



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

Name of the Centre:	Atlas House Tralee
Centre ID:	OSV-0008418
Provider Name:	On-site Facilities Management Ltd
Location of Centre:	Co. Kerry
Type of Inspection:	Short-Term Announced
Date of Inspection:	12/08/2025 and 13/08/2025
Inspection ID:	MON-IPAS-1114

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 Tralee is an accommodation centre based in the town of Tralee in County Kerry. The centre had capacity to accommodate up to 100 people, and was providing accommodation to 90 males at the time of the inspection. The accommodation centre is located in the centre of the town, and in close proximity to local shops, transport links, and health and social care services.

The centre comprised a main building with four floors. The main reception area, and the management office were located on the ground floor, as well as resident facilities such as a residents' gym, and a dining room where meals were served. Residents' bedrooms were located on the three upper floors of the building. A laundry room, which contained six washing machines and five dryers, was located on the first floor, and each of the floors had a residents' kitchenette with a sitting room area. Residents also had access to a study room and a multi-faith prayer room.

The service was managed by a centre manager who reported to a director of the company. The centre manager oversaw a team of staff including a reception officer, security, housekeeping and catering staff. The service is provided by On-site Facilities Management Ltd on a contractual basis on behalf of the Department of Justice, Home Affairs and Migration.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	90
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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)
12/08/2025	12:00hrs – 17:30hrs	1	1
13/08/2025	08:30hrs – 13:45hrs	1	1

What residents told us and what inspectors observed

The inspectors found, through speaking with residents and observations made during the inspection, that residents generally felt well supported and safe living in the centre. Residents were complimentary of the accommodation and the improvements made by the provider to enhance services and facilities in the centre since the last inspection. Residents who spoke with the inspectors expressed satisfaction with the service and the level of support they received. However, some improvements to the facilities and to the monitoring arrangements were necessary to ensure that the quality of the service was consistently maintained.

This was a short term announced inspection of Atlas House Tralee. It was HIQA's second inspection of this centre and took place over two days. During this time, the inspectors met or spoke with 15 residents in direct consultation. In addition, five resident questionnaires were completed and returned to the inspectors. The inspectors reviewed documents and observed residents in various settings, such as the reception, kitchen and dining areas, as well as during their interactions with staff members. The inspectors also spoke or met with representatives of the service provider, an acting centre manager covering the centre manager's planned absence, the reception officer, as well as catering and security staff.

The accommodation centre was located in Tralee and was centrally located and within walking distance of a range of local services, amenities, and national transport links. It was a four-storey building accessible through a discreet entrance off a main street. The centre had capacity to accommodate 100 residents across 55 bedrooms. At the time of inspection, there were 90 residents living in Atlas House Tralee. Although primarily intended for international protection applicants, 17 residents (19%) held refugee or had leave to remain status.

Of the 90 residents living in the centre, 84 were in shared bedrooms with a maximum of two people per room. One twin room had one resident at the time of inspection. There were seven single rooms and two of them were under renovation. Some of the bedrooms had en-suite bathroom facilities, although in most cases residents used a designated bathroom located near their bedroom, which they shared with other residents.

On a walk around the accommodation centre, the inspectors observed that the service provider had implemented a refurbishment programme since the last inspection. New flooring was installed throughout the centre and bedrooms, and the communal areas were repainted. The communal areas were furnished with artwork and murals, making the centre a welcoming environment. The provider had also increased the number of maintenance staff employed at the centre since last inspection. The inspectors observed improvements in areas previously identified as requiring attention, such as housekeeping and cleaning. For example, the entrance to the building, which had been littered with cigarette stubs during the previous inspection, was clean, as were the communal areas and toilets. The inspectors further noted that detailed cleaning arrangements were in place, with checklists completed and signed off. Some residents engaged with expressed satisfaction, viewing these improvements as a positive development.

Despite these positive changes, other maintenance issues identified during the previous inspection remained outstanding. In an effort to restrict access to bathrooms to designated residents, the service provider had installed metal latches and padlocks on doors. The inspectors found these measures unsightly and institutional in nature, and the service provider committed to review this practice to ensure security was maintained in a more dignified and ordinary manner. The provider had not replaced the latches and padlocks at the time of this inspection, and some residents reported that they had removed them, leaving the doors without locks. The accommodation centre building was owned by the State and the service provider had escalated the matter to the relevant government department.

The inspectors were invited into several of the residents' living quarters and observed six bedrooms. The bedrooms were sufficiently furnished with each resident having access to a chest of drawers and wardrobe. However, the inspectors observed poor ventilation in some bathrooms, with paint peeling off the walls and visible mould.

The centre provided fully catered accommodation, with breakfast, lunch and dinner provided in the dining room at pre-determined times. There were also small kitchenettes and living areas on each of the three upper floors for residents to make drinks and snacks outside meal times. The provider had introduced a 28 day rotational menu following the last inspection, and inspectors observed a good selection of meal options available to residents.

The inspectors observed residents during lunchtime, sitting and eating together in the dining area and engaging in friendly conversations. Residents who met with the inspectors were complimentary of the kitchen and dining facilities, and stated that catering staff were responsive to feedback about the food. All staff spoke respectfully of residents and it was evident that they were committed to providing a safe and comfortable space for residents to live.

Further communal facilities were available throughout the centre, such as a gym, a multi-faith prayer room, and a study room. Although the centre had Wi-Fi infrastructure in place, it had not been connected, requiring residents to rely on their mobile phone data when using computers available in the centre.

Residents had access to communal washing machines and tumble dryers, which were located on the first floor of the building. These were available in sufficient quantity to allow residents to complete their own laundry as required. The laundry room was clean and tidy at the time of the inspection.

The inspectors sought residents' feedback on their experience living in the centre. Residents who engaged with this inspection reported feeling safe and some complimented the staff team and the provider for the renovations made in the centre recently. They told inspectors that they felt comfortable raising their concerns to staff and were confident that any issues raised would be properly addressed. They explained that the staff team treated them with respect and that they felt listened to. Some residents described the centre as a "good hotel" and kitchen staff as "cheerful". However, some residents complained of poor ventilation in the bathrooms, and the presence of smokers directly outside the entrance to the centre. While some residents stated that maintenance issues were addressed promptly, others reported that they were not.

In addition to speaking with residents about their experiences, the inspectors received five completed questionnaires. The response to the questionnaires was similar to the feedback received from the residents who spoke with the inspectors. Of the five respondents, three said they were happy living in the accommodation centre, four were comfortable talking with staff and felt safe. Three of the five people who responded to the questionnaire said they felt comfortable making a complaint, felt respected and that the management team were approachable. However, all respondents indicated lack of awareness of the centre's safeguarding policies, and three felt the centre did not offer a dignified environment.

In summary, the centre provided a safe and supportive space for residents to live. The provider had invested in facilities for residents and made some improvements since the last inspection. While residents were complimentary of the accommodation and services provided, some facilities in the centre required improvement and the service required enhanced management oversight.

The observations of the inspectors and the residents' views presented in this section of the report reflect the overall findings of the inspection. The following two sections of this report present the inspection findings about governance and management arrangements in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

This was the second inspection of Atlas House Tralee accommodation centre and it was carried out to assess compliance with the national standards, and to monitor the provider's progress with the compliance plan submitted in response to an inspection (MON-IPAS-1046) carried out in July 2024.

This inspection found that the provider had implemented some actions from the compliance plan to address the governance and management arrangements in the service. The service provider was also overseeing a number of improvement initiatives for the centre at the time of inspection. However, priority areas for improvement identified by the inspectors included governance and management systems, risk management, record keeping, staff supervision and the process for reviewing and learning from incidents.

The inspection found the provider had demonstrated improved awareness of their responsibilities and had begun implementing the necessary systems to meet relevant regulations, national standards, and policies. Some operational changes in the centre had occurred based on shared learning from other inspections of centres operated by the service provider. Statutory notifications and reports had been submitted to relevant government departments, including HIQA as required by the regulations and national policy. While the provider had developed a suite of policies, some of them were yet to be implemented, and some actions remained outstanding. However, there was a cultural shift towards more engagement with the inspection process, and the management team displayed a clear commitment to continuous quality improvement across the service.

Atlas House Tralee was managed by a centre manager who reported to a director of the company. The centre manager oversaw a team of 14 staff members, including maintenance, housekeeping, catering and security staff. At the time of inspection, the centre manager was absent on planned leave, and the provider had arranged suitable cover arrangements for this absence. There was an acting manager present when the inspectors arrived, and the inspectors also met with the service provider representatives on the second day of the inspection.

While there was a clear management structure in place, the governance oversight and reporting systems required enhancement. While it was evident that the centre manager was responsive to the needs of residents and any potential issues in the operation of the service, improved record keeping and effective monitoring systems were necessary to ensure the provider had adequate oversight of the running of the centre. Regular staff meetings were held and documented, but topics such as risk

management, complaints, incidents, and safeguarding were not consistently included on the agenda as required by centre policy. In addition, the minutes did not indicate whether actions from previous meetings had been followed up or implemented. This hindered the service provider's ability to effectively monitor and ensure that the service was safe and effective.

The service provider had a system in place to record and report incidents that occurred within the centre. However, incidents, accidents, and near-misses were not reviewed to ensure that learning informed service improvements. The provider was also required to ensure that all incidents, accidents and near misses that did not meet the threshold for reporting to government departments were properly recorded to enable the provider to effectively monitor these incidents and provide effective oversight.

The provider had systems in place to monitor and improve residents' quality of life, including, auditing systems, resident satisfaction surveys and resident meetings. While a more formal quality improvement plan was not yet in place, the impact of this process was evident, for example, through the implementation of additional policies and improvement initiatives in the centre.

The inspectors reviewed the recruitment practices in the centre and found that the provider had implemented safe and effective recruitment practices that were supported by a detailed recruitment policy. A review of the most recent appointments found that the provider had adhered to the recruitment policy and there were detailed personnel records available. All staff had up-to-date Garda vetting disclosures, and international police checks had been obtained for staff who required them. However, a risk assessment was required for one staff member who could not obtain an international police clearance.

The provider supported staff in continually updating and maintaining their knowledge and skills. A staff training and development policy was implemented and a training matrix was in place to ensure management oversight of staff training. However, a training needs analysis was required to determine the training or skills needed beyond the core areas required by the national standards to fully meet the evolving needs of residents.

While a supervision policy was in place, no formal systems were in place for staff supervision. This meant that there was no individual accountability for staff practice, and the provider could not be fully assured of the quality and safety of the service on an ongoing basis. The provider had, however, commenced a staff appraisal process. The inspectors found that staff members met with during the inspection understood their roles and responsibilities well and felt well supported by managers.

The inspectors reviewed the risk management arrangements in the centre. There was a risk management framework in place that clearly outlined how risk was managed in the centre. The provider and centre manager oversaw a risk register which outlined risks in areas such as service provision and resident safety. For the most part, risks had been identified and had clear control measures in place. However, the inspectors found that the risk management policy was not fully implemented. For example, there were no risk assessments completed following incidents and adverse events that occurred in the centre despite being required by centre policy. This would effectively complement the risk management framework, ensuring a cohesive approach. Further attention was needed to ensure that the risk register was subject to consistent and continuous review as required.

The service provider had a contingency plan in place for events such as fire, flood, and power outages. However, fire drills had not been conducted at least twice per year as required by centre policy, and there were no personal evacuation emergency plans for residents with mobility issues.

In summary, improvements were made in the centre in the time since the last inspection, however, additional action was required to ensure compliance with the national standards. While some actions were taken in line with the provider's compliance plan, others had yet to be taken or were in progress for full implementation. Some improvements to the governance and management arrangements, staff supervision, record-keeping, recruitment, and risk management systems were required to ensure a consistently safe and effective, good quality service was being provided.

Standard 1.1

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

The service provider had developed a good understanding of their responsibilities under relevant legislation, regulations and standards. There were systems in place to meet these requirements, however, there were some areas in which further implementation of service plans was required to fully meet the requirements of the standards. For the most part these were known to the provider.

Judgment: Substantially Compliant

Standard 1.2

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

A clear management structure was in place, but governance oversight and reporting systems required enhancement. While it was evident that the centre manager was responsive to the needs of residents and any potential issues in the operation of the service, improved record keeping and effective monitoring systems for all aspects of the service were necessary to ensure the provider had adequate oversight of the running of the centre.

Judgment: Partially 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 some measures in place to monitor the quality of the service, which had led to a number of improvement initiatives. However, a more defined monitoring system, including a service improvement plan was required to facilitate the analysis and tracking of service improvements.

Judgment: Substantially Compliant

Standard 2.1

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

The service provider had ensured there were safe and effective recruitment practices in place. There was a recruitment policy available which was found to have been adhered in the most recent employment. A Garda vetting disclosure had been obtained for all staff members employed in the centre. International police checks were available for staff where necessary. However, a risk assessment was required for one staff member who could not obtain international police clearance.

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.

While the provider had developed a staff supervision policy and staff felt supported in their roles, formal staff supervision had not commenced in the centre at the time of inspection.

Judgment: Partially Compliant

Standard 2.4

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

There were arrangements in place to identify the training needs of staff who worked in the centre, and to provide any training required. A staff training and development policy was implemented and a training matrix was in place to ensure management oversight of staff training. However, a training needs analysis was required to identify the training or skills needed beyond the core areas specifically mentioned in the national standards to fully meet the evolving needs of residents.

Judgment: Substantially 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 risk management framework in place that clearly outlined how risk was managed in the centre. The provider and centre manager oversaw a risk register which outlined risks in areas such as service provision and resident safety. Continued improvement was required to ensure that an integrated approach to risk management was taken. The improvements required included, the completion of risk assessments following incidents and adverse events, and regular monitoring of the risk register to ensure it was accurate, regular fire drills, and the completion of personal emergency evacuation plans for residents with mobility issues.

Judgment: Partially Compliant

Quality and Safety

This inspection found that the governance and management arrangements had improved since the previous inspection, enhancing the safety and quality of the service provided to residents. Residents generally felt safe living in the centre and happy with the facilities and services offered. While the provider had refurbished some areas of the building to enhance resident experience, the overall physical environment required improvement to mitigate risks to residents' dignity and privacy.

The inspectors found that room allocation in the centre was based on the residents' identified needs and best interests, as well as their evolving needs. This practice was guided by a room allocation policy which outlined the criteria for room allocation at the time of admission and on an ongoing basis. Residents spoken with told the inspectors they were happy with the accommodation provided, and that where they requested a transfer it was considered and generally facilitated.

The communal areas of the centre were clean, and cleaning schedules were in place for the communal bathrooms. The provider had implemented a refurbishment programme, with new floors installed, communal walls repainted and furnished with artwork and murals. The laundry room was well-maintained and equipped with washing machines and tumble dryers which were observed to be in working order. Residents told the inspectors that the laundry facilities were generally available when they needed them and were maintained well.

Notwithstanding these positive developments, more attention was necessary to ensure a more homely environment in the centre and to maintain the building in good decorative repair. From speaking with residents and a review of documents, the inspectors found that the provider addressed any local maintenance issues very promptly. However, Wi-Fi connectivity and bathrooms door locks remained outstanding issues. Further attention was also required to ensure adequate ventilation in some bathrooms. The provider was required to strengthen monitoring of maintenance issues to proactively identify issues and ensure effective use of the external reporting pathway.

Resident bedrooms were sufficiently furnished. There was sufficient space for each resident to have a distinct personal space with a single bed and storage for their clothes, a desk and in some cases an arm chair or small sofa. Each room had a television and in some rooms residents had a fridge that they purchased themselves. The provider had considered how the design and layout of some of the rooms in the centre could impact residents' quality of life, and therefore made suitable arrangements. For example, one room had a lower ceiling height and as such one person was accommodated in the

room, which provided adequate space for a bed, a wardrobe and chest of drawers, a desk, and a bedside table.

Security measures at the centre were sufficient and appropriate, with CCTV monitoring external and communal areas. Residents had access to a private room without CCTV for meetings with visitors or professionals. All security staff were licensed and Garda vetted, and there was a clear communication system in place for the communication of issues that arose while security staff were on duty.

The centre provided a fully catered service, and there were no facilities for residents to prepare or cook meals for themselves. However, there were kitchenettes on each floor allowing residents to prepare snacks and sandwiches outside of the scheduled meal times. There was fresh drinking water and provisions for making tea and coffee available in these areas.

A review of the menus confirmed they had been amended since the previous inspection to operate on a 28-day cycle. The catering arrangements provided culturally sensitive meal options and accommodated any specific dietary needs. The inspectors noted mechanisms for consulting residents on their dining experience, including residents meetings and a catering log of suggestions. Feedback received was followed up and acted upon, and residents spoken with were generally complimentary of the quality of food and dining facilities provided in the centre.

The inspectors found that residents' rights were generally upheld and their welfare promoted, though improvements were needed in some areas. The staff team advocated for residents when necessary and supported them in exercising their rights to access information and entitlements. Some of this information was displayed on notice boards and translated into different languages. Systems were in place to consult residents and use their feedback to enhance their experience. The inspectors observed pleasant interactions between residents and staff, and most residents felt respected. The provider also facilitated religious observances with a multi-faith prayer room provided in the centre. However, as mentioned previously the continued use of metal latches and padlocks on external bathroom doors, along with the absence of locks on some bathrooms compromised residents' rights to privacy and dignity.

The provider facilitated residents to have easy and safe access to local services including healthcare, education and leisure activities. The centre had information boards throughout the dining and communal areas with information about local support and wellbeing services. Support workers from local health, housing and social services visited the centre regularly to meet with residents. While most residents managed their personal health and wellbeing needs independently, the management team ensured that residents were referred to local support services when required.

The inspectors reviewed the safeguarding arrangements in the centre. There were suitable measures in place to safeguard the safety and welfare of residents. The inspectors found that potential safeguarding or welfare issues were identified promptly, control measures put in place, and reported as required. Residents reported that they generally felt safe living in the centre. Safeguarding policies were in place, with clear recording and reporting arrangements. All staff members had received appropriate training, including training for designated liaison persons.

There were arrangements in place to record and report any significant incidents that occurred in the centre. Where necessary, incidents were escalated to relevant third party agencies, including those required to be notified to HIQA. At the time of inspection there were no active safeguarding risks present. Staff in the centre, including security staff, recorded incidents in a timely manner and in line with the recording requirements in the centre. Improvement to this system was necessary to ensure that all potential risks arising from incidents were identified and subject to a risk assessment where necessary. Additionally, as previously mentioned, the process for reviewing and learning from incidents required further development.

The inspectors found that where the provider was informed of the special reception needs of a resident they endeavoured to provide the necessary supports. A qualified and experienced reception officer was in place, supporting residents with special reception needs. Although the reception officer had only recently assumed the role, they demonstrated clear progress in establishing positive working relationships with residents. It was also evident that residents understood the role and responsibilities of the reception officer. The reception officer proactively identified special reception needs, completed individual risk assessments, developed support plans and referred residents to appropriate services where necessary. The reception officer's work was guided by a policy in place that outlined how special reception needs were identified, communicated and addressed. While a reception officer policy was in place, a manual was needed to fully guide the work of the reception officer. All staff received training to respond to residents' emerging and identified needs.

In summary, this inspection found that the governance and management arrangements had improved since the previous inspection, which had enhanced the safety and quality of the service provided to residents. The service provider was responsive to feedback from residents and third parties and demonstrated a commitment to meeting the requirements of the standards. Enhanced local monitoring arrangements and clear oversight measures were necessary to make sure the provider could respond to potential issues as they arose.

Standard 4.1

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

The provider had ensured accommodation was allocated in a way that considered and met residents' known needs, and there was a fair and transparent approach to the allocation of rooms to residents.

Judgment: Compliant

Standard 4.2

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

The accommodation provided to residents had sufficient space for each person. Bedrooms were well proportioned and generally well furnished. At the time of inspection, residents had limited access to Wi-Fi, which was of very poor quality in communal areas in the centre.

Judgment: Substantially 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 provider had taken measures to promote residents' privacy and safety. Residents had lockers available to them to store personal or valuable items, and bedrooms had sufficient space for residents to securely store their possessions. Further attention to some of these measures was necessary to ensure they also promoted residents' dignity. For example, while some residents' could lock their bathrooms, the manner in which they were locked was institutional in nature, and some bathrooms had no locks at all.

Judgment: Partially Compliant

Standard 4.7

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

There was a laundry room in the centre which was found to be clean and well maintained and contained adequate number of washers and dryers for the number of residents. All equipment was observed to be in working order and there was appropriate access to cleaning materials and laundry detergent.

Judgment: Compliant

Standard 4.8

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

The inspection found that the security arrangements in place in the centre were sufficient and proportionate. There was CCTV in most communal areas, such as the reception area, hallways and the dining room. Security staff were suitably licensed and Garda vetted.

Judgment: Compliant

Standard 4.9

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

The provider had made sufficient and suitable non-food items available to residents. Items such as bed linen and towels were provided on arrival to the centre, and were replaced as required. Residents received items such as personal toiletries and cleaning materials by request from the reception area. Residents who spoke with the inspectors were satisfied with this arrangement.

Judgment: Compliant

Standard 5.1

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

The centre operated a fully catered service. However, residents could prepare snacks and small meals in kitchenettes located throughout the centre. These kitchenettes had suitable food storage facilities, and equipment to prepare basic meals.
Judgment: Compliant
Standard 5.2 The service provider commits to meeting the catering needs and autonomy of residents which includes access to a varied diet that respects their cultural, religious, dietary, nutritional and medical requirements.
The centre provided fully catered accommodation, where residents were provided with three meals per day. The menus had been amended since the previous inspection to operate on a 28-day cycle. Culturally sensitive meal options were provided, and specific dietary requirements of residents were accommodated, and kitchen staff were flexible when trying to meet residents' needs. Mechanisms to consult with and gather feedback from residents were in place. Residents were satisfied with the quality and variety of food provided.
Judgment: Compliant
Standard 6.1 The rights and diversity of each resident are respected, safeguarded and promoted.
Residents were provided with information and the necessary support to avail of services and resources they were entitled to. Residents were treated with respect and kindness by the staff team employed in the centre. The provider promoted residents' right to religious observances. Visitors were allowed and there was a suitable room without CCTV for residents to meet professionals and visitors in private. However, the use of latches and padlocks, and the absence of locks on some bathrooms compromised residents' privacy and dignity.
Judgment: Substantially Compliant
Standard 7.1 The service provider supports and facilitates residents to develop and maintain personal and family relationships.

The service supported residents to develop and maintain their personal and family relationships. Residents could receive visitors in communal areas, and there was a space without CCTV for residents to have meetings, for example, with professionals.
Judgment: Compliant
Standard 7.2 The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport.
The provider ensured residents could access relevant information about local services and facilities. The centre manager and staff supported residents in availing of resources in the local area, such as health services and housing support. Notice boards throughout the centre provided up-to-date information about various support services.
Judgment: Compliant
Standard 8.1 The service provider protects residents from abuse and neglect and promotes their safety and welfare.
The service provider had taken steps to protect and promote residents' safety and welfare. There was an adult safeguarding policy in place, and all staff had undertaken training in adult safeguarding, and many had received training in child protection. Incidents of a safeguarding nature were recorded and appropriately reported.
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.

Staff in the centre were recording incidents that occurred in the centre, and were appropriately escalated to relevant government departments. However, improvement to the incident management system was necessary to provide better oversight of all potential risks, to facilitate learning from incidents and enhance risk management initiatives in a proactive manner.
Judgment: Substantially Compliant
Standard 9.1 The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person centred and needs-based support to meet any identified health or social care needs.
The inspectors found that arrangements in the centre ensured that each resident received the necessary support to meet their individual needs. The centre manager ensured that where suitable support could not be provided, residents were assisted in availing of support from external services.
Judgment: Compliant
Standard 10.1 The service provider ensures that any special reception needs notified to them by the Department of Justice and Equality are incorporated into the provision of accommodation and associated services for the resident.
In the event that the provider was notified of any special reception needs, it was found that they strove to meet them. For the most part, the provider was not made aware of any special reception needs in advance of resident admissions.
Judgment: Compliant
Standard 10.2 All staff are enabled to identify and respond to emerging and identified needs for residents.

The centre manager oversaw a defined admissions process for all residents, allowing residents to share any specific needs. Staff had received training in a wide range of areas that equipped them with the knowledge and skills required to identify emerging needs and provide necessary support.
Judgment: Compliant
Standard 10.3 The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.
The provider had developed a policy to guide staff on identifying, assessing, communicating, and addressing existing and emerging special reception needs. However, a reception officer manual was required to guide staff practice.
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.
A reception officer, with the required qualifications and experience, was employed in the centre to support residents with special reception needs. The reception officer had ensured that vulnerability assessments had been completed for a significant number of residents, and appropriate supports provided, where necessary.
Judgment: Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Substantially Compliant
Standard 1.2	Partially Compliant
Standard 1.4	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.2	Substantially Compliant
Standard 4.3	Partially Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant
Theme 5: Food, Catering and Cooking Facilities	

Standard 5.1	Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Substantially Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Compliant
Standard 8.3	Substantially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Substantially Compliant
Standard 10.4	Compliant

Compliance Plan for: Atlas House Tralee

Inspection ID: MON-IPAS-1114

Date of inspection: 12 and 13 August 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
1.2	Partially Compliant
Outline how you are going to come into compliance with this standard: Monthly governance meetings will be held and minuted, with actions tracked and reviewed. Quarterly audits will be carried out on key service areas (care planning, staffing, health & safety, and resident experience), with outcomes reported to the provider.	
2.3	Partially Compliant
Outline how you are going to come into compliance with this standard: A supervision template will be developed to ensure consistency in approach across all staff. All staff will have a formal recorded supervision session at least once every three months.	

3.1	Partially Compliant
Outline how you are going to come into compliance with this standard: All incidents and adverse events will have a completed and documented risk assessment within 48 hours of occurrence. The risk register will be reviewed and updated monthly by the centre manager and provider, with records of amendments maintained. Fire drills will be carried out at least bi annually. 100% of residents with mobility or evacuation support needs will have an up-to-date PEEP in place, reviewed at least annually or following any change in circumstances.	
4.3	Partially Compliant
Outline how you are going to come into compliance with this standard: The centre manager has raised this issue with IPAS and is actively following up to ensure a contractor is appointed. A contractor will review all bathroom locks across the centre and provide recommendations for suitable, resident-friendly alternatives that promote privacy and dignity.	

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	23/10/2025
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Partially Compliant	Orange	22/11/2025
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	23/10/2025
Standard 4.3	The privacy, dignity and safety of each resident is protected and promoted in	Partially Compliant	Orange	20/12/2025

	accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.			
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