



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

|                     |                                   |
|---------------------|-----------------------------------|
| Name of the Centre: | Atlas House Killarney             |
| Centre ID:          | OSV-0008417                       |
| Provider Name:      | Onsite Facilities Management Ltd. |
| Location of Centre: | Co. Kerry                         |
| Type of Inspection: | Unannounced                       |
| Date of Inspection: | 26/01/2026 and 27/01/2026         |
| Inspection ID:      | MON-IPAS-1144                     |

## 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<sup>1</sup> and international level<sup>2</sup> since that time. In response, the Irish Government took certain steps to remedy this situation.

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

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

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

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres,

---

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

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

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

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

---

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

## About the Service

Atlas House is located on the edge of Killarney Town in Co. Kerry. The centre provided accommodation to families and single females. At the time of the inspection there were 89 residents living in the centre. Accommodation was provided in one large building containing 37 bedrooms, most of which were en-suite. The building comprised a reception area, kitchen and dining area, a lounge and gym area, a playroom for children and a prayer room. There was a space at the bottom of the main stairwell which was designated as a computer and study area, with space for two people.

The building is owned by the State, and the service is privately provided on a contractual basis on behalf of the Department of Justice, Home Affairs and Migration by Onsite Facilities Management Ltd.

The outside area contained a playground for children, as well as a covered bicycle and buggy storage area. Residents also had access to a small number of parking spaces outside of the centre.

Atlas House was managed by a centre manager, who reported to a representative of the provider. They were supported in their role by two assistant managers, as well as a Reception Officer, and housekeeping, maintenance, and security staff.

The following information outlines some additional data on this centre:

|   |    |
|---|----|
| <b>Number of residents on the date of inspection:</b> | 89 |
|---|----|

## 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) |
|------------|---------------------|-------------------|----------------------|
| 26/01/2026 | 11:45hrs–17:40hrs   | 1                 | 1                    |
| 27/01/2026 | 08:00hrs–11:00hrs   | 1                 | 1                    |

## What residents told us and what inspectors observed

The inspectors found, from speaking with residents, reviewing documentation, and through observations made during the inspection, that residents were receiving good-quality and person-centred support in accommodation that met their basic needs. While there had been some improvements made to the accommodation and facilities provided to residents, these were limited in nature and it remained the case that the configuration of the centre did not provide sufficient space for residents, in their own accommodation or with regard to communal facilities.

This was an unannounced inspection that occurred over two days. During this time, the inspectors spoke with seven adults and two children. Two residents completed a feedback questionnaire. The inspectors also spoke with the centre manager, an assistant manager, the Reception Officer and a member of the catering staff.

The centre provided accommodation for families and single females. The maximum capacity of the centre was 90 residents, and at the time of inspection there were 89 people living in Atlas House. In most cases, single female residents shared a room with at least one other person. The maximum number of unrelated residents in any room was three. Families were accommodated together in shared bedrooms, and the largest family accommodated consisted of four people.

While the centre provided accommodation to people seeking international protection, the inspectors found that 20 residents (approximately 22%) had received refugee or subsidiary protection status. Some residents had received notice to seek private accommodation outside of the centre, and were actively looking for alternative accommodation in the local community.

There had been no changes to the configuration of accommodation provided in this centre since the previous inspection, with 37 bedrooms available, 17 of which were designated as family units. In the case of families with children, parents and children shared the same bedroom. As identified at the previous inspection there were cases where children aged ten or over were accommodated in the same bedroom as a parent and a younger sibling of the opposite gender, including a family with teenagers. Families were not provided with a separate living space, in addition to a bedroom, and this meant that accommodation provided to families was crowded and cluttered, did not provide sufficient space for the range of activities likely to be carried out, and did not afford adequate privacy for family members.

In addition to residents' bedrooms, the centre was further comprised of a reception area, a staff office, a multi-purpose room, a dining room, and a multi-faith room. The reception area was nicely decorated with comfortable seating for residents and visitors

and the inspectors observed parents and children using this area while waiting for school transport. The multi-purpose room was a large room on the ground floor with different zones, such as a seating area that could be used for meetings or for watching TV, and a small gym. There were also two small desks in this room. A small playroom, accessible through the multi-purpose room, contained toys and books for children. It was noted however, that at the time of inspection the playroom was also used as an office space for the Reception Officer. This meant that the multi-purpose room was used as a thoroughfare to meet with the Reception Officer, and offered limited privacy even if booked in advance. While the Reception Officer made efforts to ensure the playroom was available when requested, this arrangement limited children in accessing the space.

At the previous inspection, residents had raised concerns regarding the accommodation, including the size of bedrooms, limited living space and access to furniture and bedding that met their needs. Some residents spoken with at this inspection told the inspectors that they felt they had very little space in their rooms, and it was difficult to store their personal belongings in their bedroom. One resident, who lived in the centre with their children, told inspectors that there was a storage room available for large or rarely used items, however the accommodation remained 'cramped' with the families belongings. Both residents who completed the feedback questionnaire noted that they did not have sufficient space in their rooms to store their personal belongings.

The inspectors found that some of the deficits regarding furniture and facilities had been addressed since the previous inspection. The provider had arranged for new beds and bedding to be provided to residents, and high quality Wi-Fi was accessible to residents throughout the centre. Residents told the inspectors they were pleased to have Wi-Fi available, especially with regard to supporting children with homework. While these were positive developments, there were some outstanding facilities issues, and some emerging issues that had not been addressed at the time of inspection.

For example, there had been no improvement to the facilities for studying; there were two desks with computers and a printer located in the stairwell, and the provider's plan to address this deficit had not been progressed. This meant that some residents continued to use their beds to study as there was no space for a desk in their bedrooms. Additionally, there were no further communal recreation or leisure spaces available to residents and as mentioned previously, no separate living space provided to families. The inspectors found that in the absence of a significant change to the layout of the centre or its occupancy levels, with most rooms utilised as bedrooms, a satisfactory resolution to these issues was unfeasible.

Residents were responsible for cleaning their own accommodation, and all necessary materials and equipment were provided to them. There was a communal laundry room available to residents to launder their own clothes, however it was found that there was

an insufficient number of washers and dryers to meet residents' needs. At the time of inspection there were just three operational washing machines and three dryers, which was not enough to meet the needs of 89 people.

The centre provided a fully-catered service, with meals provided to residents from a dining hall. There was a 28 day-menu in place and it was found that residents were consulted with regularly with regard to menu planning. Since the previous inspection, the catering manager had arranged an open day in the kitchen to provide assurance to residents with specific dietary requirements, and the menu had been reviewed based on resident feedback. Residents spoken with told the inspectors they were happy with the food provided and said that the kitchen staff were easy to talk to if they had any requests.

Children who attended school were provided with lunch, which was available in the dining room at breakfast time. There was a selection of items such as fruit, yoghurts, sandwiches and juices available for children to choose from. The inspectors observed older children using a self-service area to fill their drinks containers before leaving for school.

Although there were improvements made in relation to the catering arrangements in the centre, it was found that there were no separate facilities available for residents to prepare and cook meals. This meant all residents relied on the meals provided and residents could not cook food for themselves or their families. Residents who spoke with the inspectors told them that while the food provided was 'good' it was their preference to be able to cook their own meals. The provider had added a snack station to the dining room; this was also in place at the previous inspection and it contained equipment such as sandwich makers and an air fryer to support residents to make small snacks in the absence of kitchen facilities.

Residents were provided with non-food items such as bedding, towels, toiletries and hygiene items. It was found that the local management team were committed to ensuring residents had any essential non-food items they needed, and residents were encouraged to give feedback on the type and quantity of products received. Parents were provided with free nappies, hygiene products and formula for babies and infants.

It was found that residents received person-centred, friendly and reliable support from staff in the centre. The local management team and the staff team knew the residents very well and residents' needs were well understood. The inspectors observed that engagement between staff and residents was friendly and respectful, and noted instances where residents sought out staff to 'say hello' and have familiar conversations. Residents spoken with told the inspectors that staff were kind and approachable. The Reception Officer was well known to residents; those spoken with knew the Reception Officer by name and told inspectors they were helpful and friendly. There was a

residents' committee in place, which met regularly, and a review of records found that resident feedback and consultation was taken seriously and affected change throughout the centre.

Overall, it was found that the while the accommodation in the centre met residents' basic needs, the facilities were insufficient to meet their wider personal needs in a comfortable and dignified manner. Despite these deficits, residents reported to be happy living in this centre, in part due to its location, staff support and local services.

## Capacity and capability

This was third inspection of Atlas House Killarney, and it was carried out to monitor the implementation of a compliance plan submitted by the provider to address compliance issues identified at a previous inspection. The inspectors found that the service provider had committed to improving the quality and safety of the service and had implemented an improvement plan that contributed to positive changes across various areas of operation. For example, there was enhanced senior management engagement, and the auditing and risk management arrangements had improved. It was noted however, that 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 departments to address these issues.

The centre was managed on a day-to-day basis by two assistant managers, who reported to the centre manager. The centre manager, who also managed a second accommodation centre, reported to the board of directors. There was a team of twelve staff members employed in the centre, including housekeeping staff and general assistants, who reported to the assistant managers, and catering staff who reported to a catering manager. Additionally, there was a Reception Officer employed who worked three days per week.

At the previous inspection, it was noted that while there was a dedicated local management team in place, limited engagement from senior managers and poor oversight on the provider's part meant that the governance and management arrangements were ineffective. On this inspection, the inspectors found that there were significant improvements to the wider governance and management arrangements. There were regular management meetings taking place, both at departmental and senior level, with clear agendas and monitoring of actions. The provider demonstrated a more developed understanding of the national standards and it was noted that the roles and responsibilities of the management team were better defined with clear areas of accountability.

The provider had implemented a schedule of local audits in areas such as risk management, policies, recruitment files, and resident experience. The findings of these audits were discussed at management meetings and where necessary, action plans were developed to address any identified deficits. For example, a risk register audit resulted in the review of a number of risk assessments to ensure risks were recorded in sufficient detail and that control measures were up to date. Moreover, it was found that the addition of a management 'walkabout audit' resulted in specific

and relevant improvement plans in areas such as catering, housekeeping and resident dining experience.

The inspectors noted that the provider had developed a quality improvement plan since the previous inspection. This plan included the actions submitted in response to areas of non-compliance and noted the accountable person responsible for each action. While this was a positive development, the inspectors found that the quality improvement plan had been subject to limited review, despite substantial work done to achieve success in many areas outlined in the plan. Additionally, it was found that there were a number of other action plans in place, that had been developed based on the provider's own internal audits, that had not been included in the quality improvement plan. A consolidated quality improvement plan that was subject to regular review was required to ensure that all quality improvement actions were accurately recorded and their progress was closely monitored.

The inspectors reviewed the staffing arrangements in the centre. It was found that the provider had taken steps to ensure recruitment practices were safe and effective. There was a staff recruitment policy in place and a review of staff files found that any new appointments had been carried out in line with this policy. A Garda (police) vetting disclosure had been obtained for all staff members, and the provider had a system in place to ensure that vetting was renewed as required. All staff members had a job description and new staff members were found to undergo a planned induction period.

On review of the staff supervision arrangements, the inspectors found that while there had been some improvement in this area, further attention was required to fully comply with the relevant standard. There were systems in place to ensure staff were supported in their roles, with staff wellbeing meetings and performance appraisals taking place. Since the previous inspection, staff had attended planned supervision meetings, although a review of these records found that these meetings focused on performance management and were linked to appraisal goals. Further review of the supervision systems were required to ensure that supervision meetings were aligned to the supervision policy, and were distinct from the process of performance appraisal.

The inspectors found substantial improvement in the area of risk management. There was an established risk management policy which clearly outlined the risk management procedures. Staff members had received training on the provider's risk management system. There was a risk register which contained information about risk assessments undertaken. This included risks in areas such as governance, health and safety, resident welfare and staffing. There were clear risk management plans available that outlined the control measures in place, and each risk was assigned to a responsible staff member. It was evident that risks were discussed at staff and

management meetings, and there were clear reporting pathways to escalate serious risks to the provider.

The inspectors reviewed the fire safety arrangements in place and found that there were regular planned fire evacuation drills taking place. Staff had received training in fire safety and evacuation and there was a fire detection and alert system in place.

Overall, the inspectors found that the provider had made considerable progress in many areas since the previous inspection, and that improvements to the governance and management arrangements had brought about further quality and safety improvements for residents. While the provider had addressed many of the issues raised by inspectors, and was working on their own action plans, there had been limited progress in addressing accommodation deficits, despite the provider escalating these areas of non-compliance to the relevant government departments. A sustained inter-agency approach was required to address these ongoing issues.

### **Standard 1.1**

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

The service provider had developed a good understanding of their responsibilities under relevant legislation, regulations and standards and had implemented various systems to meet these requirements. A new auditing programme had been developed and internal audits were taking place on a scheduled basis, with findings reported to the provider.

It was found that there were improved oversight arrangements in place and the senior management team was more engaged in the operational management of the centre. The provider had an improved awareness of the quality and safety of the service and was managing risks and issues in a more proactive way. It was noted that the provider was escalating concerns to relevant departments, although these were not always addressed adequately or promptly.

Judgment: Compliant

### **Standard 1.2**

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

The inspectors found that staff had clearly defined roles and responsibilities. There were effective leadership arrangements in place, with improved senior management engagement and further developed local management initiatives.

The provider had implemented a range of auditing and monitoring systems and was using information gained from these audits to implement improvement plans.

There was a quality improvement plan in place that outlined many of the quality improvement initiatives in place. However, it did not include all action plans that were in place and had not been subject to thorough review. Further attention was required to ensure the provider's quality improvement plan was accurate and up to date.

Judgment: Substantially Compliant

#### **Standard 1.4**

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

The provider had implemented a range of monitoring and evaluation systems to review the quality and safety of the service. There was a schedule of audits in place, and a review of documents found that these were carried out in good detail and in line with the timeframes set out in the schedule. There were improvement plans in place where necessary.

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.

At the time of inspection, the provider had not yet developed an annual review of the quality and safety of the centre.

Judgment: Substantially Compliant

#### **Standard 1.5**

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

There were systems in place to consult with residents and receive their feedback. There was an established residents' committee that met regularly. The provider had carried

out resident feedback surveys, and their feedback was acted upon. The inspectors found that the centre manager consulted residents about decisions that may affect them, both on an individual and a collective level.

Judgment: 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.

Staff members were supported in their roles by management and there were supervision and performance appraisal arrangements in place. However, while it was clear the provider had made considerable effort to improve the supervision arrangements since the previous inspection, with regular supervision meetings taking place, it was found that supervision meetings continued to focus on performance appraisal objectives.

While there were other supports available to staff, further review of the supervision system was required to ensure supervision was carried out in line with the provider's supervision policy objectives.

Judgment: Substantially Compliant

### **Standard 2.4**

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

There were arrangements in place to identify the training needs of staff who worked in the centre, and to provide any training required, as outlined in the national standards. A training needs analysis had been carried out that monitored staff training needs and identified any training gaps.

Judgment: Compliant

### **Standard 3.1**

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

There was a detailed risk management policy in place. A risk register was developed in line with the risk management policy that outlined potential risks to the service and to residents, and contained detailed risk assessments and control measures.

There were clear fire evacuation plans in place.

Judgment: Compliant

## Quality and Safety

The inspectors found that the provider operated a service that met residents' basic needs and was a safe place for them to live. Residents received person-centred support from a committed staff team and were generally satisfied with the service. Enhanced oversight of the service contributed to some improvement to the lived experience of residents since the previous inspection. However, there had been limited progress with many of the actions required in relation to the premises and accommodation, and further improvement was required in areas such as living space, shared bedrooms and cooking facilities. It was found that the provider had addressed many areas of non-compliance that they could directly influence, and was endeavouring to address the outstanding deficits by liaising with the relevant external departments.

The inspectors found that there had been a change to the allocations 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 and did not have a separate living space. The inspectors found that the provider utilised internal transfers, when appropriate, to meet the changing needs of single adults. However, this was not possible for families with children as no suitable accommodation was available in the centre.

At the previous inspection, it was found that there were many outstanding premises issues that had not been addressed, despite the local management team escalating them to the provider and relevant external agency. On this inspection, it was found that the provider had taken a lead role in escalating ongoing concerns and some of the issues identified at the previous inspection in relation to the accommodation and facilities had been addressed. For example, residents had been provided with new beds, and good quality Wi-Fi was available throughout the centre. However, despite the improved escalation pathways, the inspectors found that many longstanding issues had not been resolved, and there were no plans in place to address them.

For example, although the provider had fulfilled their commitment to review the layout of the centre and provision of facilities to consider how additional living space or communal facilities could be provided, none of the suggested changes had been implemented. Similarly, the provider was consistently escalating concerns regarding the lack of self-catering facilities in the centre, which was first identified by inspectors in October 2024, yet at the time of inspection there was no plan in place to address these deficits.

The inspectors found that all families continued to be accommodated in a bedroom, where adults shared with children. In some cases adults and children aged 10 or older of opposite genders shared the same bedroom. There was no separate living space available to families, and their accommodation was cramped and undignified, and did not afford sufficient privacy to family members. In the case of single adults accommodated in the centre, although the bedrooms met the minimum space requirements, it remained that they were too small for residents to store their personal belongings and did not have the space necessary for the typical range of functions accommodation should facilitate, for example, dressing in private, or studying.

There was a communal multi-purpose room available to residents, which had gym equipment and a comfortable seating area. As mentioned in a previous report, this room was not sufficient to meet the needs of the resident group, and there was limited space available for residents to meet with guests, take a phone call or study. Compounding this, the inspectors found that the playroom accessible from within the multi-purpose room was being used as an office for the Reception Officer. While the Reception Officer made an effort to ensure the playroom was available to residents when they asked, a more suitable arrangement was required to ensure children had free access to the playroom, and the Reception Officer had an appropriate private space to meet with residents. Additionally, it was observed that residents dropped in to the Reception Officer at various times throughout the day, which although a positive indication of their relationship with residents, meant that the multi-purpose room was no longer a private space.

The inspectors found that there were continued problems with the management of maintenance issues in the centre. There was an effective local maintenance system in place, with detailed records and prompt resolution of concerns such as minor plumbing issues or repairs to fixtures. However, as the provider did not have the authority to manage larger maintenance or facilities issue, these were often delayed and it was unclear at times which external agency was responsible for the necessary work. For example, it was identified during a third-party inspection in January 2025 that the centre did not have sufficient laundry facilities for residents. This was escalated by the provider to two external agencies who each referred the provider

back to the other. The provider continued to raise the concern, which was worsened when some of the existing equipment broke down. However, at the time of inspection there were just three washing machines and three dryers available for 89 residents, with no plan in place to address these deficits.

The centre provided a fully-catered service. The kitchen and dining facilities were found to be clean and neatly organised. A 28-day rotational menu was on display in the dining area, which advertised the meal choices on any given day. Residents were provided with a range of options for breakfast, lunch and dinner. At the previous inspection, some residents told inspectors that they were not fully satisfied with the food provided or that they weren't assured the food met their dietary requirements. In response to this finding, the provider had arranged a number of resident feedback initiatives. The inspectors found that residents' suggestions and feedback were discussed at catering team meetings and influenced changes to the menu. Additionally, the catering manager had invited residents to a kitchen 'open day' where residents could observe the food safety arrangements and ask questions about food handling practices. Some residents spoken with told inspectors this gave them more confidence that the food met their cultural and dietary needs.

As mentioned previously, the provider had made no progress towards providing separate self-catering facilities for residents. As such, it remained the case that residents could not prepare or cook meals for themselves or their families, and were reliant on the catering provided. This was a longstanding compliance issue, and although the provider had previously made some equipment available in the dining room for residents to make snacks, a clear and time-bound plan was required that outlined the steps to be taken to make cooking facilities available to residents.

The inspectors reviewed the arrangements in place to provide residents with essential non-food items. It was found that residents received necessary non-food items directly from the provider. Some items such as bedding, towels and crockery were provided on arrival to the centre. Toiletries and other non-food items, such as laundry detergent and nappies, were provided to residents on a weekly basis. Cleaning materials and equipment were available to residents from a storage press in the reception area. The inspectors noted that the local management team engaged with residents regularly to ensure the range and quantity of non-food items continued to meet their needs.

Notwithstanding the concerns regarding unsuitable accommodation, it was found that the staff team endeavoured to promote and protect the rights of residents. It was evident that staff were aware of the impact that the environment had on residents' privacy, dignity and autonomy, and there were risk assessments in place with control measures to reduce any potential impact. Residents had access to information about

their rights, local services and supports and activities within the community. They were treated with respect and their feedback was valued.

Residents were well-integrated within their local community. The staff team had developed strong links with community organisations and residents had information about community supports and social groups. Many residents were employed in the local community, some were engaged in education and children attended schools or crèches. Residents had opportunities to engage in a variety of social, recreational and cultural activities and events. The Reception Officer supported residents to engage with specific services to meet their needs, and was establishing centre-based groups such as English classes that were accessible to residents with young children.

There were arrangements in place to protect residents from abuse and neglect, and promote their safety and welfare. The provider had developed a policy on safeguarding vulnerable adults, and a child welfare and reporting policy. However, it was found at the previous inspection that these policies required updating to ensure that the specific recording and reporting procedures were included. At the time of this inspection, these policies had yet to be updated. That being said, staff were found to be aware of their responsibilities and there were no safeguarding risks at the time of inspection.

There had been significant improvement to the incident management arrangements. The provider had developed a policy that outlined the recording, reporting and review arrangement for any significant incident. It was found that incidents were recorded in detail, there were suitable risk assessments in place, and incidents were routinely reviewed at management meetings where observations contributed to incident management practices.

The service provider had employed a suitably qualified Reception Officer for the centre. This was a required action from the previous inspection. The Reception Officer was part of the management team, and worked three days per week in the centre, and one day per week in another centre located nearby. The Reception Officer was found to be the central point of contact for residents with special reception needs. Since their commencement, the Reception Officer had completed 85 vulnerability assessments. In some cases, vulnerability assessments were initially completed for a family unit, rather than individually, although subsequent support plans were developed on an individual basis where required. Support plans and risk assessments were monitored by the Reception Officer and there were clear arrangements in place to report risks to the management team. The inspectors found that the Reception Officer had a comprehensive understanding of residents' needs and that there were appropriate and person-centred support plans in place.

At the previous inspection it was noted that the reception needs policy required review as it did not contain sufficient detail. The inspectors found that at the time of this inspection, the policy had not yet been reviewed, and there was no Reception Officer manual in place. While the Reception Officer was suitably qualified and experienced to fulfil their role, a clear policy and guidance manual was required to ensure that the approach to identifying and responding to residents' special reception needs was informed by current best practice and was well monitored.

In summary, while residents living in this centre were satisfied with the service they received, the accommodation provided did not meet the needs of residents and fell below the minimum standards required. It was found that complicated procurement systems and limitations in the provider's authority to reconfigure the accommodation centre or manage allocations, meant that the poor standard of accommodation had continued despite being consistently raised on inspection. Consequently, residents continued to live in cramped and undignified conditions, with insufficient facilities. It was found that the addition of a Reception Officer had ensured residents' vulnerabilities were assessed and that risks to their health and wellbeing were being managed. Additionally, residents benefitted from a supportive and knowledgeable staff team.

#### **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.

While the accommodation provided to residents met the minimum space requirements for use as a bedroom, the space was insufficient to meet residents' other ordinary daily needs and bedrooms were cramped and crowded. This issue was raised at a previous inspection.

Residents had access to good quality Wi-Fi throughout the centre. This was an action from the previous inspection.

While some of the issues identified previously in relation to furniture had been addressed, it was found that the system for raising issues and procuring suitable furniture and fittings remained ineffective.

Judgment: Partially Compliant

#### **Standard 4.4**

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

The issues identified under this standard at the previous inspection had not been addressed. Families remained accommodated in bedrooms, which were shared by adults and children. Families were not provided with a separate living space, in addition to a bedroom, and children had limited space to play or study in their accommodation.

The provider had raised these issues with the relevant external agency, and at the time of inspection there was no plan in place to address these ongoing concerns.

Judgment: Not 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 was prioritised, and all children of school-going age had a school placement. However, there were limited spaces for children to do homework or study outside of their bedrooms, which were shared with other family members. There were insufficient study facilities, and despite being raised at a previous inspection, and escalated by the provider to the relevant external agency, this deficit had not been addressed.

Judgment: Substantially Compliant

#### **Standard 4.7**

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

There were insufficient laundry facilities available to meet the needs of residents. At the time of inspection there were three available washing machines and three dryers available between 89 people. The provider had requested replacements for broken machines and additional new machines to meet residents' needs; however there was no plan in place to address these ongoing issues.

Judgment: Not 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.

There were well-established procedures in place to ensure residents received any essential non-food items. Personal toiletries and hygiene products were provided directly to residents, and nappies and formula were provided to families with babies and infants.

Judgment: Compliant

#### **Standard 5.1**

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

Residents were not provided with a self-catering option in addition to a catered option, as required under this standard. Facilities to prepare and cook meals were not available to residents. This ongoing issue was consistently highlighted to the responsible third party by the service provider, and the inspectors observed that various suggestions had been put forward by the provider to address this issue. Notwithstanding, no further action had been taken since the previous inspection.

Judgment: Not 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 inspectors found significant improvement in this area. The provider had consulted with residents on the catering service, and there were regular opportunities for residents to give feedback to the catering team. Residents' feedback was considered and was seen to influence menu planning.

There was a 28-day menu in place with meal options that met residents' cultural and dietary requirements.

Judgment: Compliant

### **Standard 6.1**

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

It was evident that residents' rights were considered in practice, and there was a human rights based approach to support and risk management. However this approach was limited to local arrangements and there remained significant rights issues associated with the accommodation provided to residents, particularly to families.

Judgment: Partially Compliant

### **Standard 8.1**

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

There were effective arrangements in place to protect residents from the risk of abuse. At the time of inspection, there were no active safeguarding risks in the centre. There was evidence that potential safeguarding concerns were investigated and responded to appropriately.

There were safeguarding policies in place, however these policies needed to be reviewed to ensure they outlined clearly the recording and reporting mechanisms in place. This was an outstanding action from the previous inspection.

Judgment: Substantially Compliant

### **Standard 8.2**

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

There were well-established systems in place to ensure children's safety and welfare was promoted and protected. Staff had undertaken training in child protection and there was a Designated Liaison Officer nominated to oversee the management of potential child protection or welfare issues.

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 provider had made significant improvements to the incident management system since the previous inspection. Serious and adverse incidents were recorded in detail and reported to the relevant department. A risk-based approach to incident management ensured any necessary corrective or preventative actions were taken and incidents were discussed at management team meetings. Additionally, the incident management systems were subject to scheduled internal audits.

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 provider promoted the health, wellbeing and development of each resident. The staff team provided person-centred support that was appropriate and proportionate to the needs of the residents. The staff team also 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.

In the event that the provider was notified of any special reception needs, it was found that they endeavoured to meet them. For the most part, the provider was not made aware of any special reception needs in advance of admissions.

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. Furthermore, the Reception Officer was not aware there was a policy in place. 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: Partially 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.

There was a Reception Officer employed in the centre who was suitably qualified and experienced. While it was noted that the Reception Officer was working without the direction of a policy, and in the absence of a Reception Officer procedure manual, the inspectors found that there were effective arrangements in place to identify and meet residents' assessed needs. The Reception Officer had carried out vulnerability assessments for more than 95% of residents, 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: Substantially Compliant

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

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

| Standard  | Judgment                |
|---|-------------------------|
| <b>Dimension: Capacity and Capability</b>                       |                         |
| <b>Theme 1: Governance, Accountability and Leadership</b>       |                         |
| Standard 1.1  | Compliant               |
| Standard 1.2  | Substantially Compliant |
| Standard 1.4  | Substantially Compliant |
| Standard 1.5  | Compliant               |
| <b>Theme 2: Responsive Workforce</b>                            |                         |
| Standard 2.1  | Compliant               |
| Standard 2.3  | Substantially Compliant |
| Standard 2.4  | Compliant               |
| <b>Theme 3: Contingency Planning and Emergency Preparedness</b> |                         |
| Standard 3.1  | Compliant               |
| <b>Dimension: Quality and Safety</b>                            |                         |
| <b>Theme 4: Accommodation</b>                                   |                         |
| Standard 4.1  | Substantially Compliant |
| Standard 4.2  | Partially Compliant     |
| Standard 4.4  | Not Compliant           |
| Standard 4.6  | Substantially Compliant |
| Standard 4.7  | Not Compliant           |
| Standard 4.9  | Compliant               |

| <b>Theme 5: Food, Catering and Cooking Facilities</b>                     |                         |
|---|-------------------------|
| Standard 5.1  | Not Compliant           |
| Standard 5.2  | Compliant               |
| <b>Theme 6: Person Centred Care and Support</b>                           |                         |
| Standard 6.1  | Partially Compliant     |
| <b>Theme 8: Safeguarding and Protection</b>                               |                         |
| Standard 8.1  | Substantially Compliant |
| Standard 8.2  | Compliant               |
| Standard 8.3  | Compliant               |
| <b>Theme 9: Health, Wellbeing and Development</b>                         |                         |
| Standard 9.1  | Compliant               |
| <b>Theme 10: Identification, Assessment and Response to Special Needs</b> |                         |
| Standard 10.1   | Compliant               |
| Standard 10.3   | Partially Compliant     |
| Standard 10.4   | Substantially Compliant |

# Compliance Plan for Atlas House Killarney

**Inspection ID:** MON-IPAS-1144

**Date of inspection:** 26 and 27 January 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            |
|---|---------------------|
| 4.2   | Partially Compliant |
| <p>Outline how you are going to come into compliance with this standard:</p> <p>Management have limited authority in reconfiguring the accommodation and acknowledges that delays remain in progressing certain requests.</p> <p>The current reporting and escalation process will be reviewed to ensure that issues relating to furniture and fittings are clearly tracked, escalated in a timely manner and followed through with the relevant authorities. Where procurement approval is required, this will continue to be formally escalated and monitored.</p>  |                     |
| 4.4   | Not Compliant       |
| <p>Outline how you are going to come into compliance with this standard:</p> <p>Management allocate rooms that suit each family size and needs. However, because all accommodation is in bedrooms, there are times when adults and children – in some cases older children of different genders share a room as per IPAS policy/instructions.</p> <p>The physical layout and bedroom configuration cannot be altered at local level to create separate family living spaces.</p> <p>Management will continue to explore options to create more shared living areas to give families more opportunities to spend time together outside of their bedrooms</p> |                     |

and also continue to engage with the relevant agency regarding the study room project.

Plans for creating a study room were put on hold due to major upcoming sewer works in close proximity to the proposed location of the study room.

Communal areas continue to be available to families for recreation, study and family time. Staff support families to maximise privacy and dignity within the existing constraints.

Management will continue to engage with IPAS in relation to long-term accommodation solutions.

4.7

Not Compliant

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

Management will continue to engage with the relevant government department to progress the laundry issue. The matter has been escalated again following inspection and is currently under review.

We will also continue to inform IPAS through our monthly complaints procedure that the laundry facilities require urgent attention.

5.1

Not Compliant

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

Management continues to inform IPAS of the lack of suitable kitchen facilities via the monthly complaints summary – awaiting response and action plan for same.

In the interim a snack Preparation station consisting of 2 air fryers, 3 panini grills/sandwich makers, 2 microwaves, and refrigeration facilities was added for residents to avail of. Management is reviewing whether these facilities can be enhanced within existing permissions to increase resident autonomy, subject to approval.

|  |                     |
|--|---------------------|
| 6.1  | Partially Compliant |
| <p>Outline how you are going to come into compliance with this standard:</p> <p>Management to continue to review room configuration and identify opportunities to improve living arrangements for all residents while operating within the constraints of available capacity and IPAS guidelines.</p> <p>Where specific needs or vulnerabilities are identified, these are formally communicated to IPAS and appropriate requests are made. Within the scope of our authority we will continue to advocate for residents and promote their rights in practice.</p> |                     |
| 10.3   | Partially Compliant |
| <p>Outline how you are going to come into compliance with this standard:</p> <p>The policy will be reviewed and updated to ensure it provides clear guidance for staff in identifying, documenting and escalating special reception needs, The Reception Officer will be briefed on the revised policy.</p> <p>The Reception Officer is now aware of the Special Needs Policy.</p>   |                     |

## Section 2:

### Standards to be complied with

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

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

| Standard Number | Standard Statement  | Judgment            | Risk rating | Date to be complied with |
|-----------------|---|---------------------|-------------|--------------------------|
| Standard 4.2    | The service provider makes available accommodation which is homely, accessible and sufficiently furnished.  | Partially Compliant | Orange      | 31/12/2026               |
| 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. | Not Compliant       | Red         | 31/12/2026               |
| Standard 4.7    | The service provider commits to providing an environment which is clean and respects, and promotes the  | Not Compliant       | Red         | 30/04/2026               |

|               |  |                     |        |            |
|---------------|--|---------------------|--------|------------|
|               | independence of residents in relation to laundry and cleaning.   |                     |        |            |
| Standard 5.1  | Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained. | Not Compliant       | Red    | 31/12/2026 |
| Standard 6.1  | The rights and diversity of each resident are respected, safeguarded and promoted.   | Partially Compliant | Orange | 31/12/2026 |
| Standard 10.3 | The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.     | Partially Compliant | Orange | 30/06/2026 |

