



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

Name of the Centre:	Bridgewater House
Centre ID:	OSV-0008421
Provider Name:	Cromey Ltd
Location of Centre:	Co. Tipperary
Type of Inspection:	Short-Term Announced
Date of Inspection:	18/08/2025 and 19/08/2025
Inspection ID:	MON-IPAS-1105

## Context

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

Direct provision was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a national<sup>1</sup> and international level<sup>2</sup> since that time. In response, the Irish Government took certain steps to remedy this situation.

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

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

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

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

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

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

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

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

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

## About the Service

Bridgewater Accommodation Centre is an accommodation centre located in Carrick on Suir, Co Tipperary. The centre is situated in a busy rural town and in close proximity to bus and rail links and shops and restaurants. The main building contains 43 family units and 18 single units. At the time of the inspection the centre accommodated 173 residents.

The building has kitchen facilities for residents to cook their own meals. There is a large laundry room with washers and dryers in an external building. In addition there is a reception area, offices, a large room where residents can receive visitors, a play room, and a computer room.

The centre is managed by a centre manager who reports to the director of services and is staffed by a director of operations, assistant manager, liaison officer reception staff, night porters, maintenance staff and cleaning staff.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	173
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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)
18/08/2025	<i>10:35 – 18:00</i>	1	1
19/08/2025	<i>08:30 – 16:00</i>	1	1

## What residents told us and what inspectors observed

From speaking with residents and through observations made during the course of the inspection, the inspectors found that residents were receiving a good quality service that met their needs. Although the centre was somewhat limited in terms of communal facilities, the accommodation provided was comfortable and well maintained, and it was evident that the provider and the staff team were committed to meeting residents' holistic needs. Residents received the necessary assistance and advice to meet their health and welfare needs, and considered efforts were made to support residents to integrate into the local community. Residents told the inspectors that they were happy living in Bridgewater House and felt safe there.

Bridgewater House was located in County Tipperary and provided accommodation for up to 211 people, the majority of whom were families. At the time of inspection there were 173 people living in the accommodation centre, including 83 children. There were 18 people accommodated in single-occupancy bedrooms. While the centre's primary function was to provide accommodation to people seeking international protection, 35 (20%) of the residents had received refugee or subsidiary protection status. From speaking with residents and staff members, the inspectors found that these residents were seeking alternative accommodation in the community.

This was the second inspection of Bridgewater House; the inspection was short-term announced and it took place over the course of two days. During this time the inspectors met and spoke with 17 residents, including five children. Six residents completed feedback questionnaires. The inspectors also observed other residents throughout the course of the inspection, for example, when using the communal social rooms, preparing meals in communal kitchens, and engaging with staff working in the centre. Additionally, the inspectors spoke with four members of the management team, including the centre manager and reception officer, and two staff members.

Residents who provided feedback on the centre were complimentary of the accommodation and the staff team. Those who spoke with the inspectors said that the staff team were easy to talk to, were available to them and helped them when they needed it. All residents who completed a feedback questionnaire confirmed that they felt respected by staff in the centre.

Residents who showed the inspectors their rooms were generally satisfied with their accommodation. In cases where families were provided with bedrooms only, residents told the inspectors that while they were glad to have the space provided, they would benefit from having a separate living space. The inspectors heard from some residents how parents' bedrooms were also used by the family as a living space, with many containing a dining table where families ate meals and children completed homework or study.

The inspectors completed a walk around of the centre and its facilities. The centre comprised one main building with four floors. The ground floor contained offices, a meeting room, a social room, communal kitchens and some resident accommodation. There were further kitchen facilities available throughout the centre, enabling residents to choose the most convenient space to prepare their meals. There was a large laundry room located near the main building containing 15 washing machines and 12 dryers, with space for residents to fold and iron their clothes. The residents who spoke with the inspectors about the kitchen and laundry facilities were satisfied with the arrangements in place.

Most of the accommodation was located across the upper three floors of the building. The uppermost floor comprised single rooms which accommodated female residents. The remainder of accommodation was allocated to families, and included double rooms, and units with multiple bedrooms and a bathroom. The largest number of residents accommodated in one unit was eight. Most rooms or units contained an en-suite bathroom, including all units in which children were accommodated. Where an en-suite bathroom was not available, a bathroom was allocated to one or more rooms, with a key provided to residents.

The provider had considered the needs of children in the provision of accommodation. Families told the inspectors that they received the necessary furniture or equipment for their children's needs, for example, cots and high chairs, when requested. There was a small playground at the rear of the centre, with a sensory garden and seating for parents to supervise their children. The provider had installed fencing in the area the playground was located in to ensure the wider area was safe for children to play in, and this was observed in use by small children playing ball games. There was also a large playroom where parents could bring young children, with a range of toys and games available.



It was noted, however, that there were limited facilities in the centre for older children. At the time of inspection, approximately 35% of children were aged between 11 and 17 years. The inspectors observed a group of teenagers socialising in a stairwell as there was no alternative space for them to gather. Some of the young people spoken with told the inspectors that they would benefit from a space outside of their rooms to meet with their friends in the centre, or to do their homework. Some young people told the inspectors that it would be nice to have a small space to bring friends from school to visit. It was also noted by some of the older children that they would like to be able to bring their younger siblings to the playroom, which was restricted to parents and small children, as this would be a helpful way to support their family.

The inspectors reviewed how residents received material reception conditions, such as food and other essential items. Residents received a welcome pack on arrival to the centre, which included relevant information about the centre and the local area, as well as essential items such as bedlinen, towels, cooking equipment and supplies for cleaning. The provider operated an off-site shop from which residents ordered food and other items such as toiletries and laundry detergent, using an allocation of points. Residents were provided with an allowance for food, and an additional allowance for non-food items. Orders from the shop were made online and there were deliveries to the centre multiple times per week. While residents were largely satisfied with these arrangements, the inspectors noted that the measures for storing perishable food items for residents to collect had not fully considered food-safety risks.

Residents prepared and cooked their own meals using communal kitchens. These kitchens were clean and very well-equipped, with a wide variety of cooking appliances and equipment available for residents to use. Residents were provided with suitable fridge and freezer facilities to store their food. Residents spoken with were satisfied with these arrangements, with many saying the cooking facilities were 'very good'.

The inspectors visited the accommodation of six families. All accommodation was maintained in very good condition and contained good quality furniture and fittings. The residents spoken with told the inspectors that maintenance issues were addressed quickly and to a good standard. The inspectors noted that each accommodation unit had been configured and decorated in line with each family's preference and needs.

The inspectors observed residents engaging with staff throughout the course of the inspection and saw that residents appeared comfortable approaching staff to seek support or have a discussion. There was a social room near the main entrance that was used by staff to meet with residents, and it was noted to be very busy throughout the inspection, with many residents stopping to have conversations with the centre manager or a staff member. Staff knew residents by name and were familiar with their needs. The inspectors observed staff providing assistance to residents in a variety of areas, such as housing support, job-seeking, and healthcare.

The provider had employed a reception officer, who supported residents with special reception needs. There were support plans in place for residents who needed them, with individualised support provided to those with specific vulnerabilities. Additionally, there was a community liaison officer provided to residents, who worked to support residents to integrate into the community. Residents were noted to be engaged in numerous community initiatives, such as fashion shows, dance groups and Pilates classes. Residents had also been involved in community events to celebrate cultural diversity. Residents were supported to find education and employment opportunities. Some residents, who had moved into private accommodation in the local area, had been supported to start their own businesses in the community.

Overall, the inspectors found that the provider had continued to provide a service that met the holistic needs of residents, and strove to meet and exceed the requirements of the standards. While there were some areas in which minor improvements were required to fully meet the standards, the provider had ensured residents were accommodated in a safe and comfortable environment with a person-centred approach to support. There was a clear focus on the rights of residents and on ensuring they had a positive experience living in the centre and in the local community.

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

## Capacity and capability

This was the second inspection of Bridgewater House 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-1043) carried out in July 2024.

The inspectors found that the provider had implemented the majority of actions outlined in the previous compliance plan, and had developed a detailed quality improvement plan that they were working on to further improve the quality and safety of the service. This inspection found that the provider and staff team had further developed their understanding of the national standards and their statutory obligations, and this was reflected in improved governance and management systems. The inspectors found good levels of compliance across most of the standards reviewed, and while there were improvements required in some areas, most of these were known to the provider and could be addressed with the continued implementation of their own improvement plan.

The service provider had implemented a range of monitoring and auditing systems since the previous inspection, and had recruited an additional senior manager with specific responsibility for quality and compliance. A comprehensive self-assessment of compliance with the national standards had been undertaken, and there was an associated action plan that was closely monitored. The provider had also completed an annual review of the service, which outlined key achievements of the previous 12 months, evaluated areas of service provision and identified areas for further development. The annual review included feedback from residents and external agencies.

Bridgewater House was managed by a centre manager, who was knowledgeable in their role and actively engaged in the day-to-day operation of the centre. The centre manager oversaw a team of 21 staff members, including reception staff, maintenance and housekeeping staff and general operatives. There was also a deputy manager employed in the centre who provided additional leadership support. The inspectors found that the centre manager and reception officer had regular meetings where they discussed the ongoing and emerging needs of residents to ensure that the relevant supports were provided. The reception officer was a valued member of the management team and contributed to decisions about service delivery.

There was a clear governance structure in place, with each staff member having a detailed job description and a defined reporting structure. There were regular team and departmental meetings held, with considered set agenda points and action plans

that were closely monitored. The service provider had developed a range of auditing systems to oversee areas such as safeguarding and incident management. While some of these auditing arrangements were in their infancy, there was a clear plan to progress the scope of audits to continue to improve oversight of the service. The provider and senior management team attended meetings onsite regularly where they received up to date and relevant information about the operation of the centre.

A review of the recruitment practices in the centre found that the service provider had implemented safe and effective recruitment procedures. There was a recruitment policy in place, and on review of recent appointments to the service, it was found that this policy had been adhered to. There were detailed personnel records maintained for all staff members. A Garda Síochána (police) vetting disclosure had been obtained for any staff member employed in the centre. Where relevant, an international police check had been sought, however, the provider had not completed a risk assessment in the event that there were delays or difficulties obtaining an international police report for an employee.

The service provider had ensured that there were sufficient staff available, with the necessary skills and training to meet the needs of residents. A training needs analysis had been completed for the staff team, and all staff members had received training in key areas such as adult safeguarding, child protection and mental health awareness. It was noted that the training needs analysis had not extended beyond the training areas listed in the national standards to more role-specific training requirements. However, the provider had introduced opportunities for staff members to discuss their training needs in supervision meetings and performance appraisals, which meant that future training plans could be more tailored to the individual needs of staff.

Staff members were supported in their roles by the centre manager. There was a supervision policy in place, and at the time of inspection all staff members were found to be participating in regular supervision meetings. There was a clear performance management system in place, with staff appraisals carried out on a regular basis.

The inspectors reviewed the risk management arrangements in the centre. There was a detailed risk management policy in place, with clearly defined procedures. The centre manager had undertaken training in risk management and had developed a comprehensive risk register that was overseen by a senior manager. While the risk register contained detailed assessments of specific risks, with clear control measures, improvement was required to ensure that all known risks were assessed and recorded in line with the provider's own policy. The inspectors found that there were risks known to staff and the centre manager with active control measures in place that were not included on the risk register. A review of risks in the centre was required to

ensure that all risks were assessed within the risk management framework and included on the centre's risk register.

The inspectors found that the service provider had established a range of systems to engage with residents and receive their feedback. There was a residents' committee that met on regular occasions and contributed to decisions about the service. There were clear channels of communication between the centre and residents, and the provider consulted with residents through surveys and feedback questionnaires. There was a complaints policy and process in place. A review of records found that there were very few complaints made, and that they generally related to issues such as noise or minor grievances with the provider's food-store. The service provider had introduced a new system to record complaints prior to the inspection. While it was yet to be used in practice in the centre, it enabled enhanced recording of complaints and their resolution. Residents who spoke with the inspectors told them that the centre manager was open to feedback and that any problems they had were resolved promptly.

Overall, the inspectors found that the governance and management arrangements had further improved since the previous inspection, with the service provider and management team demonstrating a commitment to delivering a high-quality service. The oversight and monitoring arrangements were continuing to develop and there were targeted improvements plans in place based on service reviews and resident feedback. While there was further work to do to fully comply with the standards, the provider had self-identified most of these areas and was actively working on implementing a quality improvement plan.

### **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 established a good understanding of their responsibilities under relevant legislation, regulations and national standards and there were systems in place to meet these requirements. While there were some areas in which further attention was required to fully comply with the standards, most of these had been identified by the provider in their own self-evaluations. There was a detailed quality improvement plan that had been well established and had brought about improvements in many areas.

Judgment: Compliant

### **Standard 1.2**

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

The leadership team were found to be competent and knowledgeable in their roles. There were clear job descriptions in place for all staff members, including the centre manager and reception officer. There were established systems in place to ensure staff were accountable for their individual responsibilities, including the service provider.

Judgment: Compliant

### **Standard 1.3**

There is a residents' charter which accurately and clearly describes the services available to children and adults living in the centre, including how and where the services are provided.

The provider had developed a residents' charter which contained accurate information about the services available in the centre. The residents' charter was available to residents in different languages.

Judgment: Compliant

### **Standard 1.4**

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

It was found that the provider had implemented a range of monitoring and evaluation systems to review the quality of the service, with further plans to extend the scope of audits as part of their quality improvement plan. There were accessible arrangements in place for residents to give feedback on their experience living in the centre, and it was evident that resident feedback informed decisions about service delivery.

Judgment: Compliant

### **Standard 1.5**

Management regularly consult residents on their views and allow them to participate in

decisions which affect them as much as possible.

There were systems in place to consult with residents and receive their feedback. There was an established residents' committee that met regularly. The provider had carried out resident feedback surveys, and their feedback was noted to be included in the provider's annual review. The inspectors found that the centre manager consulted residents about decisions that may affect them, both on an individual and a collective level.

Judgment: Compliant

### **Standard 2.1**

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

The service provider had ensured there were safe and effective recruitment practices in place. There was a local recruitment policy in place which was found to have been adhered to. A Garda vetting disclosure had been obtained for all staff members employed in the centre. International police checks were sought for staff members where indicated, although in cases where this was not possible, a risk assessment had not been carried out to determine the associated risks.

There were clear arrangements in place for performance appraisals, which included probationary periods and regular appraisal meetings.

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.

Staff members were supported in their roles by management and there were formal supervision arrangements in place, guided by a clear supervision policy.

Staff appraisals were being carried out at regular intervals and there were established systems in place to monitor and support staff development.

Judgment: Compliant

#### **Standard 2.4**

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

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

While it was found that the training needs assessment could benefit from being broader in scope, the provider had introduced training reviews as part of staff supervision and appraisal meetings to ensure any potential training needs of staff, beyond those specifically mentioned in the standards, were identified and met.

Judgment: Compliant

#### **Standard 3.1**

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

A review of the risk management arrangements found that there was a comprehensive policy in place that outlined a clear risk management framework. These arrangements were noted to have improved since the previous inspection, and staff had received further training in this area to ensure familiarity with any new procedures.

There was a detailed risk register in place that was monitored by the centre manager and a senior manager. It was noted, however, that there were some risks being managed in the centre that were not included on the risk register. While the inspectors found that there were effective control measures in place for any risk identified by the service provider, it was important that all risks be evaluated and recorded in accordance with the provider's risk management policy.

The inspectors also observed a food safety risk that had not been identified, a review of which was necessary to ensure food was safely stored in the time between it being delivered to the centre and collected by residents.

Judgment: Substantially Compliant



## Quality and Safety

This inspection found that the governance and management arrangements were effectively supporting the delivery of a safe and person-centred service. Residents were supported by the centre manager and the wider staff team to meet their health and welfare needs, to avail of educational and employment opportunities, and to integrate into the local community. Residents were provided with comfortable and well-maintained accommodation, although further attention was required to ensure that the facilities met all residents' wider needs, such as private space for families and leisure space for older children. There were active improvement plans in place that were guided by resident feedback, and while there was some work to do to fully comply with the standards, the provider demonstrated good self-awareness and forward planning in relation to any deficits.

The inspectors reviewed how accommodation was allocated to residents. The service provider had a room allocation policy in place and accommodation was offered to residents based on their individual and family needs. The provider engaged with the relevant government body to ensure any accommodation was suitable for new admissions, and endeavoured to meet residents' emerging needs. Internal transfers were guided by the allocations policy and a review of records found that there were fair and clear processes in place.

Residents were accommodated across a mixture of 45 family units and 18 single-occupancy bedrooms. Family units ranged in size; some comprised one double or twin room, with larger units containing up to three bedrooms accessible by a single private entrance. All families with children were provided with a private bathroom in their accommodation unit and some single and double rooms contained an en-suite bathroom. In other cases, residents had access to a designated bathroom located near their bedroom, which was shared by the occupants of up to two bedrooms.

In addition to living accommodation, the provider made a variety of facilities available to residents. There was a large and bright social room located near the entrance of the building, directly across from the reception area and management offices. This was observed to be used regularly by residents to meet with staff and visitors, and contained information boards and two desktop computers for residents' use. A smaller room adjoined the social room that was used to store deliveries from the provider's online shop for residents to collect. The main building also contained a room that was available for private meetings, a large play room for small children and multiple communal kitchens. A separate building to the rear of the centre contained communal laundry facilities. There was a small playground located near the laundry room, as well as a sensory garden and an outdoor seating area. The provider had installed fencing in

this area since the previous inspection, to extend the area in which children could safely play outdoors.

The inspectors visited the accommodation of six families with their permission, and noted that all bedrooms met the minimum space requirements of the standards. However, as there was no additional living space provided in family units, bedrooms served multiple functions, with some rooms containing household furniture such as dining tables, desks and fridges, as well as essential bedroom furniture. The service provider had made efforts to offset some of these issues by providing storage space for residents' items. There was a room available to residents to store large or infrequently used items, such as luggage or seasonal clothing. This was observed by the inspectors who saw residents using it throughout the inspection. There was also a space provided for parents to store buggies. Notwithstanding, further attention to the configuration of the accommodation unit and the communal facilities was required to ensure families had access to private space outside of their bedrooms.

Children spoken with over the course of the inspection were complimentary of the service and the accommodation. Some children had their own rooms which they told the inspectors they enjoyed, and many children told the inspectors that staff were friendly and kind. There were facilities in the centre for small children, such as the playground and playroom, which contained a range of toys and books, and included a comfortable seating area for parents. However, the inspectors found that there were limited facilities for older children in the centre. Some children told inspectors they would like to have a place to study or do homework outside of their accommodation; this was noted to be particularly important to children who were due to sit State exams. It was also observed that teenagers socialised in hallways or on staircases as their own respective accommodation was too small to accommodate them. A review of the needs of the children in the centre, given their ages and developmental needs, was required to ensure that communal facilities met the changing needs of the resident group.

The centre provided self-catering accommodation, and residents prepared and cooked their own meals. The service provider had ensured residents had access to suitable food preparation and cooking facilities, with multiple communal kitchens located throughout the centre, including one large kitchen on the ground floor. All kitchens were very well equipped, with a range of cooking equipment available, including hobs, ovens, microwaves, slow-cookers and sandwich makers. There was an ample supply of cooking utensils, such as pots and pans, in various sizes to meet residents' needs. Residents who spoke with the inspectors told them that the kitchen facilities were 'very good' and they were conveniently located throughout the centre. For example, one person told the inspectors that they routinely used a kitchen located near to their room

so they did not have to carry items a long way, and could easily supervise their children.

Residents purchased their food and non-food items from the provider's online shop. Each family or person had points allocated to them, based on their individual circumstances, that they used to purchase both food and non-food items. Since the previous inspection, additional points were allocated to residents to purchase basic personal hygiene and cleaning supplies such as toothpaste, soap and laundry detergent. Feminine hygiene products, nappies and baby formula were provided free of charge. Residents spoken with were happy with these arrangements and told the inspectors that the store offered a wide range of items, including food and ingredients that met residents' specific cultural or dietary requirements. Residents also told the inspectors that they could request specific items or give feedback easily, and that their needs were considered.

As previously mentioned, the inspectors were not satisfied that the arrangements in place to store items that had been delivered from the provider's online store had fully considered potential food safety risks. For example, the inspectors observed that some crates of groceries remained in the delivery area at room temperature for a number of hours, with some containing frozen food items. The centre manager acknowledged this issue at the time of inspection and committed to reviewing and addressing any risks identified in relation to these arrangements.

The provider ensured that residents had items necessary to live comfortably in their homes. All accommodation units were furnished with good quality furniture. Bed linen, towels and general household equipment was provided to residents on arrival to the centre. Parents were provided with additional items that their children needed as they grew. For example, one resident told the inspectors that they were offered a toddler bed for their young child in preparation for them growing out of their cot. While residents were provided with essential household items, the online store also facilitated residents purchasing items such as small appliances, cooking equipment and bed linen, where they chose to purchase their own.

The inspectors found that residents received support to independently manage their own health and development needs, and that additional assistance was provided where necessary. The centre manager and staff maintained good links with local community organisations and facilitated residents to engage with local support services. There was a community liaison officer employed in the centre who supported residents to integrate in and engage with the local community. The centre hosted regular community events and residents attended local groups and clubs. Many residents were employed in the local community and all children living in the centre were attending a local school or pre-school service.

The provider was ensuring that residents were informed and supported to understand their rights. Up-to-date information about local and national services was provided to residents, with notice boards in common areas. Staff members supported residents to avail of services in their community and advocated on their behalf where necessary. For example, the centre manager had assisted a number of families in finding suitable private accommodation in the local community by engaging with local housing bodies and government agencies.

The inspectors reviewed the safeguarding arrangements in the centre and found there were suitable measures in place to safeguard adults and children. There was an adult safeguarding policy available and staff had all undertaken training in adult safeguarding. There were no active adult safeguarding risks at the time of inspection and it was noted that staff were knowledgeable of their responsibilities in this area. There was a child safeguarding policy in place and a child safety statement available which was displayed in the centre. All staff had received training in child protection and there was a designated liaison person appointed. There was evidence that where a child protection concern had been raised, it was managed and reported appropriately. For example, at the time of inspection, a potential child welfare issue was identified, which was responded to promptly by the centre manager and reported to the relevant agency.

There were further arrangements in place to record and report any significant incidents that occurred in the centre. The centre manager maintained records of incidents and these were reviewed at regular intervals. However, there were various recording systems in operation, and in some cases, incident records contained insufficient information. The provider had identified that the systems in place limited their ability to effectively monitor and learn from incidents and had developed a new process for recording incidents. Although this had yet to be implemented at the time of inspection, there were clear plans in place to commence this new, and more effective system.

There were some residents living in the centre with special reception needs. In some cases, the provider had been made aware of these vulnerabilities in advance of the resident arriving to the centre. In other cases, staff in the centre had identified existing or emerging special reception needs. Where special reception needs were identified, the service provider ensured any necessary supports were provided. Where the service was not in a position to offer the required supports directly, residents were facilitated to connect with an appropriate external service.

There was a policy in place on how to identify, communicate and address existing and emerging special reception needs. The provider made training available to staff to better understand and respond to special reception needs. Staff had undertaken a wide range of training, including in areas such as mental health awareness, and domestic, sexual and gender-based violence. A review of records and discussion with staff members

found that they were knowledgeable of residents' needs and knew how to report any concerns to the centre manager or reception officer.

There was a reception officer employed in the centre who was suitably experienced and qualified to carry out the role. The provider had developed a reception officer policy and procedure manual, which outlined the roles and responsibilities of the reception officer, and the procedures in place to support residents with special reception needs. The reception officer carried out a vulnerability assessment with all new admissions to the centre to identify vulnerabilities in key areas. Where necessary, there were individual support plans in place. The inspectors reviewed the support plans in place for residents and found they were person-centred and had a clear focus on support and advocacy. Additionally, it was found that the reception officer and centre manager had regular meetings to discuss residents' needs and monitor the efficacy of support plans.

Overall, this inspection found that the provider had systems in place to provide individualised support to residents in a safe and supportive environment. The staff team were well trained and experienced, and demonstrated a commitment to meeting the needs of residents. The provider had a clear focus on providing a high-quality and efficient service, and was open to feedback from residents. Continued progress of the provider's own quality improvement plan, and a review of communal facilities to ensure that residents' wider needs were met, would further support the provider in complying fully with the standards.

#### **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 clear allocations policy in place to direct an approach to allocations that was fair and met the needs of residents. The provider considered residents' needs in the planning, design and allocation of accommodation.

Judgment: Compliant

#### **Standard 4.4**

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

The service provider had ensured that the privacy and dignity of family units was protected and promoted. Families were accommodated together, with consideration given to family size and individual needs when allocating accommodation. However, it was observed that families did not have access to a separate living area, with one bedroom also serving as a family living space and dining space. A review of the facilities available to families was required to ensure that private space was available.

Judgment: Substantially 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 adults and children. There was a play room with a range of toys and books available and an outdoor play area with a small playground. There was a social room with tables and chairs, near the main reception area, which was used by residents to meet with each other, staff or visitors, and there was a private meeting room available. However, it was found that there were limited facilities for older children and adults to use outside of their bedroom for leisure or recreation.

Judgment: Substantially Compliant

#### **Standard 4.6**

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

The educational development of children was prioritised, and all children of school-going age had a school placement. However, there were limited spaces for children to do homework or study outside of their bedrooms, which were often shared with other family members.

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.

The provider had systems in place to ensure the centre was clean and well maintained. 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 the provider's online store with a separate points allowance provided to purchase them.

Judgment: Compliant

#### **Standard 4.9**

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

The service provider made points available to residents, in addition to those allocated for food, to buy non-food items from the provider's online store. The allocation of points was based on a clear assessment of residents' needs. This system was implemented 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.

Residents had access to adequate cooking and food preparation facilities. There were numerous communal kitchen located throughout the centre, and residents could choose the most convenient kitchen to use to cook and prepare their meals. The kitchens were equipped with a range of cooking equipment and utensils.

Judgment: Compliant

#### **Standard 6.1**

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

<p>The rights of residents were respected and promoted by the staff team. Residents' rights were considered in decisions about the operation of the service and in the delivery of supports. Residents' right to privacy was respected and their autonomy and independence was promoted.</p>
<p>Judgment: Compliant</p>
<p><b>Standard 7.1</b></p> <p>The service provider supports and facilitates residents to develop and maintain personal and family relationships.</p>
<p>Residents were supported by staff and the centre manager to develop and maintain their personal and family relationships. Families were accommodated together and had their own private spaces. Residents could receive visitors in communal areas, and there were clear visitors' arrangements in place.</p>
<p>Judgment: Compliant</p>
<p><b>Standard 7.2</b></p> <p>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.</p>
<p>The provider ensured residents had access to relevant information about local services and facilities. The centre manager and staff were supporting residents to avail of resources in the local area, such as health services and housing supports. There were notice boards throughout the centre that provided up-to-date information about a range of support services. While transport was not generally provided directly, as public transport was readily accessible, the provider made transport available in the case of emergencies.</p>
<p>Judgment: Compliant</p>
<p><b>Standard 7.3</b></p> <p>The service provider supports and facilitates residents, including children and young people, to integrate and engage with the wider community, including through engagement with other agencies.</p>



<p>There were well established and wide-ranging initiatives in place to encourage and support residents to integrate and engage with the wider community. Residents had opportunities to participate in and host community events and were actively engaged in many local clubs and societies.</p>
<p>Judgment: Compliant</p>
<p><b>Standard 8.1</b></p> <p>The service provider protects residents from abuse and neglect and promotes their safety and welfare.</p>
<p>There were effective systems in place to protect residents from the risk of abuse and promote their safety and welfare. Staff had training in a range of areas and had the skills to identify safeguarding issues. Any potential concern was reported and managed appropriately.</p>
<p>Judgment: Compliant</p>
<p><b>Standard 8.2</b></p> <p>The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.</p>
<p>There was a child protection policy in place as well as a child safety statement. There was a nominated designated liaison officer. Staff had all received training in child protection and those spoken with knew how to raise concerns if necessary.</p> <p>Any potential child protection or welfare concern had been promptly identified, recorded, and reported as required. Where necessary, there were safeguarding plans in place.</p>
<p>Judgment: Compliant</p>
<p><b>Standard 8.3</b></p> <p>The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.</p>

While there were systems in place to manage and review adverse events and incidents, some improvement was required to ensure that incidents were consistently recorded in sufficient detail. At the time of inspection, the provider had developed a new recording system that had yet to be fully implemented, with incidents recorded in various forms and with inconsistent detail. Full implementation of the proposed incident management framework was necessary to ensure effective oversight in this area.

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 needs. Where suitable supports could not be provided in the centre, residents were assisted to avail of support from external services.

Judgment: Compliant

### **Standard 10.1**

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

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.

Staff members had extensive training in areas relevant to residents' known or potential needs. There was evidence that staff members escalated concerns to the centre manager and were enabled to identify and respond to residents' needs.
Judgment: Compliant
<b>Standard 10.3</b> The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.
The service provider had developed a policy to guide staff members in how to identify and address existing and emerging special reception needs. There was a clear assessment process in place to identify existing and emerging special reception needs, as well as measures to monitor the ongoing needs of residents.
Judgment: Compliant
<b>Standard 10.4</b> The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.
There was a dedicated reception officer employed in the centre. The reception officer was suitably experienced and qualified, and took a lead role in the assessment of residents' special reception needs. The reception officer ensured residents received any necessary supports, either from the service directly or by referring to external services.
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
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Compliant
Standard 1.2	Compliant
Standard 1.3	Compliant
Standard 1.4	Compliant
Standard 1.5	Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Substantially Compliant
Standard 2.3	Compliant
Standard 2.4	Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Substantially Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Compliant
Standard 4.4	Substantially Compliant
Standard 4.5	Substantially Compliant
Standard 4.6	Substantially Compliant
Standard 4.7	Compliant

Standard 4.9	Compliant
<b>Theme 5: Food, Catering and Cooking Facilities</b>	
Standard 5.1	Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.1	Compliant
Standard 7.2	Compliant
Standard 7.3	Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Compliant
Standard 8.2	Compliant
Standard 8.3	Substantially Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Compliant
Standard 10.4	Compliant

