Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of the Centre:	Athlone Accommodation Centre
Centre ID:	OSV-0008414
Provider Name:	Aramark
Location of Centre:	Co. Westmeath
Type of Inspection:	Unannounced
Date of Inspection:	24/03/2026 and 25/03/2026
Inspection ID:	MON-IPAS-1131

Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. The International Protection Accommodation Service (IPAS) is a government office responsible for the provision of accommodation centres. In June 2025, this responsibility transferred from the Department of Children, Equality, Disability, Integration and Youth, to the Department of Justice, Home Affairs and Migration.

Direct provision 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[1] and international level[2] 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[3]. 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,

[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

that HIQA assumed the function of monitoring and inspecting permanent[4] International Protection Accommodation Service centres against national standards on 9 January 2024.

[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

Athlone Accommodation Centre provides accommodation for families seeking international protection. The centre is located on the outskirts of Athlone in County Westmeath and is in close proximity to local services and amenities.

The centre has capacity to accommodate up to 300 people in 100 mobile homes on the site. Each family is accommodated in either a two-berth or three-berth mobile home. Each mobile home has a small living and kitchen area, a bathroom, and either two or three small bedrooms. Residents can avail of communal facilities onsite such as laundry, entertainment rooms, playgrounds and playing pitches.

The centre is managed by a centre manager who reports to a regional manager. The management team also includes an assistant manager, a maintenance manager, a shop manager and a reception officer. The centre manager oversees a team of 25 staff members including housekeeping staff, maintenance staff and grounds keeping staff, reception staff and security.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	207

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)
24/03/2026	10:00hrs–17:00hrs	1	2
25/03/2026	08:30hrs–15:30hrs	1	2

What residents told us and what inspectors observed

From speaking with residents, a review of documentation, and observations made during the inspection, the inspectors found that residents were well supported while living in Athlone Accommodation Centre. The staff team provided person-centred supports and residents reported that they felt safe living in the centre. Residents lived independently, and were supported to access community-based services and educational supports.

While there had been some improvements made since the previous inspection, it remained the case that due to the type and configuration of the accommodation provided in this centre, some families continued to share bedrooms and beds were not of a sufficient size. Other areas of improvement identified by the inspectors included governance and management systems, risk management and supervision. However, it was evident that staff were making every effort to improve living conditions for residents, and were motivated to engage with the inspection process to ensure that they provided a good quality and safe service.

This was an unannounced inspection of this centre, which took place over two days. During the course of the inspection, the inspectors spoke and engaged with 20 residents, and 23 resident questionnaires were completed and returned to the inspectors. In addition, the inspectors spoke with members of the management team, including the service provider representative, centre manager, assistant manager, and reception officer. The inspectors also engaged with the shop supervisor and a range of frontline staff across the security, housekeeping, and reception teams.

The accommodation centre catered for families, and there were 207 residents, including 112 children, residing there at the time of the inspection. Accommodation was provided to residents across 100 mobile homes in the centre. While the centre provided accommodation to people seeking international protection, the inspectors found that 12% of the residents had received refugee or subsidiary protection status.

The accommodation centre was situated in an industrial area on the outskirts of Athlone town within easy reach of local services and amenities. The main building contained a variety of facilities, including a reception area, staff offices, a shop, laundry room, meeting rooms, recreational spaces, and a staff canteen. A picket fence and internal road divided this building from the mobile homes. Adjacent to the main building was a medical centre where residents could access general practitioners once every three weeks.

On a walk around the accommodation centre, the inspectors observed that the physical structures of the centre were in a good condition and well maintained. A review of the centre records found that there was an effective maintenance management system in place. Residents who spoke with the inspectors were complimentary about staff for promptly addressing maintenance issues. The inspectors observed that fire safety equipment and lighting systems were in place, and evacuation routes were clearly marked.

The outdoor communal area and playgrounds were well maintained with seating nearby for parents to sit while supervising their children. Facilities included, hopscotch, football pitches, basketball court and some outdoor gym equipment for residents to use. The outdoor play spaces were away from traffic and some were fenced, ensuring a safe environment for children to enjoy.

Overall, there was a calm and relaxed atmosphere within the centre at the time of inspection. Residents were observed to be very comfortable in the company of the staff team and communicated with them with ease. At the time of inspection, the centre had an outbreak of chicken pox, and the provider was managing it appropriately, following infectious disease protocols and ensuring affected residents were in isolation.

The inspectors were invited by residents into seven of the mobile homes during the inspection. The mobile homes were self-contained, and each mobile unit had kitchen facilities, a small bathroom and small living area, and either two or three bedrooms. This facilitated families to live as independent units.

As had been identified during the previous inspection, overcrowding remained an issue in some mobile homes in the centre. The inspectors found instances of families sharing bedrooms, yet the provider had not carried out an assessment of how widespread this problem was across the centre. In a number of cases, these rooms fell below the minimum space requirements set out in the national standards, leaving residents with limited spaces for comfortable living. One resident told the inspectors that they "have no space for anything else". Compounding this, residents were provided with timber-framed beds which were smaller than a standard single bed and fitted with shallow mattresses. A number of residents told the inspectors they found the beds so uncomfortable that they opted to sleep on the floor instead. These conditions did not ensure that residents enjoyed a comfortable and homely living environment.

However, the provider had engaged with the relevant government department following the previous inspection and submitted formal requests for improved bedding and storage facilities. By the time of this inspection, 12 new beds and 21 external storage boxes had been delivered, though 48 beds and 79 external storages boxes remained outstanding. While these were positive developments, the living arrangements did not provide adequate comfort for residents and compromised their dignity and overall wellbeing.

Despite the deficits in the physical accommodation, feedback from residents in relation to the centre was generally positive. Residents who spoke with the inspectors said that they felt supported by the staff team and felt safe and comfortable living in the centre. Some residents praised the centre manager and reception officer for the support they offered them in their personal and family matters. The majority of residents said that they felt they could talk to staff and raise concerns with them and they were very aware of the open-door policy that management and staff had for residents should they wish to come to them about something. Residents who spoke with the inspectors stated that they were satisfied with their accommodation as they had an opportunity to live independently and to prepare their own meals in the comfort of their own living space. While they were happy with having their own self-contained accommodation, some residents expressed dissatisfaction with the sizes of their mobile units and their beds.

In addition to speaking with residents, the inspectors received 23 completed questionnaires from residents, 22 from adults and one from a child. The questionnaires asked for feedback on a number of areas including safeguarding and protection, complaints, residents' rights, staff supports, and accommodation. The response to the questionnaires was broadly consistent with the feedback from the residents who spoke with the inspectors.

In summary, it was evident that the centre was a supportive space where staff and managers were readily available to residents and were dedicated to promoting and protecting residents' rights. Residents had good relationships with staff members and reported that they felt safe and secure living in the centre. However, further attention was required including areview of the accommodation provided, specifically bedding and the sleeping arrangements.

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

Capacity and capability

This was the third inspection of Athlone accommodation centre HIQA and it was carried out to assess compliance with the national standards, and to monitor the provider's progress with the compliance plan submitted in response to an inspection (MON-IPAS-1083) carried out in March 2025.

This inspection found that the service provider was responsive to the findings and risks identified during the previous inspection, with many areas of good practice, and notable improvements across many of the national standards reviewed. At the time of the inspection, many actions identified within the compliance plan response were either complete or in the process of being completed. However, further action was required to fully comply with the standards reviewed, particularly in terms of accommodation and facilities, although it was noted that the provider was working with relevant government departments to address these issues. The inspection found other areas for improvements, including governance and management arrangements, risk management, and supervision.

There were clear governance and management arrangements in place, including a suite of policies and procedures to guide the staff team in supporting residents. The centre manager reported to the service provider representative who had management oversight over a number of centres. A reception officer, assistant manager, administrative, housekeeping and maintenance staff formed the rest of the staff team, and all reported directly to the centre manager. The centre manager provided strong leadership and direction to the staff team and was eager to make every effort possible to deliver a good quality and safe service to residents.

The inspection found that improvements to monitoring and reporting practices since the last inspection had contributed to enhanced oversight, although further development of these practices was required. Daily briefing meetings were held and weekly staff meetings with set agenda provided a forum for reflection on incidents and oversight of the operations of the centre. The centre manager maintained a reporting line to the provider representative through weekly, monthly and quarterly reports. However, the inspection found that these systems were not functioning effectively enough to give the provider an accurate picture of conditions in the centre. For example, the extent of overcrowding in the centre had not been identified and documented, and there was no clear oversight of the bedroom-sharing arrangements in the mobile homes. In addition, there was no evidence to demonstrate decision making at the provider level in response to the high-impact risks highlighted in the

reports. This did not facilitate effective governance and transparency at senior management level within the service.

A quality assurance system was in place to monitor the quality of care provided to residents but required further development. Local audits and an annual service review had been conducted. Residents' meetings had commenced, and the staff team had also engaged with residents in a variety of ways, including resident satisfaction surveys and coffee mornings. Feedback from residents from all these initiatives had led to improvements such as repurposing of the communal rooms and the development of a local guidance document on international protection applications. Despite these positive developments, the provider missed an opportunity to develop a formal quality improvement plan to track progress effectively.

Risk management systems were in place but improvement was required to ensure that all risks were identified and comprehensively assessed and managed. A risk management policy was in place, but the existing risk register lacked timeframes for reviewing identified risks. The inspection identified some risks that the provider was managing outside the centre's formal risk management framework. For example, lack of appropriate bedding had not been identified by the provider as a welfare risk and included on the risk register. This reduced the ability of the provider to maintain full oversight of all risks and ensure accountability across the centre.

The service provider had adequate systems in place to manage the risk of fire and contingency plans in the event of an emergency. Fire safety was managed well, with regular checks and fire drills completed as required by centre policy. The centre had personal emergency evacuation plans developed for all residents. The provider had contingency plans in place in relation to, for example, water, gas and electricity, food supply or unavailability of beds or accommodation due to interruptions.

The inspectors reviewed the recruitment practices in the centre and found that the provider had implemented safe and effective recruitment procedures. A review of recent appointments found the provider had adhered to the centre's recruitment policy and there were detailed personnel records available. Garda vetting disclosures were on file for all staff employed in the centre, and international police checks had been obtained where necessary. There were assurances in place for Garda vetting for external support staff who were providing services within the centre.

While supervision and performance appraisals were provided to staff, both processes required improvement. A review of the centre policy and practices found an overlap between the supervision and staff appraisal processes. Further to this, while these processes allowed staff to suggest service improvements, there was limited space to discuss individual workload, or personal support needs. Additionally, the supervision policy did not include the required frequency of supervision sessions. The appraisal

process, meanwhile, lacked agreed goals, actions, and written feedback from staff, relying instead on a basic rating system. Overall, these systems did not fully support routine regular supervision of staff members to ensure systematic accountability for their individual practice and to ensure planned supports were in place where needed within these systems.

The provider had ensured there were sufficient staff available, with the necessary skills and training, to provide a safe and high quality service to residents. Notwithstanding the findings under staff supervision, there was evidence of improved oversight of staff training and development at individual and staff team levels, and staff had received training in a wide range of areas and specific to the needs of residents. Training needs were identified through a variety of ways, including supervision, appraisals and staff meetings.

In summary, this inspection found that this centre was led and managed by an able team but the service provider's governance arrangements were not adequate to ensure that some areas of service provision were effective in fully meeting residents' needs. Enhanced monitoring and oversight, on the part of the service provider, was required to support the team to identify and manage risks on an ongoing basis and to ensure a consistently safe, effective and good quality service was being provided.

Standard 1.1

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

The provider had a good understanding of the relevant national standards and policies. The provider was responsive to the findings of the previous inspection, and while there were improved oversight arrangements in place, enhancements were required for the management and governance arrangements to be effective. While a suite of policies was in place, some improvements were required to meet the needs of residents. It was noted that where required, the provider was escalating concerns to relevant departments

Judgment: Substantially Compliant

Standard 1.2 The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.
There were clear management and reporting structures within the service, and improvements to the governance systems had led to increased oversight of the services provided. The service provider valued consultation with residents, and their feedback influenced changes to practice which enhanced their lived experience. Staff meetings took place on a regular basis, and the provider was kept informed of the operations of the service. However, there was a lack of effective management oversight of overcrowding in the centre and a lack of records to demonstrate decision-making at service provider level.
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.
There was a residents' charter in place that was made available to residents in various languages.
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 systems in place to monitor and review the quality of the services provided. There were accessible arrangements in place for residents to give feedback on their experience living in the centre, and it was evident that resident feedback informed decisions about service delivery and staff practices. While an annual review of the service had been completed, there was no quality improvement plan in place for the centre.
Judgment: Substantially Compliant

Standard 2.1

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

The service provider had ensured there were safe and effective recruitment practices in place. There was a recruitment policy available, and the provider had made arrangements to ensure satisfactory records were maintained in relation to staff recruitment. The service provider had received a Garda vetting disclosure for all staff members employed in the centre.

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.

While staff members were supported in their roles by management and supervision and performance appraisal arrangements in place, improvements were required in these areas. The provider was required to make a distinction between supervision and performance appraisals. There was a need to improve supervision to include discussions on staff roles and practices, workload, staff performance within their role or personal supports they may need. The centre's supervision policy needed to include frequency of supervision as required by the national standards.

Judgment: Partially Compliant

Standard 2.4

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

Continuous training had been provided to staff to support them in their roles. A training matrix had been completed, and staff training needs were considered during supervision and appraisal meetings. Generally, staff had completed the mandatory trainings required by the national standards.

Judgment: Compliant

Standard 3.1

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

register.
There were systems in place for the management and review of risk in the centre. A risk management policy was in place and a risk register outlined some of the risks identified and the measures in place to manage them. However, the risk management framework did not provide assurance that all risks within the service were identified and managed appropriately. The service provider had not followed their own internal risk identification procedures to address known risks related for example, to overcrowding and lack of appropriate bedding.
Judgment: Partially Compliant

Quality and Safety

Overall, the inspectors found that while the physical environment of the centre had remained unchanged since the last inspection, some improvements had been made across most of the standards reviewed as part of this inspection. There was evidence of good consultation with residents, and for the majority, their needs were being met through good access to support services, quality information and opportunities for social engagement and integration. While the provider was endeavouring to address other outstanding deficits, by liaising with the relevant government department, some residents' rights were still impacted by the type of accommodation provided at this centre. The inspectors also identified other areas for improvement including, the provision of non-food items and supports to residents with special reception needs.

The inspectors found that there had been a change to the room allocation arrangements since the previous inspection. This meant that the provider's role in allocating accommodation was more limited, although it was found that they attempted to allocate accommodation that best met residents' known or emerging needs. At the time of inspection, these changes had yet to be integrated into the allocation policy and consequently the policy needed to be reviewed to reflect the actual process and procedures.

While the provider made efforts to allocate accommodation to meet residents' needs, it was found that the configuration of the centre, and the manner in which accommodation was assigned to residents, meant that families continued to share bedrooms. The size of the beds were not of a sufficient size or suitable for long-term living. The size and layout of the mobile homes did not meet the minimum requirements of the national standards, and this meant limited storage and limited space for normal living for some families. The inspectors found that the provider utilised internal transfers, when appropriate, to meet the changing needs of families. While some residents had been provided with new beds and external storage facilities, the size of mobile homes continued to pose limitations to normal family life.

Despite limited spaces within mobile homes for children to play and develop, the provider had ensued good quality recreational and leisure facilities onsite. There were appropriate facilities for children, including outdoor play areas, a cinema room and games room with pool table and games console. Wi-Fi was available throughout the centre. The playgrounds, pitches and indoor communal spaces were clean and well maintained and provided a safe space for families to gather and engage in recreational activities.

The provider ensured that the educational needs of all children in the centre were met. The staff team supported parents to find suitable school placements for their children

and all children of school-going age had school placements. Transport was available for children and young people to attend school locally. Although staff did their best to support residents in finding crèche spaces for their children, there was a shortage of places in the local community and not all children residing in the centre who wanted a crèche space received one. A study room had been established in the centre for residents.

Security measures onsite were appropriate and proportionate to the needs of the service. Closed-circuit television (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 centre. Security staff were licensed by the Private Security Authority (PSA) and had completed relevant training.

The service provider had not ensured that sufficient and appropriate non-food items were made available to residents. Toiletries, laundry detergents and the required two sets of bed linen were not provided to residents as per the requirements of the national standards. The centre manager advised the inspectors that they were committed to reviewing these provisions to ensure that they came into compliance.

The centre had a well-stocked shop onsite and residents were allocated points on a weekly basis to purchase their groceries there. This promoted their independence and choices regarding the food purchased to meet their families' needs and cultural requirements. Residents who spoke with the inspectors were happy with the variety of items available in the shop, and said that they could make suggestions or requests to have specific items stocked.

Notwithstanding the concerns regarding the accommodation and bedding, it was found that the staff team endeavoured to promote and protect the rights of residents. The provider had effective systems in place to consult with residents to gather their feedback. The right to access information was supported and residents exercised their right to choose their own daily activities and what food they prepared. Residents told the inspectors that the staff members were responsive to their needs, and they felt that they were treated with dignity and respect.

Residents living in the centre were supported and facilitated to develop and maintain personal and family relationships. Children and adults were facilitated to have visitors to the centre. Families were accommodated together and had their own private space to share cultural knowledge with their children.

There were adequate measures in place to safeguard residents who lived in the centre, including child and adult safeguarding policies. These were comprehensive in guiding staff in effectively managing and reporting a safeguarding concern to the relevant authorities. All staff had completed child and adult safeguarding training, and all staff

members engaged with were made aware of their role and responsibilities in relation to safeguarding vulnerable adults and children. Appropriate actions were taken by the staff team following safeguarding incidents recorded by the centre and reviewed at the time of inspection. The management team ensured escalations and follow ups were made with relevant government departments where necessary in recorded incidents reviewed by inspectors.

The centre had a policy and procedures in place to report, manage and notify incidents and serious concerns. There was a clear escalation pathway for information regarding incidents, including incidents of a lower level risk, to inform risk management processes. The service provider had not submitted notifications to HIQA for all incidents of a child safeguarding nature.

The health, wellbeing and development of residents was promoted by the service provider through the staff team. The staff team ensured that residents had access to medical care and support services to meet their needs. Support workers from various services attended the centre regularly to meet with residents and provide information and advice.

A qualified and experienced reception officer was employed in the service. Residents engaged with were complimentary of the support they had been offered by the reception officer. The reception officer had endeavoured to assess the needs of residents, and had completed initial vulnerability assessments for all new arrivals since taking up the role. However, vulnerability assessments were initially completed for a family unit, rather than individually, although subsequent support plans were developed on an individual basis where required. At the time of the inspection nine per cent of the centre's population had been identified with special reception needs. Support plans and risk assessments were monitored by the reception officer with clear oversight by the centre manager.

While it was evident that staff supported the reception officer in their role and had received the relevant training, the policies in place lacked clearly defined responsibilities for staff when it came to identifying and supporting residents with special reception needs.

In summary, this inspection found that the governance and management arrangements had improved since the previous inspection, which had improved the safety and quality of the service. Residents had choices in their daily lives, and their rights and independence were generally promoted. Connections with the local community were established, and residents were supported in engaging with them. Additionally, residents benefitted from a supportive and knowledgeable staff team. While residents living in this centre were satisfied with the service they received, the accommodation provided did not meet the needs of all residents and fell below the minimum standards required.

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 allocations policy required review to ensure that it reflected the current arrangements in place for allocation of accommodation. The service provider endeavoured to meet the identified needs of residents in the allocation of accommodation, although the allocation arrangements meant they had limited capacity to make decisions about how residents were accommodated.

Judgment: Substantially Compliant

Standard 4.2

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

The size and layout of the mobile homes did not meet the minimum requirements of the national standards, and this meant the space was insufficient to meet residents' other ordinary daily needs. The beds were not of a standard size. While some of the issues identified previously had been resolved, the mobile homes and bedding did not make for comfortable living form some residents.

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.

While families were accommodated together, the privacy and dignity of family units was not adequately protected and promoted with the centre. There were children sharing bedrooms with parents or older siblings in the centre, and limited spaces for normal family life within the mobile units. The provider had escalated these concerns to the relevant government department and made internal transfers, where necessary. However, there was a lack of awareness on the part of the provider of the extent of this issue in the centre and as such had there was ineffective oversight of this matter.

Judgment: Partially Compliant

Standard 4.6

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

The provider made available adequate and dedicated facilities and materials to support the educational development of children and young people in the centre. Parents were supported to obtain suitable crèche, preschool and school placements for their children. Transport was available for children and young people to attend school. A study hub was available for residents in the centre. Wi-Fi was available throughout the centre. English classes were also available to residents in the centre.

Judgment: Compliant

Standard 4.7

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

Communal areas were clean, and residents had access to suitable laundry facilities. Residents were satisfied with the laundry arrangements, and the centre manager and staff were responsive to feedback provided by residents in relation to the laundry facilities.

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.

Residents felt safe living in the centre. Security personnel had the required licenses and training to carry out their roles. Residents' right to privacy was protected, and they were facilitated to have visitors to their accommodation. A private meeting room with no CCTV was also made available to residents for meetings when needed. Security risks had been identified and assessed by the service provider.

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 not ensured that sufficient and appropriate non-food items were made available to residents. While other non-food items were provided, toiletries, laundry detergents and the required two sets of bed linen were not provided to residents as per the requirements of the national standards.

Judgment: Partially Compliant

Standard 5.1

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

Residents had food preparation, cooking and dining facilities within their own mobile homes which were fully equipped with all necessary cooking utensils, cutlery and crockery.

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.

Prepaid vouchers were given to residents on a weekly basis, which promoted their independence and choice. Residents said that their feedback had been taken on board by the staff team in relation to the variety of food and non-food items available in the centre shop.

Judgment: Compliant

Standard 6.1

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

The staff and management team were person-centred in their approach, and the rights of residents were promoted and protected. There were effective and robust systems in place to consult with residents. Information regarding residents' rights was displayed throughout the centre. Residents were supported to live independently and to integrate into the local community. However, there remained significant rights issues associated with the accommodation provided to residents but this has been addressed earlier in the report under Standard 4.4.

Judgment: Compliant

Standard 7.1

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

Residents were supported and facilitated to develop and maintain personal and family relationships, and were facilitated to welcome visitors into their mobile homes in line with the house rules for the centre.

Judgment: Compliant

Standard 7.2

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

Residents had access to public services and community supports. Many of these services were within walking distances of residents' accommodation or could be accessed by centre or public transport. School bus transport was available to children living in the centre. Transport to medical appointments was also made available by the service provider, when required.

Judgment: Compliant

Standard 8.1

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

The service provider had adequate safeguarding arrangements in place to ensure the safety and welfare of both adults and children. Staff had completed the relevant training and were aware of their roles and responsibilities in relation to safeguarding practices.

Judgment: 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.

The service provider had taken all reasonable measures to protect children from abuse, and ensured that their safety was prioritised. Contact had been made with the relevant statutory authority for advice when required. Dedicated designated liaison persons had been appointed, and there were policies, procedures and safeguarding statements in place. There was a system in place to track concerns and reports over time.

Judgment: Compliant

Standard 8.3

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

The service provider had effective systems in place to manage incidents and adverse events that occurred in the centre. Incidents were well managed and detailed records were maintained to evidence the review, oversight and learning arising from incidents. Incidents were discussed in a variety of staff meetings and this ensured that learnings and risks were identified. However, some notifications had not been reported to HIQA as required.

Judgment: Substantially Compliant

Standard 9.1

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

The inspectors found that arrangements in the centre ensured that each resident received the necessary support to meet their individual needs. The centre manager ensured that where suitable supports could not be provided in the centre, that residents were assisted to avail of support from external services.

Judgment: Compliant

Standard 10.1

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

For the most part, the provider was not made aware of any special reception needs in advance of an admission to the centre. Despite this, the staff team endeavoured to provide the required support, accommodation and assistance to residents when they became aware of their needs.

Judgment: Compliant

Standard 10.2

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

Staff received the appropriate training and support to enable them to identify and respond to the needs of residents. Systems had been put in place to support the wider staff team to share learnings and discuss their practice.

Judgment: Compliant

Standard 10.3

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

While there was a reception needs policy in place, it had not been subject to review; this was a required action from the previous inspection. Although the reception officer was found to be working with a clear and professional approach to their role, a review of the reception needs policy was required to ensure it provided sufficient guidance for staff involved in identifying and addressing residents' reception needs.

Judgment: Substantially Compliant
Standard 10.4 The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.
An appropriately qualified and committed reception officer was available in the centre. The Reception Officer had carried out vulnerability assessments for all residents in the centre, and there were support plans and risk assessments in place where necessary. The Reception Officer had developed supportive and professional relationships with residents and was well known to them.
Judgment: 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	Substantially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.2	Partially Compliant
Standard 4.4	Partially Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant

Standard 4.9	Partially Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Compliant
Standard 8.2	Compliant
Standard 8.3	Substantially 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	Substantially Compliant
Standard 10.4	Compliant

Compliance Plan for: Athlone Accommodation Centre

Inspection ID: MON-IPAS-1131

Date of inspection: 24/03/2026 and 25/03/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

- **Partially compliant**: A judgment of partially compliant means that on the basis of this inspection, the provider or centre manager met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for people using the service over time if not addressed.

- **Not compliant -** A judgment of not compliant means the provider or centre manager has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply.

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.2	Partially Compliant

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

Standard 1.2 – Governance, Accountability and Management

Judgment: Partially Compliant (Orange)

Action to Achieve Compliance:

The provider has strengthened governance and oversight arrangements to ensure clear accountability and effective management of identified risks. Governance reporting structures have been revised to ensure that high-impact operational and welfare risks (including overcrowding and accommodation deficits) are formally identified, documented, escalated, and tracked at provider level. A revised suite of centre policies (Room Allocation, Reception Officer, Supervision, Risk Management) has been implemented to reflect current operational realities and clarify accountability.

Measures Implemented / Planned:

- Formal governance oversight of accommodation-related risks through scheduled management reporting
- Clear escalation pathways to IPAS for risks outside provider control
- Management review of risk register and action plans at defined intervals (Quarterly & after an incident)

Monitoring:
Compliance monitored through management meetings, governance reports, and risk register reviews.

Date to be Fully Compliant: 30 June 2026

2.3	Partially Compliant

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

Standard 2.3 – Staff Supervision and Support

Judgment: Partially Compliant (Orange)

Action to Achieve Compliance:
A **revised Staff Supervision Policy** has been implemented to clearly distinguish supervision from performance appraisal and to ensure staff are supported to manage workload, identify risks, and promote resident welfare. Minimum supervision frequencies have been defined by role, and supervision sessions are structured to include risk identification, safeguarding, workload and wellbeing, in direct response to inspection findings.

Measures Implemented / Planned:

- Defined supervision frequency by staff role
- Standardised supervision template introduced
- Supervision records reviewed by management for oversight
- Additional supervision provided following incidents or safeguarding concerns

Monitoring:
Supervision compliance tracked through supervision logs and reviewed by centre management.

Date to be Fully Compliant: 30 June 2026

3.1	Partially Compliant

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

Standard 3.1 – Risk Management and Risk Register

Judgment: Partially Compliant (Orange)

Action to Achieve Compliance:
The provider has strengthened risk management systems to ensure that all known and emerging risks, including overcrowding, minimum space deficits and bedding

concerns, are formally identified, risk-assessed and recorded on the centre risk register. Risk review timeframes have been introduced and escalation pathways clarified.

Measures Implemented / Planned:

- Updated risk register to include accommodation, bedding and overcrowding risks
- Defined review dates for all risks
- Linkage between supervision, reception needs, incidents and the risk register
- Governance oversight of high-impact risks

Monitoring:
Risk register reviewed regularly and escalated through governance structures where required.

Date to be Fully Compliant: 30 June 2026

4.2	Partially Compliant

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

Standard 4.2 – Homely, Accessible and Sufficiently Furnished Accommodation

Judgment: Partially Compliant (Orange)

Action to Achieve Compliance:
The provider continues to engage with the relevant government department regarding structural limitations of mobile homes, bed sizes and storage capacity, which are outside the provider's control. Mitigation measures have been implemented to improve comfort and dignity pending system-level resolution.

Measures Implemented / Planned:

- Escalation of accommodation and bedding deficits to IPAS
- Partial delivery of new beds and external storage units
- Tracking of outstanding beds and storage deliveries
- Internal transfers used where feasible to better match family needs
- Ongoing welfare monitoring of affected families

Monitoring:
Progress monitored through governance reporting and risk register tracking.

Date to be Fully Compliant: 30 September 2026

4.4	Partially Compliant

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

Standard 4.4 – Privacy and Dignity of Family Units

Judgment: Partially Compliant (Orange)

Action to Achieve Compliance:
The provider allocates mobile homes as assigned by the IPAS Team. The Centre Room Allocation Policy aims to strengthen risk identification, mitigation and escalation where family privacy and dignity are impacted. Oversight of bedroom-sharing arrangements has been strengthened.

Measures Implemented / Planned:

- Revised Room Allocation Policy reflecting current allocation processes
- Identification and documentation of bedroom-sharing arrangements
- Internal transfers managed in line with the pregnancy transfer request.
- Escalation of privacy and dignity concerns to IPAS
- Risk register updated to reflect family-unit impacts

Monitoring:
Reviewed through welfare checks, management oversight and risk management processes.

Date to be Fully Compliant: 30 September 2026

4.9	Partially Compliant

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

Standard 4.9 – Provision of Non-Food Items

Judgment: Partially Compliant (Orange)

Action to Achieve Compliance:
The provider has committed to ensuring residents receive sufficient and appropriate non-food items in line with national standards. Current gaps in provision (toiletries, laundry detergents and bed linen) have been identified and corrective actions initiated.

Measures Implemented / Planned:

- Review of non-food item provision against national standards
- Procurement and distribution of required items
- Monitoring of stock levels to ensure sustainability
- Resident feedback mechanisms used to assess adequacy

Monitoring:
Audited through stock checks, resident feedback and management oversight.

Date to be Fully Compliant: 30 June 2026

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	30/06/2026
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Partially Compliant	Orange	30/06/2026
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	30/06/2026
Standard 4.2	The service provider makes available accommodation which is homely,	Partially Compliant	Orange	30/09/2026

	accessible and sufficiently furnished.			
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.	Partially Compliant	Orange	30/09/2026
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.	Partially Compliant	Orange	30/06/2026