnaires with all of residents indicating that they felt happy, safe and adequately



protected in the centre. All respondents reported that they felt comfortable making a complaint about the service if they needed to and that the management team were approachable. Overall, they felt respected and listened to. A small number of respondents said they did not have adequate storage space and their privacy and dignity was impacted by their sleeping arrangements.

The observations of inspectors and views of residents outlined in this section are generally reflective of the overall findings of the report. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

This was the first inspection of Temple accommodation centre by HIQA. The accommodation centre had a management team who were committed to providing a good quality service. The governance and management systems were well-developed but improvements were required to ensure the risk management system was effective to manage all risks within the service. Further areas for improvements identified related to consultation with residents to ensure resident's feedback and experience of living in the centre was collated and contributed to change in practice and quality improvement initiatives.

The organisational structure was outlined in an organogram and there were clear lines of reporting and accountability in the centre. The managing director had overall responsibility for the centre and had employed a centre manager, an assistant manager and two duty managers to manage the service on a day-to-day basis. The centre was in the final stages of recruiting a new centre manager and at the time of the inspection this position was filled by an acting centre manager, who was also the group operations manager for the company. The management team were clear about their individual responsibilities and rotated on the staff rota to ensure consistent management presence in the service seven days a week. They were supported in their role by a staff team including security personnel, housekeeping and maintenance staff.

This inspection found that the service provider and management team had a good understanding of the national standards and relevant legislation and policies. They had completed a thorough self-assessment of their compliance against the national standards and this had guided the team in the development of policies, procedures and management systems in an effort to strive for compliance. While this was a positive step, it had not been reviewed since July 2023. The managing director had completed a review of some aspects of service provision including a review of staffing levels and some of the themes of the national standards. This demonstrated an understanding of their responsibilities but it required further development to ensure it incorporated the views and experience of the residents living in the accommodation centre.

There was a suite of policies and standard operating procedures to guide the team but some improvements were required. While it was evident that significant efforts were made in the area of policy development, the inspectors found that some policies required review to ensure they provided comprehensive guidance and a policy for risk management had not been developed. The inspectors found that the service provider and the management team were keen to learn from the inspection process to further develop the services provided in the centre.

Governance and management systems were well-developed. The provider had developed good systems to ensure the service was monitored on an on-going basis. The

systems included a comprehensive handover which was completed on daily basis. This ensured the management team including the managing director had oversight of the day-to-day operations of the service including residents' welfare, maintenance reports and a general update from the management team. The roles and responsibilities of both the staff and management team were clearly set out and they completed daily, weekly and monthly checks of various aspects of the centre. For example, the management team completed and recorded weekly checks of the residents' rooms, daily walks of the centre and observations were noted of any health and safety or fire risks. Systems had been developed to ensure all maintenance issues and the cleanliness of the centre were routinely checked. The managing director had oversight of all monitoring checks completed by the staff team.

The management team had developed recording systems but further work was required to ensure the records maintained were comprehensive and included an overview of management recommendations. The staff team consistently recorded key information relating to residents such as incidents, safeguarding issues and information regarding their health and well-being. This was very positive but it was not always recorded when the staff team sought support from an on call manager or if safeguarding plans were implemented when required.

Formal communication systems were in place but they needed further development. The managing director facilitated regular management meetings as well as regular team meetings with the staff team. It was evident that there had been discussions regarding residents' well-being, learning from inspections and staff roles and responsibilities but there was no set agenda to ensure there were routine discussions and oversight of risks, safeguarding, incidents and complaints.

The risk management system was not adequate. The management team had completed significant work on their risk management system but there was no policy to guide the staff team on the identification, assessment or management of risk. While a risk register had been developed under each theme of the national standards, there was no overarching risk register to provide an overview of the key risks within the service. The management team had assessed numerous risks but this inspection found other risks which had not been assessed including, for example, risks related to residents smoking in bedrooms or substance misuse. While incidents of substance misuse were minimal, it was deemed necessary that the service provider complete a risk assessment. While safeguarding risks had been assessed during the development of child and adult safeguarding statements, the risks relating to single parents and the supervision of their children had not been assessed. Risks relating to residents who had recently moved the centre or those who had received notification that they had to leave the centre had also not been assessed.

The service provider had adequate systems in place to manage the risk of fire in the service. There was a fire safety register which provided an overview of checks carried out on fire safety equipment such as emergency lighting, the fire alarm and the fire extinguishers. Regular fire drills had taken place and residents were aware of the process to follow in the event of a fire.

There was no centralised system to record or monitor all complaints. The staff team told the inspectors that they tried to address and resolve complaints as they arose. Complaints were recorded on a handover document, on the maintenance log or in a safeguarding folder. The lack of a centralised system to record complaints meant that the management team could not track or trend complaints which could lead to improvements in service provision. The service provider had a non-retaliation policy to ensure there were no adverse consequences for residents who raised an issue of concern but some residents told inspectors that their complaints had not been addressed.

Recruitment practices needed some improvement. The centre had a policy to guide the recruitment practices and personnel files contained most of the documents required including evidence of staff members' identities, Garda vetting disclosures and job descriptions. However, international police checks were not on file for staff members who had lived or worked abroad for more than six months. While all staff members had the appropriate Garda vetting, the service provider was not assured that all support workers visiting the centre have the appropriate Garda vetting. An urgent compliance was issued following the inspection to address these concerns and a satisfactory response was returned. In addition, the recruitment policy did not outline how many references were required and while each personnel file reviewed by inspectors had references on file, some had only one reference.

The staff team reported that they were well supported in their roles and a formal supervision process had commenced. The service provider had recently introduced staff well-being days to further support staff. There was a schedule for staff well-being days throughout the year. The service provider had a performance management system and this demonstrated an understanding of accountability on behalf of the provider.

A review of staffing levels was required to ensure there were no restrictions placed on residents, particularly during the evening and night time, when staff levels were reduced. The inspectors found that there was a member of the management team available to residents seven days a week but staffing levels reduced significantly during the evening and night-time with one security personnel on duty during these hours. This inspection found that the main kitchen and the laundry rooms closed during these times and while the managing director explained that the opening hours of these facilities was related to insurance related restrictions, a review of staffing arrangements had not occurred to determine if this impacted such restrictions. The managing director and the

centre manager provided on-call support on a continuous basis and, while they did not report an issue in relation to this, this was not sustainable.

The learning and development needs of the staff team were prioritised and ensured the team had a wide range of training to support them in their roles and to meet the needs of the residents. Members of the staff team had engaged in several training programmes including safeguarding vulnerable adults, Children First: National Guidance for the Protection and Welfare of Children, conflict resolution training and equality and diversity training. While not all of the training as required by the national standards had been completed, the staff team were well-equipped to deal with a wide range of issues that may present for the residents.

A residents' charter and welcome pack had been developed which provided residents with a range of information about the services provided but this required further review. Residents had access to a wealth of information about the centre and various supports and services but this information was recorded in various documents and needed to be incorporated into one document for the residents to access. The centre had created a children's charter which provided information for children about their rights, healthy eating and local amenities.

There was mixed feedback from residents about the service. Some residents said they felt happy, safe and had appropriate supports from the staff team, while other residents told inspectors that they did not feel listened to and their complaints had not been managed. Consultation with residents occurred on a one-to-one basis and while the service had a residents' committee, participation in the months preceding the inspection was minimal. The service provider needed to consider how feedback from residents was gathered and collated to inform quality improvement initiatives in the service.

The service provider had well-developed governance, management and oversight systems. The staff team were well supported and their learning and development needs were met. However, the service provider needed to consider ways to enhance their consultation with the residents and to demonstrate how the views and experiences of residents guided their quality improvement plans and overall plans for the service.

### **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 a good understanding of the national standards and relevant legislation and policies. They had completed a self-assessment of their compliance against

the national standards but this required review to ensure it guided the quality improvement plan for the service. Policies and standard operating procedures had been developed but they required review to ensure they contained sufficient information.

Judgment: Substantially Compliant

### **Standard 1.2**

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

Governance and management systems were well developed and while comprehensive records relating to incidents and safeguarding concerns were maintained, they did not consistently record when the staff team sought support from an on-call manager or if safeguarding plans were implemented when required. Management and team meetings were taking place but there was no set agenda to ensure routine discussions and oversight of risks, safeguarding, incidents and complaints. There was no centralised system to record or monitor complaints.

Judgment: Partially Compliant

### **Standard 1.3**

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

Residents had access to all of the required information but this was located in various documents and needed to be incorporated in to one comprehensive document.

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.

The service provider had good oversight systems in place. An annual review was completed but this required further development to ensure there was a comprehensive review of the quality and safety of care delivered to residents. While the staff team engaged with residents on a day-to-day basis, records relating to consultation with

residents was limited and it was not evident how the views and experiences of residents guided quality improvement plans for the service.

Judgment: Partially Compliant

### **Standard 2.1**

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

International police checks were not on file for staff members who had lived or worked abroad for more than six months. While all staff members had the appropriate Garda vetting, the service provider was not assured that all support workers visiting the centre have the appropriate Garda vetting. An urgent compliance was issued following the inspection to address these concerns and a satisfactory response was returned. The recruitment policy required review to ensure it provided guidance on obtaining references for new employees.

Judgment: Not Compliant

### **Standard 2.2**

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

A review of staffing levels was required to ensure there were no restrictions placed on residents, particularly during the evening and night time, when staffing levels were reduced.

Judgment: Partially Compliant

### **Standard 2.3**

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

The staff team reported that they were well supported in their roles and a formal supervision process had commenced recently. The service provider had also developed a performance management system for the staff team.

Judgment: Compliant

### **Standard 2.4**

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

The staff team had access to a comprehensive training programme and they were well equipped to deal with a wide range of issues that may present for the residents but not all of the training as required by the national standards had been completed.

Judgment: Substantially Compliant

### **Standard 3.1**

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

There was no overarching risk management policy to guide the staff team on the identification, assessment or management of risk. The risk register in place was not adequate and it did not provide an overview of the key risks within the service. In addition, there was a number of risks which had not been assessed.

Judgment: Partially Compliant



## Quality and Safety

Residents in this accommodation centre were provided with adequate accommodation and received supports in line with their needs. The staff and management team were committed to promoting and upholding residents' rights but this was impacted by the nature of the accommodation provided to residents. Some improvements were required in relation to how residents' needs were assessed and how residents were consulted with in relation to the delivery of services, and particularly in relation to the opening times of the kitchen and the transport supports provided.

The allocation of accommodation was in line with resident's needs and centre policy. The accommodation centre provided en-suite bedrooms for families and shared en-suite bedrooms for unrelated single residents. The inspectors found that the service provider had considered residents' needs when allocating accommodation. The staff team facilitated friends to share bedrooms when they requested this and it was evident that residents had the opportunities to change rooms, when difficulties arose between residents who were sharing together. The centre did not have specific rooms for people with disabilities and they alerted the relevant department when challenges arose in this area. While the management team endeavoured to allocate accommodation based on resident's needs, they were expecting a number of new residents to arrive together the week of the inspection and had to allocate rooms based on availability. Staff had guidance in relation to the allocation of rooms and how residents should be welcomed to the centre, their orientation and the provisions they received.

The standard of the accommodation provided was generally good but there was inadequate storage for personal belongings for some residents. The bedrooms observed by inspectors were found to be of sufficient size for the number of people sharing the space and all bedrooms had en-suite facilities. Residents had access to wardrobes to store their clothes but in some cases there was limited space for residents to store all of their belongings and equipment they had accrued over time. This impacted on the available living space within the room. The service provider ensured there was additional storage space available to residents, to store suitcases, for example, but not all residents were aware of this facility.

The service provider ensured that families were accommodated together but families did not have a separate living room area. The accommodation provided to families was adequate but as there was no separate living space, children did not have sufficient space to play and develop in their private accommodation. Despite this, children had access to a playroom and communal spaces to engage in normal childhood activities.

The centre had a well-maintained playground and there was adequate space on the grounds of the centre for children to play. The majority of the children were not of school going age but there was a room to facilitate children to complete their homework when this was required.

On a walk around the centre, the inspectors found that overall it was clean and well-maintained. The service provider had systems to routinely check and monitor the centre including the laundry room, resident's rooms and communal areas. There was a cleaning schedule and maintenance programme in place and this ensured that the centre was maintained to a high standard. Inspectors observed that the centre was clean throughout and maintenance issues were addressed promptly.

The service provider had sufficient and appropriate security measures in place that were proportionate and ensured the dignity of the residents was protected. CCTV was in operation in the centre and its use was informed by a centre policy. Security staff were employed seven days a week, twenty-four hours a day and they had the relevant security license for the posts.

This centre provided facilities for residents to prepare their own meals but the opening times of the kitchen, the facilities for parents of young children, and access to food storage areas required review. There were seven stations in the communal kitchen for residents to access and a large dining area for residents to dine together if they wished. Residents said they were satisfied with the kitchen facilities but the majority of residents that spoke with inspectors said the opening times of the kitchen were restrictive. The kitchen was open from 8am until 8pm and an additional snack area was available on a 24 hours basis which contained a microwave, fridge and toaster. Despite this, residents said they could not prepare meals if they were working long hours, for example. Residents had access to sufficient storage for their food but residents told inspectors that they could not access their food storage area when the main kitchen was closed. The service provider made allowances to ensure parents had access to a fridge and kettle in their bedroom when their children were under one year old. Parents told inspectors they would like this extended to allow them to make a bottle or snacks for their toddlers as they experienced challenges supervising their children while accessing the kitchen which had limited facilities to ensure their children were safe while they prepared meals. The inspectors found that this had not been reviewed or risk assessed to ensure decisions were based on the best interests of the child and to promote family life.

The service provider had a good system in place to promote residents' independence in relation to their grocery shopping. The centre supported the residents to set up a bank account and money was transferred weekly for residents to buy their shopping without any restrictions. Residents were provided with adequate cutlery and crockery but some residents said cooking utensils such as pots and pans were limited and as a result, they

had to buy their own. The acting centre manager provided additional items to residents when this was highlighted during the inspection.

The provision of non-food items was not in line with the standards and required review. Residents received one set of towels and bedlinen on arrival and while the management team told inspectors that residents could request additional items, this was not in line with the standards. There were female sanitary products, contraception and nappies available for residents in the centre and all other toiletries were purchased by the resident. The service provider committed to reviewing the system regarding the provision of non-food items.

The staff and management team endeavoured to promote and uphold the rights of residents but some improvements were required. Inspectors found that residents had sufficient information in relation to their rights and support services visited the centre to assist residents in relation to their rights and entitlements. Members of the staff team could speak various languages and this benefited the residents when translation services were required. In addition, the centre staff used an application to translate when necessary. The centre had set up a 'walk and talk' initiative which provided residents with opportunities to have informal conversations with staff members. This was a positive initiative but there were no records of these discussions. There was a residents' committee in the centre but participation in the months preceding the inspection was minimal. Therefore, it was not evident how residents' views and experiences contributed to changes to practice or quality improvement planning. The right to privacy and dignity was not promoted for some residents due to the nature of the accommodation where they shared accommodation with other residents who were not related.

The centre was located in the countryside nine kilometres from a small town where residents could access shops and amenities. The service provider ensured that residents were supported to integrate into the local community and they were encouraged to attend educational courses in the local town. Local organisations such as the tidy towns visited the centre to meet with residents regarding volunteering and had opportunities to meet with a local support group and the county council to support their integration. Visitors were welcomed to the centre and residents had access to rooms without CCTV to meet with their visitors.

Transport arrangements required review to ensure they were sufficient to meet the needs of residents. The service provided a bus service twice a day to the local town and once a day at the weekend to a larger town. There was also public transport to other towns and Dublin city but, due to the location of the centre, it was difficult for residents to access the public transport. Many residents told inspectors that the bus schedule did not meet their needs and did not support them in relation to employment or attending appointments. Some residents said they had to walk long distances if they

missed the bus or had to pay for taxis when transport was not available. While the centre had bicycles available for residents to use, there were no contingency plans to provide transport outside of the bus schedule. Overall, the provision of transport required review to ensure it was meeting the needs of the residents.

Safeguarding practices were well-developed but it was not always recorded if safeguarding plans were implemented, when required. There was an adult safeguarding policy, a child protection and welfare policy and a standard operating procedure which provided direction on how to respond to concerns relating to residents welfare. There was a designated liaison person (DLP) and a deputy DLP. Child protection and welfare concerns were appropriately managed and referred to the Child and Family Agency (Tusla) in line with Children First legislation and national policy. All staff had completed training in Children First and adult safeguarding. It was evident that safeguarding or welfare concerns were recorded when they arose and they were subject to review and oversight by the management team, with follow up actions noted when required. This was good practice and ensured that concerns relating to adults and children were recorded and monitored. However, it was not recorded if safeguarding plans were communicated to staff or implemented when scenarios arose which required such a plan to be developed. In addition, the service provider needed to consider all risks relating to the welfare of children, particularly in relation to young single mothers and the supports they required.

The service provider had good systems in place for the recording of incidents within the centre. The centre recorded all safeguarding concerns and incidents in a safeguarding folder and they were appropriately reported in line with centre policy. The inspectors found that there was good management oversight of incidents in the centre but as noted previously in the report, further consideration was required to ensure risks relating to the incidents were identified, recorded and assessed. In addition, while managers reviewed and trended the incidents occurring, further work was required to ensure detailed records were maintained, for example to reference when on-call support or direction was provided to staff in the management of incidents. The service provider had a system in place to carry out an annual review of all incidents in the centre.

The service provider promoted the health, well-being and development of each resident. Residents were referred to health and social care services and they had access to mental health supports, if required. A mental health specialist visited the centre on a monthly basis to provide supports to the residents. The staff team assisted the residents to apply for a medical card but residents did not have access to a GP while they were awaiting their medical card. This was beyond the control of the service provider and it was evident that residents had accessed emergency services when they needed medical attention. Staff in the service advocated for residents and it was evident that they

understood their needs. While incidents relating to alcohol or drug use were minimal, there was no risk assessment on substance misuse.

The service provider received limited information about the residents when they arrived but the residents were appropriately supported when their needs were known. The staff team alerted the DCEDIY when the supports or services in the accommodation centre could not meet the needs of residents. The service provider had recruited a reception officer for the centre and they were due to commence in the role shortly after the inspection. The reception officer, when they commenced in the position, was due to carry a dual role in the centre and consideration was required on the part of the service provider to ensure this was appropriate for this particular service. While there was a policy and procedure manual developed for the role of the reception officer, this contained limited detail to guide practice and required review. In addition, while there was a standard operating procedure with guidance on identifying a resident with vulnerable needs, the service provider had not yet developed a system to identify and address existing and emerging special reception needs.

There was a number of young single parents living in the centre and they had not been identified as a vulnerable group or as having special reception needs. As their needs had not been assessed, individual plans had not been developed to support these residents in relation to their specific needs. This was a direct impact of the service provider not having a reception officer to support residents with additional vulnerabilities or a system to assess and identify emerging special reception needs of residents.

#### **Standard 4.1**

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

The allocation of accommodation was in line with residents' needs and centre policy. The service provider had considered residents' needs when allocating accommodation, where possible, and alerted the relevant department when the accommodation was not suitable to meet individual needs. Staff had the appropriate guidance in relation to the allocation of rooms and how new residents should be welcomed to the centre.

Judgment: Compliant

#### **Standard 4.4**

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

The nature of the accommodation available in the centre meant the families did not have access to a private living space to ensure children could play and develop within their own living environment. Despite this, the service provider ensured children had access to adequate facilities to promote their development within the centre. The service provider had not assessed their practices in relation to facilities in family rooms to consider if they were informed by the best interests of the children or to promote family life.

Judgment: Partially Compliant

#### **Standard 4.6**

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

The majority of the children in this centre were very young and not of school going age but children that attended school availed of the centre's transport and had access to adequate facilities to complete their homework. The management team were supporting parents to obtain crèche placements for their children when they were eligible to attend such services.

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 service provider ensured the centre was clean and well-maintained. The cleaning and maintenance programme in place ensured that the centre was maintained to a high standard. Residents had access to adequate laundry facilities and while opening times of the laundry room were limited, this was addressed previously in the report.

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 sufficient, appropriate and proportionate security measures in place. CCTV was in operation in the centre and its use was informed by a centre policy. Residents had access to spaces within the centre without CCTV to meet with their visitors or with support services.

Judgment: Compliant

#### **Standard 4.9**

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

The provision of non-food items was not in line with the requirements of the national standards as residents only received one set of bedlinen and towels on their arrival. Residents had access to some but not all of the non-food items they required. The service provider committed to reviewing the system following the inspection.

Judgment: Substantially Compliant

#### **Standard 5.1**

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

Food preparation, storage and dining facilities were adequate and the facilities were appropriately equipped and maintained. The management team ensured residents were provided with additional cooking utensils when they became aware of the limited supply of these items.

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.

There was a good system in place to ensure residents had full control and choice over where they bought their groceries. Residents had access to an adequate area to prepare snacks with no restrictions, however, the opening hours of the main kitchen and dining spaces were limited and not meeting the needs of some residents. While allowances had been made to facilitate longer opening hours during Ramadan, there was no evidence that the opening hours of the kitchen had been reviewed or informed by a consultation process with residents.

Judgment: Partially Compliant

**Standard 6.1**

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

The rights and diversity of each resident were mostly promoted and respected. Residents were treated with respect and kindness and staff provided person-centred care and advocated for residents, when required. However, residents' participation in meetings was limited and therefore there were no records to evidence how feedback from residents informed service delivery. The right to privacy and dignity was not promoted for some residents due to the nature of the accommodation where they shared bedrooms with other unrelated individuals.

Judgment: Substantially Compliant

**Standard 7.1**

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

The service provider supported and facilitated residents to develop and maintain personal and family relationships. Residents had access to rooms in the centre to meet with visitors in private and there were spaces available for family members to spend time together outside of their bedrooms.

Judgment: Compliant

**Standard 7.2**

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



Residents had access to information about local services and amenities and residents had opportunities to integrate into the local community. While transport was available to a local town twice a day and to a larger town once a day at the weekend, many residents told inspectors that the bus schedule did not meet their needs. A review of transport arrangements in conjunction with the residents had not taken place to ensure it was adequate for the needs of the current cohort of residents.

Judgment: Partially Compliant

### **Standard 8.1**

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

Safeguarding practices were well-developed and the centre had the appropriate policies, procedures and training in place to guide the staff team in relation to safeguarding adults and children in the centre. Safeguarding or welfare concerns were recorded and were subject to review and oversight by the management team, with follow up actions noted when required. However, it was not recorded if safeguarding plans were communicated to staff or implemented when scenarios arose which required a such plans to be developed.

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.

Child protection and welfare concerns were reported to Tusla in line with Children First and staff members who met with inspectors were aware of their responsibilities to ensure children were safeguarded. The service provider needed to consider all risks relating to the welfare of children, particularly in relation to young single mothers and the supports they 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 good systems in place for the recording, review and oversight of incidents that occurred in the centre. They were appropriately reported in line with centre

policy. While the management team had a process to review and trend incidents, further detail was required on some records to ensure incident reports referenced when on-call support was sought.

Judgment: Substantially Compliant

**Standard 9.1**

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

The service provider promoted the health, well-being and development of each resident and the supports offered were person-centred. Residents were referred to health and social care services and they had access to mental health supports, if required. Staff in the service advocated for residents and it was evident that they understood their needs. While incidents relating to alcohol or drug use were minimal, there was no risk assessment on substance misuse.

Judgment: Compliant

**Standard 10.1**

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

For the most part, the service provider was not made aware of any special reception needs in advance of resident admissions. Despite this, residents with special reception needs were supported and staff ensured they received the appropriate supports and services. The management team informed the DCEIDY when they were unable to meet the needs of residents with special reception needs.

Judgment: Compliant

**Standard 10.2**

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

The staff team had access to a wide variety of training to support them in their awareness and recognition of special reception needs. The service provider had good initiatives in place to promote the self-care of the staff team and to promote their well-being.

Judgment: Compliant

**Standard 10.3**

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

Residents were adequately supported and referred to the relevant services when their needs were known. However, the centre's standard operating procedure did not provide adequate guidance to guide staff on how to identify, communicate and address existing and emerging special reception needs and template to record residents needs had not been developed.

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.

The service provider was in the final stages of recruiting a reception officer for the centre and while the intention was for the reception officer to carry a dual role, this had not been assessed to ensure it was appropriate for this particular service. There was a policy and procedure manual developed for the role of the reception officer but this contained limited detail to guide practice and required review.

Judgment: Substantially 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.

There were a number of young single parents living in the centre and they had not been identified as a vulnerable group or as having special reception needs. While they received supports on a day-to-day basis, their needs had not been comprehensively assessed to ensure additional support measures were made available, when required.

Judgment: Partially Compliant

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

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

Standard	Judgment
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Substantially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Substantially Compliant
Standard 1.4	Partially Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Not Compliant
Standard 2.2	Partially Compliant
Standard 2.3	Compliant
Standard 2.4	Substantially Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Partially Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Compliant
Standard 4.4	Partially Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant

Standard 4.9	Substantially Compliant
<b>Theme 5: Food, Catering and Cooking Facilities</b>	
Standard 5.1	Compliant
Standard 5.2	Partially Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Substantially Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.1	Compliant
Standard 7.2	Partially Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Substantially Compliant
Standard 8.2	Compliant
Standard 8.3	Substantially Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Substantially Compliant
Standard 10.4	Substantially Compliant
Standard 10.5	Partially Compliant

# Compliance Plan for Temple Accommodation Centre

Inspection ID: MON-IPAS-1030

Date of inspection: 20 & 21 May 2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Standard	Judgment
1.2	Partially Compliant
Outline how you are going to come into compliance with this standard: <ul style="list-style-type: none"> <li>• Phone calls to the on-call manager will be recorded by the staff member on the welfare log document and will include the safeguarding plans implemented as advised.</li> <li>• The monthly management/team meeting agenda will include the following for routine discussion: Risks, Adult &amp; Child Safeguarding, Incidents &amp; Complaints.</li> <li>• The current recording system for complaints will be revised and centralised.</li> </ul>	
1.4	Partially Compliant
Outline how you are going to come into compliance with this standard: <ul style="list-style-type: none"> <li>• The annual review will be further developed with a focused emphasis on the review of the quality and safety of care delivered to residents. The centre will implement a suggestion box for residents to guide the quality improvement plans of the service, and the centre manager will conduct an annual survey with residents which will be reviewed by the service provider.</li> <li>• The monthly resident's meeting will discuss the suggested ideas which will feed into the centre's overall improvement plan.</li> </ul>	
2.1	Not Compliant
Outline how you are going to come into compliance with this standard:	

- All garda vetted staff who lived or worked outside Ireland for more than six months now also have police checks on file, or have been through a risk assessment with the centre manager signed off by the service provider. PSA licenses were available on the day of inspection for the service provider's contracted external security company – to obtain a PSA license security personnel have gone through police checks.
- Confirmation of Garda vetting for all support workers visiting the centre has been obtained.
- One reference check was available on each staff member's HR file on the day of inspection – the Recruitment Policy has been updated to reflect the practice of obtaining one reference check.

All of the above were completed before Friday 31<sup>st</sup> May 2024.

2.2

Partially Compliant

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

- The centre management team will hold a meeting with residents to discuss the operating hours of the communal kitchen and laundry and how the centre can facilitate the resident's needs. This will form a review of staffing levels with further consultation and advice from the centre's insurance company and the local fire officer.

3.1

Partially Compliant

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

- A comprehensive Risk Management Policy will be implemented for the centre which will guide the team on the identification, assessment and management of risk.
- The current risk register will be reviewed to document live key risks at the centre, which will also record the welfare needs of the residents such as supports for new arrivals to the centre, integration plans for residents moving out into the community, and vulnerable groups, such as new mums. The risk register will be reviewed monthly by the centre manager and the findings shared with the team and residents.

4.4

Partially Compliant

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



<ul style="list-style-type: none"> <li>• Private living rooms/spaces are bookable to families of the centre. This will be re-introduced to newer families through an informal 'Parenting Morning' which will be held monthly with the families of the centre.</li> <li>• The facilities provided in family rooms will be risk assessed.</li> </ul>	
5.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• The centre's management team will hold a consultation with residents to discuss the operating hours of the kitchen and how the centre can facilitate their needs. This will be documented each month as a discussion point during the resident's monthly meeting due to the transient nature of residents living at the centre.</li> </ul>	
7.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• A review of the transport arrangements in conjunction with the residents will take place to ensure the timings are adequate for the needs of the current residents.</li> <li>• Transport links will be supported by access to the services of 'Local Link' buses.</li> </ul>	
10.5	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• The centre will develop a Vulnerability Assessment Form to identify vulnerable groups with special reception needs.</li> <li>• Additional support measures will be made available when identified.</li> </ul>	

## 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.	Substantially Compliant	Yellow	30/09/2024
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	01/09/2024
Standard 1.3	There is a residents' charter which accurately and	Substantially Compliant	Yellow	21/06/2024

	clearly describes the services available to children and adults living in the centre, including how and where the services are provided.			
Standard 1.4	The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.	Partially Compliant	Orange	31/12/2024
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	02/09/2024
Standard 2.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to children and adults living in the centre.	Partially Compliant	Orange	30/09/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Substantially Compliant	Yellow	01/03/2025
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	31/08/2024
Standard 4.4	The privacy and dignity of family units is protected	Partially Compliant	Orange	31/08/2024

	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.			
Standard 4.9	The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.	Substantially Compliant	Yellow	28/06/2024
Standard 5.2	The service provider commits to meeting the catering needs and autonomy of residents which includes access to a varied diet that respects their cultural, religious, dietary, nutritional and medical requirements.	Partially Compliant	Orange	30/09/2024
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Substantially Compliant	Yellow	31/12/2024
Standard 7.2	The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to	Partially Compliant	Orange	27/09/2024

	residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport.			
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Substantially Compliant	Yellow	31/08/2024
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Substantially Compliant	Yellow	31/08/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Substantially Compliant	Yellow	02/11/2024
Standard 10.4	The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.	Substantially Compliant	Yellow	31/12/2024
Standard 10.5	In accommodation centres where a significant percentage of	Partially Compliant	Orange	31/12/2024

	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.			
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