



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:	Short-Term Announced
Date of Inspection:	01/07/2025 and 02/07/2025
Inspection ID:	MON-IPAS-1117

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 national¹ and international level² since that time. In response, the Irish Government took certain steps to remedy this situation.

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

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

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

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

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 permanent⁴ 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

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 72 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 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 housekeeping, maintenance, and security staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	72
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How we inspect

This inspection was carried out to assess compliance with the *National Standards for accommodation offered to people in the protection process* (2019). To prepare for this inspection, the inspector reviewed all information about the service. This includes any previous inspection findings, information submitted by the provider, provider representative or centre manager to HIQA and any unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- talk with staff to find out how they plan, deliver and monitor the services that are provided to residents
- speak with residents to find out their experience of living in the centre
- observe practice to see if it reflects what people tell us and
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service provider is complying with standards, we group and report under two dimensions:

1. Capacity and capability of the service:

This section describes the leadership and management of the service and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the service people receive and if it was of good quality and ensured people were safe. It included information about the supports available for people and the environment which they live.

A full list of all standards that were inspected against at this inspection and the dimension they are reported under can be seen in Appendix 1.

The inspection was carried out during the following times:

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
01/07/2025	11:30hrs-18:00hrs	1	1
02/07/2025	09:00hrs-15:00hrs	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 generally satisfied living in this centre, and were supported with their day-to-day needs. However, while the service provider had made some improvements to the service to enhance residents' lived experience, it was found that the accommodation did not consistently meet residents' needs in a dignified manner. Additionally, the absence of a reception officer and deficits in the governance and management arrangements presented risks to the health, safety and welfare of residents.

This was a short-announced inspection that lasted two days. During this time, the inspectors spoke with 15 adults and four children, and an additional two adults completed and returned HIQA resident questionnaires. The inspectors also spoke with two senior managers, two assistant centre managers, and members of the general staff team. The centre manager was absent on planned leave at the time of inspection.

The centre provided accommodation for families and single females. At the time of inspection, there were 72 residents living in the centre, which was less than its maximum capacity of 90 residents. Despite being under occupied, it was found that the layout of the accommodation centre and configuration of resident accommodation meant that many residents were accommodated in cramped conditions.

While the centre provided accommodation to people seeking international protection, the inspectors found that 12 residents (approximately 17%) 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.

At the time of inspection there were 37 bedrooms, 13 of which were designated as family units. In the case of families with children, parents and children were required to share the same bedroom. In some cases, teenage children were accommodated in the same bedroom as a parent and a younger sibling of the opposite gender. Family units were observed to be small and cluttered. While they met the minimum space requirement for a bedroom for the number of people accommodated, they afforded minimal space for day-to-day activities and did not facilitate privacy or dignity.

This lack of space was also observed in accommodation provided for single female residents, with rooms allocated to between two and three women to share. In many of the rooms observed there was little space surrounding beds to fit the basic furniture required to engage in activities of daily living. It was found that some residents studied

on their beds as there wasn't enough space available for desks and chairs. These issues were further amplified by the lack of communal spaces available for residents' use.

In addition to residents' bedrooms, the accommodation centre comprised a reception area, a staff office, a multi-purpose room, and a multi-faith room. The multi-purpose room served as a living area with comfortable seating and a television, a meeting area and a gym. There was a small children's playroom located within the multi-purpose room. While it was evident that efforts were made to provide a comfortable and multi-functional space for residents, this arrangement limited how many residents could use the facilities at a time, and further private leisure and recreation spaces were required.

At the time of inspection there was no access to Wi-Fi from residents' bedrooms, with Wi-Fi only available in areas near the main reception. This further limited residents' ability to study in their rooms, and meant some were required to use money from their weekly allowance to access the internet and use on-line services. There were two desks located in a stairwell area with computer and printer facilities. The provider had not progressed plans to add study facilities since the previous inspection.

On observing residents' bedrooms, the inspectors found that while they were generally in good condition, the range and quality of facilities and furniture varied. The arrangements in place to maintain the premises and address issues with the facilities was ineffective and meant that known issues were not addressed promptly or efficiently. For example, many residents told the inspectors that the mattresses needed to be replaced as they were in poor condition. This was observed by the inspectors, and when discussed with the local management team, it was found that they had ordered new beds and mattresses to address this issue, and to meet their proposed compliance plan action to reduce the use of bunk-beds in the centre. However, the order had not yet been authorised by the relevant department. The local management team had provided additional duvets and blankets to residents in an effort make their beds more comfortable. At the time of inspection, one resident was observed sleeping on a blanket on the floor beside their bed as it was more comfortable. A new mattress from a vacant room was later provided to this person before the inspection ended.

The provider had made some improvements to the allocations arrangements since the previous inspection, with clearer procedures in place regarding requests for transfers. It was found that residents were using these process and that requests for internal transfers were duly considered by the assistant managers, and facilitated wherever possible. That being said, it was found that one transfer initiated by the provider did not fully consider the needs of the people involved, and resulted in a family moving to accommodation that did not uphold their right to privacy or provide sufficient space for daily activities.

The centre provided a fully-catered service, with meals provided to residents from a dining hall. There was a 28-day menu in place which was on display in the dining area. The dining area was clean and welcoming, with plenty of space for residents to eat. Residents who spoke with the inspectors told them that the quality of food provided was generally very good, although 'some days were better than others'. The centre lacked facilities for residents to prepare their own meals. While some improvement had been made in this area, with the addition of microwaves, an air fryer and a sandwich maker to the dining hall, the facilities were not sufficient for residents to prepare meals.

Some residents spoken with were complimentary of the food available; however, some told inspectors that the catering arrangements did not consistently meet the needs of all residents. It was evident that the catering manager and staff endeavoured to meet the dietary needs of residents, for example, in the case of a newly admitted resident who had diabetes, an amended meal plan was made available. Notwithstanding, the arrangements in the kitchen meant that residents who followed a Halal diet could not be assured that the food provided met their needs, and so in some cases, such as when pork was served as a meal option, many opted not to eat at that meal time. Most residents spoken with told the inspectors that they would prefer to prepare and cook their own meals.

Residents were provided with items such as bedding, towels and basic household items on arrival to the centre. Non-food items such as soap, toothpaste and laundry detergent was provided directly to residents. Sanitary products and nappies were also provided free of charge. There was a cleaning supply closet that residents had free access to where they could avail of cleaning materials and equipment when they needed it.

The inspectors observed that the local management team and the staff in the centre knew residents very well and engaged with them in a respectful and friendly manner. It was clear from speaking with residents that staff in the centre were approachable, open to feedback and committed to meeting their needs to the best of their ability. At the time of inspection, there was no reception officer employed in the centre. Some residents that spoke with the inspectors had lived in the centre during a period where there was a reception officer present, and they told the inspectors that they felt it was a very valuable role. One resident told the inspectors, while discussing some ongoing difficulties, that it was great 'to have one person you knew you could go to and share the load'.

Overall, it was found that residents were largely happy living in this centre, and they appreciated the efforts of staff to make the centre a comfortable and safe place to live. While residents' immediate needs were very well known, in the absence of a reception officer, residents' special reception needs or vulnerabilities were not assessed or monitored to a sufficient degree. Unclear reporting and escalation systems meant that

staff were limited in the extent of support they could provide and resulted in ongoing quality issues, particularly in relation to the premises.

The next two sections of the report present the findings of this inspection about the governance and management arrangements in place and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was the second inspection of Atlas Killarney accommodation centre. It was carried out to assess compliance with the national standards, and to monitor the provider's progress with the compliance plan submitted in response to an inspection (MON-IPAS-1058) carried out in October 2024. The inspection found that while there was a dedicated local management team in place, who were committed to meeting the needs of residents, a number of key areas required improvement. These included governance arrangements, oversight and monitoring systems, and risk management.

The service provider had a defined governance structure in place; however, the inspectors found that the specific roles of each stakeholder were not clearly set out, and that in practice, there was little operational input at a senior management level. The governance and management systems did not ensure that the provider had adequate oversight of the centre, and the lines of accountability needed to be more clearly defined to ensure clarity in areas of responsibility and decision making.

The centre was managed by a centre manager, who also managed another centre, and was absent on planned leave at the time of inspection. There were two assistant managers employed in the centre, and it was evident to the inspectors that the assistant managers provided a high level of support to the centre manager. The local management team demonstrated a good understanding of the national standards, legislation and regulations, in relation to the service they provided to residents. It was found that they were committed to making the necessary improvements to the service, in so far as the limits of their roles permitted.

The inspectors found that the provider had made limited progress on many of the actions that they submitted in the compliance plan for the previous inspection. A review of records found that most of these quality improvement initiatives had commenced as planned; however, some actions had not been followed up on once they had been escalated to a more senior department or manager. For example, most of the actions required to meet the standards in relation to accommodation had not progressed to completion, despite local management repeatedly escalating them.

The provider had made progress in relation to the development of policies, and had made further progress in the development of their risk management systems. Further attention to the implementation of policies and the establishment of necessary procedures was required to ensure that the centre operated in accordance with the national standards, and the provider's own policies.

The inspectors found that the provider had made efforts to improve the oversight arrangements in the centre, and had commissioned an audit that was carried out prior

to the inspection. An action plan had been developed from this audit, and was provided to the centre the day before the inspection was carried out. As such, the provider and management team had yet to commence many of the recommended actions. There was a local improvement plan in place at the time of inspection, which was monitored by the assistant managers. While many of these actions were completed to a high standard, the scope of actions was limited to areas in which the local management team had authority and influence to affect change. Therefore, there was limited attention to the wider service improvement needs. A more comprehensive and integrated quality improvement plan was required to ensure that actions necessary to address quality and safety issues were clearly set out, with a responsible person identified, and subject to ongoing monitoring.

The centre manager facilitated regular staff meetings, with the assistant managers and the staff team. A review of notes from these meetings found that there was good communication between the staff team regarding the day-to-day operation of the centre, and there were some areas of service delivery that were very well organised, such as admissions, transfer requests and resident engagement. There was limited evidence of communication between the local team and senior management, and it was found that some of the issues identified during the inspection were not known to the senior management team. Significant improvement was required with regard to the lines of communication between the centre management team and the senior management team. This was particularly important to ensure that the provider had oversight of the quality and safety of the service, and to make sure that issues were escalated to the person or department with the necessary authority to make decisions and enact change.

The inspectors reviewed the recruitment practices at the centre and found that they were generally satisfactory. The service provider had ensured that all staff employed in the centre had up-to-date Garda (police) vetting and international police checks had been obtained for staff members where relevant. Staff files reviewed contained all of the relevant information, such as identification, job descriptions and contracts. In the case of some staff members who were employed in the centre for a long period, an up-to-date contract was required to reflect a change in provider.

There was a recruitment policy in place to guide the recruitment of staff. While it contained clear guidance to inform recruitment practices, further detail was needed in relation to the requirements for references, to clarify the number and type of references to be sought when employing new staff. Additionally, there was a policy in place in relation to Garda vetting; however, the inspectors were not assured that this policy was followed with regard to conducting risk assessments where a vetting request returned a positive disclosure.

The inspectors reviewed the staffing levels in the centre and noted that there was a sufficient number of management, catering and housekeeping staff on duty. The provider had reviewed the staffing arrangements since the previous inspection, and had increased the staffing levels to meet the day-to-day needs of residents. Notwithstanding, there was a notable deficit with regard to the reception officer, which is discussed in further detail later in the report.

There was a staff supervision policy in place, which also contained reference to the staff appraisal arrangements. The inspectors found that the policy was insufficient to guide management in conducting effective supervision and appraisal meetings for staff. While the provider had initiated regular supervision meetings, the inspectors found there was no clear distinction between performance appraisal and supervision. It was found that various forms were used to record staff supervision or staff appraisals, with some containing more detail than others. In many cases, notes were very limited and rarely differed from meeting to meeting. A clear procedure for staff performance management and appraisal, and a separate procedure for staff supervision were required to support staff and meet their development needs.

On review of training records it was found that staff had undertaken training in each of the key areas set out in the standards; however, not all staff had completed all of the relevant training. For example, while all staff had completed the adult safeguarding training, and training in child protection, just three of 13 staff had completed training in domestic, sexual and gender based violence, and in equality, diversity and cultural competency. The provider had developed a staff training and development policy and there were plans in place to address training deficits. While there was reference to a training needs analysis in documents related to training, a copy of a training needs analysis could not be provided to the inspectors for review.

There was a system in place for the management of risk, which was guided by a detailed risk management policy. Since the previous inspection, the provider had introduced an integrated recording and review system, which was accessible by all relevant stakeholders. The local management team had received training in risk management and in using the new system, and were responsible for identifying, assessing and managing risk in the centre. There was a risk register in place that detailed many of the known risks in the centre, and was reviewed on a regular basis. However, there were some known risks, particularly regarding resident welfare or safety that were known to managers and had control measures in place, but were not included on the risk register. This limited the provider's ability to monitor the risk effectively.

Additionally, there were some risks that were not known to centre management, and consequently had not been assessed and did not have suitable control measures in

place. Many of these risks related to residents with special reception needs or vulnerabilities, which had not been identified by the provider. It was noted that in the absence of a reception officer, the staff team had limited capacity to comprehensively assess the special reception needs of residents, given their primary responsibilities and daily duties.

Since the previous inspection, the provider had assessed risks to service continuity, and had developed contingency plans to help manage these risks. This was an action from the previous inspection.

The inspectors reviewed the arrangements in place to manage fire safety risks. There was a detailed risk assessment that outlined the control measures utilised to minimise risk in this area. Staff had undertaken training in fire safety and evacuation and there was a fire alert and detection system in place. There were fire containment measures throughout the centre and emergency evacuation plans had been developed.

Overall, it was found that while the provider had progressed with some of the actions from the previous inspection, many had not been completely fulfilled and there was limited positive impact to the overall experience of residents who live in the centre. Significant improvement was required with regard to the engagement of senior management representatives, including communication, escalation and follow up of quality improvement plans. The local management team were committed to providing a high quality service to residents; however, their efforts were constrained by ineffective reporting and oversight systems, and poor lines of authority and accountability. A renewed focus on improving the governance and management arrangements was required to ensure residents received a service that met their needs in a consistent and safe manner.

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.

Considerable efforts had been made by the local management team to drive improvements in service delivery; it was found that they were actively implementing new systems and processes to enhance compliance with the standards in areas they had responsibility for. However, deficiencies in the governance and management arrangements meant they were limited in their ability to achieve sustained a success.

The inspectors found that there was limited engagement from senior managers in the operation of the service. The service provider was not aware of many of the concerns

identified by the inspectors during the course of this inspection This demonstrated a limited capacity and capability, on the part of the service provider, to deliver safe and good quality services. In addition, the service provider had not completed many of the actions which had been committed to as part of a compliance plan submitted to HIQA in response to a previous inspection of this centre.

Overall, the findings of this inspection indicated that the service provider had a limited understanding of their responsibilities as outlined in the national standards, and significant improvement was required in relation to the governance and management systems.

Judgment: Not Compliant

Standard 1.2

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

While there was evidence of improved leadership and management at a local level, it remained that the wider leadership and management arrangements were ineffective.

The front-line management team had established clear roles and responsibilities, and had developed effective communication systems. It was found that there was a local improvement plan that was well monitored with issues addressed to a good standard. However, the improvement plan largely focussed on the day-to-day operations, and it was found that issues beyond the scope of authority and responsibility of the local management team were not followed up at a provider level. Improvement was required to ensure that staff at all levels had clearly defined roles and responsibilities, and were clearly accountable for specific areas of service provision.

Judgment: Not 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.

There were limited arrangements in place to monitor or review the quality of care and experience of people living in the centre. The provider had commissioned an assessment of compliance and a report on this assessment had been received in the days prior to the inspection. This report addresses some of the wider system

improvements required, and implementation of the action plan would contribute to the development of effective management arrangements. However, in isolation it could not be relied upon to evaluate or monitor the lived experience of residents, and enhanced oversight and monitoring was required in this area.
Judgment: Partially 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.
The local management team provided regular opportunities for residents to provide feedback on the service. For example, they had recently carried out a dining experience survey. There was a residents' committee that held meetings monthly. The centre manager operated a weekly drop-in clinic for residents. However, it was found that residents' feedback influenced limited change, despite the endeavours of the local management team. At the time of inspection, there were many ongoing issues raised by residents that had not been suitably resolved. A more effective communication system between local and senior management was required to ensure that service issues raised by residents were escalated to the most appropriate person for action.
Judgment: Partially Compliant
Standard 2.1 There are safe and effective recruitment practices in place for staff and management.
There were safe and effective recruitment practices in place for staff. All staff employed in the centre at the time of inspection had received Garda (police) vetting disclosures and international police checks where relevant. While some staff required up-to-date contracts to reflect their employment arrangements with the current provider, all other staff files contained the relevant information required. There was a policy in place in relation to Garda vetting for staff, although it could not be evidenced that the provider had followed this policy in relation to carrying out a risk assessment where a positive disclosure had been returned.
Judgment: Substantially Compliant

Standard 2.3

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

There were systems in place to supervise and support staff; however, the supervision arrangements needed improvement to ensure supervision meetings were carried out in line with the provider's policy. Additionally, clarity was required, at policy level and in practice, with regard to the provision of staff supervision, as distinct from a performance and appraisal system, to ensure both systems operated effectively to provide support to staff and facilitate staff development.

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.

Staff had undertaken training in a wide range of areas, as required by the standards. However, further implementation of the provider's training plan was required to ensure that all staff had completed the necessary training. While there was a training plan in place, and the provider had identified training gaps, a training needs analysis was not available at the time of inspection.

Judgment: Substantially Compliant

Standard 3.1

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

While it was evident that the provider and management team had enhanced the systems in place to assess and respond to risk since the previous inspection, further improvement was required to ensure that the risk register provided an accurate representation of the specific risks in the centre. There were some known risks that were not included on the risk register, and other risks that had not been identified, including some health and welfare risks to residents. Additionally, there were no clear systems in place to escalate serious or ongoing risks to ensure that the provider had sufficient oversight in this area.

Judgment: Not Compliant

Quality and Safety

The inspectors found that the provider operated a service that, for the most part, 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. However, limited oversight of the service meant that the necessary action required to provide a consistent high-quality service that met residents' holistic needs had not been taken. There were ongoing shortfalls in regards the accommodation, and a significant deficit in relation to the assessment of and response to residents' special reception needs. Consequently, there was a need for sustained improvement across many key areas to ensure that the provider consistently promoted the rights and welfare of residents, and met their diverse and individual needs in a safe and comfortable environment.

The provider had a clear process in place for allocation of accommodation to residents. There were improvements to the allocations arrangements since the previous inspection, with a clear process in place to request internal transfers or request a specific type of accommodation. While this process had yet to be integrated into the allocation policy, it was found to be used consistently by staff to record residents' request. It was evident that the management team endeavoured to make fair and transparent decisions regarding the allocation of accommodation.

That being said, there were some residents who were found to have been allocated accommodation that did not meet their family's needs. A review of the reallocation of one family found that the process had not been fairly conducted and did not consider the family's needs or rights. As a result, a single parent and three children, including two teenagers, shared one bedroom, with no separate living area. While the decision to transfer these residents to alternative accommodation was based on potential safeguarding risks, the inspectors were not assured that the decision was based on an informed assessment of residents' needs and the best interests of the children.

Overall, the standard of the accommodation was adequate; however, the configuration of the accommodation impacted on the privacy and dignity of some residents. Accommodation was provided in bedrooms, and there were no private living spaces available to residents. This impacted on residents' ability to spend time outside of their bedrooms, and resulted in cramped conditions for families and adult residents. The rooms, while meeting the minimum space requirements for a bedroom, did not provide sufficient space for the range of activities a person or family engages in on a daily basis. For example, there was no separate space for eating or studying. Seating had been provided in some rooms, but in others there was limited space and residents used their beds as seating. Residents also told the inspectors that some mattresses

were very worn and uncomfortable, and despite raising this to the centre management team, they had not been replaced in a number of years. The inspectors observed that in one case, a pregnant woman chose to sleep on blankets on the floor rather than on her bed. A new mattress was provided to this person from a vacant room at the time of inspection.

It was found that the arrangements for replacing furniture or equipment, or for carrying out renovations in the centre were not efficient or effective. As the service was provided in a building that the provider did not own, a third-party agency was responsible for building upkeep, renovations and furniture. The inspectors found that while the centre management team raised issues regarding the accommodation and facilities, requests were infrequently approved and were not followed up on at a senior level by the provider. This included ongoing issues previously identified on inspection, such as lack of Wi-Fi, insufficient study spaces, and lack of access to self-catering facilities. It was also found that there were some vacancies not available for allocation because beds had not been provided, despite a requisition being submitted five months prior to the inspection for new beds and replacement mattresses.

Continued engagement with the responsible third-party agency was required at a senior level to ensure that the accommodation was suitable to meet the needs of residents on an ongoing basis.

For the most part, residents' bedrooms had en-suite bathroom facilities. In some cases, residents were assigned a bathroom near to their bedroom. It was found that some families had not been provided with en-suite bathrooms, which further impacted their privacy and dignity. For example, in one case a mother and three children had no private space to get dressed in their room, which was of particular concern given that there were children over the age of 10 of opposite gender in the same bedroom.

It was also found that there were limited communal facilities for residents to use. There was one separate living area provided for residents, which was a large and neatly decorated space that served many functions. It could be used as a seating area, a TV room, a meeting room, and a gym. It also contained a small play area for children with toys and books. While it was a useful space for residents, the configuration meant the facilities could not be used to their potential. Additional communal leisure spaces were required to ensure residents had space to spend time alone, hold meetings or receive visitors, and engage in leisure activities without unduly impacting the experience of others.

The service provider had considered the needs of children in the provision of facilities in the centre. As stated above, there was a small space for play in the large multi-purpose room, with books and toys. There was a large playground located to the rear of the premises which provided a safe and appealing place to play. However, there

were limited facilities for older children. The provider had added a covered storage space for children's bikes and buggies since the last inspection.

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 indicated the meal options on any given day. Residents were provided with a range of options for breakfast, lunch and dinner. Some residents spoken with were happy with this arrangement, and complimentary of the food provided. Other residents told the inspectors that the quality of food was variable and some said there were limited 'healthy options'. The centre management team had completed a resident feedback survey on the dining experience prior to the inspection, and it was found that the catering team were working on making some changes to the catering arrangements in response to this survey.

Some residents spoken with told the inspectors that the meal options did not always meet their religious or cultural dietary requirements. As a result, the inspectors were told that some residents chose to skip certain meals, depending on what was on the menu. Many residents told the inspectors that they would prefer to prepare and cook their own meals, with some parents adding that it was important for them to cook meals for their children that they were familiar with.

At the time of inspection there were no separate facilities for residents to cook their own meals, despite this issue being highlighted at a previous inspection. It was noted; however, that the provider had added equipment to the dining area for residents to make snacks, such as an air fryer, sandwich makers and microwaves. Residents were also provided with a fridge to safely store food. Notwithstanding, the inspectors found that the provider had not adequately escalated the continued absence of self-catering facilities and its impact on residents' lived experience to the necessary department for action.

Residents were provided with any necessary non-food items directly from the service provider. 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. There was a supply cupboard near the reception with cleaning supplies and materials that were available to residents as they needed them. There were sufficient laundry facilities that were well-maintained.

The centre was clean and neatly maintained throughout and inspectors found that any minor maintenance issues were addressed quickly and to a high-standard. While bigger issues were identified promptly, it was found that the system in place to address issues with the building or facilities was not effective. For example, the provider had identified a space they considered suitable to renovate for use as a study area; this proposal was submitted to the department authorised to carry out the

renovations and was never progressed, despite the centre management following up with the responsible party. In another case, staff observed damaged flooring in a resident's room due to water damage and made a request for replacement using the appropriate requisition process; this request was denied without a clear rationale, and was not followed up by senior management.

The service provider ensured that the educational needs of children were being met. Parents were supported to secure school and crèche spaces for their children in the local town and at the time of the inspection all children of school-going had a place in a local school. The inspectors were informed by some residents that they were supported to engage with a local community service, who provided their children with additional education supports outside of regular school hours to help with their learning needs. Residents were also supported to engage in English language classes outside of the centre. Some residents who spoke with the inspectors told them how a study space, and access to WiFi in their rooms would benefit them, indicating that the absence of these facilities impacted their ability to complete homework or course work.

While the staff endeavoured to promote the rights of residents, the configuration of the premises and the accommodation itself limited the provider's ability to uphold residents' rights, particularly in relation to their right to privacy and dignity. Some residents expressed their dissatisfaction at having to share bedrooms, due to the impact that it had on their privacy and their quality of sleep. It was also found that some operational decisions, such as internal transfers, were not always informed by a rights' based approach and did not fairly consider the rights of families or the best interests of the children involved.

The inspectors found that local management were committed to promoting the health, wellbeing and development of residents. Residents told the inspectors that they were supported to access a General Practitioner (GP), as required. Residents were provided with information on local health and social care services, and on relevant local community services and supports. While the local management team were committed to supporting the needs of residents, the absence of a system to assess and respond to residents' needs on an ongoing basis, and in particular the absence of a reception officer, meant that there were unmet resident welfare and safety needs.

The inspectors observed that staff were kind and respectful in their engagement with residents. Residents spoken with told the inspectors that staff were very friendly and tried their best to help. The centre manager operated a weekly drop-in clinic for residents, although many residents said they generally went to the assistant managers with issues or requests as they arose. The staff team organised recreational and social activities in the centre that celebrated residents' diversity and culture, such as an

Easter egg hunt, children's summer activities and Ramadan celebrations. There was a residents' committee in place that met regularly. It was found that the management team addressed concerns that were in their remit; however, similar to findings in other areas, more significant or wider reaching issues were not always actioned.

The service provider had measures 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. It was found; however, that both policies lacked sufficient detail to guide staff in dealing with each stage of managing and reporting child or adult safeguarding concerns. It was noted that the local management team were aware of their roles and responsibilities in relation to safeguarding vulnerable adults and children, and were able to describe the process for reporting concerns to external bodies.

The service provider had identified a designated officer (DO) and a designated liaison person (DLP), with responsibility for managing safeguarding procedures. At the time of inspection, there were no active safeguarding risks in the centre. Further attention to the safeguarding policies, including the implementation of a recording system, was required to ensure that any potential safeguarding risks were recorded, responded to and reported appropriately. Additionally, a policy was required to guide the practice of childminding in the centre. While residents were informed about their responsibilities to supervise their children, there were no clear guidelines in place for the practice of residents minding other residents' children. While this was a valuable support to parents in the centre, clearer guidance was required to ensure the arrangements promoted children's safety and welfare.

Improvements were required with regard to the arrangements in place to record and report any significant incidents that occurred in the centre. The inspectors found that staff were recording and reporting some serious incidents; however, not all adverse incidents were recorded, which limited the potential to learn from adverse events. A clear recording, reporting and review system was required to ensure that all relevant incidents were appropriately managed.

A review of the arrangements in place to identify and respond to residents' special reception needs raised significant concerns. There was no reception officer employed in the centre at the time of the inspection. The local management team had assumed some of the functions that would ordinarily be expected of a reception officer; however, they were limited in their capacity to fulfil this role given their own primary duties. The inspectors found that 12 residents had been identified as having special reception needs, with just five documented assessments. While it was clear that staff endeavoured to meet the emerging needs of residents, the absence of a comprehensive assessment and support planning process limited their ability to meet

residents' needs safely. For example, in one case, while there were a range of supports in place for a resident with a health issue, there was very little documentation available, and the risk assessment did not include many of the control measures in place.

The inspectors also identified additional special reception needs among the residents they met with, that had not been identified by staff or management. In some cases, residents required urgent support to manage their health or welfare needs and they shared these concerns with inspectors. The inspectors found that the absence of a reception officer represented a significant risk to the welfare and safety of residents in this centre. Members of the senior management team told the inspectors that they were in the process of recruiting a reception officer, and expected the role to be filled in the coming weeks. The provider committed to implementing interim measures to assess and meet the needs of residents while they waited for the position to be filled.

In summary, the inspectors found that residents were provided with good day-to-day supports, but their wider and more holistic needs were not being met due to deficits in the staffing and management arrangements. The accommodation was safe and generally maintained well, although the configuration meant that residents were accommodated in cramped conditions that did not meet their needs as families and individuals. There were numerous ongoing premises and facilities issues for which the provider had failed to follow-up on since the previous inspection. The absence of a reception officer meant that residents with special reception needs were not consistently having their needs met.

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.

There was a room allocation policy in place, and it was found that the management team were endeavouring to allocate rooms in a fair manner that met residents' needs. However, due to the layout of the building and the configuration of bedrooms, it was not always possible to allocate accommodation the met the needs of residents.

Judgment: Partially Compliant

Standard 4.2

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

The arrangements in place to furnish the centre were not effective in ensuring residents consistently had the items that they needed, or that items, such as beds and mattresses were replaced as required. While it was evident that the staff and management team made efforts to provide accommodation that was homely and met residents' day-to-day needs, this was not always possible due, in part, to an inefficient requisition system.

It remained the case that residents did not have access to good quality Wi-Fi in their accommodation.

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 layout of the centre and the configuration of sleeping accommodation did not promote the privacy and dignity of residents. This was particularly evident in family rooms where residents had limited space to use for ordinary daily activities, and children shared their bedroom with a parent or parents. Additionally, families were not provided with a separate living space. The bedrooms provided to single adults were also observed to be cramped and did not provide sufficient space for necessary furniture. The limited availability of communal spaces also meant residents had few options to spend time outside of their room, if not using the dining room or the multi-purpose room.

At the time of inspection, some rooms designated to accommodate single adults still contained bunk-beds. The management team endeavoured to avoid allocating bunk-beds to adults where possible, for example, when under-occupied. Despite the management team requesting new beds to address this issue, the request was not fulfilled by the accountable department and was not followed up by the provider.

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 accommodated together, with consideration given to family size and individual needs when allocating accommodation. However, as accommodation was provided in bedrooms, there were instances where adults and children, and in some cases, children of opposite gender over the age of ten, were sharing bedrooms. Additionally, families did not have access to a separate living area. There were limited additional communal living spaces provided, which limited families' ability to spend time outside of their bedroom.

Judgment: Partially Compliant

Standard 4.5

The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.

There were a range of facilities available for children who lived in the centre. There was a play room with toys and books available and an outdoor play area with a playground. However, there were limited facilities for adults or older children. There was one multi-purpose room, and a multi-faith room. Further communal spaces and facilities were required to meet the recreation needs of adults and young people.

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 arrangements in place to ensure the centre was clean and maintained. It was observed that the centre was clean and tidy throughout. Laundry facilities were available to all residents in a shared laundry room. The laundry room had washing machines and dryers in sufficient quantity for residents to manage their own laundry. Residents received basic cleaning supplies on arrival to the centre and cleaning products were available from a cleaning cupboard near the reception for residents' use.

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.

Residents were provided with essential non-food items on arrival to the centre. Additional items, such as personal hygiene products, were provided directly to residents on weekly basis. The provider had made some improvements to these arrangements since the previous inspection, and residents with babies or infants received nappies and other necessary items directly. This arrangement was introduced as a response to a deficit identified in the previous inspection, and the inspectors found the arrangements were effective in meeting residents' needs in this area.

Judgment: Compliant

Standard 5.1

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

There were insufficient facilities for residents to independently prepare and cook meals for themselves or their families. While there was some improvement in this area since the previous inspection, with the addition of equipment to prepare snacks, the provider had not fulfilled the actions set out in their compliance plan, and suitable kitchen facilities were not available to residents.

Judgment: Partially Compliant

Standard 5.2

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

While it was evident that catering staff endeavoured to provide meals that met residents' needs and preferences, feedback from residents suggested that this was not always achieved. For example, residents who followed a Halal diet could not be sure if meals were suitable for them when pork was served as a meal option, which meant they chose not to eat the meals provided.

Judgment: Partially Compliant

Standard 6.1

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

While it was clear that staff treated residents with dignity and respect on a day-to-day basis, the living arrangements did not consistently uphold the rights of residents, particularly their right to privacy. Further consideration of resident' rights was required in the ongoing planning and operation of the service to ensure that there was a rights based approach to decision making.
Judgment: Partially Compliant
Standard 8.1 The service provider protects residents from abuse and neglect and promotes their safety and welfare.
There were systems in place that promoted residents' safety and welfare, and protected them from abuse and neglect. Staff had received training in child protection, and adult safeguarding. However, the safeguarding policies required further review to ensure that the procedures to investigate and report safeguarding concerns were clear.
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.
The provider had arrangements in place to protect children from abuse and neglect. There was information available for parents and children about how to report safeguarding risks, and there was a Designated Liaison Person appointed. There was some information provided to parents about child supervision; however, there was no procedure in place in relation to children being supervised by non-family members in the centre.
Judgment: Substantially Compliant
Standard 8.3 The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.

While incidents and adverse events were being recorded, a clearer reporting mechanism was required to ensure that they were reviewed on a regular basis and that outcomes informed practice. The provider had plans to introduce a set agenda for team meetings to ensure incidents and risk management were discussed on a monthly basis.
Judgment: Substantially Compliant
Standard 9.1 The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person centred and needs-based support to meet any identified health or social care needs.
The inspectors found that arrangements in the centre ensured each resident received support to meet their basic needs. The local management team ensured that where suitable supports could not be provided in the centre, residents were assisted to avail of support from external services. It was found that staff provided person-centred supports to residents in areas they were equipped to, and for needs they were made aware of. However, as there were limited assessments or reviews of residents' needs carried out, some residents' needs were not being met in this area.
Judgment: Substantially 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 was not made aware of the special reception needs of residents prior to their arrival to the centre. Despite this, it was evident to inspectors that the local management team were committed to providing support to residents where required.
Judgment: Compliant
Standard 10.2 All staff are enabled to identify and respond to emerging and identified needs for residents.

Staff had training in areas that supported them to meet many of the identified or emerging needs of residents. It was found that in the absence of a reception officer, staff were limited in their capacity to comprehensively assess or respond to the needs of all residents, despite their continued efforts. The addition of a reception officer and a clear referral pathway would support staff to fulfil their duties in this area.
Judgment: Substantially 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 a reception needs policy in place; however, this policy did not contain sufficient detail to support a reception officer in identifying and responding to residents' special reception needs.
Judgment: Substantially Compliant
Standard 10.4 The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.
There was no reception officer employed in the centre at the time of the inspection. The inspectors were informed by senior management that the position had been advertised; however, at the time of the inspection the post had not yet been filled. It was found that staff endeavoured to meet the needs of residents with vulnerabilities or special reception needs; however, due to the competing demands of their primary roles, many special reception needs had not been identified and as such there were many unmet needs in this area. A suitably qualified and experienced reception officer was required as a matter of priority to ensure that residents' special reception needs were identified and responded to. The provider committed to implementing interim arrangements to manage this risk while recruiting a suitable candidate for this post.
Judgment: Not 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	Not Compliant
Standard 1.2	Not Compliant
Standard 1.4	Partially Compliant
Standard 1.5	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Not Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Partially Compliant
Standard 4.2	Partially Compliant
Standard 4.3	Not Compliant
Standard 4.4	Partially Compliant
Standard 4.5	Substantially Compliant
Standard 4.7	Compliant
Standard 4.9	Compliant

Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Partially Compliant
Standard 5.2	Partially Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Partially Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Substantially Compliant
Standard 8.2	Substantially Compliant
Standard 8.3	Substantially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Substantially Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Substantially Compliant
Standard 10.3	Substantially Compliant
Standard 10.4	Not Compliant

Compliance Plan for Atlas House Killarney

Inspection ID: MON-IPAS-1117

Date of inspection: 01 and 02 July 2025

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	Not Compliant
Outline how you are going to come into compliance with this standard: Management systems have been reviewed and new procedures in place. Monthly governance meetings informed by adverse events, concerns, comments and center feedback from all stakeholders have been established. Outcomes from meetings inform Centre quality improvement plans to ensure services are delivered safely and effectively for all stakeholders Any outstanding training has been scheduled with relevant staff members	
1.2	Not Compliant
Outline how you are going to come into compliance with this standard: In addition to strengthened local level meetings, monthly governance meetings ensure consistent support and supervision of to daily management on site and that any actions from local level are highlighted, actions established, plans implemented and followed through by responsible parties within specified timelines.	

1.4	Partially Compliant
Outline how you are going to come into compliance with this standard: We will strengthen our oversight by introducing enhanced monitoring processes, including regular resident feedback, targeted audits, and ongoing review of care outcomes. These actions will complement the compliance assessment and ensure a more comprehensive and responsive quality management framework. Additionally, the appointment of a Centre reception officer will ensure resident wellbeing and quality of care is monitored on an individualized basis.	
1.5	Partially Compliant
Outline how you are going to come into compliance with this standard: Residents share their views through surveys, meetings, vulnerability assessments and drop-in clinics. To improve this, we will set up a clearer process so that any concerns raised here are passed directly to senior management. We will also keep residents updated on what's being done, so they know the feedback is being acted on and not just noted. Our goal is to make sure the residents voices lead to change.	
3.1	Not Compliant
Outline how you are going to come into compliance with this standard: We will review and update the register to include all known risks, and put in place a clear system for reporting serious or ongoing risks to senior management. This will help ensure nothing important is missed and the right action is taken immediately. Individualised risks informed by vulnerability assessments will be identified by the newly appointed reception officer Additionally, the monitoring systems put in place will have an alert element to ensure any identified risks automatically notify management and remain in alerted condition until the risks have been addressed.	

4.1	Partially Compliant
Outline how you are going to come into compliance with this standard:	
The management team will continue to review room allocations and look for ways to make the best possible match for each resident's needs by following IPAS guidelines	
4.2	Partially Compliant
Outline how you are going to come into compliance with this standard:	
Management will continue to inform IPAS through our monthly complaints procedure there is a serious problem with the lack of Wi-Fi in the centre. Requested replacement beds/mattresses approved by IPAS on 14/08/25 - awaiting delivery.	
4.3	Not Compliant
Outline how you are going to come into compliance with this standard:	
Management have requested replacement beds for single adults, they were approved by IPAS on 14/08/25 – awaiting delivery - issue resolved. We are committed to improving room layouts, providing more space, and creating better shared areas so residents can live more comfortably.	
4.4	Partially Compliant
Outline how you are going to come into compliance with this standard:	
Management allocate rooms that suit each family's size and needs. However, because all accommodation is in bedrooms, there are times when adults and children — and in some cases, older children of different genders — share a room as per - IPAS instructions Management will review how space is used, explore options to create more shared living areas and look at ways to give families more opportunities to spend time together outside of their bedrooms	

5.1	Partially Compliant
Outline how you are going to come into compliance with this standard:	
Snack Preparation station was added for residents to avail of. Management continues to inform IPAS of the lack of suitable kitchen facilities via the monthly complaint's summary. Awaiting response and action plan for same	
5.2	Partially Compliant
Outline how you are going to come into compliance with this standard:	
Management work with catering staff to ensure clear information is provided to residents regarding ingredients/food preparation/food handling and that there are always safe, suitable meal choices for all dietary needs. We will improve our menu labelling, train staff on dietary requirements, and make sure clear options are always available so everyone can eat with confidence. A food collection record to be implemented to monitor which residents are/aren't collecting meals and note any patterns of refusal and address them as soon as they arise	
6.1	Partially Compliant
Outline how you are going to come into compliance with this standard:	
Management to review the accommodation layout, routines, and policies to identify where privacy could be better upheld. This too include involving residents in decision-making about changes that affect them, providing clearer information about their rights, and training staff on rights-based approaches to care and service planning. We will endeavour to insure that respect for residents' rights is built into every decision we make and every aspect of how the centre is ru	
10.4	Not Compliant
Outline how you are going to come into compliance with this standard:	
Reception Officer has been identified and employed	

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.	Not Compliant	Red	26/09/2025
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Not Compliant	Red	26/09/2025
Standard 1.4	The service provider monitors and reviews the	Partially Compliant	Orange	31/01/2026

	quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.			
Standard 1.5	Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.	Partially Compliant	Orange	31/03/2026
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	26/09/2025
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.	Partially Compliant	Orange	01/11/2025 Ongoing
Standard 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Partially Compliant	Orange	01/09/2026
Standard 4.3	The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment	Partially Compliant	Orange	30/06/2026

	promotes the safety, health and wellbeing of residents.			
Standard 4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.	Partially Compliant	Orange	30/06/2026
Standard 5.1	Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.	Partially Compliant	Orange	31/01/2026
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.	Partially Compliant	Orange	31/01/2026
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Partially Compliant	Orange	31/03/2026
Standard 10.4	The service provider makes available a dedicated	Not Compliant	Red	26/09/2025

	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.			
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