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:	Atlantic Lodge
Centre ID:	OSV-0008416
Provider Name:	Cromey Ltd
Location of Centre:	Co. Kerry
Type of Inspection:	Unannounced
Date of Inspection:	21/01/2026 and 22/01/2026
Inspection ID:	MON-IPAS-1126

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

Atlantic Lodge is an accommodation centre located in a town in Co. Kerry. The centre had previously operated as a hotel and is located within walking distance of centre of the town. There was one main building on the premises, with three portakabins to the rear for use by children. The main building contained 26 bedrooms. The bedrooms in the centre varied in size and were used to provide accommodation for families and single adults. At the time of inspection 76 people were accommodated in Atlantic Lodge.

The entrance to the accommodation centre led to a large reception area. This contained a reception desk, a staff office and an open space with comfortable seating and children's toys. The main building also contained a laundry facility, a large dining room, a meeting room and kitchen facilities. All bedrooms contained an en-suite bathroom with a shower, and there were some public toilets available in the reception area.

Atlantic Lodge was managed by a centre manager who reported to a director of operations. The senior management team also included a director of services, HR administrator, Reception Officer and Quality and Compliance Manager. The centre manager oversaw a team of staff including reception staff, housekeeping, night porters and maintenance staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	76

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)
21/01/2026	09:45 – 16:45	1	1
22/01/2026	08:45 – 11:15	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 Atlantic Lodge Accommodation Centre were receiving a good standard of support from the staff team and service provider. Through conversations with a number of residents, reviewing residents' surveys and centre documentation, the inspectors found that residents expressed satisfaction with the support and assistance they received from staff. They spoke positively of the staff team and managers and said that they were treated in a respectful manner. While these were positive findings, there was overcrowding in rooms provided to families, which impacted on the ability of the service provider to fully promote the rights of all residents, particularly in relation to privacy and dignity. In addition, the impact of overcrowding in family bedrooms had not resulted in a fire safety assessment to ensure any identified risks were managed effectively. There were unassessed potential fire safety risks in the centre.

This was an unannounced inspection of Atlantic Lodge Accommodation Centre which was located in a town in Kerry and was within walking distance of local services and transport links. The entrance to the centre was bright and clean and there was a welcoming reception area where residents could meet with the centre manager and reception officer. The reception had a seating area for residents with sofas, coffee tables and toys for children to play with. The inspectors observed residents coming and going, some returning from walks or shopping. On the day of the inspection maintenance personnel were putting up new curtains in the reception area which added to the homely feel in the centre. There were no restrictions to the residents entering or leaving the centre although there was security staff employed.

The inspection took place over the course of two days. The inspectors met with the centre manager and the quality and compliance manager who supported the inspection. The inspectors also met with the reception officer, a domestic staff member and member of the reception staff. The inspectors had an introductory meeting with the management team and commenced a review of documentation. In the afternoon of the first day the inspectors made themselves available to meet with residents and get a sense of their experience of living in the centre.

The centre provided accommodation to international protection applicants and it catered for families and single adults, who were from a broad range of nationalities. The inspectors found none of the current residents had received refugee, subsidiary protection or leave to remain status. Three residents who had received leave to remain status had recently left the centre and had sourced alternative accommodation in the community. The provider facilitated non-governmental organisations (NGOs) to hold clinics in the centre, to help residents source accommodation.

At the time of inspection, the centre accommodated 76 residents. Accommodation was provided across 26 bedrooms, with fourteen of these used to provide accommodation for families. The remainder of bedrooms housed single adults.

Adjacent to the reception area there was a dining room with tables and chairs and a residents' kitchen. There was a childrens playroom located between the reception area and dining room. There was a also shelved corner that contained a wide selection of books and DVDs for residents' use. The kitchen had five fully-equipped cooking stations which were available to residents. All bedrooms in the centre contained an en-suite bathroom with a shower, toilet and hand-wash basin.

Residents shared with the inspectors that they enjoyed living in Kerry, appreciating the proximity of services and amenities. Some however, commented that there were limited activities in the area and they had to travel to a large town nearby, where there was a greater choice of shops, cinema and sports. The reception area was busy, with residents seeking and receiving assistance from staff members, while other residents were playing with their children in this space. Inspectors observed some residents cooking in the kitchen. Throughout the inspection, the inspectors observed courteous and respectful interactions between staff members and residents.

On a walk around the centre it was apparent that there had been significant improvements made to the centre premises since the last inspection which was one year prior. The centre now had a full time cleaner and the impact of this was evident throughout the centre as the communal kitchen, dining room and reception area were clean and a sustained system was in place. The centre had been freshly painted, new carpets had been fitted to the bedrooms and hallway and broken furniture had been replaced. In addition there was a new childrens play room which was furnished with brightly coloured floor mats, pictures, toys and books. The three cabins at the rear of the main building had been repurposed and were clean, warm and one was used by children for study, the second one was a TV room and the third was used as a staff meeting room. When inspectors met with residents they talked about the impact these improvements had on their quality of life. They now had somewhere safe for their children to play, study and meet with friends and where they could also meet and chat with other residents. On the previous inspection lockable storage cabinets in residents bedrooms were not always provided and this had since been remedied.

The outdoor space to the front of the centre which contained a car park with gates which remained open at the end of its avenue onto a busy thoroughfare. This presented a potential risk for children. The provider had reviewed the options and had received a price for a new electric gate to ensure the safety of the children.

Residents' views on the service were gathered by the inspectors through various methods of consultation including talking with them and HIQA resident questionnaires. The inspectors met and spoke with 18 adult residents and six children throughout the course of the inspection. Residents all reported that they felt safe living in the centre. 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 centre did not provide catering and operated a points system for the purchase of 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 three times per week.

Residents shared their views on the bathroom and laundry facilities. A laundry room was located at the rear of the building. This contained eight washing machines and eight dryers. There were also two hand-wash sinks. Residents gave generally positive feedback about the laundry arrangements. All equipment in the laundry room was found to be in good working order at the time of inspection.

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

Capacity and capability

This inspection found that Atlantic Lodge was being well managed and operated by a dedicated management and staff team. While residents informed inspectors they were happy with the support they received in the centre and felt safe, inspectors identified some areas which required attention. These areas related to risk management, overcrowding, communication across the staff team and promotion of residents' rights.

Since the last inspection, the inspectors found that the centre management team had an improved understanding of the policy framework governing service operations, encompassing relevant legislation, national policy, and the national standards, which improved the effectiveness of the management team. There was evidence of an emerging shared commitment and capacity across the management team to establish systems and policies to achieve compliance with the national standards.

The service provider had a clear governance structure in place for the centre. Atlantic Lodge was managed by a centre manager who oversaw a team of staff members, including general operatives, night porters, domestic staff, maintenance staff and reception officer. The centre manager reported to a director of operations, who oversaw a number of other accommodation centres. The director of operations, in turn, reported to a director of service. The provider had implemented good reporting arrangements since the last inspection, and this approach operated effectively for improved oversight and monitoring purposes. While senior managment meetings were being held regularly and there was a network established to support the centre manager, there was a reliance on informal communication between the centre management and staff team. This informal style of working also applied to handovers between day and night staff. This gap in communication did not facilitate formal sharing of information, decision-making at local level and shared learning and or feedback between managers and the staff team.

Despite the areas outlined that required improvement, formal systems and processes for reporting, quality improvement and auditing had been strengthened in the centre since the last inspection, and the provider had completed an annual review for the centre. Additionally, the management team had completed a review of the service provided, which proved effective as an oversight mechanism and which also informed the development of a quality improvement plan. Accountability was evident within these processes as each action was attributed to a member of the management team and a date set for completion of this action. The management team had also

distributed a survey to all residents to gain insight into the lived experience of residents and to ensure the support offered to residents was person-centred.

The number of residents living in the centre had increased in the 12 months since the last inspection and there were six additional families now living in the centre. At the time of inspection, the centre was operating at 76 residents. There was an increase in the number of families living in the centre, despite bedrooms not being suitable for families, as they resulted in children and or young people sharing sleeping arrangements with their parents. This matter had been brought to the attention of the relevant government department by the service provider but the inherent risks were not assessed in the interim by the provider. The overcrowding of some bedrooms in the centre had an impact on these resident's basic human rights including their right to privacy and dignity and their general wellbeing.

The inspectors found the system to manage risk in this centre required some improvement. There was a risk management policy in place and a risk register and risk assessments had been completed. However, some risks identified by inspectors had not been fully considered or assessed by the provider. These included risks in relation to the safe evacuation of residents where there was overcrowding in bedrooms where families were accommodated, including large amounts of personal luggage and belongings. In addition, the inability of the provider to meet national standards when providing accommodation to families in bedrooms which were inadequate in size and did not promote human rights related to privacy and dignity were not assessed.

Inspectors were also concerned that given the level of new arrivals throughout the year to the centre, twice yearly fire drills were inadequate, particularly for new residents. Numerous languages were spoken in the centre and English was often not the residents' first language which presented further challenges in the event of a fire or smoke emergency. The impact of language challenges in the event of an emergency had not been fully considered. The provider had taken a proactive approach to other areas of risk and had plans in place for unforeseen events, such as flood and electricity outage in the centre.

The provider had ensured safe recruitment practices in the centre. There was a recruitment policy in place for the centre and the inspectors reviewed personnel files and found that Garda Síochána (police) vetting was in place for all staff members. International police checks had been obtained for all staff who required one. The service provider had a system in place to risk assess positive disclosures identified through vetting processes, where applicable. There was photo identification, a contract of employment, job description and records of their formal employment

induction in place for all staff members in line with the requirements of the national standards.

Managers were providing formal supervision to staff, and there was a schedule in place. Additionally there was an annual staff appraisal and a staff probation system in place which, on review by HIQA inspectors, was effective. The team also supported each other in their roles, and there were good working relationships among the team. Inspectors observed professional and pleasant interactions between staff members throughout the course of the inspection.

The learning and development needs of the staff team were being prioritised and a plan was in place to ensure all of the mandatory training was completed. The management team had developed a system to maintain oversight of all of the training completed and the dates for future training that was scheduled. All staff members had completed training in Children First National Guidance for the Protection and welfare of Children (2017) and safeguarding of vulnerable adults training. There was a training needs analysis which identified key areas of training required for specific departments, and training was prioritised for staff depending on their needs in line with their roles and responsibilities. For example, training in awareness of traumatic events experienced by some residents had been provided to the relevant staff.

There was a residents' charter in place which remained in keeping with the requirements of the national standards since the past inspection of this centre.

In summary, the provider in collaboration with the management team had made significant progress to improve the quality of the service offered to residents through enhancements made to its' management and oversight systems. However, further improvements were required in relation to risk management, communication systems, accommodation and the promotion of residents' rights.

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.
In the main, the service provider performed its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre. Nonetheless, the provider had not developed a strategy in relation to the admission of additional families to the centre causing overcrowding in some bedrooms which posed risks to these residents in the event of a fire and had an negative impact on their residents' privacy, rights and dignity.
Judgment: Partially Compliant
Standard 1.2 The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.
The service provider had management and governance arrangements in place which specified roles and detailed responsibilities for areas of service provision. The provider had implemented formal quality assurance and reporting systems to support effective governance, oversight and monitoring of all aspects of service provision. Nonetheless inspectors observed that improvements were required in relation to better communication between the senior management team and the staff.
Judgment: Substantially 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 which accurately and clearly described the services available to children and adults living in the centre, including how and where the services are provided. The charter was comprehensive and included information on local services, such as schools, child care facilities, sports clubs, places of religious worship and gave a clear outline of the complaints process. The residents' charter also included how each individual's dignity, equality and diversity was promoted and preserved in the centre. Copies of the charter were given to residents on arrival at the centre and it was available in a number of 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 provider had developed an audit structure to support quality improvements in the centre. The service provider had also completed an annual review of the quality of care and experience of the residents and the provider had developed a quality improvement plan for the service.

Judgment: 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 staff members 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 implemented an effective staff appraisal system which was completed annually.

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 developed and implemented a system for supervision of staff and staff members spoken with said they felt supported by the centre managers. The inspectors observed that staff members demonstrated a good understanding of their roles and responsibilities in promoting and safeguarding the welfare of all residents.

Judgment: Compliant

Standard 2.4

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

Training was provided to all staff members including those employed on a contractual basis. Some members of the management team had received training in additional areas such as supervisory management, incident management and conflict resolution. A comprehensive training programme and a training schedule were in place to ensure all training needs were met.

Judgment: Compliant

Standard 3.1

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

While the provider had a risk management policy and a risk register in place, and while risk assessments for residents and the facilities had been completed, inspectors had concerns in relation to fire safety in parts of the centre. These risks potentially placed some residents at significant risk of harm in the event of a fire. Inspectors observed seven families sharing confined and overcrowded bedrooms (which had previously been a hotel bedroom) for lengthy periods of time. This accommodation as observed by the inspectors had not been adequately assessed by the provider in terms of orderly evacuation in the event of a fire or smoke emergency.

Judgment: Partially Compliant

Quality and Safety

Overall, the provider and centre management at Atlantic Lodge demonstrated a strong commitment to delivering a safe, good-quality service for residents. Residents were supported to live as independently as possible and were treated with respect and fairness in their day to day interactions with the staff and management team. Residents who spoke with inspectors reported positive experiences and described good relationships with staff and managemers. However, inspectors identified that improvements were required to the promotion of residents' privacy and dignity in relation to overcrowding due to the sleeping arrangements for families.

The provider had a room allocation policy to guide staff in allocating accommodation to residents. When residents arrived at the centre, the centre manager and staff team made allocation decisions based on the information available to them at the time and available accommodation. The family unit was prioritised and families were accommodated together. While the provider had a policy for room allocation they were limited in their options, as all bedrooms were the same size and configuration. This meant for example, that two single adults were provided with the same bedroom as a family of two adults and two or more children. Where accommodation offered was not adequate and could not meet the needs of residents, centre managers supported residents to request a transfer to more suitable accommodation.

On inspection of a sample of residents' bedrooms, inspectors found that the accommodation was generally maintained to a good standard and was homely, accessible and appropriately furnished. The centre had recently been painted, had new carpets and curtains fitted and some rooms had new furniture. Residents were allocatd bedrooms and living space in the centre was communal. However, inspectors identified that bedrooms provided to families had limited floor space to allow residents to store their belongings and move around freely. In one case, a family of five, two adults and three children, shared a bedroom. This was not a suitable sleeping arrangemet and impacted on basic rights such as privacy and dignity.

During the inspection, inspectors found that the promotion of residents' general welfare was central to staff practice. This was evident in resident engagement, support offered by the reception officer and supports to access medical services within the local community. The service provider was aware of the need for health supports and endeavoured to promote the health and wellbeing of residents. Links with local services were established and maintained where required. Residents were referred to the appropriate support services where necessary and information about

support services was readily available. The manager explained that the centre had good links with the local general practitioners and residents could avail of this service as necessary.

The service provider demonstrated a commitment to meeting residents' educational needs. The reception officer supported residents to access English language classes and to progress to further education and training opportunities as their language skills developed. The reception also provided support to parents to access pre-school, primary and post primary education placements. A study room was available to young people to complete homework, and Wi-Fi internet access was provided within the centre to support residents undertaking coursework.

Safeguarding practices were well developed, and the service provider had appropriate policies and procedures in place to guide safeguarding practices within the centre. All staff had received training in safeguarding vulnerable adults, Children First National Guidance for the Protection and welfare of Children (2017) and a designated officer had been appointed, with contact details clearly displayed on the notice board at reception. Residents reported that they felt safe and protected in the centre, and staff demonstrated an awareness of their safeguarding responsibilities. The staff and management team responded to concerns as they arose and notified the relevant authorities where required.

The service provider had established a policy to identify, communicate and address existing and emerging special reception needs and had employed dedicated reception officers with the necessary skills, qualifications and experience to fulfil the role. The appointed reception officer was a member of the senior management team and had received appropriate training to act as the primary point of contact for residents, staff and managers in relation to special reception needs.

The reception officer had developed a vulnerability assessment to support residents with identified and emerging special reception needs. However, inspectors found that the assessment was not aligned with a risk assessment format, resulting in a more clinical approach that was not fully person-centred. On the day of inspection the reception officer and quality manager amended the format of the vulnerability assessment to enable the collection of personal details and to ensure the process was more person-centred. In addition, the provider maintained a risk log register for residents identified as having special reception needs to ensure these needs were monitored and addressed. There was evidence that the reception officer had made referrals to relevant support services and facilitated residents to attend appointments with mental health professionals, family resource officers and social workers. Notwithstanding this, the supports provided to residents were clearly documented.

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.
This centre provided residents with a bedroom and communal living and leisure areas for adults and children. While the provider had a room allocation policy in place which was implemented as much as was possible, this centre was not designed to provide sleeping arrangements for families.
Judgment: Partially Compliant
Standard 4.3 The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.
The privacy, dignity and safety of some residents' was not fully protected and promoted in this centre, particularly in bedrooms for families, which had inadequate space, and were cluttered with additional beds and residents belongings. These arrangemets could not promote the privacy, dignity or the safety of 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.
Families were found to be accommodated together in the centre. Notwithstanding the findings in relation to sleeping arrangements for families, bedrooms were supplemented by ample communal areas for children to play and complete homework while supervised by their parents.
Judgment: Compliant

Standard 4.6

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

The educational development of children and young people was supported by the service provider. Children had access to crèche and afterschool placements in the community. There were appropriate and adequate facilities in the centre to ensure children could complete their homework and study.

Judgment: Compliant

Standard 4.7

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

The service provider had made available a laundry room in the centre which was found to be clean and well maintained on the days of inspection. There was adequate number of washers and dryers for the number of residents and there was appropriate access to cleaning materials and laundry detergent.

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 (visual only) was in operation in communal spaces only within the centre and was informed by 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 provider had made non-food items and products available to residents to ensure personal hygiene, comfort and dignity. The provider had also ensured residents were provided with two sets of towels and bedlinen on arrival.
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, 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 the residents could order their groceries and they would be delivered to their accommodation from the provider's off-site shop.
Judgment: Compliant
Standard 6.1 The rights and diversity of each resident are respected, safeguarded and promoted.

Notwthstanding the findings of this inspection in relation to sleeping arranements for families, generally, the rights and diversity of the residents was respected, safeguarded and promoted in Atlantic Lodge, particularly in relation to personal beliefs, life choices and religion. The inspectors observed that residents were treated with respect and with kindness by staff members. The centre promoted equality, ensuring inclusivity across religious beliefs, gender, and age. Information on residents' rights was displayed in a prominent area in the centre. The service provider had processes in place to consult with residents, such as a residents' survey.

Judgment: Compliant

Standard 7.1

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

Residents were being supported and facilitated to develop and maintain personal and family relationships, and they had the opportunity to invite friends to visit them in the centre's communal area. There was also a private meeting room should they need to meet with a professional in private.

Judgment: Compliant

Standard 7.2

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

The service provider ensured that residents had access to community supports, educational and health and social services. Residents had easy access to local bus and rail links. External agencies and NGOs attended the centre to offer support and advice around education, training, employment and local services. Additional transport was made available to residents to attend medical appointments 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 appropriate policies and procedures in place to ensure residents were protected from abuse and neglect. The inspectors reviewed incident records for the centre and noted that there was an effective recording system in place relating to safeguarding issues. Appropriate action was taken to address concerns as they arose and all safeguarding incidents were notified to the relevant authority as required.
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.
There was a child protection policy and child safeguarding statement in place and staff members had completed training in child protection. There was an appropriately trained designated liaison person appointed. The staff team provided support and advice to parents when required and children had access to additional supports if necessary.
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.
Incidents which occurred in the centre were well-managed and reviewed in line with national policy.
Judgment: Compliant

Standard 9.1 The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person centred and needs-based support to meet any identified health or social care needs.
The service provider promoted the health, wellbeing and development of each resident and offered appropriate, person-centred and needs-based support to meet any identified health or social care needs. 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. The reception officer met with residents on arrival to the centre and completed an assessment which allowed the staff to offer support to residents as appropriate.
Judgment: Compliant
Standard 10.2 All staff are enabled to identify and respond to emerging and identified needs for residents.
Staff members had received specialised training to support them to identify and respond to the special reception needs and vulnerabilities of the residents. Residents received information and referrals to relevant external supports and services as necessary.
Judgment: Compliant

Standard 10.3 The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.
The provider had developed a reception officer policy to identify, communicate and address existing and emerging special reception needs. The reception officer was the principal point of contact for residents, staff and managers for ongoing or emerging special reception needs. The reception officer had developed a vulnerability assessment although it was not aligned with a risk assessment format and did not fully capture existing and emerging vulnerabilities. The reception officer amended the assessment form on the day of inspection to address this issue.
Judgment: Substantially Compliant
Standard 10.4 The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.
The service provider had employed a suitably qualified reception officer for the centre. The reception officer was a member of the senior management team. The reception officer was suitably trained to support all residents. The reception officer had established strong links with community supports services and statutory and non-statutory agencies.
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	Partially Compliant
Standard 1.2	Substantially Compliant
Standard 1.3	Compliant
Standard 1.4	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.3	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	Partially Compliant
Standard 4.3	Partially Compliant
Standard 4.4	Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant

Standard 4.9	Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Compliant
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
Theme 8: Safeguarding and Protection	
Standard 8.1	Compliant
Standard 8.2	Compliant
Standard 8.3	Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Substantially Compliant
Standard 10.4	Compliant

Compliance Plan for Atlantic Lodge

Inspection ID: MON-IPAS-1126

Date of inspection: 21/01/2026 and 22/01/2026

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
1.1	Partially Compliant

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

All bedrooms in the centre including the bedrooms provided to families meet and in many instances exceed the minimum size requirement set out in the National Standards.

Additionally Atlantic Lodge has capacity for 106 residents and escapes routes which meet conditions for 320 people thereby rendering any additional risk assessment for a total of 76 residents unnecessary.

However, on examination we have four families whose sleeping arrangements are in accordance with the Housing Act 1966, where children have passed 10 years old since admission to the centre. The Act refers to this scenario as 'overcrowding' which we believe to be a misleading description as the minimum space requirements are met as set out by the National Standards.

In regards to admissions, there is a short and medium strategy in place in the centre. As families vacate, rooms are shown as singles only, in the IPAS system. In this light, the centre is phasing out the provision of accommodation to families. We do so to assist the department in meeting the details of the request for tender

document under which we operate and not to disrupt the everyday lives of resident families.

The centre fully promotes and protects resident rights, privacy and dignity. Families have, on occasion, been offered support from centre staff to transfer to another centre. Families have declined to self-request a transfer and state they are 'happy in Atlantic Lodge.

Sleeping arrangements for children 10 years and older was reflected in the general risk register at time of inspection. The risk was identified and assessed. Equally, some residents were on the resident risk register at time of inspection in regard to shared sleeping arrangements. At centre management level we raised our concerns and requested a transfer to suitable accommodation. We escalated the families' case multiple times to IPAS. We requested a transfer to another centre but it was declined by IPAS. Additionally, the family made an informed decision not to transfer from Atlantic Lodge. They requested to remain living in the centre and did not want support to make a self-request transfer.

The centre is phasing out the provision of accommodation to families. In this respect, all families will be placed on the resident risk register until the family has been re-allocated to another center.

The shared sleeping arrangement in the centre is reflective of most peer centres and is dictated by the IPAS booking system. The booking system is centrally controlled by IPAS and the centre has no autonomy or influence on this matter.

Room inspections are carried out monthly. Families have collected large amounts of personal items and are encouraged to declutter rooms regularly. We inform residents of the additional storage on arrival by means of inclusion in the induction pack presented, and frequently communicate with residents (records available) re the additional storage space available to store additional items.

We promote and respect residents' rights, privacy and autonomy. In this respect, we refrain from enforcement, opting instead to provide support and information and

allow the residents make informed autonomous decisions about their own lives. In this respect, we do promote and respect the rights of the residents to make autonomous decisions about whether they choose to transfer and how they choose to occupy space in their private bedrooms.

The centre will complete fire drill/evacuation every 3 months. At least one unannounced fire drill/evacuation will take place in dark time hours.

Fire induction training is provided to all new residents and staff. A fire safety induction record for new arrivals will be maintained from this date forward.

We will disseminate fire safety information in the different languages to all residents.

3.1	Partially Compliant

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

Room inspections are carried out monthly. Families have collected large amounts of personal items and are encouraged to declutter rooms regularly. We inform residents of the additional storage on arrival by means of an induction pack presented and frequently communicate with residents re the additional storage space available to store additional items and allow the rooms to be less cluttered.

We promote and respect residents' rights, privacy and autonomy. In this respect, we cannot enforce removal of residents' excess personal belongings from their rooms to additional storage without their consent. We opt instead to provide support and information and allow the residents make informed autonomous decisions about their own lives.

All bedrooms in the centre including the bedrooms provided to families meet and in many instances exceed the minimum size requirement set out in the National Standards.

Additionally Atlantic Lodge has capacity for 106 residents and escapes routes which meet conditions for 320 people thereby rendering any additional risk assessment for a total of 76 residents unnecessary.

However, on examination we have four families whose sleeping arrangements are in accordance with the Housing Act 1966, where children have passed 10 years old since admission to the centre. The Act refers to this scenario as 'overcrowding' which we believe to be a misleading description as the minimum space requirements are met as set out by the National Standards.

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We will disseminate fire safety information in the different languages to all residents.

4.1	Partially Compliant

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

All bedrooms in the centre including the bedrooms provided to families meet and in many instances exceed the minimum size requirement set out in the National Standards.

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In regards to admissions, there is a short and medium strategy in place in the centre. As families vacate, rooms are shown as singles only, in the IPAS system. In this light, the centre is phasing out the provision of accommodation to families. We do so to assist the department in meeting the details of the request for tender document under which we operate and not to disrupt the everyday lives of resident families.

The centre fully promotes and protects resident rights, privacy and dignity. Families have, on occasion, been offered support from centre staff to transfer to another centre. Families have declined to self-request a transfer and state they are 'happy in Atlantic Lodge.

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The centre is phasing out the provision of accommodation to families. In this respect, all families will be placed on the resident risk register until the family has been re-allocated to another center.

The shared sleeping arrangement in the centre is reflective of most peer centres and is dictated by the IPAS booking system. The booking system is centrally controlled by IPAS and the centre has no autonomy or influence on this matter.

Room inspections are carried out monthly. Families have collected large amounts of personal items and are encouraged to declutter rooms regularly. We inform residents of the additional storage on arrival by means of inclusion in the induction pack presented, and frequently communicate with residents (records available) re the additional storage space available to store additional items.

We promote and respect residents' rights, privacy and autonomy. In this respect, we refrain from enforcement, opting instead to provide support and information and allow the residents make informed autonomous decisions about their own lives. In this respect, we do promote and respect the rights of the residents to make autonomous decisions about whether they choose to transfer and how they choose to occupy space in their private bedrooms.

4.3	Partially Compliant

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

All bedrooms in the centre including the bedrooms provided to families meet and in many instances exceed the minimum size requirement set out in the National Standards.

Additionally Atlantic Lodge has capacity for 106 residents and escapes routes which meet conditions for 320 people thereby rendering any additional risk assessment for a total of 76 residents unnecessary.

However, on examination we have four families whose sleeping arrangements are in accordance with the Housing Act 1966, where children have passed 10 years old since admission to the centre. The Act refers to this scenario as 'overcrowding' which we believe to be a misleading description as the minimum space requirements are met as set out by the National Standards.

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autonomous decisions about whether they choose to transfer and how they choose to occupy space in their private bedrooms.

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Partially Compliant	Orange	01/10/2026
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	07/04/2026
Standard 4.1	The service provider, in planning, designing and allocating accommodation within the centre, is informed by the identified needs	Partially Compliant	Orange	01/10/2026

	and best interests of residents, and the best interests of the child.			
Standard 4.3	The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.	Partially Compliant	Orange	01/10/2026