Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of the Centre:	Clonakilty Lodge
Centre ID:	OSV-0008424
Provider Name:	D&A Pizza Ltd
Location of Centre:	Co. Cork
Type of Inspection:	Short-Term Announced
Date of Inspection:	11/06/2025 and 12/06/2025
Inspection ID:	MON-IPAS-1097

Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a national[1] and international level[2] since that time. In response, the Irish Government took certain steps to remedy this situation.

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

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

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

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent[4] International Protection Accommodation Service centres against national standards on 9 January 2024.

[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

[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

Clonakilty Lodge is an accommodation centre located in Clonakilty, Co. Cork. The centre has 38 bedrooms, all of which are en-suite. At the time of the inspection the centre provided accommodation to 100 residents. The centre is located within walking distance of Clonakilty town and there is bus access from the town directly to Cork City Centre.

The centre consists of one main building with 38 bedrooms. There are parking facilities on-site and access to the building is through the main reception and hallway area. The building comprises residents' bedrooms, a family room, games room, gym, education room, stroller room, two sitting rooms, a dining room, a shop, and a parent and baby room. There are also two kitchens, a laundry room, and gardens with an outdoor seating area. The centre has a clinic room which residents can also use for receiving visitors.

The service is managed by a centre manager who reports to the company's directors. In addition, there is a group administration manager and a reception officer. The centre has general support staff including domestic staff, night porters and maintenance staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	100

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)
11/06/2025	11:00hrs-18:30hrs	1	1
12/06/2025	09:30hrs-13:30hrs	1	1

What residents told us and what inspectors observed

From speaking with residents and through observations made during the course of inspection, the inspectors found that residents were generally receiving a good-quality service that met their needs. It was evident that the provider and management team were committed to providing a high standard of service that met residents' needs and prioritised their safety and wellbeing. Notwithstanding, there were some issues that required attention to fully meet the requirements of the national standards, for example, in the area of risk management. Additionally, the presence of pests in the centre resulted in an urgent compliance plan being issued at the time of inspection, to ensure a prompt resolution of the issue. This is discussed in further detail later in the report.

The inspection was short-term announced and took place over the course of two days. During this time, the inspectors spoke with 32 residents, including 13 children. A feedback questionnaire was returned by 36 residents. Additionally, the inspectors spoke with the centre manager, an administration manager, the reception officer and one other staff member. The inspectors visited the accommodation of nine families, and also observed one vacant room that was being prepared for allocation.

The centre comprised 38 bedrooms across two storeys and all bedrooms had en-suite facilities. The centre accommodated adults and children in family units, with a total of 100 people residing there at the time of inspection. While the centre provided accommodation to people seeking international protection, the inspectors found that 18 residents (18%) had received refugee or subsidiary protection status. Some residents had received notice to seek private accommodation outside of the centre, and were actively looking for alternative accommodation in the local community.

The accommodation centre was located on the outskirts of a town in Co. Cork, within walking distance of local services and transport links. The entrance to the centre was well maintained and there was parking available for residents and visitors. While there was no regular transport provided directly to residents, they were facilitated to use local public transport services. Additionally, the provider made private transport available when necessary, for example, when residents had early morning hospital appointments.

The inspectors completed a walk around of the centre and observed facilities available to residents. In general, the buildings and facilities were maintained to a good standard. Communal areas and facilities were nicely decorated and there were colourful murals, which were painted by a resident, in the courtyard area. There were, however, some areas that needed attention in terms of maintenance and facilities. For example, some walls in hallways and corridors needed painting or cleaning as there were water stains visible.

The centre comprised one main building, and a number of ancillary buildings located in a courtyard area. The main building contained resident bedrooms, the centre's shop and dining area, and other communal facilities such as a family room, a games room for young people to use, a gym, and two sitting rooms. There was an education room that facilitated a homework and activity club for school-aged children, and the provider had recently renovated a room to provide a space for parents and babies to use.

On entry to the building, there was a reception area, in which staff offices were located. There was comfortable seating provided in a lounge area near the entrance, which the inspectors observed utilised by many residents throughout the course of inspection. Residents told inspectors that staff were very approachable, and that they could go to the office to speak with them any time. Twenty three of the 24 adults who completed a questionnaire agreed that staff were helpful and easy to talk to.

There were kitchen facilities provided in two smaller buildings located to the rear of the main entrance. There were ample cooking and food storage facilities provided in the kitchens, with individual cooking stations appointed to families. Some additional storage units were required to ensure residents could store their items without occupying space intended for food preparation. There were designated kitchen spaces for people who followed a Halal diet. Each kitchen building had an additional small area for dining, which residents were observed using to dine with their families. The kitchen facilities had been renovated since the previous inspection, and residents who gave feedback to inspectors in this area, expressed that they were very happy with the changes.

Residents purchased their food from a shop located in the centre. The shop was located in a communal area that also contained dining furniture, a television and games console, and a residents' notice board. Residents used an individual points allowance to purchase food, which was topped up on a weekly basis. The shop contained a large range of food and non-food items, and the layout ensured residents could see the items and the cost. The inspectors observed the staff in the shop to be helpful and friendly when engaging with residents.

The provider had also made improvements to the laundry facilities available to residents, following feedback they received, by moving the communal laundry room to a larger space that provided more a comfortable area for residents to manage their laundry. Many residents told inspectors they were very happy with the arrangements in place and said there were plenty of machines available, with ten washing machines and ten dryers accessible at the time of the inspection.

All of the residents spoken with were very complementary of the service and the facilities in the centre. The inspectors were told by residents that the staff were 'very good at listening' to their needs and making sure they had what they needed in their rooms. One parent showed the inspectors a new toddler bed that had been provided for

their child as the provider anticipated their changing needs. One family who spoke with the inspectors reported that there was an issue with pests in some of the bedrooms. The inspectors observed evidence of pest activity in one bedroom. This was reported to the provider at the time of inspection who took immediate action to address this concern.

Residents who spoke with inspectors told them that they felt safe living in the centre. Additionally, 100% of adult respondents to the resident questionnaire confirmed that they felt 'adequately protected' and all children and young people who completed a survey said that the centre was a 'safe place to live'. The inspectors were consistently told that staff were approachable and kind, and that any problems residents may have were taken seriously. Resident feedback was actively sought through resident meetings and surveys, and the inspectors observed that resident feedback was acted upon. For example, a trip to the zoo was planned for children during the summer based on requests from children in a resident survey.

Residents were provided with non-food items, such as bedding, towels and crockery, on arrival to the centre. Some essential items, such as nappies, feminine hygiene products, and contraception were provided free of charge. It was found that residents were allocated additional points on a weekly basis to purchase cleaning products and essential personal hygiene items.

Through speaking with residents and staff it was evident that great effort was made to provide a person-centred service for each resident. There was a reception officer employed in the centre who met with residents soon after their arrival and supported them with their transition to the centre. There were activities planned in the centre and in the community for families, children and adults to engage in. The centre hosted events such as resident barbeques and celebrated important events for residents. There was information displayed in the dining room and shop area regarding events and opportunities in the local community, as well as various support services and external agencies.

Overall, the inspectors found that residents were very happy living in Clonakilty Lodge and were provided with person-centred support by a team of committed and well-trained staff. While there were some improvements required to the accommodation to ensure it met certain needs, and regarding the monitoring of pests; it was evident that the provider endeavoured to operate a good quality service that met residents' needs and was informed by their feedback. Residents enjoyed living in the centre and lived full and busy lives in the local community. The inspectors' observations and the residents' views in this section of the report reflect the overall findings of the inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these

arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This was the second inspection of Clonakilty Lodge accommodation centre. It was carried out to assess compliance with the national standards, and to monitor the provider's progress with the compliance plan submitted in response to an inspection (MON-IPAS-1028) carried out in April 2024.

The inspectors found that the provider had fulfilled the commitments made in the compliance plan to a high standard. While there was some further improvement required in areas such as risk management and accommodation, it was found that the provider had developed a good culture of quality improvement and was committed to providing a high quality service. While this inspection found high levels of compliance overall, an urgent compliance plan was issued to the provider in relation to Standard 4.3 due to the presence of pests identified in one resident bedroom. A comprehensive compliance plan was submitted following the inspection and the provider committed to taking the necessary action to address this issue.

Since the previous inspection, the governance and management arrangements had been further developed and there were clear lines of authority and accountability. The centre was managed by a centre manager who managed a team of ten staff members, including general operatives, housekeeping staff and maintenance staff. There was a full-time reception officer employed, who was a member of the management team. Additional oversight was provided by a general administration manager, who had other management duties in a number of different accommodation centres.

The inspectors found there were some very well established monitoring and oversight systems in place. There were regular audits carried out across different areas of operation, and there was a quality improvement plan in place that monitored ongoing improvement initiatives. A representative of the provider carried out unannounced visits and audits of the centre on a routine basis and the provider had produced an annual report on the quality and safety of the centre. It was evident throughout the inspection that the provider and management team were committed to providing a good quality service to residents, with feedback from internal audits and inspections considered in the ongoing operation of the centre.

There were effective local leadership arrangements in place. The centre manager held regular team meetings with a clear and targeted agenda that provided opportunities to reflect on and learn from any incidents or issues that had occurred. The centre manager provided a report to the general administration manager on a regular basis with pertinent information about the operation of the centre. These systems

supported the provider to have effective oversight of the delivery of services to residents, and to monitor the quality and safety of the service.

On review of the recruitment arrangements in the centre, it was found that there were safe and effective recruitment practices in place. There was a comprehensive recruitment policy available, that was found to be adhered to in practice. Staff personnel records were well maintained, and contained, in part, staff contracts, job descriptions and documents related to the recruitment process. A Garda Vetting report had been obtained for all staff members, and where indicated, an international police report had also been received.

The inspectors reviewed the arrangements in place for staff training and development, and found that staff had undertaken extensive training in areas specific to their roles and to residents' needs. The provider had completed a training needs analysis and there were systems in place to monitor staff training needs and ensure that any refresher training needed was completed in the required timeframes.

The inspectors found that staff were well supported in their roles. There was a staff supervision policy in place that guided the delivery of consistent and good quality staff supervision. The staff team were supervised by the centre manager who was in turn supervised by a member of the senior management team. There was a performance management system in place to promote professional accountability and development.

A review of the risk management arrangements found that while there were some effective systems in place, improvement was required to ensure that all risks were identified and comprehensively assessed. The inspectors found that the provider had a good awareness of risks in the centre, and had developed a risk register outlining many of these known risks. There were, however, some risks that had not been included on the risk register. For example, the inspectors observed that some of the windows on the first floor, in rooms where children resided, did not have restrictors in place to limit them fully opening. The provider took steps to address this risk at the time of inspection. It was also found that there were multiple risk registers in operation at the same time, and that some risk assessments did not contain specific information about the risk impacts which had potential to limit the effectiveness of the control measures. A more integrated approach to risk management would support the provider to have a fuller overview of the risks present in the centre.

There were arrangements in place to manage fire safety risks. Staff had undertaken training in fire safety and evacuation and there was a fire alert and detection system in place. There were fire containment measures throughout the centre and emergency evacuation plans had been developed. Further attention to the risk assessment in this area was required to ensure that it was regularly updated to reflect any changes or

issues; for example, in the event that there were issues with evacuation during a fire drill. This was necessary in order to monitor the effectiveness of control measures.

Overall, it was found that the provider had developed and implemented effective management systems in many areas, and that they were using information well in order to self-identify potential areas for improvement. Continued work on developing the risk management systems would further enable to provider to proactively address risks to the quality and safety of the service. The inspectors found that the management and staff team endeavoured to provide a good service, and that the provider was open to feedback and committed to meeting the requirements of the national standards.

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 were known to the provider and there were plans in place to address them.

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.

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 provided to residents. There were methods in place for residents to give feedback on their experiences and there were ongoing improvement plans where the provider identified opportunities to make positive changes.

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 available for staff where necessary.

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

Judgment: Compliant

Standard 2.3

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

Staff members were supported in their roles by management and there were established supervision arrangements in place. The centre manager had implemented a system to ensure supervision needs were identified and met.

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.
The provider had carried out an assessment of training needs and identified the training requirements for each staff member. Staff had undertaken training in a wide range of areas, including areas related specifically to residents' needs. There were systems in place to ensure staff received regular refresher training and that emerging training needs 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.
While there were some effective risk management arrangements found to be in place, continued development was observed in this area since the previous inspection. Further improvement was required to ensure that an integrated approach to risk management was taken. At the time of inspection, there were multiple systems in place, and as such the main risk register did not include all known risks. Some risks had not been identified by the provider, and further attention was needed in relation to the assessments to ensure they contained sufficient and specific detail about the risks being assessed. On review of the fire safety systems, it was found that while they were generally effective, some risks in relation to fire safety had not been not fully risk assessed. For example, in relation to resident non-compliance with fire drills.
Judgment: Partially Compliant

Quality and Safety

Overall, the inspectors found that the management team in this centre were overseeing a good quality service that was person-centred and met the diverse needs of residents. Residents were supported to live self-directed lives and were treated with respect and dignity. The governance and management arrangements had further improved since the previous inspection, and the provider was driven to provide a service that met residents' holistic needs. In this regard, it was found that improvements in relation to the assessment of residents' needs and vulnerabilities was required to further support the provision of a person-centred service. While the accommodation was generally comfortable and met most residents' needs, there were some deficits related to family living space. Additionally, an urgent compliance plan was issued in relation to the presence of pests, found in one bedroom.

The inspectors reviewed the procedure for allocating rooms to residents at the centre and found that there were transparent and fair systems in place, guided by a local allocations policy. The provider accommodated families together, and endeavoured to meet residents' needs in the allocation of accommodation. Residents could request transfers within the accommodation centre if their circumstances changed, and it was found that these requests were fairly considered and facilitated where possible.

The inspectors found that the communal areas of the centre were generally very clean and tidy, and nicely decorated. As mentioned previously, some attention was needed to the paintwork in some hallways and corridors as they were stained from water damage. The inspectors visited seven resident rooms, with their permission. In all cases, the rooms met the minimum requirements for space for each resident. While some residents had configured their room to provide a small living space for their families, there was no separate living space available to families, as required by the standards. The provider had acknowledged this deficit and endeavoured to provide additional spaces for residents to use within the centre for leisure and recreation, for example, there was a parent and toddler room, a study room, two living rooms, a prayer room and a games room available to residents.

While all of the rooms observed were clean and tidy at the time of the inspection, the inspectors were made aware by the occupants of one room that there was an issue with pests in the bedroom. This was observed by inspectors on the day of the inspection. The inspectors reviewed records related to pest management, resident feedback and maintenance, and found there was no prior record of this concern. It was noted at the time of inspection that the provider had arrangements in place to identify and manage risks associated with pests, and had routine inspections by an appropriate professional to manage risks in this area. A review of these inspection reports found that while no pest activity had been detected at the most recent inspection, the inspections did not include visits to residents' bedrooms. The provider committed to a full review of the concerns raised, and submitted an urgent compliance plan shortly after the inspection, outlining a comprehensive plan to fully address this issue and to improve the monitoring systems going forward.

While visiting residents' bedrooms, and during a walk around of the centre, the inspectors also observed that some first-floor windows did not have the appropriate fixtures to prevent them from opening to full width, which posed a risk to children who resided in these rooms. The provider took action to address this issue at the time of the inspection.

The centre provided self-catering accommodation, where residents cooked their own meals. There were two large kitchens provided in two ancillary building, each with five fully-equipped cooking stations, and space for dining. One kitchen was designated as a Halal kitchen, and was used by residents who followed a Halal diet. The inspectors observed residents cooking and using the kitchens throughout the inspection. Residents told inspectors that they were very happy with the kitchen facilities, and benefited from being able to store their cooking equipment and food in the kitchen rather than their bedrooms. While it was positive that the kitchen areas facilitated this, some additional storage units were required to ensure items were not stored on food preparation areas.

Residents purchased their food from the centre's onsite shop, using a weekly allowance of points. The inspectors reviewed the operation of the shop and spoke with a staff member working there during the inspection. The shop had a wide range of goods, including fresh fruit and vegetables, dried and canned goods, toiletries and cleaning supplies. Some residents told the inspectors that there was a limited range of ethnic food available, which impacted on them being able to prepare familiar meals for their families. The inspectors found that this issue had been brought to the attention of the centre's management team through their resident feedback survey, and that a new supplier had already been sought with a planned delivery in the days following the inspection.

Residents were provided with items such as bedding, towels, cutlery and crockery, on arrival to the centre. Other non-food items, such as personal toiletries and cleaning products, were purchased by the resident from the centre's shop, with additional points allocated to cover a basic supply of these items. Some items, such as nappies and sanitary products were provided to residents from the shop without charge.

On review of the arrangements in place for residents to manage their laundry, it was found that there was a well-equipped laundry room with adequate number of washers and dryers. There were also facilities available to dry clothes outside. The provider had upgraded the laundry facilities since the last inspection and many residents spoken with were very complementary of the new laundry room, commenting on the extra space for them to sort and fold their laundry.

Residents spoken with told the inspectors that they were treated very well in the centre and that their rights were respected. Through observation and discussion with residents and staff, the inspectors found that the general welfare of residents was very well promoted and any concerns raised by residents were taken seriously and addressed quickly. Residents spoke very highly of the management team, including the reception officer, and said that they were very helpful and kind. There were regular residents' meetings held and the provider had carried out a resident satisfaction survey and was working on some improvement initiatives based on residents' feedback, for example, new basketball hoops.

The inspectors found that the provider was proactive in meeting the educational and recreational needs of children. There was a study room available to children, and an afterschool club operated in the centre for children to do their homework or engage in other activities. The centre manager ensured that children had all essential items to attend school, and young people who responded to the resident questionnaire said that they had access to a laptop and Wi-Fi for their studies. There were spaces outside for children to play, and the centre manager organised activities and events for children and families during school holidays.

The centre manager had also considered the needs of adults living in the centre, and had developed links with many local organisations and services to promote integration and ensure that adults had opportunities to develop connections, work, study, and enjoy hobbies. For example, the centre manager attended regular meetings with other representative from local charities, services and government agencies to ensure they were abreast of any issues that may impact residents, and any potential resources they may benefit from. There was a calendar of events for residents advertised on the notice board with events such as arts and crafts clubs, a men's soccer club, and parent and toddler events. Information about health and welfare services, and services specific to the needs of residents, was available to them in multiple languages.

The inspectors reviewed the safeguarding arrangements in place, and found that there were effective systems to protect and safeguard adults and children living in the centre. The provider had ensured that staff received appropriate training in child protection and there was a child safeguarding statement and policy in place. Staff also completed training in safeguarding vulnerable adults. There were clear arrangements in place to ensure that any potential safeguarding concern was identified, addressed, and reported appropriately. At the time of inspection there were no active safeguarding or protection risks, and residents who spoke with inspectors expressed that they felt safe living in the centre.

There were additional systems in place to manage incidents and promote residents' safety and welfare. The centre had a policy and related procedures in place to report and notify incidents. Staff members in the centre recorded incidents in a timely manner and in line with the centre's own policy. There was a clear escalation pathway that ensured information regarding incidents informed risk management processes. Serious incidents were found to be notified to the relevant third party agencies.

The inspectors found that where the provider was informed of the special reception needs of a resident, they endeavoured to provide the necessary supports. There was a suitably qualified reception officer employed, who was the main point of contact for residents and staff with regard to special reception needs or vulnerabilities. The reception officer was found to have extensive training and relevant experience and competencies to fulfil the role. They were well known to many of the residents who spoke with the inspectors, and had developed good working relationships with the resident group.

The reception officer conducted a vulnerability assessment with residents on arrival to the centre. Where special reception needs were identified, and where the resident agreed, a support plan was developed and overseen by the reception officer. It was found that the reception officer and staff team were providing support to residents beyond the limits of the vulnerability assessment, which itself was noted to be limited in scope. Further development of the assessment process, to include residents' welfare and wellbeing needs would better support the reception officer and the staff team to identify residents' ongoing needs and record and monitor how they are meeting them.

Overall, it was found residents were very happy living in Clonakility Lodge. The staff and management team were consistently working towards ensuring residents received a high-quality and person-centred service. There were areas for improvement in relation to living space and assessment of residents' needs to further enhance the service, and urgent attention was required to ensure all resident accommodation was free from pests. Notwithstanding, it was evident that the provider was committed to and had the capacity to operate a service that provided safe and good-quality accommodation to residents.

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 4.2

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

The accommodation provided to residents was found to be homely, maintained in good condition, nicely decorated and well furnished. The bedrooms in the centre were spacious and contained all of the necessary furniture and fittings. There was good quality Wi-Fi available throughout the centre.

Judgment: 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 inspectors were notified of, and observed, the presence of pests in one of the bedrooms in the centre. While there were pest control arrangements in place in the centre, these had not been extended beyond communal areas and the risk of pests being present in residents' bedrooms had not been adequately assessed. As a result, the inspectors were not assured that the physical environment adequately promoted the safety, health and wellbeing of residents.

Additionally, a review of the safety of windows on the first floor was required to ensure any risks to residents' safety was addressed.

Additional storage units were required in the kitchen areas to ensure the storage of residents' items did not reduce the spaces designated for food preparation.

Judgment: Not 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, as accommodation was provided in en-suite bedrooms, there were instances where adults and children, and in some cases, children of opposite gender over the age of ten, were sharing bedrooms. Additionally, families did not have access to a separate living area. The provider had identified some of these issues and had provided additional communal facilities for families to use outside of their bedroom.

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, a games room, outdoor play areas and a parent and baby room. There were facilities for adults to study or have private meetings, or to hold social events.

Judgment: Compliant

Standard 4.6

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

The provider made a range of facilities and materials available to children and young people to meet their educational development needs. There were designated study areas and a homework club, as well as high quality Wi-Fi was available throughout the centre. Staff supported parents to find suitable school places for their children, and ensured children had all necessary items to attend school, such as school bags, uniforms, and stationery.

Judgment: Compliant

Standard 4.7

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

The provider had systems in place to ensure the centre was clean and well maintained. It was observed that the centre was clean and tidy, despite some areas that needed repainting. 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 on-site 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 provider made points available to residents, in addition to those allocated for food, to buy non-food items from the on-site shop. 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.

The provider ensured residents had access to suitable food preparation and dining facilities. Residents used communal kitchens, with cooking stations designated to specific families. There were kitchen spaces designated for residents who followed a Halal diet. There were adequate and comfortable spaces for dining.

Judgment: Compliant

Standard 6.1

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

It was found that a considered effort was made by the provider and centre manager to provide a service that respected residents as individuals, acknowledged their strengths and supported them in their personal endeavours. The centre management team ensured residents were provided with information and the necessary support to avail of services and resources they were entitled to.

Judgment: Compliant

Standard 7.1

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

There were clear efforts made to support residents to develop and maintain personal and family relationships. Families were accommodated together, and there were spaces available for residents to receive guests. The centre hosted group activities that celebrated diversity and facilitated residents to engage with and build connections in the local community.

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 was facilitating residents to access local services and facilities, in areas such as recreation, education, and health and social care. While there was no regular transport provided in the centre, there were good local transport links nearby, and private travel was provided where necessary.

Judgment: Compliant

Standard 8.1

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

There were well established systems in place that promoted residents' safety and welfare, and protected them from abuse and neglect. Any potential safeguarding issues were promptly identified and investigated, with suitable safety plans in place. Staff had received training in child protection, and adult safeguarding, and safeguarding risks were notified to the relevant agencies.

Judgment: Compliant

Standard 8.2

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

The provider had arrangements in place to protect children from abuse and neglect. There were clear reporting arrangements in place for potential risks in this area. There was information available for parents and children about how to report safeguarding risks, and there was a designated liaison person appointed. There was a system in place to ensure children were appropriately supervised.

Judgment: Compliant

Standard 9.1

The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person centred and needs-based support to meet any identified health or social care needs.

The inspectors found that the arrangements in the centre ensured that each resident received support to meet their individual needs. The centre manager ensured that where suitable supports could not be provided in the centre, residents were assisted to avail of support from external services. Enhancements to the arrangements for assessing residents' needs on arrival to the centre, and on an ongoing basis, were necessary to ensure residents' needs were routinely assessed beyond a defined classification, and that supports were well monitored.

Judgment: Substantially Compliant

Standard 10.1

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

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 related to residents' known or potential needs. There was evidence that staff members escalated concerns to the centre manager and reception officer, and that they were enabled to identify and respond to residents' needs.

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 on how to identify, communicate and address existing and emerging special reception needs. This was supported by a guidance manual and gave clear direction to the reception officer and staff.

Judgment: Compliant

Standard 10.4

The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.

The provider had made a dedicated reception officer available. The reception officer was suitably experienced and qualified, and took a lead role in assessing and meeting the needs of residents with special reception needs. The provider had developed a reception officer policy and procedure manual.

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	Compliant
Standard 1.2	Compliant
Standard 1.4	Compliant
Standard 1.5	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.3	Compliant
Standard 2.4	Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.2	Compliant
Standard 4.3	Not Compliant
Standard 4.4	Substantially Compliant
Standard 4.5	Compliant
Standard 4.6	Compliant

Standard 4.7	Compliant
Standard 4.9	Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	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 8.2	Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Substantially Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Compliant
Standard 10.4	Compliant

Compliance Plan for Clonakilty Lodge

Inspection ID: MON-IPAS-1097

Date of inspection: 11 and 12 June 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
3.1	Partially Compliant
Outline how you are going to come into compliance with this standard: On the day of the inspection there were two risk registers in operation. One related to the Centre and one in relation to residents. There were also individual risk assessments in place where any risk was deemed significant. This was to ensure staff were aware of all risks and controls (complete). Following the inspection the risk process has been amalgamated into two active registers (Complete). These will be working documents that capture all evident risks (complete and ongoing). All room inspections now gather any risk areas in the building with action planning and controls identified (complete and ongoing). Window restrictors were installed in the centre on Friday 13th of June, the day after the inspection and this risk area is now included on the register (Complete). The risk assessment in relation to fire drills is now updated following each drill should a risk be identified that requires action and control (complete and ongoing). The risk management system is now supporting an integrated approach where all sufficient and specific details of risk is being assessed. (complete).	
4.3	Not Compliant

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

On the day of the inspection this risk regarding a pest in a bedroom was brought to our attention by inspectors. We contacted a pest control company with immediate effect to carry out a risk analysis of our centre in relation to the identification of pests in a room (complete). Following the identification, we met with the family to reassure them that this would be sorted as a matter of urgency. (complete).

All residents in the centre were consulted with on the matter to assess if any further identification of any pests was evident. (complete).

A risk assessment that identified the risk, impact, cause and controls was completed by management team (complete).

The control measures of the risk assessment will be prioritized. This includes preventative measures going forward (complete and ongoing).

A full risk analysis of the centre has been complete from a pest control company and an assessment and report is completed organisation. This report highlights the eradication plan and highlights all steps to be followed to ensure the eradication in a safe and timely manner (Complete)

The centre manager engages in room inspections weekly given the identified risk and documentation of consultation with residents during these inspections is being complete with resident sign off and triangulation into risk assessment (complete and ongoing).

A new room inspection template is developed that captures all areas of risk that may arise through inspection of rooms and consultation with residents (complete). This includes the inspection of fridges in bedrooms.

Our pest control policy is reviewed to include any incidents of this nature (complete).

The development of a protocol for the response and actions to be taken for incidents of this nature is completed. This includes control and preventative measures (complete).

A residents meeting has been complete to inform and engage residents on pest control and preventative measures, and all correspondence was provided in required languages to ensure clear understanding (Complete)

We have developed a cleaning schedule for each room and resident that outlines how to correctly maintain the cleanliness of a fridge where a fridge is present in the room.

This was provided to residents in their preferred languages. Support is also provided from staff to maintain the cleanliness of rooms where necessary (complete and ongoing)

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 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	30/08/2025
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.	Not Compliant	Red	30/08/2025