



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

Name of the Centre:	Viking House
Centre ID:	OSV-0008458
Provider Name:	Cromey Ltd
Location of Centre:	Co. Waterford
Type of Inspection:	Unannounced
Date of Inspection:	13/11/2024 and 14/11/2024
Inspection ID:	MON-IPAS-1054

Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a national¹ and international level² since that time. In response, the Irish Government took certain steps to remedy this situation.

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

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published a White Paper to End Direct Provision and to establish a new International Protection Support Service³. It was intended by Government at that time to end direct provision on phased basis by the end of 2024.

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

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent⁴ International Protection Accommodation Service centres against national standards on 9 January 2024.

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

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

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

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

About the Service

Viking House is an accommodation centre located in Co. Waterford. The centre has 43 bedrooms across two three storey buildings. At the time of the inspection the centre provided accommodation to 96 residents. The centre is located in a busy city with easy access to public transport links.

There were parking facilities alongside the centre and access to the building was gained through a main reception. The building comprised resident bedrooms, a reception area, an office, a dining room and a resident kitchen. The centre had a laundry room and also a separate building for residents to receive visitors which was a short walk away.

The service was managed by a centre manager who reports to the director of services and is staffed by a director of operations, reception officer, night porters, general support staff and cleaning staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	96
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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)
13/11/2024	12:00hrs-17.45hrs	1	1
14/11/2024	08:30hrs-13:40hrs	1	1

What residents told us and what inspectors observed

The inspectors found, through conversations with residents, a review of documentation and observations made during the inspection, that those living in Viking House Accommodation Centre were receiving a good standard of support from the centre manager and staff team. Residents with whom inspectors spoke expressed satisfaction with the services and assistance they received at the centre and spoke highly of the staff team. However, the inspectors identified areas for improvement, particularly in relation to establishing internal processes for the oversight and monitoring of the service, and developing systems to facilitate increased service user consultation and engagement.

The inspection took place over the course of two days. The inspectors met with a representative of the service provider, the centre manager, and the operations manager who supported the inspection. The inspectors also met with a reception staff member and a domestic staff member. The inspectors had an introductory meeting with the management team and then completed a walk through of the buildings with some members of that team.

Residents' views on the service were gathered by the inspectors through various methods of consultation including talking with residents, resident questionnaires, inspector observations and a review of documents. The inspectors met and spoke with 12 adult residents throughout the course of the inspection. Resident questionnaires were completed by seven residents and they all reported that they felt safe living in the centre. One resident referenced the lack of lockable storage for personal documents on the questionnaire. Residents who met with the inspectors said that they were happy with the facilities and the accommodation provided. They said that the centre managers and staff team were supportive and that they felt comfortable seeking support from them.

The accommodation centre was located in Waterford City. It was situated within walking distance of a range of local services and facilities. A separate building was available a short walk away for residents to receive visitors or for holding meetings. The main accommodation building housed a reception area, a dining room with tables and chairs and a residents' kitchen. The kitchen had six fully-equipped cooking stations which were available to residents, including fridge and freezer storage. Residents received bedlinen and towels on arrival at the centre and received an increased points allowance to purchase a second set of bedlinen. The centre had a maximum number of three residents sharing a bedroom. There were 29 showers and 30 toilets throughout the centre.

The entrance area of the main building of the centre was inviting for both residents and visitors alike, reflecting the vibrant and active atmosphere of the centre. The inspectors observed residents coming and going, some returning from walks or work, as several residents were employed in local shops and restaurants. Residents shared with the inspectors that they enjoyed living in Waterford, appreciating the proximity of services and amenities. The reception area was busy, with residents seeking and receiving assistance from staff members, while others were observed cooking with friends in the kitchen, highlighting a sense of community and support within the centre. Throughout the inspection, the inspectors observed courteous and respectful interactions between staff members and residents.

The inspectors completed a walk through of the building and found that generally it was in a good state of repair and was clean. Two residents mentioned to the inspectors that they would like a lockable storage cabinet in their room for personal belongings and documents. Residents also mentioned that they would like a designated area to engage in their cultural and religious practice.

The primary function of the centre was to provide accommodation to international protection applicants. The resident group in the centre were from a number of different countries. While the centre provided accommodation to people seeking international protection, the inspectors found that some of the residents had received refugee or subsidiary protection status and had received notice to seek private accommodation outside of the centre. Due to the lack of alternative accommodation available this was not always possible.

At the time of inspection, the centre accommodated 96 residents across 43 bedrooms. The service provided accommodation to single males and the maximum occupancy of any bedroom was three people. The centre did not provide catering and operated a points system for food and sundries supplied from the service provider's shop. Residents used an online food ordering system with a points system to purchase food and the operations manager organised the delivery of the orders to the centre twice weekly.

Residents shared their views on the bathroom and laundry facilities. Some bedrooms had access to an en-suite bathroom and others had a bathroom closeby. All residents were generally satisfied with the bathroom facilities provided. Residents were complimentary of the laundry services; there were eight washing machines and eight tumble dryers available in the laundry room. There were also facilities available to iron clothes.

In order to fully understand the lived experience of residents, the inspectors made themselves available to the residents over the course of the inspection. Some residents engaged with the inspectors and it was noted that overall they were very satisfied with the support they received. All of the residents with whom the inspectors spoke stated that they felt safe in the centre and were happy living there.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This was the first inspection of this accommodation centre by HIQA. The inspection found that the service was effectively managed on a day-to-day basis by a dedicated management team, but some improvements were required to ensure there was effective oversight and monitoring of the service. Key areas for improvements which were identified were risk management, record keeping and the ongoing monitoring of service provision.

There was a clearly defined governance and management structure in place but formal systems and processes for quality improvement, auditing and reporting were needed. Prior to the inspection, the service provider had completed a self-assessment of their compliance with the national standards and a review of the management systems of the centre was completed. This was a positive step by the service provider and demonstrated an understanding of their responsibilities as outlined in the national standards. The inspectors recognised that the provider was applying learning from inspections of their other centres to this centre. The actions from the self-assessment and the review had been incorporated into an audit plan which would facilitate the provider to make sustained improvements. The service provider representative informed the inspectors that they were addressing the actions required from the completed review, some of which reflected the findings on this inspection.

The day-to-day management of the centre by the manager was undertaken to a very good standard. The centre manager was supported by the operations manager who was available to them as necessary. As part of the management team there was a reception officer available to support residents, however, some residents were not aware that this support was available to them.

There was a complaints policy and process in place, however, improvements were required. While complaints were documented by the staff team, more accurate records were required in line with requirements of the national standards. Some complaints were resolved informally, however, reoccurrences had not been resolved or escalated. The complaints officer details were highlighted on a noticeboard. There was an absence of a resident survey to seek the views of the residents and the ineffective complaints process meant the provider did not have a good understanding of the experiences of residents.

The service provider had a system in place to record and report on incidents which occurred in the centre. In addition, the service provider was developing an incident review system whereby incidents would be reviewed at incident learning meetings. However, while these systems were under development, the inspectors found that

incidents had not been reviewed for learning or skills development to empower staff to manage incidents and prevent their reoccurrence.

The service provider had formal arrangements in place for resident meetings to be held, but the inspectors found that this engagement strategy could be better utilised to inform staff practices in the centre and support quality improvement initiatives. Other forms of engagement were conducted on an informal basis and need to be recorded to ensure the views of residents were heard and acted upon. Residents did report that they had very positive relationships with the centre manager and spoke very positively about the staff team employed in the centre. Residents stated that they felt listened to and said that the centre manager and deputy had adapted a compassionate and empathetic approach to providing supports.

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

The risk management framework required further development to ensure that all risks were identified, assessed, monitored and appropriate control measures were in place to ensure a safe environment and service. For example risks associated with residents mental health had not been identified or assessed in order to ensure that control measures were in place and reduce the risk of reoccurring incidents. The service provider had recently developed and implemented a new risk management policy and a risk register had been developed but both were in the early stages of implementation.

The service provider had a contingency plan in place to ensure the continuity of services in the event of an unforeseen circumstance. The emergency plan accounted for the needs of all residents including those with mobility issues and who may require additional support. Residents were informed about fire drills and emergency protocols were outlined on notice boards in the centre. Fire evacuation routes and exits were clearly marked and there was appropriate fire detection, alarm and emergency lighting systems in the centre.

The inspectors reviewed personnel files and found that all staff members bar one had a valid Garda vetting disclosure, and the provider had completed a risk assessment and had also reapplied for Garda vetting for this staff member. The inspectors found that all other staff who had resided outside of the country for a period of six months or more had an international police check in place. The service provider had a system in place to risk assess positive disclosures identified through vetting processes, where applicable.

From personnel files reviewed, inspectors found that the service had a performance management and appraisal system in place. The service provider had also ensured that personnel files were held securely. The recruitment policy had recently been implemented and it outlined that going forward two references would be sought for all staff members prior to employment. In addition, the service provider had developed a supervision policy and was implementing this. However, in practice, supervision focused on facilities management and required to be aligned to the function of supervision as outlined in the providers policy.

On the day of inspection the inspectors reviewed the staff rota which indicated that there was an adequate number of staff employed in the centre for the number of residents. The skill level of staff was also adequate to meet the number and needs of the residents. Staff members were trained in areas such as child protection and mental health awareness. They had not received some training in areas such as conflict resolution and as a result there were training deficits identified by the inspectors.

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 service provider performed its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner which promoted their welfare and respects their dignity. The centre manager ensured residents received a good quality of care and support.

Judgment: 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.

The service provider had effective leadership, governance arrangements and management arrangements in place and the staff team were clearly accountable for areas within the service. In accordance with Standard 8:3, the provider had established a process to ensure that adverse events were reported to the relevant body. However, this process was not followed, and incidents were not reported to HIQA as required by policy and legislation.

Judgment: Partially Compliant

Standard 1.3

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

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

Judgment: Compliant

Standard 1.4

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

The service provider had implemented some systems for the oversight and monitoring of the quality of care and experience of adults and children living in the centre. The provider demonstrated self-awareness and had identified some issues as part of the self-assessment process and was committed to ensuring that arrangements were put in place to continue to evaluate and manage the safety and quality of the service. An annual review of the quality and safety of care delivered to residents had not been completed.

Judgment: Substantially Compliant

Standard 1.5

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

Residents' meetings had recently commenced and while this was a positive indication of active inclusion of residents in the delivery of services, it was still in the early stages of implementation. Residents did, however, inform the inspectors that they had regular informal discussions with staff members and that they felt listened to.

Judgment: Substantially Compliant

Standard 2.1

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

On a review of documentation, the inspectors found that all bar one staff member had a valid Garda vetting disclosure and all staff members who had resided outside of the country for a period of six months or more had an international police check in place. The provider had completed a risk assessment and had evidence that they had reapplied for the staff member's Garda vetting. A staff appraisal and supervision system had been implemented by the provider, however, it was in the early stages of implementation and supervision contracts had not been completed with staff members.

Judgment: Substantially Compliant

Standard 2.2

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

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

Judgment: Compliant

Standard 2.3

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

The provider had recently developed a system for supervision of staff, however, the practice taking place in the centre was not aligned with the policy. The inspectors noted that staff members demonstrated a good understanding of their roles and responsibilities in promoting and safeguarding the welfare of all residents. Staff members spoken with said they felt supported by the centre managers.

Judgment: Substantially Compliant

Standard 2.4

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

Training was provided to all staff including safeguarding of vulnerable adults and disability awareness training, however, there were training deficits in areas such as conflict resolution. A training plan was developed and a record was kept of all training which had been completed. Members of the management team had received additional training in areas such as indicators of human trafficking.

Judgment: Substantially Compliant

Standard 3.1

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

The risk management framework required further development to ensure that all risks were identified, assessed, monitored and appropriate control measures were in place to provide a safe service. The service provider did have a risk management policy in place and a risk register had recently been developed, however, it needed further improvement and implementation.

Judgment: Partially Compliant

Quality and Safety

This inspection found that the service provider and centre managers were dedicated to the delivery of a consistently good quality and safe service which met the needs of all residents. Residents were supported to live independent lives and were treated with respect and dignity. While residents informed the inspectors that they felt safe living in Viking House, improvements were required in relation to the notification of incidents to HIQA, the guidance provided for the role of reception officer, and recording systems utilised in the centre.

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

The inspectors found that the bedrooms in the accommodation centre were clean and well maintained. There was adequate storage for clothing and each room had a food storage cupboard and the rooms were appropriately furnished, however, residents did report that they required a secure lockable storage cabinet for their personal documents. There was sufficient parking available for residents and visitors alongside the centre.

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

While there was a communal kitchen and dining room, there was a lack of communal facilities for residents to use for socialising with other residents or relaxing. There was a communal building a short walk away which was part of the centre. The inspectors were told residents could book this building for meetings, appointments or to receive visitors. The inspectors met and spoke with four residents who did not know that this building

was available to them. When the inspectors visited this space they found that it was not heated on a regular basis and as a result was cold and not suitable for use.

The centre had a large kitchen with six cookers and ovens. The kitchen and dining room were in good condition and nicely decorated. The kitchen was equipped with dishwashers, fridges and freezers and the inspectors observed residents cooking and using the kitchens throughout the time of the inspection. Residents explained that they were happy with the kitchen facilities. The service provider explained that the residents had full access to the kitchen at all times. There was a well-equipped laundry room with an adequate number of washing machines and tumble dryers for the number of residents living in the centre. There was Wi-Fi available throughout the centre.

The centre was located in a busy city and had easy access to public transport links and some residents had their own vehicles. Residents had access to shops, amenities and educational facilities within the local community.

Residents were provided with bedding, towels and non-food items on arrival to the centre, and received an increase in their weekly points allowance to buy non-food items thereafter on their pre-loaded debit cards. The management team explained that toiletries including toothpaste, shampoo and shower gels were included as non-food items in the arrival pack. There was no evidence that residents were consulted with regarding the types or varieties of non-food items provided in the centre. The operations manager oversaw the online food ordering system and a points system for residents to purchase food and they also arranged the delivery of the orders to the centre.

Through discussion with staff members and speaking with residents, the inspectors found that the general welfare of residents was well promoted and concerns raised by residents were effectively dealt with. Residents were encouraged to be independent and autonomous while receiving the necessary supports to achieve this. The centre manager informed the inspectors that residents' rights were promoted in the centre and it was evident from positive interactions between residents and centre management that the residents were treated with respect in the centre and their rights were upheld.

Residents were supported and facilitated to maintain personal and family relationships although the visitors room was a short walk away and had to be pre-booked and some residents were not aware this room was available to them.

There was an adult safeguarding policy in place to protect vulnerable adult residents from the risks of abuse and harm in line with relevant legislation and guidance. All staff members had received training in safeguarding vulnerable adults and the service provider had identified a designated officer for the service, whose contact information was highlighted on the notice board at reception. The service provider had ensured that adult safeguarding concerns were identified, although they were not reported in line

with national policy and legislation. The inspectors found four serious safeguarding incidents which had been recorded but not notified to HIQA despite this being a requirement of the regulations.

Improvements were required to ensure that incidents and adverse events were notified, tracked, and reviewed regularly, allowing learnings from such events to be captured and applied to improve the service. While the service provider had policies in place for the management and reporting of incidents, a system to review and learn from such events was not evident. Although the staff team made efforts to address residents' needs promptly and effectively, the inspectors observed that staff support occurred informally, lacking formal systems to guide staff or promote learning and quality improvement following the occurrence of incidents or accidents.

The service provider was also very aware of the need for health supports and the service provider endeavoured to promote the health and wellbeing of residents and links with local services were established and maintained where required. Residents were referred to the appropriate services such as mental health services where necessary and information about support services was available. The representative of the service provider informed the inspectors that the centre had good links with the local general practitioners and residents could avail of this service as necessary.

Although the provider had a special reception needs policy in place, they had yet to develop a guidance manual for the reception officer. The management team informed the inspectors that this manual was being developed. The inspectors were informed that although vulnerability assessments had not been completed yet, the senior management team was in the process of evaluating this approach and intended to conduct assessments in the future as needed. The service provider had identified special reception needs and provided support to residents but had not implemented formal recording systems to track and monitor the supports provided or additional needs which emerged. While individual files were held on residents, there were limited details recorded regarding the support offered by staff members. The inspectors found that there was no evidence of a substance misuse statement or policy in the centre.

The service provider had established a policy to identify, communicate and address existing and emerging reception needs and had also identified a staff member as having the required skills and experience to fulfil the role of reception officer. While the reception officer possessed the necessary qualifications and was part of the senior management team, further development of the role was required. In particular, to ensure that the reception officer received adequate training and knowledge to become the primary point of contact for residents, staff, and management regarding special reception needs.

The service provider and management team engaged with other agencies to provide information and access to a range of services for residents. The service provider supported residents to participate in education (both formal and informal), training, volunteering and employment opportunities.

Standard 4.1

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

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

Judgment: Compliant

Standard 4.2

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

The service provider had ensured that the accommodation for residents was of a good standard and that the residents had sufficient space in line with the requirements of the national standards. The buildings in general were homely and well maintained. However, some additional lockable storage was required for residents.

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 main building which was found to be clean and well maintained and contained adequate number of washing machines and tumble dryers for the number of residents living in the centre. All equipment was observed to be in full working order.

Judgment: Compliant

Standard 4.8

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

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

Judgment: Compliant

Standard 4.9

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

The service provider had made available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing. Residents received a set of bed linen and towels on arrival at the centre, and were given an increase in points to purchase another set. Residents were provided with the necessary utensils and equipment in the kitchen to allow them to live independently.

Judgment: Compliant

Standard 5.1

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

The centre provided self-catering facilities for residents where they could cook foods of choice and culturally sensitive meals. There were storage facilities available for residents' food in their bedrooms and the kitchen was equipped with ovens, cookers, refrigerators, freezers, hot water and space for preparing meals.

Judgment: Compliant

Standard 5.2

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

The provider had developed an online food ordering system where residents could order their groceries and it would be delivered to their accommodation. The service provider had ensured that there was a variety of foods, which accommodated cultural, religious, dietary, nutritional and medical requirements.

Judgment: Compliant

Standard 6.1

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

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

Judgment: Compliant

Standard 7.1

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

Residents were supported to develop and maintain personal relationships and they could invite family and friends to visit them in the centre although the communal area to receive visitors was not conducive to meeting friends as it was cold and required booking. The family unit was respected in the centre and privacy and dignity were promoted by the service provider and staff team.

Judgment: Substantially Compliant

Standard 7.2

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

The service provider ensured that the residents had access to local recreational, educational and health and social services. Residents had easy access to local bus and rail links. External agencies and Non Governmental Organisations (NGOs) attended the centre to offer support and advice around education, training, employment and local services.

Judgment: Compliant

Standard 8.1

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

The service provider had policies and procedures in place to protect all residents from all forms of abuse and harm. The inspectors reviewed incident records for the centre and noted that there was an effective recording system in place relating to safeguarding issues. However, the providers own policy stated that the relevant bodies were required to be notified and four incidents had not been notified to HIQA.

Judgment: Substantially Compliant

Standard 8.3

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

There was a system in place to record all incidents and serious events which occurred in the centre. However, the inspectors found four incidents which had not been notified to HIQA as per the requirements of the centre policy and the regulations.

Judgment: Not Compliant

Standard 9.1

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

The service provider promoted the health, wellbeing and development of each resident. The staff team provided person-centred support that was appropriate and proportionate to the needs of the residents. Residents were provided with information and assistance to access supports for their physical and mental health. The service provider had engaged with community healthcare services, general practitioners and local NGOs to support resident's 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.

The provider ensured that any special reception needs notified to them informed the provision of accommodation and delivery of supports and services for the residents. Residents received information and referrals to relevant external supports and services as necessary.

Judgment: Compliant

Standard 10.2

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

Staff members and managers had received specialist training to identify and respond to the special reception needs and vulnerabilities of residents and they were responsive to residents need and person-centred in their approach.

Judgment: Compliant

Standard 10.3

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

The service provider had a policy in place to identify, address and respond to existing and emerging special reception needs. The reception officer was proactive in identifying the special reception needs of residents on an ongoing basis.

Judgment: Compliant

Standard 10.4

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

The service provider had recruited a reception officer who had the appropriate qualifications and they were part of the senior management team. However, further development of the role was required to ensure that residents were aware this support was available to them and to facilitate meetings with the reception officer should they wish to.

Judgment: Substantially Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
Standard 1.5	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.2	Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.2	Substantially Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant

Standard 4.9	Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Substantially Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Substantially Compliant
Standard 8.3	Not Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Compliant
Standard 10.4	Substantially Compliant

Compliance Plan for Viking House

Inspection ID: MON-IPAS-1034

Date of inspection: 05 and 06 June 2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We will follow our policy which was established in accordance with Standard 8.3 ensuring follow up and full reporting as required by said policy and legislation.</p>	
3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Risk Register in place at the Centre as confirmed in the report. Further development has taken place since the inspection with particular emphasis on the areas identified in the report....eg. Mental Health and incident related risks.</p> <p>Regular Risk analysis is included as part of the Management Programme and Risk Assessment is a standing item on Management meetings.</p>	

8.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We have established an Incident Analysis Procedure, to include recording of minutes of meetings relating to incidents, post incident evaluation, examining measures that can be put in place to avoid a repeat of such incidents in the future.</p> <p>Records will be hosted on a portal which will be available to all group managers to review incidents, action taken, outcome, possible mitigating measures etc. to facilitate shared learning throughout the group.</p>	

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.2	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	31/01/2025
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	31/01/2025
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Not Compliant	Red	31/01/2024

