



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

Name of the Centre:	Great Western House
Centre ID:	OSV-0008433
Provider Name:	Sidetracks ULC
Location of Centre:	Co. Galway
Type of Inspection:	Unannounced
Date of Inspection:	10/03/2026 and 11/03/2026
Inspection ID:	MON-IPAS-1134

## Context

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

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

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

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

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

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

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

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

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

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

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

## About the Service

Great Western House is an accommodation centre located in Galway City. The centre accommodates single men and has capacity to accommodate up to 156 people. At the time of inspection there were 141 residents living in Great Western House.

The centre comprises a large five-storey building. The ground floor includes a reception area, a staff office, laundry facilities, kitchen and dining facilities, and a small meeting room. Further communal facilities are located on the first floor, including additional kitchen and dining facilities, lounge areas and a games room. The remainder of the building comprises resident bedrooms and bathrooms. Some bedrooms in the centre had an ensuite bathroom, while other residents share communal bathroom facilities. There are 69 bedrooms in total, of which, 17 are single bedrooms, 30 are twin rooms and the maximum occupancy of any room is five people.

The centre is located in close proximity to many local amenities and services including train and bus services, shops, restaurants and cafés.

Great Western House is managed by a centre manager, who reports to the managing director of the company. The centre manager oversees a staff team including a reception officer, duty managers, security, maintenance and housekeeping personnel.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	141
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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)
10/03/2026	10:30hrs–17:30hrs	1	1
11/03/2026	08:30hrs–15:00hrs	1	1

## What residents told us and what inspectors observed

From speaking to residents, and through observations made during the course of the inspection, the inspectors found that residents were supported to live independently and integrate into the local community. The staff team were kind and person-centred in their practice. They were committed to ensuring that residents' safety was protected and that they experienced a good quality of life. Residents said they felt safe living in the centre. While there were effective consultation systems in place, processes for the provision of non-food items required enhancement.

This was HIQA's third inspection of this centre. The inspection was unannounced and it took place over two days. During this time, the inspectors met or spoke with 12 adult residents. In addition, questionnaires were completed by eight residents. The inspectors also met with the centre manager, a duty manager, the reception officer, and security staff.

Great Western House is located in Galway and provides accommodation for up to 156 male residents. At the time of inspection there were 141 people living in the centre who were accommodated across 69 bedrooms, of which 34 were ensuite. There were 17 single bedrooms, 30 twin bedrooms and the remaining bedrooms had a capacity to accommodate between three and five residents. While the centre's primary function was to provide accommodation to people seeking international protection, at the time of the inspection 25 (18%) of the residents had received refugee or subsidiary protection status.

On entering the building, the reception area was a welcoming space for residents. Staff were available at the reception desk to offer support, guidance and answer questions. Pleasant interactions between the management and staff team with residents were observed by the inspectors.

During a walk around the centre, the inspectors observed that the communal areas were clean and well maintained. Closed-circuit television (CCTV) was in place in these areas, while residents also had access to a private meeting room without CCTV. Information on various local services, activities and supports was displayed throughout the centre, along with information regarding residents' rights, the complaints process and safeguarding procedures.

There was a communal kitchen and dining area, a communal laundry room, a private meeting room and a staff office located on the ground floor of the centre. On the first floor of the centre, residents had access to a second communal kitchen and three well-furnished communal rooms. Residents used these rooms to eat their meals, socialise and receive their visitors. One of these rooms had a snooker table and a second of the rooms was used as a prayer space by residents. Residents had access to sufficient cooking stations across the two communal kitchens. These kitchens were available to residents on a 24/7 basis, and were well equipped with the necessary cooking appliances, utensils and crockery. The inspectors observed that there were ample dining facilities available adjacent to the kitchen areas.

The centre was located in a busy city where, shops, medical centres, recreational facilities, public amenities and transport were located within walking distance. Where necessary, transport to medical appointments was made available by the service provider.

Residents were provided with vouchers for a local supermarket where they could buy their groceries. One resident who spoke with the inspectors said that being able to “buy our own things, it helped us to be more independent, and it’s good to take care of ourselves”. While there had been improved consultation with residents regarding the provision of these vouchers, some residents told the inspectors that the supermarket for which the vouchers were issued did not stock sufficient produce to meet their cultural needs. One resident said that while “we’re asked for opinions on the vouchers, [current supermarket] is cheaper but it doesn’t stock all of the food for our culture”.

Some residents who spoke with the inspectors said that they were required to purchase certain toiletries themselves. The inspectors found that the system to manage the provision of non-food items was unclear, and as a result both staff and residents were not fully aware of what items were made available to residents.

The inspectors were invited by residents into seven bedrooms. In general, the bedrooms were adequately maintained. Basic storage facilities were provided within the bedrooms, and residents had access to additional storage space within the centre for larger items. However, some residents were not aware that they could get keys for lockable storage units in their rooms, or that the service provider made televisions available. The inspectors observed that the service provider facilitated residents to have a fridge within their bedrooms, which supported residents who had medical needs.

Residents spoke positively about their experience of living in the centre. One resident described life in the centre as being “really good, they help us with whatever we need.” Staff were described as kind and supportive, and residents felt heard and listened to. One resident told the inspectors that “it’s been a very good place, management are very supportive. They respond promptly and will fix things on time. Living here is more like a

home". The inspectors were told by a resident that "if we have any problems they handle it straight away", while another resident said that they "have a good relationship with staff". Residents were aware of the various staff roles and one resident described the reception officer as being "very polite and kind, she's helpful. She'll help with everything". The accommodation staff were described as "exceptional" by another resident.

Residents told the inspectors that they felt safe living in the Great Western centre. The inspectors were told that staff members provided relevant information and support to meet residents' needs. One resident explained that they "feel safe, there's a great security team who monitor and take steps to manage and take control. Security are indispensable". Comments from other residents included that "staff take our concerns and listen", "staff are nice, they help us to get information about services" and that "the centre has helped me to interact more and to engage my domestic ability".

There was meaningful engagement with residents and their views were considered and actioned, when appropriate. Action taken in response to residents' feedback included renovations to the pool room and the introduction of picture graphs instead of text posters to display resident responsibilities in communal areas. Residents were also encouraged to share ideas amongst themselves in relation to recreational activities or local clubs they were involved with.

In addition to speaking with residents about their experiences, the inspectors received completed questionnaires from eight adults. The questionnaires asked for feedback on a number of areas, including safety in the centre, communication with staff, accommodation, experience of living in the centre and access to supports. Four residents rated their experience living in the centre as very good, two residents rated it as good, one resident rated their experience as acceptable and one resident rated their experience as very poor. Seven residents responded that they could bring visitors to the centre, and they felt respected and listened to by staff. While seven of the respondents said that their room was comfortable and gave them privacy, four residents felt their room did not provide space to store their personal belongings. All of the residents who completed the questionnaire agreed that the management and staff team were available and easy to talk to. Seven of the eight of residents who responded to the questionnaire said that staff were kind, respectful and had asked residents for their views and opinions on the centre.

The observations of the inspectors and views of residents outlined in this section are generally reflective of the overall findings of the report. 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

This was the third inspection of the Great Western. The purpose of the inspection was to assess compliance with the standards, and to monitor the provider's progress with the compliance plan submitted in response to the previous inspection of the centre (MON-IPAS-1087) which was carried out in March 2025.

Improvements in the governance and management arrangements in the centre were evident which had a positive impact on the quality and safety of the service and the experience of residents living there. The service provider was continuing to enhance their systems to further improve service delivery. Despite this, increased management oversight was required in some key areas, such as adult safeguarding, so as to ensure that practice was consistent and in line with the requirements of the national standards.

This inspection found that the management team demonstrated an understanding of the national standards, legislation and national policy. They were responsive to the inspection process and were eager to learn from, and address any deficits as they arose. An annual review of the service was completed and a quality improvement plan was devised to improve service provision. Despite this good practice, some statutory notifications required by the regulations had not been reported to HIQA. There was a suite of policies and procedures in place, but some required updating to ensure they reflected current practice within the centre, such as the recruitment policy, the safeguarding policy and the reception officer manual.

The service provider had a clear governance structure in place, and lines of reporting and accountability were effective. There was a committed and dedicated management team that had fostered a positive culture within the team. The centre manager reported to the managing director of the service, and was supported in their role by a deputy centre manager, duty managers and the wider staff team including accommodation, security and maintenance team members. The duty centre manager also held the role of reception officer. The centre manager regularly consulted with the managing director who was frequently onsite and actively involved in the management of the centre. The inspectors found that the staff and management team were clear about their responsibilities in the delivery of a safe and effective service, and prioritised the needs of residents.

While there was a range of well-developed oversight systems in place, these systems required further implementation to become fully effective and embedded in practice. The centre manager regularly consulted with the management team regarding their areas of responsibility and ensured records of these meetings were maintained. There

were effective systems in place to manage and monitor health and safety issues, fire safety, the building and facilities in the centre, and comprehensive trackers were developed to provide oversight of complaints and incidents. However, there were limited records to demonstrate how the management team reviewed or categorised individual incidents, or ensured they received a consistent response in line with policies.

Furthermore, the quality assurance system did not adequately enable the management team to identify deficits in service provision. While a suite of audits were completed on a monthly basis, the inspectors found that these audits were based on a checklist and had not documented an analysis or evaluation of the areas audited. For example, a review of the audits completed in relation to room checks, safeguarding and complaints found that there were no deficits or areas for improvement noted, nor was an explanation included to demonstrate the compliance level identified. The management team told the inspectors that they were aware of these deficits in their current auditing system and had plans in place to devise a new approach.

Communication systems were well established but opportunities to collectively meet as a staff team were not in place. There was a comprehensive handover procedure in place which ensured tasks were allocated and tracked on a daily basis. The staff and management team liaised daily which facilitated open communication; however, team meetings where all staff had the opportunity to collectively discuss and review operations and practices within the centre had not occurred.

Systems to consult with residents were effective. Residents had ample opportunities to meet with the staff and management team during day-to-day interactions. Formal meetings with residents were re-established since the previous inspection was completed. These meetings were found to be collaborative and informative, where resident feedback was valued and acted upon. The management team had also sought the views of residents through an anonymous survey, and, the results of this survey were being analysed by the centre manager at the time of the inspection.

There was a comprehensive risk management system in place, which included a risk management policy and a detailed risk register to guide the management of risk. Risks were appropriately reviewed depending on their severity or risk rating. The management team had introduced an innovative and inclusive system whereby both residents and staff were encouraged to identify and explore potential risks, which were documented on a risk inclusion form. Following this, a decision was made together with the centre manager to include these on the risk register, if necessary. However, there was a dual recording system in operation in relation to incidents and complaints, whereby incidents containing sensitive information was accessible only to relevant staff members. While this was positive from a the perspective of data protection and residents' rights, it presented unique challenges for the provider in ensuring that all

necessary staff members had access to the required information in the event of a risk occurring. The inspectors found that some staff members, for example those working at night time in the centre, could not access required information about how to respond to a mental health emergency for a resident.

Fire drills occurred in line with the centre policy and they had been reviewed to ensure fire safety procedures were effective. However, a drill had not taken place after dark, during the evening or at weekends, when there were lower numbers of staff on duty, which meant the service provider could not be assured that the fire evacuation procedures were adequate during those times.

Staff were supported and supervised to carry out their duties to promote and protect the welfare of residents. Detailed records of these formal supervision were maintained, and staff were given the opportunity to discuss their roles, areas for learning and any challenges they had encountered. Annual appraisals had been completed for staff; however, a review of the documents found that there was overlap between the supervision and staff appraisal processes. Increased clarity was required to ensure that both staff and management had a clear understanding of the purpose of the two individual processes.

Recruitment practices were adequate and staff files were well maintained. Staff files contained the required documentation, including job descriptions and three references for staff members. Induction training had been completed and recorded with newly recruited staff members. The service provider identified adults residents with vulnerabilities as defined by the National Vetting Bureau Act 2012 and had taken all the necessary steps to ensure staff members were appropriately vetted; however, due to circumstances beyond the control of the service provider, An Garda Síochána (police) vetting was not completed. International police checks were available for the staff members who required them and a risk assessment was completed where these checks had not been provided.

There was a comprehensive system in place to maintain oversight and monitor the training needs of the staff team. There was a training overview in place and a quarterly training needs analysis had been completed. Specific training plans had been developed according to specific areas of responsibility and staff members had the required training relevant to their roles and responsibilities.

### **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 was responsive to the inspection process and had systems in place to review compliance with the relevant standards. Nonetheless, the provider had not ensured that all of the required notifications were submitted to HIQA in line with the requirements of the regulations. In addition, some local policies required review to ensure they provided sufficient guidance to the staff team and to reflect current practice in the centre. A policy to guide the management of allegations against staff was developed during the inspection in response to the identified deficit and remained in draft format. Additionally, the centre's recruitment policy did not specify the number of reference checks that were required for new staff members or the actions which were to be taken in the event of An Garda Síochána (police) vetting or international police checks being unavailable.

Judgment: Partially 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 service provider ensured there were effective leadership and governance arrangement in place and the staff team were clear about their specified roles and responsibilities. Communication systems were well-established but opportunities to collectively meet as a staff team to review safeguarding concerns, incident or complaints in the centre were not in place. While comprehensive trackers were developed to support the management team in their oversight, there was limited evidence to document how individual incidents were reviewed including their categorisation or to ensure they received a consistent response in line with policies.

Judgment: Partially 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.

The service provider had completed an annual review of the quality of care and experience of the residents and they had a quality improvement plan for the service. There was effective consultation with residents and action was taken in response to their feedback to make further improvements in the service. While the service provider had an auditing programme in place, this was not effective to identify some areas which

required improvement. The service provider had plans in place to implement an enhanced auditing structure in the near future.

Judgment: Substantially Compliant

### **Standard 2.1**

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

Recruitment practice were safe and effective. A recruitment policy had been developed, but it did not state the number of references required or the actions to be taken where An Garda Síochána (police) vetting or international police checks were not available. This deficit has been addressed under standard 1.1. While not all staff had a Garda vetting disclosure at the time of the inspection, this was beyond the control of the service provider.

Judgment: Compliant

### **Standard 2.3**

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

Staff were appropriately supported and supervised to carry out their role and engaged in effective discussions relevant to their areas of responsibility. While additional supervision sessions were provided to newly recruited staff, the frequency of these meetings were not as often, as required by their local policy. This deficit was addressed under standard 1.1.

The supervision and appraisal processes were not treated as separate systems as staff members engaged in an annual appraisal of their performance in lieu of one of their supervision sessions.

Judgment: Substantially Compliant

### **Standard 2.4**

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

There was a comprehensive system in place to maintain oversight and monitor the training needs of the staff team.

Judgment: Compliant

**Standard 3.1**

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

Significant work was carried out to improve the risk management system in the time since the previous inspection of the centre. There was a comprehensive risk register in place and evidence of ongoing assessment of risks in the centre. Individual risk assessments were completed in response to risks arising from incidents but not all staff had access to these which had the potential to impact their ability to respond appropriately should such scenarios arise in the future.

There were fire safety measures in place but a fire drill had not been completed after dark or during out-of-hour periods when there were reduced staff on duty to assure the provider their systems were effective.

Judgment: Substantially Compliant

## Quality and Safety

Residents living in the Great Western were provided with safe and reasonably good quality accommodation, and were supported by a committed staff team. Changes in the processes to consult with residents had led to an improvement in the safety and quality of the service provided to residents. The provider had good measures in place to ensure that the wellbeing and health of residents was promoted, and ensured that residents had autonomy and independence. However, improvements were required to ensure detailed and consistent recording and oversight of incidents and safeguarding concerns that occurred in the centre were maintained.

The service provider ensured that room allocation was primarily determined by residents' needs, when known. They facilitated residents to change rooms when this was requested or required in response to a change to a resident's circumstances or needs. Resident requests to change rooms were logged and prioritised based on identified needs.

The standard of the accommodation was adequate. The accommodation observed by the inspectors was well maintained and residents had storage for their personal belongings. Not all residents were aware they had access to locked storage facilities and this was rectified during the inspection. While the right to privacy and dignity was impacted for some residents who shared with up to five residents, residents reported that they were, for the most part, satisfied with their accommodation.

There were appropriate systems in place to manage health and safety and maintenance related issues. Concerns relating to pest control were risk assessed, and there were appropriate ongoing measures in place to mitigate associated risks. The centre was thoroughly cleaned and there was an adequate system in place to ensure maintenance issues were addressed in a timely manner.

Arrangements for the provision of non-food items in the centre did not align with the requirements of the national standards and required review. Residents received one set of towels and bed linen upon arrival. Although the centre manager told the inspectors that additional items could be requested, the second set was not provided due to storage limitations within bedrooms. In addition, while some personal toiletries were provided in shared bathrooms, this was not the case for residents who had their own ensuite. Not all residents or staff members were aware of residents' entitlements to non-food items and this was not documented in the information provided to residents upon arrival at the centre. The centre manager agreed to review the provision of these items with the managing director, and inform residents of their entitlements at the next residents' meeting.

Security arrangements in the centre were effective. Appropriate use of CCTV was in operation in the centre. While the CCTV previously included audio recording, this had been reviewed since the previous inspection and was no longer the practice. This had a positive impact on residents' rights and demonstrated a commitment on the part of the service provider to review and reflect on their practices from a human rights perspective.

The provider ensured that residents were informed and supported to understand their rights. Up-to-date information about local and national services was provided to residents. Residents enjoyed unrestricted access to kitchen and laundry facilities. In addition, safe and secure battery charging facilities were provided for residents who required this for their transport. Consultation with residents was effective and there was a proactive approach to make changes within the centre based on resident feedback. For example, changes to cleaning schedules and provisions to ensure shared bathrooms were hygienic and clean had been implemented following resident feedback. Despite good practice in the promotion of human rights, residents' rights to privacy and dignity was impacted due to the configuration of the accommodation and some residents did not have sufficient information about their entitlements to non-food items.

Safeguarding practices in the centre ensured residents were safe but not all concerns were appropriately categorised. Residents felt safe living the centre and for the most part, concerns were addressed when they arose. There was a safeguarding policy and a challenging behaviour and conflict resolution policy in place. These policies contained some detail on how to respond to conflict, but they were not adequately detailed to ensure staff members had sufficient guidance on the identification of various types of abuse. The impact of this was that some concerns that arose in the centre were managed as a complaint, for example, when it may have been more appropriate to address the concerns from a safeguarding perspective. While it was evident that the staff and management team were well intended and endeavoured to support residents when issues arose between them, some reports lacked detail to demonstrate the action taken to address the concern.

There was a comprehensive tracking system in place to record incidents; however, the systems in place to review incidents required improvement. A detailed tracker had been developed, which included prompts for the staff team to ensure the necessary steps were taken to manage incidents in line with national policy. However, as some concerns were categorised inaccurately, these alerts had not been instigated which meant that appropriate actions were not always taken, such as notification to HIQA of safeguarding concerns. While the centre manager and reception officer reviewed incidents together and debriefs occurred with staff on duty, there was no opportunity

for the wider team to collectively review incidents to identify learnings, ensure consistency in practice or identify associated risks.

The inspectors found that residents received support to independently manage their own health and development needs, and additional assistance was provided where necessary. The centre manager and staff team maintained good links with local community organisations and facilitated residents to engage with local support services, both on and offsite. Staff members advocated on residents' behalf where necessary, particularly in relation to health or medical needs.

A suitably qualified, experienced and knowledgeable reception officer had been employed in the centre following the previous inspection. Residents were aware of the role of the reception officer in the centre, and described them as being kind and helpful. Consideration had been given to the hours worked by the reception officer to ensure residents had access to the support available. A reception officer policy and procedure manual was available but it required further information to ensure that staff had clear information to support them in practice and guide them in the completion of vulnerability assessments. For example, the policy and procedure manual did not provide guidelines on the timelines for completing and updating vulnerability assessments.

Of the 141 residents living in the centre at the time of this inspection, 62 (44%) had participated in a vulnerability assessment and had detailed written support plans in place. The remaining 79 residents had been offered the opportunity to participate in an assessment and had declined. Nonetheless, the reception officer and staff team were aware of, and had responded appropriately to the needs of all residents living in the centre. A review of the completed assessments found that they were detailed and led to the development of comprehensive individual support plans. Residents were referred to relevant services based on their needs. However, while there was an effective system in place to record and track the supports offered to those residents who had participated in the vulnerability assessment process, a similar system was required for the remaining residents to assure the service provider that their needs were appropriately recorded and addressed.

#### **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 room allocations policy in place to direct an approach to allocations that was fair and met the needs of residents. The provider considered residents' needs and had an adequate system in place to facilitate room changes, if required.

Judgment: Compliant

#### **Standard 4.7**

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

The provider had systems in place to ensure the centre was clean and well maintained. Laundry facilities were available to all residents in a shared laundry room. The laundry room had sufficient washing machines and dryers for residents' to manage their own laundry.

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.

The inspectors found that the service provider had implemented suitable security measures within the centre which were proportionate and adequate. CCTV was in operation in communal spaces. This practice of audio recording which was previously in operation was reviewed and had ceased, as a response to a deficit identified in the previous inspection. The required amendments to the centre's policy was resolved during the inspection.

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 received some, but not all, of their entitlements to non-food items. Some staff members and residents were not fully aware of what items were made available to residents. An overview of the items provided to residents was not provided to the

inspectors, despite requests for this. Residents did not receive a second set of bedlinen due to storage limitations. The centre manager committed to reviewing the provision of these items with the managing director, and inform residents of their entitlements at the next residents' meeting.

Judgment: Partially Compliant

### **Standard 5.1**

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

There were adequate and suitable food preparation and dining facilities available to residents. The provider had made secure storage available in the dining room for residents to store dried goods or cooking equipment. Additional fridges and freezers were provided since the previous inspection to ensure residents had sufficient access to cold storage.

Judgment: Compliant

### **Standard 5.2**

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

This centre was fully self-catered. Residents purchased their own food using vouchers for a local supermarket which were rotated between various shops in response to residents' preferences. There was ongoing consultation with residents regarding their options.

Judgment: Compliant

### **Standard 6.1**

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

Considerable efforts were made by the staff team to provide a service that respected residents and to ensure their rights were promoted and protected. Residents' rights were considered in decisions about the operation of the service and in the delivery of supports which was informed through meaningful consultation with the residents. Residents were provided with information and the necessary support to avail of services and resources they were entitled to. The privacy and dignity of some residents was impacted due to the configuration of the accommodation but there was a system in place for residents to request a single or double room when one became available.

Judgment: Compliant

### **Standard 7.1**

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

Residents were supported to develop and maintain personal relationships. Family and friends of residents were welcomed to the centre where they could meet in the communal areas. While private spaces were limited, the staff team ensured residents had access to more private spaces when required.

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.

Links with local support and health services had been established and information sessions were held onsite where representatives from various local services attended the centre to share details of their services with residents. In addition, representatives from local statutory services attended the centre on a weekly basis to provide support and advice to residents.

Judgment: Compliant

### **Standard 8.1**

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

The safeguarding policy did not contain sufficient information to guide the management of safeguarding concerns and as a result the categorisation of concerns was not always accurate. There was evidence of effective management of some safeguarding concerns which incurred a swift appropriate response from the staff team. However, there were occasions where concerns were recorded and managed as a compliant and the accompanying reports lacked detail to evidence the action taken, particularly if a resident delayed reporting the issue to the staff team.

Judgment: Substantially 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.

While there was a comprehensive system developed to record, track and maintain oversight of incidents in the centre, there was a dual system in place, whereby information relating to some incidents was available to all staff, while other incidents, containing more sensitive information was available to the centre manager and reception officer only. The impact of this was that not all staff, particularly those who worked alone, or covered weekend shifts, were not fully aware of potential risks associated with incidents. Oversight of the tracking system needed to be enhanced to ensure incidents were appropriately categorised. It was not recorded if there was learning identified or if there were risks that needed to be assessed and managed following a review of incidents. A collective debriefing did not occur with the staff team.

Judgment: Substantially Compliant

### **Standard 9.1**

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

The service provider promoted the health, wellbeing and development of each resident. The staff team provided person-centred support that was appropriate and proportionate to the needs of the residents. Residents were provided with information and assistance to access supports for their physical and mental health. The service provider had engaged with community healthcare services and local NGOs to support residents' needs. While there was a delay in some residents being assigned a specific local general practitioner (GP), the service provider had arrangements in place to ensure that all residents could access medical services in the interim period.

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.

For the most part, the provider was not made aware of any special reception needs in advance of an admission to the centre. Despite this, the staff team endeavoured to provide the required support, accommodation and assistance to residents when they became aware of their needs.

Judgment: Compliant

### **Standard 10.3**

The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.

There was a comprehensive assessment process and residents who engaged in the process had detailed support plans. There was an effective system in place to record and track the supports offered to those residents who had participated in the vulnerability assessment process. All residents were appropriately supported regardless of whether they engaged in the assessment process but the recording system needed to be extended to include residents who had not engaged in the formal assessment

While there was a policy and procedure manual in place to identify, communicate and address special reception needs, it did not contain sufficient information regarding the timeframes outlined for the completion or review of assessments. Additionally, the policy and procedure manual did not outline what actions the reception officer should take in the event of a resident declining to participate in a vulnerability assessment.

Judgment: Substantially 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 service provider had employed a suitably qualified reception officer for the centre. The reception officer was a member of the senior management team and was suitably trained to support all residents. The reception officer had established strong links with community supports services and statutory and non-statutory agencies.

Judgment: Compliant

## Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.4	Substantially Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Substantially Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Partially Compliant
<b>Theme 5: Food, Catering and Cooking Facilities</b>	
Standard 5.1	Compliant
Standard 5.2	Compliant

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

# Compliance Plan for Great Western House

**Inspection ID:** MON-IPAS-1134

**Date of inspection:** 10 and 11 March 2026

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Standard	Judgment
1.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>GWH has developed and updated our systems to ensure that when any complaints, incidents or accidents are entered onto the system it will prompt on what actions need to be taken. All policies are under review and will have all relevant information added to guide staff on all processes required.</p>	
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The centre manager meets with the management team individually on a monthly basis to review the oversight of incidents, accidents, Complaints. Minutes of these meetings are kept on file. Management will now hold a quarterly team meeting to review the full oversight of complaints, incidents, Accidents and social care issues with findings, Analysis &amp; improvement actions noted in meeting minutes.</p>	

4.9	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We now have a cupboard in our reception area with a stock of items available to residents free of charge. We have updated our residents charter to reflect what non-food items are available to the residents, and also plan to bring this to residents attention at our next resident meeting to be held on the 26th April 2026, we will have notice displayed in our reception area</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 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.	Partially Compliant	Orange	20/10/2026
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.	Partially Compliant	Orange	25/08/2026
Standard 4.9	The service provider makes available sufficient	Partially Compliant	Orange	30/04/2026

	and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.			
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