



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

Name of the Centre:	Dublin Central Inn
Centre ID:	OSV-0008427
Provider Name:	Coziq Enterprises Limited
Location of Centre:	Co. Dublin
Type of Inspection:	Unannounced
Date of Inspection:	17/02/2026 and 18/02/2026
Inspection ID:	MON-IPAS-1130

## 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

Dublin Central Inn is an accommodation centre located in Dublin City centre. The building contains 60 bedrooms, all of which have en-suite bathroom facilities. The total capacity of the centre is 120 people and at the time of the inspection it accommodated 119 residents. This included rooms that were designated for use by families and t single adults.

The centre was operated in a four-storey building located on a busy street. The entrance to the building was located on the ground floor with direct street access, where a large reception was located. The remainder of the centre was located across the first, second and third floors of the building. There was a spacious dining area with storage facilities for residents and a pool table, and a communal kitchen area with cooking stations on the first floor. There was also a common area with comfortable seating and a study area, a laundry room, communal bathroom facilities and a small playground for children on this floor. The remainder of the first floor, and the second and third floor, comprised residents' bedrooms.

The centre is located in a busy metropolitan street with immediate access to bus and rail transport and a range of shopping, leisure and public amenities.

Dublin Central Inn is managed by a centre manager who reports to the service provider representative. There are eight staff members employed in the centre, including the reception officer, administrative, housekeeping and maintenance staff.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	119
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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)
17/02/2026	10:00hrs–16:30hrs	1	1
18/02/2026	10:00hrs–16:00hrs	1	1

## What residents told us and what inspectors observed

From conversations with residents, a review of documentation, and observations made during the inspection, the inspectors found that the service provided a generally positive living environment for residents availing of the services of this accommodation centre. Residents lived independently and for the most part, were happy with their accommodation, and were supported to access community-based services and educational supports. This inspection found some improvements had been made by the service provider to the services delivered in the centre, which were informed by the findings from HIQA's previous inspection.

While the service provider was generally compliant with most national standards inspected against as part of this inspection, improvements were required in a number of specific areas. These areas included governance and managements systems, fire safety and the assessment of residents' vulnerabilities. In addition, it remained the case that due to the configuration of the accommodation, some families continued to share bedrooms and did not have a separate living space. However, it was evident that the service provider and staff were motivated to engage with the inspection process to ensure that they provided a good quality service that met the requirements of the national standards.

This was an unannounced inspection of this centre, which took place over two days. During the course of the inspection, the inspectors spoke and engaged with 18 residents, and 11 resident questionnaires were completed and returned to the inspectors. In addition, the inspectors spoke with the centre manager, human resources manager, reception officer, and housekeeping staff.

While the centre provided accommodation to people seeking international protection, the inspectors found that 13% of the residents had received refugee or subsidiary protection status.

The accommodation centre had previously operated as a hotel, and was located in Dublin city centre. It was a large building with four floors surrounded by retail services such as shops, cafes and restaurants. On a walk around the accommodation centre, the inspectors observed that the physical structures of the centre were in good condition, with no significant changes since the last inspection. Communal areas and toilet facilities were clean with cleaning schedules on display and up-to-date. A review of records found that there was an effective maintenance management system in place and residents who spoke to the inspectors praised staff for promptly addressing maintenance issues which arose.

The inspectors observed that fire safety equipment and lighting systems were in place, and evacuation routes clearly marked. However, some automatic fire doors did not close properly when tested during the inspection, while others were observed to be wedged open. An urgent compliance plan request was sent to the provider following the inspection to complete a full review of all fire containment measures, including but not limited to automatic fire doors, to ensure they were effective. This is discussed later in the report.

The centre provided communal catering facilities for residents to prepare and cook their own meals. The communal kitchen contained fully-equipped cooking stations, including some reserved for the preparation and cooking of halal food. The dining area was located next to the kitchen and included a tea and coffee station with complimentary supplies. Food storage facilities were available in the dining and kitchen areas for residents to store their food. Residents who engaged with the inspection process reported high satisfaction with these these facilities and reported that they received the necessary cooking utensils, cutlery and crockery.

Overall, there was a calm and relaxed atmosphere within the centre at the time of inspection. The staff members met with were respectful in their interactions with residents and treated them in a kind and patient manner. The staff team knew the individual needs of residents very well including their preferences and methods of communication. The residents were observed to be comfortable in the company of the staff team and communicated with them with ease.

The inspectors were invited by residents into six of their bedrooms during the inspection. The bedrooms were modest in size (although they met the requirements of the standards), maintained in good condition and well furnished. At the time of the inspection, 40 unrelated residents shared bedrooms, while nine residents were in single bedrooms, and families were accommodated together in 25 family rooms.

However, the inspectors noted that two families had children aged 10 years or older sharing bedrooms with a parent or siblings of the opposite gender. While significantly fewer families were living in such situations compared to the previous inspection, these arrangements compromised residents' dignity and privacy.

The remainder of the building had limited communal space due to the layout; however, it had been utilised well to provide a range of amenities for residents. There was a lounge area on the first floor that contained a study space for children, and this was also used by residents to meet with visitors. The lounge area contained a small library, desk top computers and chairs, and couches. A small enclosed playground for children was available and accessed through the lounge area. The inspectors observed some residents sitting on their own and some spending time with their visitors in the lounge area during the course of the inspection.

The inspectors observed other facilities within the centre, including a laundry room equipped with four washing machines and four tumble dryers, two of which were commercial models. One washing machine was not working at the time of the inspection. Feedback about the laundry facilities from residents was mixed. While some were happy with the facilities, others told the inspectors they occasionally had to queue up to use these machines. While the centre manager advised that commercial washing machines had been purchased specifically for high-usage environments such as this centre, consultation with residents was required to ensure these facilities meet their needs.

The inspectors also observed a small enclosed space at the rear of the centre. This area included limited car parking spaces, refuse bins, and a storage container for residents. The availability of a storage container helped free up space in residents' bedrooms.

The inspectors received generally positive feedback from residents about their experience of living in the centre. All residents engaged with reported feeling safe in the centre. One resident told the inspectors that while the centre was located in a "busy area", it was the "best hostel". A number of residents highlighted the centre's accessibility as a positive feature. They noted its proximity to public transport, public services, community support services, and recreational facilities for their children. As one resident explained, "it's nice that everything is close to us".

Residents said that the managers and the staff team were helpful and supportive, and one described the staff team as "good people". However, some residents were not happy sharing rooms with unrelated adults and some parents were concerned about sharing bedrooms with their children.

In addition to speaking with residents about their experiences, the inspectors received 11 completed resident questionnaires. The questionnaires asked for feedback from residents on a number of areas including safeguarding and protection; feedback and complaints; how the centre is managed; food, catering and cooking facilities; residents' rights; staff supports; and accommodation. The response to the questionnaires was broadly consistent with the feedback from the residents who spoke with the inspectors.

In summary, by closely observing daily life and interactions within the centre and engaging with its residents, it was evident that the centre was a supportive space where staff and managers were readily available to residents. The provider had made continuous progress towards meeting the requirements of the national standards, and many of the changes introduced had improved the lived experience of residents. However, further attention was required in relation to fire containment measures, the provision of accommodation, and ensuring that the needs of residents were identified and consistently met.

The observations of the inspectors and the views of residents outlined in this section are generally reflective of 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 third inspection of Dublin Central Inn 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-1074) carried out in January 2025.

This inspection found that the service provider was responsive to the findings and risks identified during the previous inspection, with this inspection recording high levels of compliance across most standards reviewed. The provider had fully implemented all of the actions outlined in the previous compliance plan, and had developed a quality improvement plan that they were working on to further improve the quality and safety of the service. Nonetheless, some aspects of the governance and management arrangements, and measures to manage fire risks required further development to ensure that safe and good quality services were being consistently provided to residents.

There were clear governance and management arrangements in place, including a suite of policies and procedures to guide the staff team in supporting residents and to ensure compliance with national policy and standards. The centre manager reported to the service provider representative who had management oversight over a number of centres. A reception officer, administrative, housekeeping and maintenance staff formed the rest of the staff team, and all reported directly to the centre manager. While the centre manager regularly met and engaged with the service provider representative, there were no formal arrangements by way of one-to-one recorded meetings at this level. As a result, routine reporting on key areas and decision making at this level was not recorded or transparent. This did not facilitate effective governance at senior management level within the organisation.

Notwithstanding, the inspection found that improvements to other management practices since the last inspection had contributed to enhanced oversight, although additional enhancements were required. Regular staff meetings with recorded minutes and follow-up actions had been introduced. However, standing agenda items, including risks, safeguarding and incidents, were not discussed and clearly recorded on a consistent basis. A newly-introduced electronic system supported management in having oversight of the actions completed and the tracking and trending of resident information to improve practice. While there were no recorded complaints submitted since the last inspection, the centre manager told the inspectors that they regularly received verbal complaints and dealt with them on an informal basis. This was a missed opportunity for the service provider to make effective use of their electronic

system and to ensure effective oversight of all complaints and to track complaints over time to identify trends.

The provider ensured residents had avenues for providing feedback on the service and systems to consult with residents, including residents meetings and residents' surveys. While these surveys were completed on a quarterly basis, residents could send feedback and suggestions to the centre manager via a quick response (QR) code on an ongoing basis. In addition to the above, the inspectors noted that the provider had introduced innovative approaches to resident engagement. A notable example was the appointment of a volunteer resident as a 'residents' engagement champion' in the centre. Residents told the inspectors that their feedback was actively sought and considered, and the centre manager and staff kept them informed about developments and changes. The inspection found that some resident feedback had informed the quality improvement plan. Additionally, the provider representative had completed an annual review of the quality and safety of the service.

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 and managed. There was an established incident management system that was well utilised, and found to inform risk management initiatives. 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, with detailed risk assessments and control measures. However, the inspectors were not assured that some control measures were in place and or could be implemented in practice, particularly in the event of a fire occurring. For example, the inspectors found that some automatic fire doors did not close properly when tested during the inspection, and there were no evacuation chairs for vulnerable residents with reduced mobility to use in the event of an emergency in the centre. An urgent compliance plan request was issued to the provider to take the necessary actions to address these issues. Written assurances were subsequently provided to HIQA by the service provider regarding these risks.

The inspectors reviewed the recruitment practices in the centre and found that the provider had implemented safe and effective recruitment procedures, supported by a detailed recruitment policy. A review of recent appointments found the provider had adhered to the recruitment policy and there were detailed personnel records available. Garda vetting disclosures were on file for all staff employed in the centre, and international police checks had been obtained where necessary.

The provider had ensured there were sufficient staff available, with the necessary skills and training, to provide a safe and high quality service to residents. There was evidence of improved oversight of staff training and development, and staff had

received training in a wide range of areas and specific to the needs of residents. The human resources manager had carried out a training needs analysis and developed a training plan for all staff employed in the centre.

The provider appropriately supervised and supported staff in their roles, and this was supported by a clear centre policy. Staff engaged in regular supervision with their line manager, providing opportunities to discuss their work and how they were meeting the needs of residents. Supervision focused on practice and was clearly documented. The provider had also completed performance appraisals for staff.

Overall, it was found that the provider was committed to and capable of operating a good quality service. The provider had utilised feedback from the previous inspection to improve areas of operation, and there were effective governance and management arrangements in place. While there were some areas that required further attention to meet the requirements of the national standards, the provider had self-identified many of these and was actively working on relevant quality improvement plans to ensure compliance was achieved and maintained.

### **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 staff and management team had a good understanding of the standards, regulations and national policy. They were continuously enhancing their systems and processes to ensure the service was provided in line with the requirements of the national standards and had addressed deficits identified through previous inspections and their internal quality auditing. There was a detailed quality improvement plan that had been well established and had brought about improvements in many areas. Nonetheless, the systems in place to manage risk and assess special reception needs required further development to ensure that safe and good-quality services were being consistently provided, and that the needs of residents were appropriately identified and met.

Judgment: Substantially Compliant

## Standard 1.2

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

The inspectors found that there were strong leadership arrangements in place in this centre. There were established governance arrangements which clearly identified the lines of accountability for the various positions in the staff and management teams. Monitoring and oversight systems were in place and regular staff meetings gave opportunities for discussion and shared learnings. The inspectors found that the service provider operated within a culture of continual quality improvement. However, there were no formalised communication and oversight systems at service provider level. While enhancements to the record keeping systems since the previous inspection had further improved the governance arrangements, improvements were required in the recording of verbal complaints from residents to provide better oversight of feedback.

Judgment: Substantially 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.

There was detailed residents' charter which clearly described the services and supports available to residents.

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.

There were arrangements in place to monitor and review the quality of the service provided to residents. 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 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 in practice. A Garda vetting disclosure had been obtained for all staff members employed in the centre. International police checks were in place for staff members where necessary.

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 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.

Judgment: Compliant

### **Standard 3.1**

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

There were systems in place for the management and review of risk in the centre. A risk management policy was in place and a risk register outlined some of the risks identified and the measures in place to manage them. However, the risk management framework did not provide assurance that all fire safety risks were assessed and that control measures in place were effective. At the time of the inspection automatic fire safety doors did not close properly and evacuation chairs were not in place.

Judgment: Partially Compliant

## Quality and Safety

Overall, the inspectors found that while the physical environment of the centre had remained unchanged since the last inspection, some improvements had been made across most of the standards reviewed as part of this inspection. There was evidence of good consultation with residents, and for the majority, their needs were being met through good access to support services, quality information and opportunities for social engagement and integration. While the provider had addressed many areas of non-compliance that they could directly influence, there were endeavouring to address other outstanding deficits, including overcrowding, by liaising with the relevant government department. The inspectors identified other areas for improvement including, adult safeguarding and the provision of supports to residents with special reception needs.

The service provider had developed an allocation policy that outlined how accommodation would be allocated to residents at the time of admission and on an ongoing basis. While the centre manager told the inspectors that room allocation was largely determined by the relevant government department prior to a resident arrival, the inspectors found that families were accommodated together and single rooms were prioritised for residents with special reception needs.

Although families were accommodated together, the privacy and dignity of some were not adequately protected. The inspectors noted that the configuration of the centre and the manner in which accommodation was assigned to residents meant that families continued to share hotel-style bedrooms. The inspection found two families where children aged 10 years and above shared bedrooms with parents or siblings of a different gender. Space was limited in some of the family rooms which restricted opportunities for children to play and develop. The provider had formally identified the matter as a welfare risk, utilised internal transfers where possible, and engaged with the relevant government department. However, these sleeping arrangements continued to impact the dignity and privacy of these residents.

The service provider supported the educational and recreational needs of children and young people in the centre. Children had access to crèche and afterschool placements in the community, facilitated by the service provider. At the time of the inspection, all school-going children had school placements. While space in the centre was limited, common areas had comfortable spaces for children to play or to do their homework. Wi-Fi was available throughout the centre. While there was no open space available around the centre, due to its location in the city centre, the provider had created a small rooftop space adjacent to the lounge to provide a secure open-air playground for children.

Adequate public transport was available in the area due to the location of the centre, and support was provided to residents with transport to medical appointments, as

required. Crèches, preschools, shops, medical centres, public amenities and recreational facilities were within walking distance of the centre, or were accessible by public transport.

Closed-circuit television (visual) was in place in the communal and external areas of the centre, and its use was informed by data protection legislation and centre policy. Security arrangements were in place and there was adequate checks of people entering the building. All staff in the centre had completed security training and were licensed by the Private Security Authority (PSA). This enabled all staff to identify and respond to potential security threats, ensuring the safety and wellbeing of residents.

The service provider ensured that sufficient and appropriate non-food items were made available to residents. Toiletries, bed linen and towels were provided to residents as needed, and residents reported that staff provided them with all of the items they required.

The centre provided self-catering facilities for residents which were in good working condition. The communal kitchen contained six cooking stations, including dedicated cookers for the preparation of Halal meals. Residents were provided with all necessary cooking utensils, cutlery and crockery. Residents received a prepaid voucher for a local shop on a weekly basis to allow them purchase their own groceries. A large walk-in cold room was utilised to store residents' chilled foods. The provider had made large containers available to each resident or family. These were neatly stored in the chill room and clearly labelled. These arrangements provided residents with choice and promoted their independence, as they could purchase food in line with their own families' needs and dietary or cultural requirements. Residents spoken with told inspectors they were happy with the catering facilities.

The rights and diversity of residents were respected, safeguarded and promoted by the staff team, although improvements were required. The right to access information was supported and residents exercised their right to choose their own daily activities and what food they prepared. The provider had effective systems in place to consult with residents to gather their feedback. Residents told the inspectors that the staff members were responsive to their needs, and they felt that they were treated with dignity and respect. However, the nature of the accommodation provided impacted on some residents' rights to privacy and dignity, as outlined above.

Residents living in the centre were supported and facilitated to develop and maintain personal and family relationships. Children and adults were facilitated to have visitors to the centre, and could meet in the communal areas. There was clear guidance in place for residents regarding such visits. Families were accommodated together and had their own private space to share cultural knowledge with their children.

There were measures in place to safeguard residents who lived in the centre, including child and adult safeguarding policies. All staff had completed child and adult safeguarding trainings. There were no active child safeguarding concerns at the time of inspection. However, improvements were required in this area.

While the provider had taken some steps to protect some adult residents from known risks, some residents remained exposed to these risks. A number of residents with complex care needs were identified by the inspectors as not been appropriately assessed by the service provider and as a result, the support plans which were in place were found not to meet those needs. While some additional steps were taken during the course of the inspection to address these issues, the provider needed to ensure all safeguarding risks were promptly identified, reported and that suitable support plans were in place where necessary. An urgent compliance plan was issued to the provider to ensure appropriate assessments and support plans were in place. Written assurances were subsequently provided to HIQA by the service provider regarding these risks. HIQA also completed a referral to the HSE following this inspection.

The centre had a policy and procedures in place to report and notify incidents and serious concerns. Staff members in the centre recorded incidents in a timely manner and in line with the recording requirements in the centre, and this included the recording of incidents of a lower risk level. There was a clear escalation pathway that ensured information regarding incidents, including incidents of a lower level risk, informed risk management processes.

The provider had implemented a system of induction to the centre for residents through which they would, with agreement from residents, assess their needs on arrival. This process included identifying the skills and interests of each resident. Residents received various supports from staff depending on their needs. Some residents received support to engage in training and to obtain a job, for example.

The health, wellbeing and development of residents was promoted by the service provider through the staff team. Support workers from various services attended the centre regularly to meet with residents and provide information and advice, including local family support services. While incidents relating to alcohol or drug use had not been an issue for the service, the service provider had developed a substance misuse statement.

A qualified and experienced reception officer was in place, supporting residents with special reception needs. The reception officer had endeavoured to assess the needs of residents, and had completed initial vulnerability assessments for all new arrivals since taking up the role and had assessed over 85% of existing residents. However, there was a need to complete individual assessments rather than complete these per family. At the time of the inspection 12% of the residents had been identified with special reception

needs, and support plans and appropriate referrals had been made. Although staff had received the relevant training to support them identify and address residents' special reception needs, there were no systems or guidance for staff to operationalise this role beyond the reception officer. The provider was required to ensure all staff had defined responsibilities in identifying and supporting residents with special reception needs.

There was policy in place for identifying, communicating, and addressing special reception needs, and a reception officer policy had been developed, however; enhancements were required to both policies. For example, they did not contain information on how to identify and address emerging vulnerabilities after admission in the centre and the timeframe for completing these assessments.

In summary, this inspection found that the governance and management arrangements had improved since the previous inspection, which had improved the safety and quality of the service. Residents had choices in their daily lives, and their rights and independence were generally promoted. Connections with the local community were established, and residents were supported in engaging with them. While the accommodation was of good quality and the staff treated residents with respect, there was a need to enhance the privacy and dignity of certain families in their living quarters. Additionally, improvements were required in the completion of needs assessments and ensuring that the needs of residents were met by the service provider and staff team.

#### **Standard 4.1**

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

It was found that the provider had a limited role in the allocation of accommodation within the centre, which was generally determined by the relevant government department prior to a resident arrival. However, it was noted that the provider made efforts to ensure that the accommodation met the needs of residents where possible, and was guided by centre policy. There was evidence that the provider liaised with the relevant government department when the centre could not meet the needs of residents.

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.

While families were accommodated together and family units were protected, there were children sharing bedrooms with parents or older siblings in the centre. While the provider had risk assessed these situations and made necessary adjustments, where necessary, and escalated to the relevant government department; these arrangements compromised the privacy and dignity of these families in the centre.

Judgment: Partially 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.

Parents were supported to obtain suitable crèche, preschool and school placements for their children. Wi-Fi was available throughout the centre, and there was a small space available for study and homework which included access to computers. The staff team advocated for parents of children with additional needs or who had specific requirements. There was a modest-sized but well-equipped playground located on a balcony near the common lounge area. The provider had taken measures to ensure this was a safe and secure space for children to play.

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.

All common areas of the centre were found to be clean and in a good state of repair. There was a laundry room for residents, with four washing machines and three dryers provided. Feedback from residents was mixed. While some residents engaged with during the inspection were happy with the facilities, others said they had to occasional queue up in certain times when the laundry facilities were very busy. A review of the laundry facilities was necessary to ensure adequacy and meet the needs of residents.

Judgment: Partially Compliant

#### **Standard 4.8**

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

The inspection found that there were proportionate security arrangements in place in the centre. There was closed-circuit television (CCTV) in operation in most communal areas, such as the reception area, hallways and the dining room. This was monitored by staff in the reception area. There was clear signage in place regarding the presence of CCTV in relevant areas of the building.

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.

Appropriate arrangements were in place to facilitate residents to purchase their own non-food items through the voucher system used in the centre.

Judgment: Compliant

#### **Standard 5.1**

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

There were adequate and suitable food preparation and dining facilities available to residents. There were six fully-equipped cooking stations, including one designated for the preparation and cooking of Halal food. The dining space was bright and well furnished with sufficient tables and chairs. The provider had made secure storage available in the dining room for residents to store dried goods or cooking equipment to save space in their bedrooms. There was also a large walk-in cold room accessible through the kitchen for residents to store food.

Judgment: Compliant

### **Standard 5.2**

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

This centre was fully self-catered. Residents purchased their own food using a voucher for a local supermarket. This meant residents could shop independently for themselves and their families. Most residents said this system worked very well. There was fresh drinking water available in the dining hall as well as equipment and provisions to make tea and coffee.

Judgment: Compliant

### **Standard 6.1**

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

The rights and diversity of residents were respected, safeguarded and promoted by the staff team. Residents were treated with care and kindness, and they felt that staff members listened to them and valued their opinions. Visitors were welcomed in the centre. Information regarding residents' rights was displayed throughout the centre. Some of the bedroom configurations impacted residents' privacy and dignity but this has been addressed earlier in the report under Standard 4.4.

Judgment: Compliant

### **Standard 7.1**

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

Residents were supported by staff and the centre manager to develop and maintain their personal and family relationships. Families were accommodated together and there were spaces in the centre for children to use outside of their bedrooms. There were clear arrangements in place for residents to receive visitors in the centre.

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 had 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. The model of support operated by the provider included defined education and vocational features, which had led to the delivery of individualised and goal-orientated support to residents.

Judgment: Compliant

### **Standard 8.1**

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

While an adult safeguarding policy was in place and staff had completed the necessary training, this inspection found a number of residents with safeguarding issues had not been identified, appropriately assessed and reported to the HSE by the service provider. While the provider had put in some supports, these were not sufficient to meet the complex care needs of these residents.

Judgment: Not Compliant

### **Standard 8.2**

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

There was a child protection policy in place as well as a child safety statement. There was a designated liaison officer appointed. Staff had all received training in child protection and those spoken with knew how to raise concerns if necessary. There were no active child protection risks in the centre at the time of inspection.

Judgment: Compliant

### **Standard 8.3**

The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.

The service provider had effective systems in place to manage incidents and adverse events that occurred in the centre. Incidents were well managed and detailed records were maintained to evidence the review, oversight and learning arising from incidents.

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.

While the provider had arrangements in the centre to ensure that each resident received the necessary support to meet their individual needs, the inspectors found that some residents had not been provided with appropriate needs-based supports. This has been addressed earlier in the report under Standard 8.1.

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 strived 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
<p><b>Standard 10.2</b></p> <p>All staff are enabled to identify and respond to emerging and identified needs for residents.</p>
<p>Staff members had received training in a wide range of areas that equipped them with the knowledge and skills required to identify emerging needs and provide necessary support. However, beyond the reception officer, staff had no defined roles in identifying and supporting residents with special reception needs.</p>
Judgment: Substantially Compliant
<p><b>Standard 10.3</b></p> <p>The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.</p>
<p>The provider had developed a policy but it required enhancement to include detail to guide staff on how to identify, assess, communicate and address emerging special reception needs, and a timeframe to assess them.</p>
Judgment: Substantially Compliant
<p><b>Standard 10.4</b></p> <p>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.</p>
<p>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 reception officer ensured residents received any necessary supports, either from the service directly or by referring to external services. The provider had developed a reception officer policy and procedure manual.</p>
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	Substantially Compliant
Standard 1.2	Substantially Compliant
Standard 1.3	Compliant
Standard 1.4	Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Compliant
Standard 2.3	Compliant
Standard 2.4	Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Partially Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Compliant
Standard 4.4	Partially Compliant
Standard 4.6	Compliant
Standard 4.7	Partially Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant

<b>Theme 5: Food, Catering and Cooking Facilities</b>	
Standard 5.1	Compliant
Standard 5.2	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
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Not Compliant
Standard 8.2	Compliant
Standard 8.3	Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Substantially Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.1	Compliant
Standard 10.2	Substantially Compliant
Standard 10.3	Substantially Compliant
Standard 10.4	Compliant

# Compliance Plan for: Dublin Central Inn.

Inspection ID: MON-IPAS-1130

Date of inspection: 17/02/2026 and 18/02/2026

## Introduction and instruction

This document sets out the standards where it has been assessed that the provider or centre manager are not compliant with the *National Standards for accommodation offered to people in the protection process*.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which standards the provider or centre manager must take action on to comply. In this section the provider or centre manager must consider the overall standard when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all standards where it has been assessed the provider or centre manager is either partially compliant or not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Partially compliant:** A judgment of partially compliant means that on the basis of this inspection, the provider or centre manager met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for people using the service over time if not addressed.
- **Not compliant** - A judgment of not compliant means the provider or centre manager has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply.

## Section 1

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each standard set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Standard	Judgment
3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The service provider will carry out a regular risk analysis of the service and develop a risk register.</p> <p>Action to achieve compliance:</p> <p>The provider has reviewed and updated the center's Risk Management Policy to ensure that it reflects current operational risks within the centre. A comprehensive, centre-specific Risk Register has been updated to include all identified risks, with particular emphasis on fire safety risks, including fire containment measures and evacuation arrangements for residents with reduced mobility.</p> <p>All fire doors have been inspected by an Engineer and repair and maintenance where required, is currently ongoing. All 116 fire doors are now subject to routine testing with records maintained on a Fire Door register by our in house qualified personnel.</p> <p>Risk assessments are reviewed monthly by the Centre Manager, with oversight and escalation of high-risk issues to the Provider Representative. Standing agenda items on risk, safeguarding and incidents have been embedded within staff meetings, with formal minutes maintained to evidence governance and follow-up actions.</p> <p>Measurable outcomes:</p> <ul style="list-style-type: none"><li>• Updated Risk Register implemented and signed off</li></ul>	

- Monthly risk review records available
  - Fire safety checks documented
  - Staff meeting minutes reflect discussion of risks
- Fire Door Register to be updated as actions or maintenance are carried out
- Date by which the provider will be compliant: 30 May 2026

4.4

Partially Compliant

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

The privacy and dignity of family units is protected and promoted.

Action to achieve compliance:

The provider has completed individual family-specific risk assessments for all families where children aged 10 years or older are sharing bedrooms with a parent or siblings of the opposite gender (2 rooms). These assessments are reviewed regularly and informed by direct engagement with families.

Where possible, internal room re-allocations will be implemented on the acceptance of IPAS, to minimise arrangements that impact privacy and dignity. In circumstances where the configuration of the centre limits further mitigation or the family unit due to age of children require same room supervision, the provider will formally escalate these cases to the Department of Justice/IPAS seeking alternative accommodation solutions. Following our completed risk assessment, suggested accommodations and full engagement with resident, if it is still deemed that the arrangement meet the escalation threshold we will notify Department of Justice/IPAS

The Centre Manager continues to engage with affected families, ensuring that actions are informed by the best interests of the child. All actions, correspondence and escalations are recorded and monitored through the center's Quality Improvement Plan.

Measurable outcomes:

- Individual family risk assessments to be completed and reviewed
- Records of engagement with families available
- Written correspondence to IPAS to be retained
- Actions monitored through the Quality Improvement Plan

Date by which the provider will be compliant: 1 May 2026

4.7

Partially Compliant

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

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.

Action to achieve compliance:

A review of laundry facilities is being completed through a survey with residents with a deadline of reply on 15 April. A previously non-operational washing machine has been repaired and returned to service.

Residents are been consulted regarding peak usage times and challenges accessing laundry facilities. Based on this feedback and the survey, revised laundry usage guidance will be introduced to reduce congestion during peak periods if identified. A traffic light system is too be introduced to show traditionally busy times v quiet periods. The adequacy of facilities will continue to be reviewed, with contingency arrangements in place should demand increase. We have already replaced most domestic machines with larger, faster and more economical machines which have already shown improvements

Cleaning schedules remain displayed and are monitored routinely to ensure communal areas remain clean and well maintained.

Measurable outcomes:

- All laundry equipment operational
- Resident consultation records available following feedback deadline of 15<sup>th</sup> April.
- Improved access to facilities during peak times
- Cleaning audits completed weekly

Date by which the provider will be compliant: 30 April 2026

8.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The service provider protects residents from abuse and neglect and promotes their safety and welfare.</p> <p>Action to achieve compliance:</p> <p>The provider has undertaken a full review of all residents to ensure that adult safeguarding risks are identified, assessed and documented on an individual basis. Where safeguarding concerns or complex care needs are identified, individual support plans have been developed and implemented.</p> <p>Safeguarding concerns have been appropriately notified to the IPAS Welfare Team &amp; HSE Safeguarding and Protection Teams, with referrals made where required. Internal safeguarding reporting and escalation pathways have been strengthened to ensure concerns are identified and addressed promptly. All current safeguarding concerns have been dealt with by the Welfare teams to a satisfactory level for all involved.</p> <p>All staff are booked in to complete refresher training in adult safeguarding. Safeguarding is now a standing agenda item at staff meetings, and safeguarding registers are reviewed regularly to ensure effective oversight by the General Manager and Reception Officer.</p> <p>Overall responsibility for the implementation and monitoring of these actions rests with the Centre Manager, with oversight provided by the Provider Representative.</p> <p>Measurable outcomes:</p> <ul style="list-style-type: none"> <li>• Individual safeguarding assessments completed and issues resolved</li> <li>• Support plans in place for identified residents</li> <li>• HSE referrals documented where required</li> <li>• Staff training records updated</li> <li>• Safeguarding oversight evidenced in meeting minutes</li> </ul> <p>Date by which the provider will be compliant: 29 May 2026</p>	

## Section 2:

### Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	30/05/2026
Standard 4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.	Partially Compliant	Orange	01/05/2026
Standard 4.7	The service provider commits to providing an environment which is clean and respects, and promotes the independence of residents in relation	Partially Compliant	Orange	30/05/2026

	to laundry and cleaning.			
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Not Compliant	Red	29/05/2026