



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

Name of the Centre:	Glenvera Hotel
Centre ID:	OSV-0008431
Provider Name:	Bideau Limited
Location of Centre:	Co. Cork
Type of Inspection:	Short Notice Announced
Date of Inspection:	07/05/2025 and 08/05/2025
Inspection ID:	MON-IPAS-1098

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

Glenvera Hotel is an accommodation centre located in Cork City. The centre has 48 bedrooms, 43 of which have en-suite facilities. At the time of the inspection, the centre provided accommodation to 117 single males. The centre is located within walking distance of local shops, transport links, health and social services.

The centre, which previously operated as a hotel, was spread across three floors and a basement. The building comprised resident bedrooms, an administration office, a laundry room, a games room and a large communal area. Residents also had access to a multi-purpose room, which can be used as a space for prayer or for study. There were two fully-equipped communal kitchens, which residents used to prepare their own meals. The centre also had a clinic room which residents can use to meet with visitors.

The service is managed by a centre manager, with the support of a general manager. In addition, there is a general administration manager who holds the role of reception officer. The centre has general support staff including night porters, maintenance and domestic staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	117
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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)
07/05/2025	<i>10:00 – 17:30</i>	1	1
08/05/2025	<i>08:30 – 14:40</i>	1	1

What residents told us and what inspectors observed

The inspectors found, from speaking with residents and through observations made during the course of the inspection, that residents were well supported and received a service that met their needs and prioritised their safety and wellbeing. Residents were generally satisfied with their accommodation, and were complementary of the supports they received. Residents were facilitated to lead independent lives and integrate into their local and wider community. While there were some areas in which further action was required to fully meet the requirements of the standards, specifically around the continued use of bunkbeds and staff training, it was found that residents felt very happy living in the centre and the provider was delivering a high-quality service.

The inspection was short-announced and took place over the course of two days. During this time, the inspectors spoke with nine residents. Six residents completed the feedback questionnaire provided. Additionally, the inspectors spoke with the centre manager, a general manager, an administration manager (who was also covering the role of reception officer for the centre) and two other staff members.

The accommodation centre was located in Cork City within walking distance of many amenities and services, including local and national transport links. The centre had capacity to accommodate up to 130 single-male residents across 48 bedrooms. At the time of inspection, there were 117 residents accommodated in Glenvera Hotel. While the centre's primary function was to provide accommodation to people seeking international protection, seven (6%) of the residents had received refugee or subsidiary protection status, and were seeking alternative accommodation.

The centre comprised a four-storey building, including a basement area. The building included 48 bedrooms (43 of which had en-suite facilities), a reception area, an administration office, and various communal facilities for residents' use. These included two kitchen areas, a laundry room, a games room, a dining room and lounge area, a private meeting room, and a multi-purpose room that could be used for prayer. The majority of the accommodation, as well as all communal facilities, were accessed through a main door that led directly to the reception area. Four bedrooms were accessed via two additional private entrances to the building.

The inspectors completed a walk-around of the building and found that it was maintained in very good condition and was clean throughout. Some residents who spoke with inspectors told them that the staff did an 'excellent job' keeping the premises clean and said that they received help to deep clean their rooms if needed. Inspectors visited three resident bedrooms, with the permission of their occupants. Two of these bedrooms accommodated three people; one of which contained a set of bunkbeds and a single bed, and the other having three single beds. Another bedroom accommodated two people in single beds.

Each of the rooms observed met the minimum space requirements set out in the standards. Residents were provided with any necessary furniture and fittings, and each room was furnished differently depending on residents' needs and requests. For example, some residents had requested wardrobes to use for storage and had utilised them to sub-divide the room for additional privacy. The provider had made additional secure storage available for residents where requested. In some cases, large storage units were located outside resident bedrooms for residents to store large or infrequently used items.

It was identified on the first inspection of this centre in March 2024 that bunkbeds were provided by default in almost all bedrooms. Since the previous inspection, carried out in October 2024, the provider had reduced the number of bunkbeds in use from 45 to 36. At the time of inspection, 33 of these beds were in use. Residents spoken with generally expressed that they were satisfied with their sleeping arrangements, with many telling inspectors they were happy to have somewhere safe to stay and to have a bed. Nevertheless, continued efforts to reduce the use of bunkbeds was required to ensure residents had comfortable and dignified sleeping arrangements, in line with their expressed wishes.

Residents who provided feedback on the centre were complementary of the facilities and how the centre was operated. The inspectors heard from residents how the 'kitchens were always clean' and how they never had an issue with kitchen availability. One resident told inspectors how, with staff assistance, they had learned how to cook healthy meals. Two residents noted that while cooking equipment was provided, sometimes there weren't enough pots or pans available, as residents occasionally took them to their rooms after use. In some cases, residents had purchased their own pots to offset this issue.

As the centre provided self-catering accommodation, residents purchased their own food. The provider issued a pre-paid debit card to residents that was credited with an assigned value on a weekly basis to purchase food. This enabled residents to purchase groceries from local supermarkets, facilitating choice and independence. An additional allowance was provided on a monthly basis to contribute towards the purchase of essential non-food items, such as toiletries, cleaning supplies and laundry detergent. Residents spoken with shared that they were satisfied with this arrangement. They also told inspectors that they were happy with the laundry facilities. There was a communal laundry room with six large washing machines, and six large dryers.

Residents also provided feedback on the staff and management team in the centre. Those who talked with inspectors said that the staff team were helpful and friendly, with one person saying staff were 'too kind' and 'very nice' to all residents. All six of the residents who completed a questionnaire agreed that staff were 'easy to talk to'. 100% of respondents also stated that the management team were approachable. This feedback was echoed by residents who spoke to inspectors, who were complementary of the management team, saying they always had a 'friendly hello' and made themselves available to residents when they needed to speak with them.

There were clear arrangements in place for residents to receive visitors to the centre, and there were comfortable communal areas in which residents could meet with friends or family members. There was a private meeting room available for residents to use where necessary, for example, if meeting with a healthcare professional.

The inspectors observed residents as they engaged with staff and each other, and used communal facilities, such as the lounge area and the games room. It was noted that residents appeared very comfortable in the centre, greeting each other and staff in a friendly manner and engaging in small talk in common areas. The centre manager and reception officer greeted each resident by name and asked specific questions relating to their individual circumstances.

Some residents told inspectors that they had good friends in the centre, and inspectors saw photographs of residents taking part in community and centre-based events displayed throughout the centre. A number of residents were part of local boxing club, where they had developed new community connections. Many residents were employed in the local community, and the provider had made secure space available for residents to store their bikes and scooters, which they used to travel to and from work.

The centre manager and reception officer had developed good support networks with local health services and this was reflected in feedback from residents. The inspectors heard that residents met with a general practitioner shortly after arrival. A vulnerability assessment was also completed by the reception officer as part of the admission process. Where residents had special reception needs, additional support and information was provided. For example, at the time of inspection, a six-week programme was being provided in the centre by the local drug task force to provide information and assistance to any resident who may benefit from it.

Overall, the inspectors found that the provider had continued to deliver a service that met the needs of residents, and strove to meet and exceed the requirements of the standards. While there were some areas in which improvements were required, the provider had ensured residents were accommodated in a safe environment with an approach to support that promoted independence, encouraged integration and facilitated residents to lead meaningful and full lives.

Capacity and capability

This was the third inspection of Glenvera Hotel 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-1066) carried out in October 2024.

The inspectors found that the provider had implemented many 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. There were some actions that were still in progress at the time of inspection. For example, the provider was continuing to work on a plan to reduce the number of bunkbeds in use in the centre. Additionally, due in part to a number of new staff appointments, the staff training plan had not been fully implemented at the time of inspection. Notwithstanding, this inspection found high levels of compliance across the standards reviewed, and there were improvements noted in many areas since the previous inspection.

The centre was managed by a centre manager who was supported in their role by a general manager and an assistant manager. Each member of the local management team had a clear job description with specific areas of responsibility. The centre manager held regular team meetings, which were comprehensive in scope and facilitated clear and timely communication. A general administration manager provided additional oversight in areas such as risk management, quality improvement, and staff development. The general administration manager, who reported directly to the provider, also fulfilled the role of reception officer for Glenvera Hotel. A full-time reception officer had been recruited and was due commence in the role in the weeks following the inspection.

The inspectors found that since the previous inspection the provider had continued to develop the governance and management arrangements in the centre. There were regular local audits of specific areas of operation which informed improvement initiatives and service planning. For example, following a review of incidents and a subsequent risk assessment, the provider made changes to the staffing arrangements to ensure there were sufficient staff available at all times to keep residents safe.

The provider was found to be utilising information from audits and self-evaluations, as well as feedback from residents, to inform a comprehensive quality improvement plan. It was noted that the provider had self-identified the areas in which further work was required to meet the standards, and had plans in place to address any shortfalls. An annual review of the quality and safety of the service had been carried out.

The inspectors reviewed the recruitment arrangements in the centre and found that there were safe and effective recruitment practices in place. There was a detailed recruitment policy available and staff personnel records were well maintained. A review of the most recent appointments to the centre found that the recruitment policy had been adhered to. For example, the provider had obtained at least two signed references for new staff members. A Garda Vetting report had been obtained for all staff members, and where indicated, an international police report had also been received.

On review of the arrangements for staff training and development, it was found that while staff had undertaken training in many of the areas set out in the standards, further attention was required to ensure that all staff received training in areas specific to their roles and responsibilities. At the time of inspection there was a training plan in place for staff to meet the minimum requirements of the standards. The addition of a training needs assessment would support the provider to develop an individual training plan for each staff member.

The inspectors found that staff were well supported in their roles, and that there were established and consistent staff supervision arrangements in place. The staff team, which included general operatives, housekeeping staff, security staff and maintenance staff, were supervised by the centre manager who had received training in this area. Supervision meetings were held regularly and detailed records were maintained. There was a performance management system in place, with periodic performance appraisal meetings that were seen to promote professional accountability and development.

A review of the risk management arrangements found that there were effective systems in place to mitigate risk in the centre. The inspectors found that there was a comprehensive risk management framework that was implemented in practice. There was a risk register in place that outlined known risks and described the control measures in place. This register was informed by a regular risk analysis that included planned reviews of incidents, complaints and feedback. The risk register included risks to service continuity and set out the contingency measures that would be taken to operate the service in the event of specific emergencies or unforeseen circumstances.

There were arrangements in place for residents to make a complaint. There was a complaints policy that was provided to residents, and details about how to make a complaint were displayed in communal areas. At the time of inspection there were no active complaints in the centre. Residents spoken with, and those who completed a questionnaire, all confirmed that they knew how to make a complaint, and would feel comfortable doing so.

Overall, while there were some areas in which the provider was not fully meeting the standards, these were known to the provider who was actively working on addressing

them. There were very well established and effective governance arrangements in place, and residents were happy living in the centre. The inspectors found that the provider and the management team were responsive to feedback, both from external agencies and residents, and committed to delivering a high-quality service.

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.

It was found that the provider had effective systems in place to ensure the service was operated in compliance with relevant legislation, regulations and national standards. The management team were knowledgeable in their roles and oversaw the delivery of a safe and effective service. A range of local policies and procedures directed a safe and person-centred service, and were found to be well established and consistently implemented.

Judgment: Compliant

Standard 1.2

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

The provider had established effective leadership and management arrangements. There were clear lines of communication and well-defined areas of responsibility and accountability. There were a range of audit and overview systems in place that informed a planned and well-considered approach to governance and management. There were established arrangements in place to manage complaints and it was evident that feedback from residents contributed to the operational planning of the centre.

Judgment: Compliant

Standard 1.4

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

It was found that the provider was committed to the continuous improvement of the service. Local audits and self-evaluations had resulted in a number of operational improvement plans, and these were found to incorporate resident feedback. The provider had also carried out an annual review of the quality and safety of the service, and there was an integrated quality improvement plan in place.

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 recruitment policy available, and a review of recent appointments found that this policy had been adhered to. A Garda vetting disclosure had been obtained for all staff members employed in the centre. International police checks were available for staff where necessary.

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

Judgment: Compliant

Standard 2.2

Staff have the required competencies to manage and deliver person-centred, effective and safe services to children and adults living in the centre.

There were sufficient staff available, with the necessary skills and competencies, to provide a safe and high quality service to residents. The staffing arrangements were noted to be responsive to residents' needs, with increased staffing levels provided when needed. Staff were found to be well trained and competent in their roles.

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.

There were established supervision arrangements in place, which were guided by a staff supervision policy. The centre manager provided support and supervision to the staff team, and was supervised by a representative of the service provider. Supervision meetings were held regularly and covered a variety of topics, facilitating professional accountability and 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.

Staff had undertaken training in a wide range of areas, such as safeguarding vulnerable adults, human rights, and training on special reception needs. There were some minor deficits found in relation to training levels, with some staff not having completed training in all areas required by the standards. There was a detailed training plan in place to address this shortfall. Notwithstanding, a full training needs analysis was required to ensure that training plans for each staff were based on an up-to-date assessment of their skills and specific roles, to ensure that every staff member received the necessary training to fulfil their own duties.

Judgment: Substantially Compliant

Standard 3.1

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

The provider had established procedures for monitoring and responding to risk. There was a clear risk management policy available, as well as a detailed risk register that was reviewed and updated regularly. The risk register outlined known risks and included clear and relevant control measures, which were found to be in place.

The centre manager and the administrative manager carried out regular risk reviews, and there were clear escalation pathways that were known to staff. Risks to continuity of service had been considered and included in detail on the centre's risk register.

Judgment: Compliant

Quality and Safety

It was found that the governance and management arrangements were facilitating the delivery of a safe service that met residents' individual needs. The management team had very good oversight of the day-to-day operations of the centre and were committed to delivering a person-centred service. Residents enjoyed living in the centre, which was clean, had good communal facilities, and was located in a busy city centre in which many residents worked and socialised.

The centre accommodated 117 single-male residents at the time of inspection. Two residents were accommodated in single rooms, with the remaining residents sharing a room with between one and four other people. The centre had capacity to accommodate up to 130 residents, however at the time of inspection there were a small number of beds unavailable due to ongoing maintenance works.

The centre was found to be very well maintained and in good condition. The building was observed to be clean and tidy throughout. There were clear maintenance arrangements in place and it was found that maintenance issues were addressed quickly. There was a team of housekeeping staff employed and a member of the management staff oversaw the maintenance and housekeeping duties.

The inspectors reviewed how accommodation was allocated to residents. The service provider had a room allocation policy in place and accommodation was offered to residents based on their individual needs. The provider engaged with the relevant government body to ensure any accommodation was suitable for new admissions. Internal transfers were directed by the allocations policy and a review of records found that this was a straightforward and transparent process.

Residents were accommodated across 48 bedrooms, 43 of which had en-suite bathroom facilities. In the case of five resident bedrooms, a private, designated bathroom was provided in close proximity for residents to use. A review of floor plans and observations of a number of resident bedrooms found that resident bedrooms met the minimum space requirements set out in the standards. Residents were provided with the necessary furniture and fittings to meet their needs.

As stated previously, bunkbeds had been provided by default in most resident bedrooms. At previous inspections it was found that this arrangement did not meet the needs of all residents, and was not in line with the requirements of the standards which stipulates that residents aged 15 years and older are not accommodated with bunkbeds unless specifically requested.

On this inspection it was found that the provider had committed to reducing the number of bunkbeds in use, with a view to eliminating the use of bunkbeds except in cases where they were explicitly requested by residents. As a result, the number of bunkbeds provided had reduced from 45 to 36. This reduction was achieved in part by renovating a room previously used as the centre's on-site shop to provide an additional bedroom. The provider had completed a full review of the use of bunkbeds, which included consultation with residents and an architect, and had further plans to reduce the number of bunkbeds over time.

In addition to residents' bedrooms, the provider made a variety of facilities available to the people who lived in Glenvera Hotel. There was a large dining and lounge area located near the main entrance, which was comfortably furnished and very clean. Residents were seen eating meals and relaxing in this area throughout the course of the inspection. There were spaces for residents to meet with friends and visitors, as well as a games room with a snooker table. A clinic room and a meeting room were provided for residents to use, and this was observed to be used by the reception officer, and an external healthcare professional to meet with residents in private throughout the course of the inspection. The provider had also made adequate laundry facilities available to residents.

Glenvera Hotel provided self-catering accommodation, and as such residents prepared and cooked their own meals. The provider ensured residents had access to suitable food preparation and dining facilities. There were two kitchen areas that were equipped to a high standard, with spacious cooking stations and food storage facilities. The dining area was spacious and bright, it was clean and tidy throughout the inspection and there were plenty of tables and chairs for residents' use.

Residents purchased their own food in local supermarkets using a pre-paid debit card that was topped up with a set amount every week. This arrangement facilitated choice and independence for residents. Essential non-food items, such as bedding, towels, cleaning materials and crockery were provided to residents on arrival to the centre. An additional allowance was allocated to residents on a monthly basis to purchase other non-food items such as hygiene products and laundry detergent.

Inspectors found that residents received support to independently manage their own health and development needs, and that additional assistance was provided where necessary. The centre manager and staff maintained good links with local community organisations and facilitated residents to engage with local support services. For example, a local community integration group held weekly clinics in the centre.

The provider was ensuring that residents were informed and supported to understand their rights. Up-to-date information about local and national services was provided to residents, with notice boards in common areas. Staff members supported residents to avail of services in their community and advocated on their behalf where necessary. For example, the reception officer had supported a resident with a disability to avail of supports that they were entitled to, such as assistive aids and furniture.

Inspectors reviewed the safeguarding arrangements in the centre and found there were suitable measures in place to safeguard adults and children. There was an adult safeguarding policy available and staff had all undertaken training in adult safeguarding. A review of records found that any potential safeguarding risk was appropriately recorded, risk rated, and reported to relevant external agencies.

It was also found that any potential risk to residents' safety was assessed with comprehensive and practical control measures in place. For example, following a review of incidents the provider identified a potential safety risk to residents. This was discussed at a team meeting, and a residents meeting. Training and information was provided to staff and residents, and a risk management plan was developed.

There were additional arrangements in place to record and report any significant incidents that occurred in the centre. The inspectors found that the staff and management teams were familiar with these arrangements, and that incidents were recorded in a timely manner, and escalated in accordance with the provider's incident management policy. Incidents were reviewed at team meetings and used to inform risk assessments where indicated.

The centre employed a reception officer with suitable qualifications and skills to support residents with special reception requirements and additional needs. At the time of this inspection, the reception officer was also employed as a general administration officer, and had some management responsibilities for other services operated by the provider. While the inspectors found that the reception officer was fulfilling their duties to a good standard, the provider had identified in a wider review of quality that a full-time reception officer was required and had recruited a suitable candidate who was due to commence the role in the weeks following the inspection.

The provider had developed a policy for identifying, communicating, and addressing ongoing and new reception needs in the centre. There were a number of residents living in Glenvera Hotel with identified special reception needs or vulnerabilities. These additional needs had been generally identified through a vulnerability assessment, which was conducted with all new arrivals to the centre. There were specific support plans in place for any resident with an identified special reception need

Overall, it was found that residents were provided with safe and comfortable accommodation in the centre. The provider ensured that residents received individualised supports that promoted independence and integration. While there was further work to be done to meet the standards in relation to the provision of bunkbeds, residents were happy living in the centre and felt safe. They were provided with person-centred support that promoted their wellbeing and safety, and enabled them to live fulfilled lives with jobs, hobbies and educational opportunities.

Standard 4.1

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

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

Judgment: Compliant

Standard 4.2

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

The provider had commenced a plan to reduce the use of bunkbeds in the centre. While this plan had not been fully implemented at the time of inspection, the use of bunkbeds had reduced from 45 to 36. The provider had consulted with residents and there were plans in place to eliminate the use of bunkbeds for adults, except in cases were specifically requested by residents.

With the exception of the issue raised in relation to the provision of bunkbeds, the accommodation was found to be well furnished and maintained to a high standard.

Judgment: Partially 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.

Residents could secure their accommodation with their own key. There were secure storage facilities available for residents to store large or infrequently used items outside of their accommodation. Residents had access to adequate bathroom facilities, with most bedrooms containing an en-suite bathroom. In all other cases, residents had a designated bathroom assigned to them that was located near to their sleeping accommodation.

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.

There were arrangements in place to maintain a clean and tidy environment, and the centre was found to be very clean throughout. There were sufficient facilities for residents to launder their own clothes. Residents had access to any materials or equipment required to maintain a clean living environment, and received assistance to clean their rooms if required.

Judgment: Compliant

Standard 4.8

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

There were suitable security measure in place which were found to be based on an assessment of risk in the centre. Security staff were appropriately licensed and trained in areas specific to residents' needs. There was space available in the centre without CCTV for residents to conduct private meetings.

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.

Residents were provided with essential non-food items, such as bedding, linen, and towels, on arrival to the centre. Residents purchased all other non-food items, such as personal toiletries and cleaning products; a monthly allowance for non-food items was provided in addition to the weekly allowance for food, to purchase these essential items.
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 sufficient facilities for food preparation and dining. There were two kitchens available to residents that were well equipped, clean and in good condition. There was a large communal dining space available to residents that was seen in use throughout the inspection. This area also contained comfortable seats, drinking water, and facilities for preparing hot drinks and reheating food.
Judgment: Compliant
Standard 6.1 The rights and diversity of each resident are respected, safeguarded and promoted.
The provider and centre manager demonstrated a commitment to delivering a person-centred service that respected residents' autonomy and promoted their rights. It was evident that residents were considered as individuals and were supported to meet their needs in a manner that respected their rights.
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. There were clear arrangements in place for residents to receive visitors with reasonable and practical procedures.

Judgment: Compliant

Standard 7.2

The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport.

The provider ensured residents 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 and social care services. There were notice boards throughout the centre that provided up-to-date information about a range of support services and community events. In general, transport was not provided, as public transport was readily available, although the provider made transport available in emergencies.

Judgment: Compliant

Standard 7.3

The service provider supports and facilitates residents, including children and young people, to integrate and engage with the wider community, including through engagement with other agencies.

There were considered efforts to facilitate residents to integrate and engage with the local and wider community. Most residents were employed or engaged in education in the local community. Many residents were members of local sports clubs and there were pictures of them and their achievements in communal areas. The provider and centre manager had established a network of local community services, and information about local events and supports were available on a 'Friends of the Centre' notice board.

Judgment: Compliant

Standard 8.1

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

Residents told the inspectors that they felt safe living in the centre. There were measures in place to protect adults who lived in the centre, staff members were trained to identify, report, and manage safeguarding concerns. There was an adult safeguarding policy in place that outlined the steps taken to manage safeguarding risks. Risks to residents' safety were addressed promptly and there were effective risk management arrangements in place to promote residents safety and welfare.

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.

There were effective systems in place to manage and review adverse events and incidents. There was a clear incident management policy that was found to be adhered to in practice. Incident records were well maintained and were reviewed at planned intervals to inform the ongoing management of risk in the centre.

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.

Residents had access to important information and support to meet their individual needs. The model of support in the centre ensured residents' needs were identified and they were supported to meet any potential health or social need.

Judgment: Compliant

Standard 10.1

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

In the event that the provider was notified of any special reception needs, it was found that they endeavoured to meet them. For the most part, the provider was not made aware of any special reception needs in advance of admissions.
Judgment: Compliant
Standard 10.2 All staff are enabled to identify and respond to emerging and identified needs for residents.
Staff members had training in some areas related to residents' known or potential needs. There was evidence that staff members escalated concerns to the centre manager and were enabled to identify and respond to residents' needs.
Judgment: Compliant
Standard 10.3 The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.
The provider had developed a policy to identify, communicate and address existing and emerging special reception needs.
Judgment: Compliant
Standard 10.4 The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.
The provider had made a dedicated reception officer available. While this was a part-time role, the reception officer was suitably experienced and qualified, and took a lead role in assessing and meeting the needs of residents with special reception needs. The provider had identified that a full-time reception officer was required in this centre to meet the ongoing needs of residents, and had successfully recruited a person to this post, who was due to start the role in the weeks following the inspection. The provider had developed a reception officer policy and procedure manual.

Judgment: Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Compliant
Standard 1.2	Compliant
Standard 1.4	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.2	Compliant
Standard 2.3	Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.2	Partially Compliant
Standard 4.3	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant

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

Compliance Plan for Glenvera Hotel

Inspection ID: MON-IPAS-1098

Date of inspection: 07 and 08 May 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
4.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>To ensure compliance with Standard 4.2 we aim to continue working towards the elimination and continuous reduction of the use of bunk beds in our centre. This will be achieved through architectural room expansions, internal modifications, and ongoing consultation with residents.</p> <p>We have reduced from 45 to 36 at present (complete). This was complete through internal modifications and use of old storage areas that have been renovated into bedrooms (complete).</p> <p>We have plans complete that will be submitted for planning that will reduce by a further 16 (Q3 2025).</p> <p>We have consulted with all residents with bunks around changing to singles and we have a report drawn up with the findings which will lead to further reductions (Q3 2025).</p> <p>All resident consultations are documented including 1:1s and resident forums (complete and ongoing).</p> <p>Staff meetings and director meetings have taken place regarding the reduction and removal of bunk beds and our phased plans for this (complete and ongoing).</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 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Substantially Compliant	Yellow	31/07/2025
Standard 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Partially Compliant	Orange	13/10/2025

