



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

Name of the Centre:	Eglinton Centre
Centre ID:	OSV-0008428
Provider Name:	Maplestar LTD.
Location of Centre:	Co. Galway
Type of Inspection:	Unannounced
Date of Inspection:	18/06/2025 and 19/06/2025
Inspection ID:	MON-IPAS-1116

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

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

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

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

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent⁴ 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

Eglinton Centre is an accommodation centre located in Galway City. The centre provides accommodation for families and single females. There were 220 residents living in the accommodation provided which is spread across two units, including 14 apartments, eight townhouses and 42 bedrooms.

The main building comprised a reception area, a laundry room, a dining area and a communal kitchen, with individual cooking stations and a well-stocked shop that residents use a points system to purchase goods with. There was a communal lounge area for residents to relax in and sitting rooms which residents could book for their individual use. There were two meeting or social rooms, a computer room, a playroom and a room for residents to meet with professionals. The residents had access to free parking across the road from the centre.

The centre was managed by a management team including a general manager, a centre manager and three duty managers. In addition, there were night porters, a reception officer, a shop supervisor, a shop assistant and maintenance staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	220
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

The inspection was carried out during the following times:

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
18/06/2025	13:30hrs-21:15hrs	1	1
19/06/2025	08:45hrs-11:00hrs	1	1
19/06/2025	13:45hrs-16:40hrs	1	2

What residents told us and what inspectors observed

From speaking with residents and through observations made during the inspection, the inspectors found that the local staff team endeavoured to support residents to experience a good quality of life while living in the centre. Residents said that they felt safe, were treated with kindness, care and respect by the staff team and that they felt heard and listened to. While the inspectors observed interactions between staff members and residents which supported these views, it was evident from the standard of some areas of the centre and the unsatisfactory living and sleeping arrangements for some residents, that there was a need to focus more on basic provisions so that all residents experienced a good quality service. In support of this finding, there were aspects of the governance, risk management and safeguarding systems of this centre that required significant improvement, so that the service provider could be assured that a consistently good quality service was being provided to all residents.

The inspection took place over two days. However, the inspection was paused for several hours on the second day and resumed without interruption once the inspectors had uninhibited access to the premises and the staff members they wished to meet with, and centre management were clear on the role and function of HIQA and enabling regulations.

During this inspection, the inspectors gathered feedback from nine families living in the centre by speaking with 12 adults and 14 children. The inspectors also spoke with four single females who were living in two separate rooms in the centre. Resident questionnaires were completed by three adults. The inspectors also met with the general manager, the centre manager, the duty managers, reception staff and night security staff. The secretary for the company who was also their legal advisor was present for part of the second day of the inspection and although they engaged with inspectors, they held no operational responsibilities for the centre.

While the primary function of the centre was to provide accommodation to people seeking international protection, the inspectors found that 62 (21%) of the residents had received refugee, subsidiary protection or leave to remain status. A cited lack of alternative accommodation resulted in these residents remaining living in the centre.

The accommodation provided included 42 en-suite bedrooms for families and single females who had access to communal cooking, dining and living spaces. There were also 14 apartments within the main building. These apartments did not contain separate bedrooms for each of the residents. The centre had eight additional townhouses that were located beside the main centre, and these facilitated residents to live independently. Each of these apartments had a sleeping area with a separate kitchen and living space.

On arrival to the centre, the inspectors met with the centre manager who provided the inspectors with access to the necessary files and documentation, while one of the duty managers accompanied one of the inspectors on a walk around the centre. During this walk around, the inspectors observed that maintenance works were required to ensure that the accommodation provided in the main building promoted the safety, health and wellbeing of residents. Painting works had been completed in some of the communal rooms. Carpets in some of the communal hallways were seen to be soiled and there were burn marks observed beside the lift areas. Cobwebs were evident on the ceilings in one of the communal hallways, and yellow water marks were observed in the hallway on the second floor where the plaster board was significantly damaged at the floor level. The inspectors were told that this damage was due to a leak in the roof which was being addressed.

The reception area of the centre had a reception desk where residents could seek support from staff on a 24-hour basis, seven days a week. Residents had access to a communal kitchen, a well-equipped dining area and a smaller lounge area where they could bring visitors. Appropriate high chairs and playpens were provided in the dining area, and this supported parents to cook meals for their families while supervising younger children.

An onsite shop was available where residents could purchase their food through the points system that was used in the centre. Shop staff had completed a survey with residents to ensure that the selection of products available was suitable for their cultural requirements. Individual lockers were provided to residents for them to store their cooking utensils and dried foods. There were two large and one small fridges available for residents to use, and some of the residents said that this was not sufficient to allow them store their chilled foods. Some food was stored in shopping bags in the communal fridges which was not ideal.

Residents had access to multiple communal rooms through a booking system managed by the centre staff. These rooms included a children's' playroom, eight sitting rooms, a computer room, a room designated for the homework club and a large religious practice room based on the ground floor. The children's' playroom was well-equipped with age appropriate toys and comfortable seating for parents to use while supervising and playing with their children. The homework room was a bright and welcoming space with sufficient desks for children to complete their homework. Information on the rules and staff who supervised the club were displayed on a noticeboard in the room. However, the computer room was untidy with multiple unused computer cables and keyboards lying on the floor. One of the children who spoke to the inspectors commented that this room needed to be tidied up due to the loose cables. In addition, some of the furniture in the communal rooms was worn and the upholstery had been torn on one of the couches observed.

During the walk around, the inspectors observed that the religious practice room was also used for meetings and various activities provided for residents, including music lessons and English languages classes. As the majority of the residents living in the main building were sharing one room with either family members or other non-related residents, the lack of a designated space for religious practice did not ensure that the diversity of residents was fully respected. Furthermore, three of the sitting rooms that had been designated as communal rooms were being used exclusively by some residents as office, study and recreational spaces. There was no transparent rationale provided for this arrangement, which essentially reduced the resources available to all residents in the centre.

The accommodation provided to some of the families living in the centre impacted negatively on their right to privacy and dignity. One resident told the inspectors that "it's hell living with family in one room". Observations of the accommodation provided in the centre found that some children, including teenagers, and parents were required to share bedrooms due to the configuration of the rooms. Another resident said that their child gets upset at night because they would like to have their own bedroom, and not have to share with their parent.

The inspectors were invited by residents to observe 11 individual homes. Mould was evident in four of these rooms, and the carpet in one was worn and showing signs of wear and tear. Significant water damage was observed on the ceiling and wall of another room. Stains from the water damage were evident around the smoke detector in this room, and the plaster on the wall was soft to the touch. Paint was risen and cracking from the wall. The direct consequence of a leak in the ceiling in this room was that for almost three weeks a child could not sleep in their own bed. Their parents told the inspectors that they resorted to surrendering their bed to their child, while they themselves slept on a mattress on the bedroom floor. The inspectors observed that this family was using a plastic container to gather the water leaking in to their room. This family was relocated to a new room once this matter was brought to the attention of the centre managers by inspectors. In relation to a second family, the inspectors observed that two children were not provided with appropriate beds. This too was brought to the attention of the centre managers and was rectified before the inspectors left the premises.

Of the rooms visited by the inspectors, three were found to have limited storage space available. Large items including suitcases were stored on top of wardrobes which posed a potential health and safety risk for the residents, which was not adequately assessed. Floor space was observed as limited in some of the apartments, and while there was a playroom available in the centre, the lack of adequate floor space resulted in children having little space to play and develop within their home.

Members of two families living in the centre told the inspectors that they had a pest control concern, which did not promote their wellbeing. This matter was also brought to the attention of centre managers and was addressed promptly during the inspection period.

The feedback provided by residents during the inspection was positive for the most part. Staff members were described as being helpful, respectful and kind. One resident said that staff in the centre were “just like our family” while a second resident told the inspectors that “they’re all very good”. Residents said they felt safe living in the centre, and that they were able to talk to staff if there were any problems. One of the residents shared that the staff had “take action when needed”, while another resident said that “staff always ask if we need anything”.

Residents told the inspectors that the staff were helpful, and they addressed complaints or concerns without delay. One resident told the inspectors that they could “walk up to her [centre manager] and she solves it immediately”. The residents who spoke with the inspectors shared that they felt comfortable bringing issues, worries or concerns to staff members. They felt that staff listened to them. One of the residents said that “staff are open to feedback. If worried you can talk to staff. There were issues with bullying. Staff managed it and it’s fine now”. Another resident said that they were “grateful for what we have”. However, three residents told the inspectors that the lack of access to interpreters in the centre created challenges for them in having their needs fully understood and met by staff.

The inspectors received three questionnaires that had been completed by adult residents. The questionnaires asked for feedback on a number of areas including safeguarding and protection; feedback and complaints; residents’ rights; staff supports and accommodation. The response to the questionnaires was similar to the feedback provided by residents who spoke with the inspectors. All of the residents who responded to the questionnaires said they felt safe and happy living in the centre. These residents said they knew how to raise a safeguarding concern, and while all three residents were aware of who the designated liaison person was for children, one of the residents did not know who the designated officer was for vulnerable adults.

All of the residents who completed the questionnaire said that they would feel comfortable making a complaint, and agreed that the centre welcomed their feedback. The centre manager and staff were described as approachable and kind, and these residents felt the services were delivered in a fair manner. While all three of the residents who completed the questionnaire said they felt respected, one of the residents shared that they did not feel that the centre always provided a dignified environment or supported them to live a meaningful and good quality life. This was reflected in the findings of this inspection in relation to aspects of the premises and sleeping/living arrangements in place for some residents.

The observations of the inspectors and some of the views of residents outlined in this section are generally reflective of the overall findings of the report. However, the service provider was required to take some immediate actions in relation to sleeping and living arrangements for some residents, and to commit to longer-term improvements to enhance the governance and management, child protection, safeguarding and complaint and incident management systems in the centre. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The service provider was failing to adequately and consistently operate the centre in line with the requirements of the national standards. This was the third inspection of the Eglinton Centre since April 2024. While this centre was due for re-inspection by HIQA, the inspection was brought forward following the receipt of an unsatisfactory provider assurance report in response to unsolicited information provided to HIQA. As this provider assurance report did not provide adequate assurances that all risks in the centre were being appropriately assessed, reviewed and managed, a decision was taken to complete an unannounced and focused inspection of the centre.

Although this was the third inspection of this centre, the service provider had sustained a limited understanding of their responsibilities as outlined in the national standards, and as a consequence, did not fully meet them. While the local management team had knowledge of relevant policies and legislation, and were in the early stages of developing systems to support full compliance with the national standards, the service provider did not have the necessary mechanisms in place for oversight of the service which would assure them that the standards and regulations were implemented in practice. As a result, for example, statutory notifications required by the regulations had not been reported to HIQA. As will be discussed later in this report, allegations made were not adequately reviewed by the service provider, and some child protection concerns had not been reported in line with the requirements of *Children First: National Guidance for the Protection and Welfare of Children* (2017). In addition, some managers were not fully offey with the legal remit of HIQA, nor their own obligations under the regulations.

There was a clearly defined reporting structure in place. The centre manager reported to the general manager, who in turn reported to the CEO of the company. This structure was not effective as there were no formal written reporting arrangements in place. For example, reporting mechanisms between the general manager and the operational director were not recorded, despite a previous commitment by the provider that monthly written reports to senior management would be put in place. What was in place was inadequate, which was an email to the service provider following some team meetings which contained limited information regarding complaints, risks, incidents or safeguarding concerns. In addition, there was little evidence that information regarding concerns or risks in the centre were formally escalated to the CEO of the company. Overall, the reporting, oversight mechanisms and risk reporting systems in the centre could not assure the provider that a consistently safe and good quality service was being provided to residents.

On a positive note, regular team meetings were taking place in the centre. There was some evidence that the national standards and local policies were discussed for learning. Important aspects of service provision and practice were not consistently discussed, and team meetings would benefit from standing agenda items such as, but not exclusively, complaints, risks, incidents and safeguarding. This would ensure relevant actions would be taken where risks or opportunities for learning emerged. Meeting minutes reviewed by the inspectors lacked detail and did not include actions arising. This meant that actions agreed at previous meetings could not be monitored for effectiveness or completion. As reported on in previous inspections of this centre, the current systems of reporting in the centre were inadequate, did not promote accountability and could not act as an assurance mechanism for the service provider.

The centre manager endeavoured to be responsive to the needs of residents, and was eager to drive quality improvement at a local level. Multiple policies had been developed to guide staff in their practice, including an incident management policy and a policy regarding the management of allegations against centre staff. The centre manager had developed auditing systems to review practice in the centre across a number of areas including the provision of items in the centre shop, maintenance, residents' bedrooms and compliance with the national standards. While some of these audits had not commenced at the time of the inspection, the inspectors were informed that the findings of the audits which had been completed had informed draft individual quality improvement plans. For instance, feedback provided by residents during the shop audit had led to additional culturally appropriate foods being sourced and made available. While this was a positive finding, some of the other local systems in place were less effective. For example, routine room checks had not ensured pest control issues, water damage, mould and the lack of adequate beds for young children were identified and remedied. As mentioned previously, these matters were brought to the immediate attention of the centre managers and were addressed during the inspection period.

A gap analysis was completed to identify areas for improvement following the inspection of the centre in January 2025. The inspectors found that actions identified as having been completed actually remained outstanding. By way of example, this analysis reported that all children had an age appropriate bed, which was not the case. This was a good example of the direct impact of inadequate systems of reporting and accountability by the provider, which resulted in a poor lived experience for the children involved.

While the lack of follow-through on previous commitments by the provider were identified on this inspection, there were some improvements. For example, the centre manager had improved how complaints and incidents were recorded and managed. Incidents and or complaints were now recorded on a central log on a monthly basis,

with brief details of the actions taken. Every effort was made by the centre manager to address complaints and incidents in a timely way and the residents benefited from this. For example, alternative rooms were offered to single residents who were sharing bedrooms when inter-personal issues arose between them. While this was a positive finding, improved systems were needed to record all actions taken, which in turn would increase transparency for residents and reduce the perceived sense of inequity in how residents were treated. On review, the inspectors found that the central log needed to be kept up-to-date to reflect centre records.

The risk management framework for the centre was not yet fully effective. The centre's risk management policy and procedure was updated following the previous inspection, and although it provided guidance on the identification and management of risk it was not centre specific and had yet to be fully implemented in practice. There were risks identified during the inspection which had not been identified or assessed previously by the service provider. These included for example, unsupervised children leaving the centre through the front door onto a main road, the presence of mould and pest control issues, and unresolved water leaks for sustained periods of time and the impact this had on residents. Other unidentified risks existed, including children aged 10 years and older and of opposite gender sharing bedrooms, allegations made by residents, and residents cooking in their rooms.

The ratings assigned to recorded risks required review as some risks, such as unsupervised children was identified to the inspectors as a high risk but was assigned a low risk rating on the register. Inaccurately rated risks could result in inadequate and ineffective controls being put in place. Although there were some improvements in relation to risk management, they were not at the required pace and did not reflect the commitments made by the provider since this centre was first inspected in April 2024. Essentially this meant that 14 months on, the service provider remained unaware of all actual or potential risks in the centre, and risk escalation pathways throughout the governance structure were not captured in centre documents.

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 sustained a limited understanding of their responsibilities as outlined in the national standards, and did not have the necessary mechanisms in place for oversight of the service. For example, statutory notifications required by the regulations had not been reported to HIQA, allegations were not adequately reviewed by the service provider, and some child protection concerns had not been appropriately reported to the Child and Family Agency (Tusla). Members of the senior management team were not fully offey with the legal remit of HIQA, nor their own obligations under the regulations.

Judgment: Not Compliant

Standard 1.2

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

There was a clearly defined reporting structure in place; despite this, the structure was not effective as reporting mechanisms between the general manager and the operational director were not well established. While the service provider received emails following some team meetings, this correspondence contained limited information regarding actions required, complaints, risks, incidents or safeguarding concerns. Information regarding concerns or risks in the centre were not formally escalated to the CEO of the company.

Though regular team meetings were taking place, important aspects of service provision and practice were not consistently discussed. Meeting minutes lacked detail and did not include actions arising.

The centre manager endeavoured to drive quality improvement in the centre and was in the early stages of implementing practice audits and policy development. Despite this, the overall governance and management systems in the centre were not effective, and resulted in a poor lived experience for some residents.

A central log was maintained on a monthly basis to track complaints and incidents that had occurred in the centre, but this log needed to be kept up-to-date to reflect centre records and the actions or decisions made to address a situation.

Judgment: Not Compliant

Standard 3.1

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

The risk management framework for the centre was not fully effective, nor was it centre specific or fully implemented in practice. There were risks identified during the inspection which had not been identified or assessed previously by the service provider. The ratings assigned to risks required review as some risks were identified to the inspectors as a high risk but had been assessed as a low risk on the register. Risk escalation pathways both internal and external, were not evident.

While there were some improvements regarding risk management practices, they were not at required pace and did not reflect the commitments made by the provider since this centre was first inspected.

Judgment: Not Compliant

Quality and Safety

The service provider needed to take significant corrective actions in order to be fully compliant with the national standards relating to quality and safety in the centre. Similar to the previous inspection of this centre in January 2025, the inspectors found that the quality of the centre varied considerably depending on the nature of the accommodation. Some families lived in well-maintained townhouses where they could live independently. In contrast, residents living in the main centre building experienced a mixed standard of accommodation, either in single room apartments which contained kitchen facilities, or in hotel-style bedrooms.

The standard of the accommodation provided in the main building did not promote the safety, health and wellbeing of residents. The presence of mould was observed on walls and ceilings in four of the rooms viewed by the inspectors. Two families told the inspectors that they had reported issues with pests in their accommodation at night to the service provider. A pest control company attended the centre on day one of the inspection to address this concern after it had been raised by the inspectors with the centre management team. The carpet in one of the rooms viewed by the inspectors showed signs of significant wear and tear. In addition, there was limited storage in three of the rooms viewed, which created potential health and safety hazards. This was due to large items being stored on top of wardrobes. This risk had not been identified by the service provider before the inspection.

The accommodation provided was accessible and residents had access to a lift on each floor of the main building. Some of the accommodation provided in the main centre was not sufficiently furnished and did not create a homely environment. The inspectors found that in one of the rooms visited, the floor space available was inadequate and did not allow for children to play. In a second room, the door of a wardrobe was broken and the children did not have adequate furniture to allow them to complete their homework in the privacy of their own room. As noted earlier in the report, water damage was observed in this room which prevented a child from sleeping in their bed due to water dripping from the ceiling. In another room, children had not been provided with appropriate beds suitable to their age, size and stage of development. Room checks completed by staff had not identified any of these issues as concerns or risks, and the necessary maintenance works had not been carried out to address them. At the time of writing the report, HIQA were engaging with the service provider to seek additional assurances to ensure residents had a consistently safe and healthy living environment.

The privacy and dignity of residents living in the main centre was not consistently promoted or protected due to the configuration of the living accommodation provided. Some families living in this building did not have access to their own private living space. While the service provider had made communal sitting rooms available for residents to use, these rooms were locked and residents had to book the rooms and request a key from the reception staff. This created challenges for residents, particularly those who were single parents and had to bring their children with them to the reception area in order to get access to a communal sitting room. Furthermore, the sleeping arrangements for these families were not in line with the requirements of the Housing Act 1966, as parents were required to share bedrooms with their children, and in six rooms, siblings of opposite gender who were aged 10 years and over were sharing the same bedroom.

The governance systems and practice in the centre could not assure the service provider that the rights and diversity of each resident were promoted and respected. By way of example, residents who shared single rooms with either their family members or unrelated residents did not have access to a designated space to practice their religion, as this room was used for multiple other activities. Adequate storage for chilled foods belonging to residents was not provided in the communal kitchen. As previously stated, the absence of a rationale regarding the exclusive use of communal rooms by some residents was not evident and resulted in perceived inequalities in the centre. In addition, the configuration of sleeping accommodation meant that adults and children shared bedrooms which impacted on their right to privacy and dignity. On a positive note, residents told the inspectors that they were treated with dignity and kindness by a staff team who were willing to listen to their views. In addition, recent changes made to the procedure for entering residents' rooms when completing room checks, and the provision of information to residents regarding their rights and access to relevant services, demonstrated a commitment on the part of the local staff team to work towards protecting residents rights.

There was an adult safeguarding policy and a child protection and welfare policy in place. The centre had a child safeguarding statement displayed in the reception area of the building. There were DLP's in place, and the residents were aware of who they could speak to if they had concerns. Parents were supported to provide age-appropriate supervision to their children, and there was a system in place which allowed residents to mind each other's children on occasion. This was an improvement in practice following the last inspection of the service. All staff had completed their Children First 2017 and adult safeguarding training. The centre manager had developed a log to track child protection or welfare referrals that had been made to Tusla. This system demonstrated good practice and management oversight by the

centre manager as it gave an overview of the actions taken and whether the referral remained open or had been closed by Tusla.

Despite these improvements, safeguarding and child protection practices in the centre required further development to ensure that all allegations were reported to the relevant authorities, and managed appropriately. A policy for the management of child and adult welfare allegations against centre staff had been drafted; however, it was limited in detail and did not address how such allegations would be investigated nor did it outline the safety measures to be put in place to protect the safety of residents whilst an investigation was ongoing. While the service provider had received an allegation, a review of the centre records and discussion with the senior management team found that there was little evidence that this allegation had been thoroughly reviewed or investigated by the service provider or an appropriate third party. There was also a limited understanding of the appropriate structures required for such processes. Prior to the inspection, HIQA had requested written assurance from the provider that this matter was managed appropriately. This was not forthcoming, and was further compounded by the deficiencies identified by the inspectors in relation to governance of the centre during this inspection. At the time of writing this report, HIQA were engaging with the service provider to seek additional assurances to ensure that appropriate systems and processes were in place to manage and respond to any such allegations made against staff employed in the centre, either directly or indirectly.

Furthermore, an allegation made by a child had not been reported to Tusla by the centre staff. The allegation was initially brought to the attention of the centre staff by an external provider, and the centre staff advised that they reported the matter to Tusla. The service provider had not made contact with or reported the concern to Tusla, and in turn to HIQA. The inspectors were told that, at the time of the inspection, there had been no follow up contact made by the DLP's or any centre staff or management with Tusla to ensure the referral had been made. The service provider was requested to provide assurances that all child protection and welfare concerns are managed and reported in line with the requirements of Children First 2017. Satisfactory written assurances which addressed these concerns were provided following the inspection. These risks relating to the protection and welfare of residents had not been included on the risk register for the centre.

The service provider had developed a local policy and procedure in relation to the management and review of incidents and adverse events. There was a new template included to record the details of incidents and how they were responded to. In addition, the centre manager maintained a log of all incidents that had occurred in the centre on a monthly basis which included details of complaints, incidents and safeguarding concerns. While the development of this policy and log demonstrated

progress, it was still at the early stages of implementation. Practice in this area required further development to ensure that all information and actions taken were recorded, and that any learnings identified or risks associated with the incident were identified and assessed. Though the policy set out the procedures whereby incidents would be reviewed and escalated, there was little evidence that these processes had been implemented in practice.

Standard 4.2

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

The service provider failed to ensure that the accommodation was homely, accessible and sufficiently furnished. The inspectors observed worn carpets, inadequate furniture and limited storage in the rooms viewed by the inspectors. This impacted negatively on the quality of life of these residents, and created potential health and safety risks that had not been identified by the service provider. The floor space available to one family — a hotel room — was insufficient to allow children to play and develop contrary to the national standards. Room checks completed by staff had not identified that significant maintenance works were required in one room due to water damage. This damage prevented a child from sleeping in their bed due to water dripping from the ceiling on to the bed. In addition, the necessary maintenance works in these rooms had not been carried out to address the issues in a timely manner to ensure these residents have a safe living environment.

Judgment: Not 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 standard of the accommodation provided did not promote the safety, health and wellbeing of residents. The presence of mould and pest control issues had not been identified or addressed by the service provider.

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 configuration of the living accommodation provided in the main building adversely impacted on the privacy and dignity of families. Some families did not have access to their own private living space. Furthermore, the sleeping arrangements for some families were not in line with the requirements of the Housing Act 1966 as parents were required to share bedrooms with their children. In six rooms viewed by the inspectors, siblings of opposite gender who were aged 10 years and over were sharing the same bedroom contrary to the requirements of the national requirements. The inspectors found that two children had not been provided with appropriate beds suitable to their age, size and stage of development. While communal sitting rooms were available for residents to use, the service provider's overly complicated process for residents to access these rooms created potential challenges for residents.

Judgment: Not Compliant

Standard 6.1

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

The rights and diversity of some residents were not promoted, safeguarded or respected. While the service provider had designated a room for religious practice, the inspectors found that it was not readily available for this purpose as it was also used for a number of other activities.

Inadequate storage for chilled foods for residents was not provided in the communal kitchen. The absence of a rationale from the service provider regarding the exclusive use of three communal sitting rooms resulting in perceived inequalities in the centre. The configuration of sleeping accommodation in the centre impacted on residents' right to privacy and dignity. Despite these issues, residents said that they were treated with dignity and kindness by a staff team who were willing to listen to their views. The management team had implemented changes to the procedure for entering residents' rooms when completing room checks indicating a willingness to consider the impact of practice on residents. The staff team provided relevant information to residents on their rights.

Judgment: Not Compliant

Standard 8.1

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

While there was an adult safeguarding policy in place and all staff had completed their adult safeguarding training, the service provider was not protecting residents from the risk of potential abuse and neglect. Residents' safety and welfare was not being consistently promoted.

A policy for managing child and adult welfare allegations against centre staff had been drafted. However, it was limited in detail and did not address how such allegations would be investigated or the measures to be put in place to protect the safety of residents. There was little evidence that an allegation received by the service provider had been thoroughly reviewed or investigated. There was also a limited understanding of the appropriate structures required for such processes. This meant that residents were not being proactively protected from potential harm.

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.

While the majority of a small number of child protection and welfare concerns were reported appropriately by the service provider, at the time of the inspection one alleged incident had not been reported to Tusla, contrary to Children First and the national standards. An external provider had initially reported the matter to the service provider. It had been advised to report the matter to Tusla, which it did. The service provider itself had not contacted Tusla about the allegation, nor reported it to HIQA.

Judgment: Partially 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.

A local policy and procedure had been developed by the service provider in relation to managing and reviewing incidents and adverse events, which was specific to the centre. The centre manager maintained a log of all incidents that had occurred in the centre on a monthly basis, which included details of complaints, incidents and safeguarding concerns. Nonetheless, some practice in this area required further development to ensure that all information and actions taken were recorded, and that any learning identified or risks associated with the incident were identified and assessed. There was also limited evidence that incidents had been reviewed or escalated as set out in the policy and the procedure.

Judgment: Partially Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Not Compliant
Standard 1.2	Not Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Not Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.2	Not Compliant
Standard 4.3	Not Compliant
Standard 4.4	Not Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Not Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Not Compliant
Standard 8.2	Partially Compliant
Standard 8.3	Partially Compliant

Compliance Plan for Eglinton Centre

Inspection ID: MON-IPAS-1116

Date of inspection: 18th and 19th 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
1.1	Not Compliant
Outline how you are going to come into compliance with this standard: The Eglinton Centre is fully committed to rectifying past failures and embedding a culture of safety, compliance, and transparency. In respect of this the following measures have been implemented: Enhanced Governance & Oversight: Leadership Accountability & Knowledge Upgrade • Review of all incidents, accidents, and near misses. • Tracking and review of all safeguarding concerns, allegations, and actions taken. • Compliance monitoring against HIQA Standards, Children First, and IPAS rules. All members of the Senior Management and Team as a whole have completed mandatory certified training on: • Children First Act 2015 & National Guidance (2017). • HIQA National Standards (relevant to the service). • Safeguarding Vulnerable Persons at Risk of Abuse. • Statutory obligations regarding reporting to HIQA and Tusla. Revised Safeguarding Framework & Governance Structures: • New Child Safeguarding Statement (CSS): A comprehensive, Centre-specific CSS compliant with the Children First Act 2015 has been drafted, formally approved by the management and in use.	

- **New Adult Safeguarding Statement:** A separate Safeguarding Statement addressing the protection of vulnerable adults (where applicable) has also been drafted and published.
- **Designated Liaison Persons (DLPs):** Clear appointments have been made and communicated to all staff and residents:

The actions outlined above are not merely reactive but represent a fundamental restructuring of our governance, oversight, and safeguarding practices. We understand our statutory responsibilities and the paramount importance of the welfare of the children and young people residing at the Eglinton Centre.

We will provide HIQA with evidence of the implementation and effectiveness of these actions, including training records, signed policy acknowledgments, governance meeting minutes, and audit logs for notifications/reports, as part of our ongoing compliance reporting or upon request.

We welcome further engagement with HIQA to demonstrate our commitment to meeting and sustaining the required standards.

1.2

Not Compliant

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

While a defined reporting structure was in place at the time of inspection, we accept that it was not fully effective. In response, the Service Provider has initiated a significant governance review and restructuring process:

- **An independent review of all roles and responsibilities** has been completed. Several recommendations have already been implemented, and the restructuring of the management system is actively underway.
- A new **management framework** has been designed to clearly define lines of accountability and improve communication flow. The management of the Centre has now been divided into two functional sections:
 - Welfare and Care, focusing on the day-to-day support and wellbeing of residents.
 - Maintenance, focusing on accommodation and facilities.
- A new **reporting structure** is being implemented:
 - All staff report to the **Duty Manager**.
 - The **Duty Manager** reports directly to the **Centre Manager**, who oversees the day-to-day operations.
 - The **Centre Manager** reports to the **General Manager**, who is responsible for ensuring service delivery, compliance with policies, and standards implementation.
 - **Monthly updates will now be formally escalated to the Chief Executive**, ensuring senior management oversight of risks, incidents, and safeguarding concerns.

Meetings, Communication & Documentation

We recognise the concerns regarding the limited detail in meeting minutes and the absence of actionable outcomes:

- Staff and management have commenced **ongoing training** on effective meeting practices, documentation, and follow-up procedures.
- **All team meetings** now follow a standardised agenda to ensure the discussion of key areas such as complaints, incidents, safeguarding, and risks.
- **Meeting minutes will include clear action points, responsible persons, and follow-up timelines.**
- Two dedicated teams have been formed:
 - o **Team 1:** Resident-focused, addressing individual needs and day-to-day care.
 - o **Team 2:** Service-focused, managing accommodation and support services.
- All residents will be informed of these changes, and **feedback will be actively sought** to ensure ongoing improvements are aligned with their experiences.

Policies, Procedures, and Audits

- The Service Provider has commenced a **full review and development of all policies and procedures**, taking HIQA's advice into account.
- This review will ensure that **best practices are embedded** in all aspects of governance and service delivery.
- A new set of policies and revised reporting structures are currently being finalised and will be **fully in place by 30/09/2025**.
- The **Centre Manager has begun implementing internal audits** and quality improvement initiatives to monitor compliance and practice standards.

Complaints and Incident Management

- A **central log for complaints and incidents** continues to be maintained monthly.
- The log is currently under review to ensure it is kept up to date and accurately reflects all Centre records, actions taken, and outcomes achieved
- Staff are being trained to ensure all incidents, complaints, and risks are appropriately recorded, addressed, and escalated.

Conclusion and Ongoing Monitoring

The Service provider acknowledge that the previous systems in place did not adequately support the delivery of high-quality care for all residents. However, we are fully committed to achieving and sustaining the required standards through the actions outlined above.

These improvements will be **implemented over the next four weeks** and will be **subject to ongoing review**, taking into account operational experience and **resident feedback**.

All staff are now held accountable for their respective roles, and a clear focus is being placed on continuous improvement, communication, and quality of care.

We remain committed to working with HIQA to ensure the highest standards of governance and service delivery

3.1

Not Compliant

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

The Service provider acknowledge HIQA's findings regarding the risk management framework in the Centre and fully accept that improvements were required both in the effectiveness of the system and its implementation at Centre level.

The Service Provider takes these concerns seriously and is committed to achieving full compliance with **HIQA regulations** and **IPAS standards**, ensuring that risk is identified, assessed, and managed in a proactive, transparent, and responsive manner.

Actions Taken and Improvements Underway

1. Centre-Specific Risk Management Framework

- A revised and Centre-specific risk management framework has now been developed and is being rolled out across the service. This framework is tailored to the unique operational and environmental factors of this Centre and will support the early identification and effective management of all types of risk.
- The framework has been developed in alignment with HIQA's "Risk Management Guidance" and IPAS standards, ensuring that it meets all regulatory requirements.

2. Comprehensive Risk Register Review

- A full review of the Centre's risk register is being completed. This includes:
 - o Reassessment of all previously identified risks. Review and adjustment of risk ratings to ensure they are accurate and reflective of the actual level of risk, following HIQA's feedback.
 - o Inclusion of all newly identified risks observed during the inspection.
- All risks are now assessed using an updated scoring matrix that considers likelihood, impact, and vulnerability, ensuring consistency and appropriate escalation.

3. Strengthened Risk Escalation Pathways

- Formal risk escalation pathways—both internal and external—have been established and documented.

- o Internally: Risks are now escalated from frontline staff to duty managers, and from the Centre Manager to the General Manager and ultimately to the Chief Executive, depending on severity.
- o Externally: Where appropriate, risks are reported to relevant external agencies including IPAS, Tusla, and An Garda Síochána, in accordance with safeguarding and protection protocols.
- These pathways are reinforced through staff training, ensuring all staff are aware of how and when to escalate concerns.

4. Governance and Oversight

- With the introduction of a new governance structure, a dedicated Risk Oversight Group has been established, comprising members of senior management and operational leads.
- This group will conduct monthly reviews of the risk register and risk management practices at the Centre, ensuring continuous monitoring, prompt action, and oversight.
- The Centre's governance team is now required to report on risk as a standing item in monthly operational reports, which are escalated to the Chief Executive.

5. Staff Training and Awareness

- Staff have been retrained on risk identification, assessment, recording, and escalation.
- Ongoing refresher training will be delivered to ensure that all staff remain up-to-date and confident in managing risk in their roles.

Commitment to Continuous Improvement

The Service provider recognise that progress on implementing a robust risk management framework did not occur at the required pace following previous inspections. The Service Provider sincerely regrets this and assures HIQA that this has now been addressed as a matter of urgency and priority.

We are committed to the ongoing improvement of risk assessment and management practices, and to ensuring that our framework is not only compliant but also supports a safe, responsive, and person-Centred service for all residents.

These improvements will be subject to regular review in light of operational learning and resident feedback, with full accountability at every level of management.

4.2	Not Compliant
Outline how you are going to come into compliance with this standard:	
The Service Provider remains fully committed to ensuring that all accommodation provided is safe, dignified, and homely, in accordance with HIQA regulations and national standards.	

To support this:

- **Additional furniture and fittings** are being provided to ensure each resident has access to the items necessary for comfortable daily living. This includes beds, wardrobes, chairs, desks, and other essential furnishings.
- A review of existing furnishings has been completed, and **inadequate or worn items**, including carpets, are being replaced as part of a broader refurbishment programme.

Storage and Space Management

- Recognising the issue of limited room space, particularly for families, additional storage options have been made available in a secure area within the Centre. Residents have been advised and supported to store larger items (e.g. suitcases) in this designated area to help maximise floor space in their living quarters.
- The Service Provider acknowledges that the use of hotel-style rooms for families is not optimal. To address this:
 - o Management is actively reviewing residents' needs and will relocate families to more suitable accommodation units within the Centre as soon as they become available.
 - o Every efforts are being made to prioritise families with children for larger and more appropriate rooms to support child development and wellbeing.

Maintenance and Preventative Measures

- A **comprehensive audit of all accommodation units** has been completed by the
- **maintenance team**, in collaboration with management and housekeeping.
- This audit identified units requiring attention, including those affected by water damage and general wear and tear.
- **Repair, refurbishment, and upgrade works are now underway**, with the goal of full compliance with standards by **30/09/2025**.
- This includes addressing:
 - o Water leaks and damage
 - o Flooring and carpets
 - o Furniture and fittings
 - o General room condition and presentation
- A new preventative maintenance programme has also been introduced. This includes more frequent inspections and early identification of maintenance issues to ensure prompt resolution and avoid future disruption to residents.

Oversight and Monitoring

- Regular room inspections will now be carried out by management and maintenance staff to maintain high standards and identify issues before they escalate.

- A follow-up tracking system has been implemented to monitor maintenance requests and ensure timely completion.
- Staff training on identifying accommodation risks has also been strengthened to ensure that room checks are thorough and effective.

Conclusion

The Provider remains committed to fulfilling all obligations under HIQA and national standards and will continue to monitor, review, and improve accommodation services to ensure the dignity, safety, and quality of life for all residents.

4.3	Not Compliant
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Outline how you are going to come into compliance with this standard:

The Service Provider is fully committed to ensuring that all residents live in accommodation that is safe, secure, hygienic, and seek to promotes their health and wellbeing. The Service provider also prioritise the privacy and dignity of all residents as a core aspect of service delivery.

- All accommodation units have lockable doors, and residents are issued their own access keys to ensure security and personal privacy.
- The Centre contains a variety of accommodation types, all designed to meet the needs of individuals and families in line with contractual and regulatory standards.
- Management regularly reassesses room allocations, and residents are moved to more appropriate units within the Centre when available, in response to changing needs or where improvements can be made.

Pest Control and Environmental Safety

- In line with our commitment to maintaining high environmental hygiene standards, the **Service Provider commissioned full pest control checks** of the premises.
- As of the most recent **audit completed on 07/07/2025, no pest issues were identified** at the site.
- It was previously reported on **15/06/2025** that there may have been possible silverfish activity in Rooms 9 and 24. As a **precautionary measure, traps and gel baits** were deployed on **18/06/2025**
- A follow-up inspection confirmed **no evidence of pest activity**. This indicates that the Centre is currently **free of pest concerns**, and regular monitoring will continue to ensure it remains so.

Mould and Maintenance Oversight

- The Service Provider acknowledges the importance of identifying and addressing mould proactively to protect resident health.
- A full maintenance audit has been undertaken across all accommodation units, including inspections for dampness, leaks, and signs of mould.
- Any affected areas identified have been or are being addressed as part of a preventative and corrective maintenance plan.
- A revised maintenance reporting system has also been implemented to ensure faster response times and better oversight of ongoing accommodation conditions.

Communal Areas and Resident Engagement

- The Centre provides several communal and multipurpose rooms for use by residents, including an indoor playroom equipped with age-appropriate toys for children.
- Management is currently developing a clear usage policy for these spaces in consultation with residents. This includes:
 - Booking procedures
 - Shared usage expectations
 - Feedback channels to support ongoing improvement

Resident feedback is central to this process, and ongoing engagement sessions are being held to support a sense of ownership and community while ensuring that use of shared spaces remains safe and inclusive.

Conclusion

The Service Provider remains proactively engaged in improving accommodation standards and maintaining a healthy and safe environment for all residents. While the inspection identified areas needing improvement, decisive actions have been taken to:

- Address pest and mould concerns
- Enhance the living conditions through maintenance and upgrades
- Promote resident safety, privacy, and wellbeing
- Foster ongoing communication and resident involvement in shaping their environment

We are committed to maintaining these standards through continuous monitoring, scheduled audits, and responsive action, ensuring full alignment with HIQA expectations and national standards.

4.4	Not Compliant
Outline how you are going to come into compliance with this standard: The Service Provider understands and accepts that the ideal arrangement would see every family provided with private living space that meets the developmental and personal needs of each member, including suitable sleeping arrangements for children. The Service provider would like to clarify the following: • Room allocations and capacity designations for this accommodation Centre were agreed in advance with IPAS at the commencement of operations. These designations were based on the minimum floor space per person, as defined by the Department. • As confirmed by IPAS during a recent consultation, providers are required to house individuals as instructed by the Department, and this may result in families with children of opposite genders over the age of 10 sharing rooms, due to the limited availability of suitable room configurations. The Service Provider recognises this is not ideal and continues to work with IPAS to explore solutions, including possible room reallocations within the Centre as more appropriate units become available. Bed Suitability During the inspection, two children were identified as not having age-appropriate beds which parents sourced themselves. This has since been rectified, and the Service Provider has carried out a Centre-wide review to ensure all children have beds that are: • Appropriate to their age, size, and stage of development • In good condition, safe, and compliant with national accommodation standards Access to Communal Sitting Rooms The Service provider note the inspectors' concern about the access process to communal rooms being overly complicated. To address this: • A review of the booking and access procedure for communal sitting rooms is underway. • A new simplified and transparent booking system is being introduced to remove barriers and ensure that all residents can easily access shared spaces.	

The Service Provider is engaging with residents to explain the updated process and to **encourage inclusive use** of these rooms to support family privacy and social wellbeing.

Ongoing Improvements and Oversight

- The Service Provider has initiated a room configuration audit to explore possible reassignments that would enhance privacy and dignity for families.
- Weekly accommodation reviews are now in place to monitor space usage and assess any opportunities to improve room allocations based on changing occupancy.
- The Service provider continue to liaise closely with IPAS regarding accommodation pressures and alternative rooming options when available.

Conclusion

The Service Provider recognises the challenges posed by space constraints in ensuring fully private and dignified living conditions. While limited by the physical infrastructure and contractual obligations, The Service provider remain committed to continuous improvement, and will:

- Prioritise age-appropriate sleeping arrangements for all children
- Continue discussions with IPAS to identify possible reallocations where feasible
- Ensure that communal areas are easily accessible, comfortable, and inclusive
- Maintain our commitment to resident privacy, dignity, and safety

The Service provider appreciate HIQA's oversight and support in improving standards and welcome any further guidance on best practices in this area.

6.1	Not Compliant
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Outline how you are going to come into compliance with this standard:

The Service Provider acknowledges the findings of the HIQA inspection and is committed to fully promoting, safeguarding, and respecting the rights and diversity of all residents.

The following actions have been taken or are in progress to ensure compliance with Standard 6.1:

1. Respect for Resident Privacy and Room Inspections

- New guidelines have been drafted and implemented for staff regarding access to residents' accommodation units.
- All room inspections are now notified in advance, with specific dates and times communicated to residents to protect their privacy and dignity.

2. Provision for Religious Practice

- The designated multi-purpose room, previously shared with other activities, has always been available for religious use.
- Following consultation with residents:
 - Specific times and days have now been allocated exclusively for religious practice.
 - Rooms are available for booking by residents for religious use, and this process has been clearly communicated to all residents.
 - A booking schedule is being maintained to ensure fair access for all.

3. Chilled Food Storage

- **Two additional refrigerators** are being ordered for the **communal kitchen** to increase chilled food storage capacity.
- **Food-safe storage bags** will also be made available through the on-site shop to allow residents to store their items safely and hygienically.
- These measures aim to improve fair access to chilled storage and uphold residents' right to prepare and store food appropriately.

4. Communal Sitting Room Access

- The communal sitting rooms are now fully available for use by all residents.
- Residents who were previously using the rooms exclusively have been spoken to, and the issue of perceived inequality has been resolved.
- A simple key request process is in place at reception to ensure equal access for all residents.
- The management will continue consulting with residents on how this system can be further improved for fairness and ease of access.

5. Sleeping Accommodation Configuration

- The current room configuration complies with **IPAS guidelines** and the **minimum requirements of the** Housing Act.
- Residents are accommodated based on:
 - **Family size**
 - **Age of children**
 - **Availability of accommodation at the time of arrival**
- As more self-contained accommodation units (with private living and kitchen spaces) become available within the Centre, **families are transferred** to these improved living arrangements.
- The Service Provider continues to work closely with IPAS to ensure placements are both compliant and respectful of family privacy and dignity.

6. Commitment to Ongoing Compliance

- Management and staff remain committed to:
 - **Listening to resident feedback**

- o **Maintaining dignity and kindness** in all interactions
- o **Continuously improving practices** in line with HIQA standards and IPAS guidelines

All the above actions are designed to ensure that the rights, privacy, and cultural diversity of all residents are respected, and that all services are delivered in a safe, inclusive, and equitable environment

8.1

Not Compliant

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

The Service Provider acknowledges the findings in relation to safeguarding and is fully committed to ensuring that the safety, welfare, and protection of both adults and children living in the Centre is prioritised and upheld at all times. Immediate and sustained actions have been taken to bring the service into full compliance with national standards and regulatory expectations.

1. Safeguarding Structures and Appointments

A **new safeguarding statement** has been developed and being implemented, in line with Children First: National Guidance and the HSE's Safeguarding Vulnerable Persons at Risk of Abuse. As part of this:

- A **Designated Liaison Person (DLP)** and **Deputy DLP** have been appointed specifically for **child welfare**.
- A separate **DLP has been appointed for adult safeguarding** to oversee the welfare of residents over 18.
- These roles are clearly defined and communicated to both staff and residents to ensure accountability and transparency.

2. Policies and Procedures on Allegations Against Staff

New and more detailed **safeguarding policies** have been drafted and are now in place, which:

- Clearly outline the procedures for managing allegations made against staff.
- Detail the steps for investigation, reporting mechanisms, protective actions to safeguard residents, and communication protocols with external statutory bodies (Tusla, HSE, Gardaí).
- Ensure a victim-Centred and trauma-informed approach in line with best practice.

3. Improved Resident Engagement and Welfare Oversight

To strengthen welfare monitoring and ensure resident voices are central to service delivery:

- A **Welfare Officer** is being appointed to:
 - o Act as a point of contact for all residents regarding personal welfare or safeguarding concerns.
 - o Engage directly with residents on a regular basis to identify emerging needs or risks.
 - o Facilitate feedback and ensure resident concerns are heard, documented, and acted upon in a timely manner.
- Regular welfare audits and feedback sessions will be scheduled, and any concerns raised will be logged, escalated, and responded to in accordance with policy.

4. Staff Training and Awareness

All staff have completed adult safeguarding training. In addition:

- A refresher programme on child protection and handling allegations against staff is being rolled out.
- Staff have been re-briefed on the role of DLPs, new policies, and the importance of proactive safeguarding practices.
- Additional training on recognising signs of neglect or abuse and understanding appropriate response protocols has been scheduled.

5. Commitment to Continuous Improvement

The service recognises the importance of embedding safeguarding as a core part of daily operations. Going forward:

- All safeguarding concerns will be **reviewed regularly by management and the DLPs**.
- **Clear reporting pathways** have been reinforced across the staff team.
- Any allegations or concerns will be thoroughly investigated, with **external supports involved as appropriate** to ensure independent oversight.

6. Conclusion

The Service Provider regrets the shortcomings identified during the inspection and is committed to ensuring they are not repeated. The new safeguarding structure, combined with strengthened policies, dedicated welfare support, and ongoing staff training, will ensure that residents are proactively protected from harm, and that any concerns are addressed in a timely, thorough, and transparent manner.

The Service Provider will continue to work closely with HIQA, IPAS, and relevant statutory agencies to ensure that all residents live in a **safe, respectful, and supportive environment**.

8.2	Partially Compliant
Outline how you are going to come into compliance with this standard: The Service Provider accepts that, in this instance, there was an oversight in failing to report the concern directly to Tusla and HIQA in a timely manner. Although the concern had been reported by the external agency who initially raised it, the Service Provider recognises its own responsibility to independently report all such matters to the appropriate statutory bodies. 1. Corrective Action Taken Once this oversight was identified: • The concern was reported to Tusla by the Service Provider. • A Tusla reference number was received confirming that the case had been logged. • Tusla has since responded stating that they will not be pursuing the case at this time. 2. Measures Implemented to Prevent Recurrence To ensure this does not happen again, the following measures have been put in place: • A Designated Liaison Person (DLP) and a Deputy DLP for Children have been formally appointed and are clearly identified within the Centre. • All staff have been reminded of their mandatory reporting obligations under Children First and the internal reporting protocols. • An internal safeguarding log has been created to ensure timely and traceable escalation of any welfare or protection concerns. • A safeguarding checklist is now in use to verify that all steps — including reporting to Tusla and HIQA where appropriate — are completed without delay. 3. Ongoing Training and Oversight • Regular safeguarding training and refresher sessions are scheduled for all staff to reinforce knowledge of child protection procedures. • The DLP will conduct monthly reviews of all safeguarding records to ensure compliance and identify any emerging gaps or concerns. • A standing agenda item has been added to management meetings to review any safeguarding reports and ensure actions have been appropriately followed up. 4. Commitment to Children First Compliance	

The Service Provider is fully committed to upholding the Children First principles, ensuring all staff are equipped to identify and act on concerns promptly and correctly, and ensuring the safety and welfare of children is a core priority in daily practice.

The Service provider regret the initial oversight but are confident that the new measures now in place will ensure full compliance moving forward.

8.3

Partially Compliant

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

Existing Systems and Policy Framework

The Service Provider has an established **policy and procedure for the management, review, and evaluation of adverse events**, designed specifically for this Centre. These policies ensure that adverse events are managed **sensitively, confidentially**, and in a timely manner, aligning with best practice and regulatory expectations.

A **monthly log** of all incidents—including complaints, safeguarding concerns, and general incidents—is maintained by the Centre Manager. However, the Service provider acknowledge the inspectors' feedback that **additional development is required** to ensure that all relevant actions, learnings, and risk assessments are adequately documented and escalated in line with the Centre's policy.

Enhanced Processes and Training

To address these gaps and improve compliance, the following actions are being implemented:

- A **new computerised incident management system** is being installed in the coming days. This system will:
 - Record all incidents with detailed actions taken.
 - Automatically assign **risk assessments** and severity levels.
 - Track the **status of follow-up actions** and reviews.
 - Ensure transparency, consistency, and timely escalation in line with policy.
- All incidents will now undergo a **structured review** with assigned team members to ensure lessons learned and corrective actions are formally documented.
- **Staff training** will be enhanced to focus on:
 - Identifying, recording, and reporting incidents.
 - Understanding escalation protocols and appropriate risk categorisation.
 - Engaging with residents affected by incidents in a respectful and supportive manner.

Communication with Residents

In all cases of adverse events, the Service Provider is committed to:

- Open and timely communication with residents directly affected.
- Providing accurate and updated information in a format appropriate to the resident's needs.
- Ensuring that residents receive the necessary support and follow-up, including emotional and practical assistance.

Information about emergency contacts and protocols is also included in the **Welcome Booklet** which is given to every resident upon arrival in the Centre and clearly displayed at **Reception**.

Oversight, Reporting and Compliance

The Service Provider reports all notifiable adverse events to the IPAS within the required timeframes.

To ensure continuous improvement:

- The **Management Team will conduct quarterly reviews** of all incidents, identifying trends, risks, and areas for improvement.
- Outcomes of reviews will be shared with staff to foster a culture of learning and prevention.

6. Conclusion

The Service Provider is fully committed to strengthening the management of incidents and adverse events through structured policies, improved documentation, timely escalation, and a resident-Centred approach. With the implementation of the new digital system, enhanced training, and clear communication procedures, the Service provider is confident in our ability to meet and exceed the standards required.

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Not Compliant	Red	30/09/2025
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Not Compliant	Red	30/09/2025
Standard 3.1	The service provider will carry out a regular risk	Not Compliant	Red	30/09/2025

	analysis of the service and develop a risk register.			
Standard 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Not Compliant	Red	30/09/2025
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	30/09/2025
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.	Not Compliant	Red	30/09/2025
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Not Compliant	Red	30/09/2025
Standard 8.1	The service provider protects residents from abuse and neglect	Not Compliant	Red	30/09/2025

	and promotes their safety and welfare.			
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.	Partially Compliant	Orange	30/08/2025
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	30/08/2025

