



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

Name of the Centre:	The Towers
Centre ID:	OSV-0008457
Provider Name:	Fazyard Limited
Location of Centre:	Co. Dublin
Type of Inspection:	Unannounced
Date of Inspection:	17/07/2024 and 18/07/2024
Inspection ID:	MON-IPAS-1044

## 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 Towers accommodation centre is located on the outskirts of the suburban town of Clondalkin in West Dublin. The centre provides accommodation to people seeking international protection and has capacity for 250 individuals. At the time of inspection, it was accommodating 180 residents from 24 countries.

The centre is a three storey mid-terraced apartment building, and located in a small industrial estate close to a wide variety of shops, offices, public amenities and facilities.

The centre is operated by a team which includes a management team, reception officer, housekeeping, shop keeper, night porter, and maintenance staff. The buildings are privately owned and the service are privately provided by Fazyard Limited on a contractual basis on behalf of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY).

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	180
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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)
17/07/2024	10:00hrs-18:40hrs	1	1
18/07/2024	09:30hrs-14:45hrs	1	1

## What residents told us and what inspectors observed

The inspectors found that residents were generally well supported and they reported their satisfaction with the services they received and felt safe living in the centre. However, the inspection identified non-compliance with several national standards, highlighting the need for improvements in key areas to ensure safe and high-quality services. Issues identified included inadequate management of safeguarding, unsafe staff recruitment practices and the need for enhanced governance and management oversight. The provider demonstrated a strong commitment to addressing these issues, having already identified some areas for improvement prior to the inspection.

This was an unannounced inspection of the centre and spanned over two days. During this time, the inspectors conducted direct consultations with 15 adult residents and four children, and received 21 completed resident questionnaires. The inspectors also spoke with the head of compliance, centre manager, reception officer, and met with three staff members.

Before entering the centre on the first day of inspection, the inspectors observed residents driving their cars in and out of the car park located at the front and side of the building. A multi-lingual welcome sign marked the entrance, which featured a revolving door accessible for strollers and wheelchairs. The inspectors had an introductory meeting with the centre manager and reception officer, followed by a walk-through of the buildings and facilities.

The inspectors found the physical structure of the centre to be in good condition, with well-maintained communal areas and toilets. Communal spaces featured artwork, and fire safety equipment and evacuation routes were clearly marked throughout the building.

The centre, previously a hotel, was a three-storey building with hospitality-style features. It had a spacious reception area with access to different areas and upper floors via an elevator and staircase. Staff members at the large reception desk monitored people coming and going, offering support and information. Behind the staircase, a storage bay held wheelchairs, strollers, and bicycles, enabling residents to have more space in their living quarters. Opposite the reception desk was a well-furnished adult-only social room with a TV area, pool table, small library, and hairdressing area.

The inspectors observed that while this was a busy centre, it was a welcoming place to both residents and visitors. Residents were seen engaging in daily activities, interacting with each other and staff, and using the centre services and facilities. There was constant movement in and out of the centre, as well as between floors and to the kitchen and dining rooms. Interactions between residents and staff were observed as courteous and respectful, contributing to a calm and relaxed atmosphere during the inspection.

Residents' bedrooms and other facilities were located on the upper floors of the building, which could accommodate 250 residents in 83 en-suite bedrooms. Families were housed together, while 45 unrelated residents shared rooms, with up to three people per room. At the time of the inspection, 180 residents from 24 different countries were living in the centre.

The inspectors, invited by residents, observed some of the bedrooms. Some had adequate storage, but others did not. For example, in one shared bedroom for three unrelated adults, personal belongings were stored under beds, a TV was installed directly over a bed, and a microwave was placed on top of a chest of drawers. The room was stuffy due to window restrictors that limited airflow, which residents felt were unnecessary in adult-only bedrooms. Although these rooms met the minimum space requirements of the national standards, the cramped and stuffy conditions were not ideal.

The centre provided self-catering facilities with a voucher system for purchasing food from the on-site shop. The inspectors noted a well-equipped communal kitchen featuring 12 cooking stations, including one for halal food, accessible to wheelchair users. Staff provided cooking assistance as needed. However, some residents reported having to wait for a cooking space to become available. The kitchen included three large freezers, a separate preparation area, and a walk-in cold room with individual locked units for storing dried and perishable foods.

The inspectors found the communal kitchen to be pleasant and spacious but noted it was closed for 12 hours daily from 8pm, limiting access for preparing hot meals outside of these hours. While there was flexibility during Ramadan, some working residents felt the hours were inconvenient and reported that the kitchen often closed earlier for cleaning.

The inspectors observed the dining room, noting it was large, spacious, and well-lit, with a coffee bar equipped with toasters, microwaves, and fridges. Open 24 hours, the dining room served as a social space for residents and visitors. The inspectors observed mothers and their babies sitting together in the dining area and engaging in friendly conversations. The dining and kitchen areas were well-used, with positive feedback from residents about their cleanliness and functionality.

The laundry room, located in a shed at the rear of the building, contained nine washing machines and nine tumble dryers, was open 24 hours each day. Spare machines were on hand for any faults, and there was also an outdoor washing line available also. Although many machines were unused during the inspection, residents reported occasional long waits due to high demand. Bed linen and towels were provided to residents upon arrival and could be requested as needed.

In addition to the adult-only social room, the centre had 13 private rooms for residents to meet with professionals, family, and friends. The inspectors viewed one of these rooms and found it to be comfortably furnished. There was also a dedicated teenagers' room with a TV and computers and an enclosed, brightly coloured indoor playground with an astro-turf pitch which catered for younger children. However, there was poor internet connectivity throughout the centre. Centre management acknowledged this matter and told the inspectors they were working to address it.

The inspectors observed a bright, spacious, and comfortable room designated for afterschool activities. However, due to staff shortages, the room was not in use at the time of the inspection. The head of compliance for the centre told the inspectors that they were actively working to recruit staff members.

Residents who spoke with the inspectors and completed questionnaires reported feeling safe and satisfied with the facilities at the centre. They were familiar with and described the management and staff as approachable and helpful, feeling comfortable raising any concerns. Residents noted that staff members supported them in accessing various services, including health, education, legal, social, housing, and community welfare. They expressed overall satisfaction with the services and appreciated the support from the local community.

In summary, careful observation of everyday activities and interactions within the centre, coupled with active engagement with the residents, made it clear that the centre provided a positive environment where residents had access to supportive staff and managers. Interactions with residents were marked by warmth, respect, and a focus on individual needs. The observations of the inspectors and the residents' views presented in this section of the report reflect the overall findings of the inspection.

The following two sections of the report present the inspection findings about the centre's governance and management and how these affected the quality and safety of the delivered service.

## Capacity and capability

This was HIQA's first inspection of the accommodation centre. The inspectors found deficiencies in the governance arrangements which impacted the centre's ability to operate safely and effectively and to consistently meet the requirements of the national standards. Significant improvements were needed across several key areas, including governance, risk management, staff recruitment, staff supervision, and child and adult safeguarding.

There was a clear governance structure in place, but the effectiveness of this structure was undermined by limited management oversight, and a lack of formal reporting and monitoring systems. The centre was managed by a centre manager who reported to the head of compliance, responsible for this and several other centres, and who in turn reported to the service provider. A reception officer was in place and was part of the centre's management team. Both the centre manager and reception officer were new to the service at the time of the inspection. The centre manager was in their second week of employment and undergoing an on-boarding processes, while the reception officer had been in their role for four months. While there was an organisational structure in place, there were no mechanisms established for management oversight or to hold staff or managers to account for their practice. The lack of effective oversight led to inadequate management and monitoring of some incidents which had occurred in the centre. For instance, the provider failed to manage and oversee a safeguarding incident related to the unexpected absence of four children, which is detailed further in the next section of the report.

The inspectors found that there were no established systems or arrangements to monitor or review the quality of the service, or how it was meeting the requirements of the national standards. While the head of compliance regularly visited the centre and provided regular reports to the organisation's board, there was no consistent reporting system developed to record their findings and incorporate them into a quality improvement plan for the service.

Notwithstanding the above challenges, the head of compliance and the new management team were committed to providing a high-quality, safe service and had begun implementing systems to address identified deficits. They shared their vision for service development with inspectors and acknowledged the need for further improvements. New measures had been introduced in the centre, and these included, a daily activity log for recording resident to staff interactions, formal emergency on-call arrangements, and recording of residents' meetings. At the time of the inspection these measures were at the early stage of implementation.

The service provider had developed a multilingual residents' charter outlining available services, staff information, and complaint procedures. A review of complaint records found that they lacked information on whether complainants were satisfied with the outcomes, and in one particular case, the outcome and required actions were not recorded. Additionally, there was a lack of trending or analysis of complaints to support learning and development and drive quality improvement.

There were no systems in place to provide formal supervision to staff or to appraise their practice on an ongoing basis. Although staff meetings were being recorded from April 2024, prior meetings were not documented. This, combined with ineffective management oversight, meant that neither managers nor staff were formally held accountable for their practice. Despite this, the inspectors observed that managers and staff understood their roles and responsibilities for residents' wellbeing and they said that they felt well supported by their line managers.

There were unsafe and inconsistent recruitment practices in the centre due to the lack of a comprehensive recruitment policy. For instance, while some risk assessments were conducted for positive Garda vetting disclosures, none were completed where multiple disclosures were made to the provider. Discrepancies were also noted in applying risk thresholds. Significantly, the inspectors found that a staff member had begun their role before receiving a Garda vetting disclosure. Although there was evidence that the provider had applied for vetting, the vetting response was not available at the centre at the time of the inspection. The inspectors issued an urgent action to ensure all staff were vetted and that risk assessments were completed for those awaiting vetting or with positive disclosures.

The service was inadequately resourced to meet the needs of its current resident population, with several staff vacancies needing to be filled. This resulted in the closure of an afterschool club in the centre. The head of compliance informed inspectors that a recruitment process was underway and that some job interviews were scheduled to take place during the inspection period.

The inspectors found that there were deficits across many staff training programmes, and an absence of a training needs analysis to identify any training gaps. For example, although all staff had completed Children's First training, only two members had completed adult safeguarding training. A training needs analysis was necessary to ensure staff were adequately prepared for their roles, especially given the risks identified in the centre where additional training was needed. This included risk assessment training, as highlighted by the deficits noted in this report.

The risk management system required substantial improvement. Although the management team addressed and recorded some risks on the centre's risk register, including perceived risk levels and control measures, the risk descriptions were

unstructured. The register included specific resident names in relation to certain risks, conflict examples, which was not appropriate. Additionally, some risks identified by the inspectors and highlighted in this report, such as those related to recruitment practices, had not been risk assessed or managed appropriately. Consequently, the provider could not be assured that the centre was consistently safe or that all risks were adequately identified and addressed.

The centre employed a system where staff completed risk identification forms to trigger an escalation process. While this was positive step, there was no training provided for staff in this area, and the system relied more on reporting than staff competence in identifying risks. This limited the provider's ability to monitor risks effectively and ensure they were escalated appropriately. Additionally, there were no formal contingency plans for maintaining service continuity during emergencies or unforeseen circumstances.

The centre had extensive fire safety arrangements. Personal emergency evacuation plans (PEEPs) were provided for residents who needed support to evacuate. Residents participated in scheduled fire evacuation drills, and effective systems were in place to monitor the condition and status of fire safety measures.

Overall, while the management and staff team endeavoured to provide a good service and most residents reported that they felt safe and had their basic needs met, there was limited oversight, unsafe recruitment practices, lack of an effective risk and management systems, and generally poor governance arrangements in place which impacted the quality of service provided. It was evident that sustained improvements across several key areas were necessary to consistently comply with the requirements of the national standards.

### **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.

While there was generally a good awareness of responsibilities in terms of legislation and implementing relevant national policy, the response to this by way of putting in place good management and governance arrangements was at a very early stage of development.

There were mixed levels of compliance with the national standards identified during this inspection, and improvements were required across a number of areas. The service provider had not completed a self-assessment of their compliance against the national standards. Further work was required in the area of policy development to ensure all of the required policies were in place for the safe 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.

While there were governance arrangements in place which clearly identified the lines of authority for the various positions in the staff team, the effectiveness of this structure was compromised by limited oversight, lack of accountability and poor reporting and monitoring systems. There were good records relating to residents but management systems required improvement to ensure there was appropriate and effective governance and oversight of all aspects of service provision. There were no effective formal quality assurance or reporting systems to ensure the service provider was aware of all risks, incidents and safeguarding concerns.

Judgment: Not 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 provider had established a resident charter which clearly outlined the services available in the centre. The residents' charter included a summary of the services and facilities provided, information around equality, dignity and respect and the complaints process. It also included information around the code of conduct. The residents' charter was displayed prominently in the communal areas.

Judgment: Compliant

**Standard 1.4**

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

The service provider had not yet implemented systems for the oversight and monitoring of the quality of care and experience of adults living in the centre. Audits of the quality of the service had not been completed. The process for reviewing and learning from incidents that occurred in the centre required further development.

Judgment: Not Compliant

**Standard 2.1**

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

The provider had failed to ensure that recruitment practices in this centre were safe and effective. There was no staff recruitment policy in the centre. Garda vetting was not completed for one staff member who had commenced work a few weeks prior to the inspection. There were no risk assessments carried out for a staff member with positive Garda vetting disclosures. The inspectors issued an urgent compliance plan to address these concerns.

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.

There was an absence of regular, formal and recorded supervision for staff members or centre managers as required by the national standards. A formal performance appraisal system was not in place for staff members at the time of the inspection.

Judgment: Not Compliant

**Standard 2.4**

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

The provider had not undertaken a training needs analysis to ensure all the required training as prescribed in the national standards was delivered to the staff team. There was a significant gap in the training requirements as outlined in the national standards.

Judgment: Not Compliant

### **Standard 3.1**

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

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

Judgment: Partially Compliant

## Quality and Safety

The inspectors found that the service provider operated a service that was respectful of residents' needs and provided a generally safe place for residents to live. The staff team were committed to ensuring residents could live independent lives while receiving additional support where required. Consequently, residents felt safe and had positive experiences of living there. While residents informed the inspectors that they felt safe living in the centre, limited oversight of the service meant that residents' concerns about day-to-day practices in the centre had not been identified and addressed. As such, there was a need for sustained improvements across several key areas to ensure that the service provider consistently promoted the rights and welfare of residents and met their diverse needs. Additionally, further development of the safeguarding arrangements was necessary to ensure they were fully effective.

The inspectors found that room allocation in the centre was based on residents' identified needs and best interests, with efforts made to accommodate families together and address special accessibility needs. Residents engaged with during the inspection process told the inspectors that they were satisfied with the rooms allocated to them. While the centre manager monitored room availability to adjust accommodations as needed, there was an absence of policy to guide staff in the allocation of rooms at the time of the admission, and on an ongoing basis.

The inspectors found the centre's physical structure to be in good condition, with clean and well-maintained communal areas. Maintenance arrangements were effective, with residents reporting that issues like lighting and plumbing were addressed promptly. Records showed that equipment was properly maintained and serviced.

The centre accommodated the number of residents effectively, but some bedrooms were cramped, with limited storage space. While the rooms met the national standards' space requirements, they often became cluttered, posing risks and compromising residents' safety and dignity.

The inspectors noted that residents were well-supported in maintaining personal and family relationships, with families accommodated together. In addition to the large adult-only social room, the centre had 13 breakaway rooms for family meetings and private spaces for visitors. Residents appreciated the open and welcoming atmosphere in the centre. The centre also offered diverse recreational facilities, which included; a teenagers' room with TVs and computers, an enclosed indoor playground with an astro-turf pitch for younger children, and a well-equipped gym.

Most children in the centre attended local schools, with transport available to Dublin city for those needing to reach educational institutions there. An afterschool activities room

was not functional due to staff shortages at the time of the inspection. The inspectors found that there was weak internet connectivity in the centre, and this hindered the educational development of young residents. The head of compliance acknowledged the issue and efforts were being made to address it.

There was a laundry room in the centre which was found to be clean and well-maintained. There were nine washing machines and nine tumble dryers, however, residents reported that they were not available some of the times due to high usage. All equipment was observed to be in working order and there was appropriate access to cleaning materials and laundry detergent. In general, the centre was very clean and well maintained throughout, which promoted a good quality of life for all residents who lived there.

Closed-circuit television (CCTV) (visual) was in place in the communal and external areas of the centre and its use was informed by centre policy. Security arrangements were in place and there were adequate checks of people entering the building.

The service provider ensured residents had access to necessary non-food items, including two sets of bed linen and towels on admission to the centre, which were replaced if worn out. An on-site shop offered a variety of items such as nappies, wipes, feminine hygiene products, toiletries, and laundry supplies. The inspectors found that residents comfortably communicated their needs, and the shop was stocked accordingly to meet these requests.

The centre offered self-catering facilities with a choice of foods and culturally sensitive meal options, including dedicated Halal food preparation areas. The communal kitchen had 12 cooking stations and was clean. Residents used a voucher system to buy groceries from the centre. Residents engaged with during the inspection were happy with the quality of the kitchen and dining facilities. However, the kitchen was closed for 12 hours or more daily for cleaning, leaving no alternative facilities for hot meal preparation during this time, which affected infants, nursing mothers, and adults working during the day.

The inspectors found that while the provider and staff team worked to uphold residents' rights, there was a lack of awareness of how some practices within the centre impacted on the protection and promotion of these rights. For example, the service provider and staff team were not aware of how the restrictive opening hours of the kitchen impacted negatively on some residents' choice, dignity, autonomy, and freedom. Despite this, there were some good examples of how the service provider promoted family life and personal relationships. For instance, families were accommodated together and breakaway rooms were available to meet visitors outside their living quarters.

The inspectors observed positive staff-resident interactions, with staff advocating for residents as needed. The provider was also responsive to residents' communication

needs, such as installing strobe lighting in bedrooms for those with hearing impairments. The provider ensured residents had access to information about local services and facilities through notice boards displaying details on support services.

There was a policy and measures in place to safeguard adults who lived in the centre. As an example, some risk assessments were in place for dealing with situations where the safety of residents may be compromised. Residents reported feeling safe living there. However, there was no training on adult safeguarding provided to staff, and as previously highlighted, risk assessments were not always consistently completed. Coupled with lack of Garda vetting for some staff members, the lack of training on adult safeguarding created latent risks in safeguarding residents within the service.

Child safeguarding practices needed significant improvement. Although procedures existed for reporting child protection and welfare concerns, ineffective monitoring and oversight led to poor responses to some incidents which had occurred in the centre. By way of an example, a safeguarding incident occurred involving the welfare of four children while their parent was hospitalised, which was found to have been poorly managed. Despite making required reports to the Child and Family Agency (Tusla) and An Garda Síochána, the provider failed to take reasonable and proportionate interim measures to protect the children while in the centre, leading to the staff team being unaware of the children's whereabouts for 15 days. The issue was also not promptly escalated internally, and when it was, no actions were taken by senior management. Additionally, pre-existing safeguarding issues were not risk assessed. The management team acknowledged these shortcomings and committed to implementing changes to improve service safety and effectiveness in this regard.

Significant adverse incidents were reported to the relevant government department as required. However, improvement was required to ensure that all adverse incidents were consistently recorded in a manner that allowed them to be reviewed effectively.

Non-governmental organisations regularly visited the centre to assist with housing, legal, and other advocacy needs. The service had begun documenting staff interactions with residents and demonstrated support offered to residents in accessing healthcare, education, and community resources.

At the time of the inspection, a qualified reception officer, who was part of the management team, had been appointed. Residents found the reception officer to be helpful, supportive, and available, and they had established connections with local services, ensuring residents were referred to appropriate health and social care services as required. Despite these positive efforts, there was no policy or guidance in place to support staff identify, communicate, and address the special reception needs of residents as required by the national standards.

In summary, the accommodation centre was in good condition and residents felt safe and comfortable. There were established links in the community and the residents were supported to access these, such as medical, legal and educational. Residents reported being involved in the local community and felt they had integrated well. While the management and staff team endeavoured to provide a good service and residents felt safe living in the centre, the inspectors found several shortcomings in the quality and safety of the service provided. There was a need to improve the governance and management arrangements to ensure the delivery of a good quality service to residents in the centre.

#### **Standard 4.1**

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

While there was some evidence that efforts were made to ensure accommodation was allocated in a way that considered and met residents' known needs, the service provider had not ensured that there was a fair and transparent approach to the allocation of rooms to residents. A centre specific allocation policy was required to direct the allocation of accommodation to ensure a transparent approach was taken and adequate records were maintained.

Judgment: Partially Compliant

#### **Standard 4.4**

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

The privacy and dignity of family units was protected and promoted in this centre. The service provider ensured that families were accommodated together in rooms with private bathroom facilities. The service provider had ensured children had access to suitable facilities onsite to play and develop.

Judgment: Compliant

#### **Standard 4.6**

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

There was evidence that the provider promoted children and young people's access to educational supports in the centre and in the community. The provider ensured that a bus service was available to bring children to nearby schools. A crèche was available near the centre for residents to bring their children. There was a dedicated play space for small children which was equipped with toys, art materials and books. However, there was limited Wi-Fi and an afterschool club in the centre was not functional due to staff shortages.

Judgment: Substantially Compliant

#### **Standard 4.7**

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

There was a laundry room in the centre which was found to be clean and well maintained, however they were inadequate numbers of washers and dryers for the number of residents. All equipment was observed to be in working order and there was appropriate access to cleaning materials and laundry detergent. Residents consulted with largely said they were happy with the laundry facilities.

Judgment: Partially Compliant

#### **Standard 4.8**

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

The inspectors noted that the service provider had implemented suitable security measures within the centre, which were deemed proportionate and adequate. There was CCTV focussing on the external areas, and in most communal areas the centre, such as the reception area, hallways and the dining room. There was clear signage in place regarding the presence of CCTV in relevant areas of the building.

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 service provider ensured sufficient and appropriate non-food items and products were available to residents. Residents were provided with bed linen and sets of towels on arrivals and these were replaced as required. They also received the basic equipment required to prepare and cook their meals.

Judgment: Compliant

**Standard 5.1**

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

There were adequate and suitable food preparation and dining facilities available to residents. Residents had access to a communal kitchen. There were adequate food preparation facilities and cooking utensils in the kitchen. The dining space was bright and well furnished with sufficient tables and chairs. The provider had made secure storage available in the centre for residents to store chilled and dry food. The kitchen was open for 12 hours a day, however, some residents expressed that these opening times were restrictive and did not facilitate those working late to prepare meals.

Judgment: Partially Compliant

**Standard 5.2**

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

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

Judgment: Compliant

**Standard 6.1**

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

While staff treated residents with respect and kindness, the culture of the centre required review to ensure that all staff and centre practices were person-centred and human rights-based. There were examples of restrictive kitchen opening hours and cramped bedroom conditions for some residents. However, the service provider supported and facilitated the residents to develop and maintain their personal and family relationships. Residents were provided with information and the necessary support to avail of services and resources they were entitled to.

Judgment: Partially 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 supported residents to access healthcare, education, community supports and leisure activities. There was centre transport provided for residents to access these supports.

Judgment: Compliant

**Standard 8.1**

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

The service provider had a child protection and adult safeguarding policies in place to protect residents from harm and abuse. Residents reported feeling safe living there. While there were procedures in place for dealing with situations where the safety of residents may be compromised, these were not implemented on a consistent basis.

Judgment: Partially Compliant

### **Standard 8.2**

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

While child protection concerns were reported to Tusla in line with national policy, there were no effective systems in place to protect children and to contribute to their ongoing safety in the centre. There was also lack of effective management, oversight and monitoring of safeguarding arrangements in the centre.

Judgment: Not 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.

While the service provider ensured serious incidents were appropriately reported and residents supported, they had not developed a system to review and trend incidents regularly and to learn from them to improve the service continuously.

Judgment: Partially Compliant

### **Standard 9.1**

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

The inspectors found that the arrangements employed in the centre ensured that each resident received the necessary support to meet their individual needs. The staff team promoted the health and well-being of residents. The service provider had appropriate links with community health and social care services and provided information or referrals, when appropriate, to services to meet a resident's health or social care needs.

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.

<p>In the event that the provider was notified of any special reception needs, it was found that they strove to meet them. For the most part, the provider was not made aware of any special reception needs in advance of resident admissions.</p>
<p>Judgment: Compliant</p>
<p><b>Standard 10.2</b></p> <p>All staff are enabled to identify and respond to emerging and identified needs for residents.</p>
<p>While staff members and management had not received specialist training to identify and respond to the special reception needs and vulnerabilities of residents, they were responsive to residents' needs.</p>
<p>Judgment: Substantially Compliant</p>
<p><b>Standard 10.3</b></p> <p>The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.</p>
<p>The service provider did not have a policy in place to identify, address and respond to existing and emerging special reception needs.</p>
<p>Judgment: Not Compliant</p>
<p><b>Standard 10.4</b></p> <p>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.</p>
<p>There was a reception officer, with the required qualifications, employed in the centre in line with the requirements of the national standards.</p>
<p>Judgment: Compliant</p>

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

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

Standard	Judgment
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Partially Compliant
Standard 1.2	Not Compliant
Standard 1.3	Compliant
Standard 1.4	Not Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Not Compliant
Standard 2.3	Not Compliant
Standard 2.4	Not 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	Partially Compliant
Standard 4.4	Compliant
Standard 4.6	Substantially Compliant
Standard 4.7	Partially Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant
<b>Theme 5: Food, Catering and Cooking Facilities</b>	

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

# Compliance Plan for: The Towers Accommodation Centre.

**Inspection ID:** MON-IPAS-1044

**Date of inspection:** 17 and 18 July 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>A full Audit of our compliance against all standards will take place in October 2024.</p> <p>There is a full governance structure in place now with the Governance Board meeting on a 6-weekly basis. There is also a manager on call system in place with managers meeting online each Monday Morning at 10am.</p> <p>Policies and Procedures have or are in development, these include policies regarding the dignity and respect of all residents and the treatment and processes for dealing with vulnerable adults and children. These policies will be fully enacted in this Centre by the end of November 2024.</p> <p>The Safeguarding Vulnerable Adults Policy and the Garda Vetting Policy went before the Governance Board on 26.08.2024 and were signed off and immediately implemented.</p> <p>There are now regular staff Team meetings and Residents Meetings, and these are recorded via minutes.</p> <p>Management will be working towards compliance with all National standards.</p> <p>Timeline: Full implementation by January 2024.</p>	

1.2	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We have had a change in management in this centre and the new manager was only a week in place when the inspection took place. We are putting processes in place to ensure that there are formal and clear reporting processes in place to record and monitor, manage and review all incidents, accidents, child welfare concerns, risks, and safeguarding concerns.</p> <p>Clear processes for the above will be in place by 31.10.2024.</p>	
1.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We will undertake to have a process in place to monitor and have clear oversight of the quality of care of adults living in the centre by End of October 2024. This will include a questionnaire in a variety of languages.</p> <p>All incidents will be reviewed with the manager monthly. Commencing immediately.</p>	
2.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A recruitment policy is in development and will go before the Governance Board for sign off with implementation immediately after. This will be completed by the end of October 2024.</p> <p>Garda Vetting will be carried out for all staff. Risk Assessments will be completed for all staff transferring from one center to another, and new staff.</p> <p>All Garda Vetting has been applied for each member of staff. Risk assessments have been completed for all staff who have not had their Garda vetting completed and whom had to be brought on board prior to Garda vetting being received, due to staff shortage and in order to maintain services within the Centre.</p>	
2.3	Not Compliant

Outline how you are going to come into compliance with this standard:	
<p>Formal review of all staff on a one-to-one basis will take place in September 2024.</p> <p>A supervision Policy is being devised and it is anticipated to go before the Governance Board in October 2024.</p> <p>All staff are now being managed on a one-to-one basis by the manager. All HR meetings with staff are being recorded.</p>	
2.4	Not Compliant
Outline how you are going to come into compliance with this standard:	
<p>A training needs analysis is underway. We are aware that there are gaps in the training of staff at this Centre and we are working to ensure that the training of the staff meets the National Standards.</p> <p>Training Needs Analysis to take place before the End of October 2024 with a full Training Plan in Place for the End of November 2024.</p>	
3.1	Partially Compliant
Outline how you are going to come into compliance with this standard:	
<p>A Contingency Plan will be in Place for the End of September 2024</p> <p>Staff will be trained and encouraged to register all risks. Management to risk assess all risks with a monthly review to take place internally to the Company. All will be formally recorded.</p> <p>Timeframe – End of November 2024</p>	
4.1	Partially Compliant
Outline how you are going to come into compliance with this standard:	
<p>An allocation of accommodation is in development, and it is anticipated that it will go before the Governance Board for sign off before the end of September 2024.</p>	
4.7	Partially Compliant

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

We are investigating the possibility of developing a contract to have commercial washing machines and dryers installed in our Centers. These will have integrated washing power/liquid dispensers. Initial proposal went before the Governance Board on the 26.08.2024 and this will be discussed again in October at the Board.

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

Opening times for the Kitchen are 8am to 8pm. We are reviewing our staffing levels to aim for opening the kitchen from 6am to 12 midnight. This will accommodate all our residents working, going to school and evening activities to cook for themselves.

Timeframe: End of October.

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

Allocation of Accommodation policy – Timeline – End of September 2024

Extend opening times for the Kitchen – End of October 2024

There are regular meetings with staff and a person-centered approach will be a standing item on the agenda for the next 6 months and then review.

Staff will be trained to understand people’s human rights and the meaning of the term “humanity”. This will be in line with our training needs analysis and the training recommendations of the National Standards.

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

All risk assessments are now reviewed with the managers formally monthly. This ensures that each risk has a formal mitigation plan, and this plan is being followed up by the manager and is being enacted.

Lessons learned are shared and these are also brought back to the staff meetings.

All parts of this plan are fully in place by the beginning of January 2024.

8.2	Not Compliant
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Outline how you are going to come into compliance with this standard:

There is a clear Children’s Safeguarding Policy in place.

We will ensure that all parts of the policy are implemented, this includes the review of all risks pertaining to children are reviewed formally on the next working day – Immediate effect.

All risks pertaining to children are now reported to the Manager on Call Out of hours and handed over to the Centre Manager on the next working day.

Oversight of all Children’s Safeguarding risks are to be reported to the Governance Board on a monthly basis.

The Head of Compliance will follow up on all Children Safeguarding issues within each Centre to ensure that there is a management plan in place for each concern and to have oversight to ensure that the policy is being fully implemented.

Timeframe – Immediate Effect.

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

Formal Review on all risks will take place monthly commencing in September 2024. A report on trends goes to the Governance Board Commencing in October 2024.

10.3	Not Compliant
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Outline how you are going to come into compliance with this standard:

We have a reception process in place. Our Reception Policy is in development, and we are anticipating that it will go before the Governance Board for Sign off in October 2024.

## Section 2:

### Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	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	01/01/2025
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.	Not Compliant	Red	31/10/2024
Standard 1.4	The service provider monitors and reviews the	Not Compliant	Red	29/11/2024

	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	30/08/2024
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.	Not Compliant	Red	29/11/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Not Compliant	Red	29/11/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	30/11/2024
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 interest of the child.	Partially Compliant	Orange	30/09/2024
Standard 4.7	The service provider commits to providing an	Partially Compliant	Orange	31/10/2024

	environment which is clean and respects, and promotes the independence of residents in relation to laundry and cleaning.			
Standard 5.1	Food preparation and dining facilities meet the needs of residents, support family life and appropriately equipped and maintained.	Partially Compliant	Orange	31/10/2024
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Partially Compliant	Orange	31/10/2024
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Partially Compliant	Orange	01/01/2025
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.	Not Compliant	Red	31/10/2024
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	03/10/2024
Standard 10.3	The service provider has an established policy	Not Compliant	Red	31/10/2024

	to identify, communicate and address existing and emerging special reception needs.			
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