Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of the Centre:	Johnston Marina
Centre ID:	OSV-0008438
Provider Name:	Onsite Facilities Management Ltd
Location of Centre:	Co. Kerry
Type of Inspection:	Short-Term Announced
Date of Inspection:	07/07/2025 to 08/07/2025
Inspection ID:	MON-IPAS-1090

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[1] and international level[2] since that time. In response, the Irish Government took certain steps to remedy this situation.

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

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

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

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

[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

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

[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

Johnston Marina is an accommodation centre located on the outskirts of the town of Tralee, Co. Kerry. The centre contained 34 bedrooms, all of which had their own bathroom facilities. At the time of the inspection, Johnston Marina accommodated 73 residents, of which 53 were adults and 20 were children. The centre accommodated families and single females.

The centre provided a fully catered service to residents, where meals were provided from a communal dining room. In addition, there was a large reception area, a laundry room, a family play room, a multi-purpose room and a small gym area. The multi-purpose room was used as a study, recreation, storage and religious practice space. The centre also had an outdoor play area. The centre is close to local amenities including health services, play grounds, schools, shops and the local transport system.

The building is state owned and the service is privately operated on a contractual basis by Onsite Facilities Management Ltd. The centre was managed by a centre manager, assisted by two assistant managers. The centre had a team of general support staff including kitchen, laundry, cleaning and reception staff members.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	73

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)
07/07/2025	12:00hrs – 19:00hrs	1	1
08/07/2025	08:15hrs – 15:00hrs	1	1

What residents told us and what inspectors observed

The inspectors found, through speaking with residents and observations made during the inspection, that residents generally felt well supported and safe in the centre. Residents were complimentary of the improvements made by the provider to enhance services and facilities since the last inspection. The staff team were person-centred in their approach and supported the integration of residents into the local community. While some areas required improvement to comply with the national standards requirements fully, the provider was actively implementing relevant quality improvement initiatives.

This was a short-term announced inspection of the centre, which took place over two days. It was HIQA's third inspection of the service. During this inspection, the inspectors met or spoke with 14 adult residents and three children in direct conversations. Additionally, eight resident questionnaires were completed by residents and returned to the inspectors. The inspectors also spoke or met with three members of the management team and two staff members.

The centre accommodated families and single women, offering space for 90 residents across 34 bedrooms. At the time of the inspection, there were 73 residents living in the centre, including 20 children. While the primary function of the centre was to provide accommodation for those seeking international protection, the inspectors found that 35 (48%) of the residents had obtained refugee, subsidiary protection, or leave to remain status.

During a walk around the accommodation centre, the inspectors observed the premises to be in generally in good condition, with well-maintained and clean communal areas. However, the inspectors observed cracks on the walls in certain parts of the building, along with mould growth in some bedrooms and bathrooms. There was evidence that mould had been treated and cleaned in some areas. The provider was already aware of these issues prior to the inspection and had scheduled a meeting with the relevant government department to address them. Maintenance records reviewed showed evidence of routine checks for pests in some rooms in the centre. Residents told the inspectors that the staff team was prompt in responding to maintenance issues.

The centre was a three-storey building situated on the outskirts of Tralee town. It was within walking distance of local services, shops, and amenities. The centre featured a reception area accessible through internal doors, an elevator, and a staircase leading to different areas and upper floors. Other facilities included a dining area, a laundry room, a storage space, a small gym, staff offices, and a well-stocked children's playroom. The communal areas were decorated with artwork, pictures, and murals created by residents. Information boards displaying information about local services and activities were available in the reception area and multi-purpose room.

During the inspection, the inspectors observed that although there were children and families in the centre, it was a quiet environment. The inspectors observed residents engaging in daily routines, interacting with one another and staff, and using the services and facilities in the centre. Staff and residents interacted in a courteous and respectful manner, enabling a calm atmosphere throughout the centre.

Upon invitation by residents, the inspectors visited 12 residents' bedrooms, and one vacant room which was ready for new arrivals. The inspectors observed that all bedrooms had been freshly repainted and furnished with new furniture, including wardrobes, chests of drawers, lockers, blinds, and curtains, creating a homely environment. However, despite these positive developments, the inspectors identified four families where children over 10 years old shared bedrooms with parents or siblings of the opposite gender, and these arrangements were unsuitable for comfortable living. Moreover, the configuration of these living quarters meant that family rooms lacked distinct living areas for children to play, study and develop.

Although some bedrooms had limited storage for personal items, the provider supported residents by storing belongings and larger items in the open area above the gym, which also contained spare beds, cots, and mattresses for the centre. The inspectors noted that the storage area had been re-organised since the previous inspection, and residents' belongings were clearly labelled and properly packed to facilitate easier identification.

The dining area had been re-painted, and the kitchen facilities were clean and well-maintained, creating a welcoming and homely environment. While the centre was fully-catered, residents had access to basic facilities to prepare snacks for themselves and their families. While residents were generally satisfied with the dining facilities, some expressed concern about the variety and quality of the menu available in the centre.

Residents who engaged with this inspection reported feeling safe in the centre. They told inspectors that they felt comfortable raising their concerns to staff and were confident that any issues raised would be properly addressed. Some residents described the centre as “quiet” and “not bad at all”, while staff were described as “quite approachable”, “friendly”, and “doing their best”. Positive comments were also made regarding the recent renovations carried out in the centre, with one resident noting the improvements as “good progress”. Additionally, residents recognised and appreciated the support provided by staff in accessing local services.

However, some residents expressed desire to be able to cook meals that suited their dietary, cultural, and religious needs. Others believed that sharing bedrooms with their children was not appropriate. Several residents with status reported difficulties in securing appropriate housing within the community, as well as worries about future accommodation and school placements for their children, once they successfully moved out of the centre.

The children who spoke with the inspectors said they enjoyed living in the centre, felt safe, and described the staff team as friendly and supportive. Some children appreciated the centre's proximity to the town centre. Some children expressed their desire for a Wi-Fi connection in their bedrooms. The inspectors noted that Wi-Fi was only available on the ground floor of the centre.

In addition to speaking with residents about their experiences, the inspectors reviewed the feedback provided by residents through HIQA questionnaires. The questionnaires asked for feedback from residents on a number of areas including safeguarding and protection; feedback and complaints; how the centre is managed; food, catering and cooking facilities; residents’ rights; staff supports; and accommodation. Overall, the feedback indicated that residents felt safe, protected, and respected, and they found the staff team approachable and receptive to complaints and feedback. However, some residents stated that they did not feel the services of the centre were delivered fairly and transparently, and one person said they were not aware of the centre's complaint procedure.

In summary, careful observation of daily activities and interactions in the centre, along with active engagement with residents, clearly showed that the centre offered a positive and supportive environment where staff were readily available. The provider had invested in facilities and offered a service that met residents' needs. Although residents praised the accommodation and services, some parts of the building needed attention, certain practices required review, and the service needed enhanced management oversight.

The observations of the inspectors and the views of residents presented in this section of the report reflect the overall findings of the inspection. The following two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impacted the quality and safety of the service delivered.

Capacity and capability

This was a short-announced inspection to monitor the implementation of the actions the provider outlined that they would take in response to the findings of a previous inspection in September 2024 (MON-IPAS-1057).

This inspection found that the provider had implemented actions from the compliance plan to address the governance and management arrangements in the service, with some improvements noted. However, further action was needed in areas such as governance oversight, risk management, staff supervision, training, and the process for reviewing and learning from incidents.

The inspection found the provider had demonstrated improved awareness of their responsibilities and had begun implementing the necessary systems to meet relevant regulations, national standards, and policies. Investments in facilities and services in the centre were evident, and the provider had taken steps to develop appropriate policies and procedures which were specific to the needs of the residents. However, some actions remained outstanding, including the requirement to submit statutory notifications to HIQA and the full implementation of policies related to residents with special reception needs. In addition, some local policies required enhancement to ensure sufficient guidance for the staff team and alignment to national policy. Nonetheless, the management team displayed a strong willingness to engage with the inspection process and showed a clear commitment to continuous quality improvement across the service.

The inspectors found that the centre had a clear management structure, with a centre manager supported by two assistant managers. The roles and responsibilities of the management team were clearly defined, with formal job descriptions in place, representing a positive development since the previous inspection. A formal on-call system ensured the availability of the managers outside of regular business hours and on weekends. The staff team promoted a culture of respect and quality, with most residents reporting that they felt like they were treated with dignity and well supported.

While there was a clear management structure was in place, the governance oversight and reporting systems required enhancement. Regular staff and management meetings were held and documented, but topics such as risk management, complaints, incidents, and safeguarding were not consistently included on the agenda. Moreover, the minutes did not indicate whether actions from previous meetings had been followed up or implemented, which hindered the service provider's ability to ensure accountability. Additionally, no formal systems were in place for supervising

the centre manager and assistant managers, or for ongoing appraisals of their practice. These gaps led to low levels of accountability for both individual and collective responsibilities and could not assure the provider that the service was safe and effective.

The service provider had recording systems that required further development and expansion. For example, while complaints were logged and followed up promptly, the outcome of the investigations was not consistently recorded. Additionally, there was no evidence that the outcome of the complaint was shared with the complainants or that they were satisfied with the result. The provider had developed a computerised system to centralise their systems and enhance service oversight and monitoring; however, at the time of the inspection it was in the early stages of implementation.

The service provider had a system in place to record and report incidents that occurred within the centre. However, incidents, accidents, and complaints were not reviewed for learning and to ensure learning informed service improvements. The inspectors found that the centre would benefit from a centre-specific incident management policy to guide staff practice and ensure consistency.

The provider had systems in place to monitor and improve residents' quality of life, including, auditing systems and a service improvement plan. While all these were at early stages of being embedded into practice in the centre, the impact of this process was evident, for example, through the implementation of additional policies and improvement initiatives. However, not all issues listed in the provider's compliance plan, such as the absence of a reception officer and related policies, had been included, representing a missed opportunity for a more comprehensive service improvement plan in the centre.

Recruitment practices were generally safe, with well-organised staff files containing all necessary documentation, including up-to-date Garda Vetting and international police checks where applicable. One assistant manager had transferred in from another centre, and no other new staff had been recruited since the last inspection. Systems were in place for vetting volunteers and contracted staff. However, the centre's recruitment policy did not specify the required number of references for prospective employees.

While supervision and staff appraisals had been completed for all staff members, excluding managers, supervision records lacked detail on discussions and actions agreed upon. The supervision policy did not specify the frequency of supervision meetings or provide details on the supervision process, thereby limiting the quality and consistency of this support. Coupled with the lack of supervision for managers

and the absence of effective oversight systems, this meant that the provider could not be fully assured of the quality and safety of the service on an ongoing basis.

The provider supported staff in continually updating and maintaining their knowledge and skills. A staff training and development policy was implemented and a training matrix was in place to ensure management oversight of staff training. However, a training needs analysis was required to determine the training or skills needed beyond the core areas required by the national standards to fully meet the evolving needs of residents. Additionally, the provider was required to monitor the training requirements of contracted security personnel, including tracking completion of mandatory training such as child and adult safeguarding.

While improvements have been made in the management of risk, further enhancements were needed. The risk register had more risks listed than previously, which was a positive development. However, risks identified at the time of the last inspection, such as those relating to the management of positive Garda vetting disclosures, had not been included. In addition, the risk register did not reflect the risks identified throughout this inspection, such as significant health issues, overcrowding and inter-resident conflicts. It also did not include issues the provider routinely checked for in the centre, such as the presence of pests. Furthermore, risk assessments had not been completed following the identification of risks as required by the provider's policy. For example, no risk assessment had been completed on the structural integrity of the building.

The service provider had a contingency plan in place for events such as fire, flood, and power outages. However, no plans were in place for scenarios where the centre premises became unusable, and personal emergency evacuation plans had not been developed for residents with special reception needs.

In summary, substantial improvements had been made in the centre since the last inspection; however, additional actions were required. While some actions were taken in line with the provider's compliance plan, others had yet to be actioned or were in progress. The inspectors found that the provider's governance arrangements had improved. However, further improvements were needed to strengthen oversight and ensure the service consistently delivered safe and high-quality supports to residents. The provider presented as committed and engaged in addressing these issues.

Standard 1.1

The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.

The service provider had improved their awareness and knowledge of their responsibilities as outlined in relevant legislation, regulations, national standards and national policy. The provider had taken steps to develop appropriate policies and procedures which were specific to the needs of the residents. However, the service provider had not ensured that all of the required notifications were submitted to HIQA in line with the requirements of the regulations, and some local policies either did not provide sufficient guidance for the staff team or were not aligned to national policy. While there were some areas in which further attention was required to fully comply with the standards, most were known to the provider and there were plans in place to address them.

Judgment: 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 management systems employed in the centre had improved and these ensured the delivery of a person-centred service, where most residents felt treated with respect. While the provider had developed monitoring and reporting systems to support good oversight of all aspects of service provision, enhanced oversight was required to ensure the delivery of a safe and good quality service. There were clear job descriptions in place for all staff members, but no systems were in place to ensure the centre manager and assistant managers were accountable for their individual responsibilities. Staff and management meetings were regularly held ensuring accountability for collective responsibilities. However, the meetings had no standing agenda and actions from previous meetings were not reviewed. Poor recording and lack of systems to track and trend incidents limited the ability of the provider to provide effective oversight of the service.

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.

While the provider had completed some audits and resident consultation mechanisms were in place, further enhancements were required to ensure a more comprehensive service improvement plan in the centre.

Judgment: Substantially Compliant

Standard 2.1

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

Recruitment practices in the centre had improved. Garda vetting was in place for all staff members as well as job descriptions. However, the recruitment policy did not specify the required number of references for prospective employees.

Judgment: Substantially 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.

The provider had ensured staff with the necessary experience and competencies were employed to meet the needs of children and adults living in the centre.

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.

A supervision policy was in place and all staff members had received supervision and appraisals. However, there were no formal supervision arrangements in place for the centre manager and assistant managers at the time of inspection.

Judgment: Partially 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, as required by the standards. However, further implementation of the provider's training matrix was required to ensure that all staff complete the necessary training. In addition, 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. There were no systems to assure the provider that contracted security staff had completed mandatory training.

Judgment: Partially Compliant

Standard 3.1

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

A risk register was in place in line with the risk management policy. However, the risk register did not contain some risk which were present in the centre such as overcrowding, inter-resident conflict, and the management of positive Garda vetting disclosures should they arise. Risk assessments had not been completed following the identification of risks as required by the centre policy. The contingency plan needed to include plans for scenarios where the centre premises became unusable. There was also a need to for the provider to develop personal emergency evacuation plans for residents with special reception needs.

Judgment: Partially Compliant

Quality and Safety

This inspection found that, although governance and oversight systems required further enhancement, residents were receiving support to meet their individual needs. The staff team was person-centred in their approach, treating residents with respect and facilitating the integration of residents into the local community. Notwithstanding the good support practices observed throughout the inspection, there was a need for significant improvement in several key areas to ensure that a consistently safe and good quality service was provided to residents.

Arrangements were in place to ensure that, where possible, accommodation was allocated in a way that considered and facilitated residents' known needs, guided by the service provider's policy. Families were placed together, and adjoining rooms were offered when available. However, some parents had to share bedrooms with children over the age of 10 or siblings of the opposite gender, and there were no private living spaces due to the layout of the building. These arrangements did not meet the requirements of the Housing Act of 1966. Some adult residents expressed dissatisfaction at having to share bedrooms with children, due to the impact that this had on their privacy.

Clear arrangements were in place for maintenance issues, which were generally reported and addressed promptly. Since the previous inspection, the provider had worked with the relevant government department to improve the centre's facilities. Bedrooms were repainted and furnished with new furniture. Plans were in place to repair structural defects in parts of the building. The storage room was cleaned and reorganised, and residents were now able to do their laundry. A room near the reception area was converted for residents' private meetings with visitors and professionals. Some residents expressed satisfaction, viewing these improvements as a positive development.

Residents were provided with adequate supplies of toiletries and other non-food items upon arrival at the centre, and these supplies were replenished on an ongoing basis as required, in line with national standards.

Appropriate security arrangements were in place, however, as previously highlighted, enhanced management oversight was necessary to ensure that contracted security personnel had completed the relevant training to meet the needs of residents. There was space available in the centre without CCTV for residents to conduct private meetings.

The service provider supported the educational development of children and young people. There was a study area and common rooms available, equipped with desks, tables, and desktop computers. Parents were supported in securing school and crèche

placements for their children in the local town. At the time of the inspection, all children of school-going age had secured places in school. While Wi-Fi was available in the centre, there was no connection in residents' bedrooms. This matter was known to the provider and had been escalated to the relevant government department.

The centre provided a fully catered service, and there were no facilities for residents to prepare or cook meals for themselves or their families. As this was a state-owned premises, the provision of cooking facilities for residents was outside the provider's control, but they had raised it to an appropriate level. The service provider ensured that basic equipment had been made available to residents, allowing them to prepare snacks and sandwiches outside of the scheduled meal times. A review of the menus available found that they had been amended since the previous inspection to ensure they operated on a 28-day cycle. While some residents were satisfied with the kitchen and dining facilities, others expressed a desire to prepare their own meals. Increased consultation with residents was required in order to seek their feedback on food and other catering decisions.

The provider promoted and protected residents' rights, though further improvements were needed. The staff team advocated for residents when necessary and supported them in exercising their rights to access information and entitlements. Some of this information was displayed on notice boards and translated into different languages. Systems were in place to consult residents and use their feedback to enhance their experience. The provider had made changes to enable residents to access laundry facilities independently. However, some parents shared bedrooms with children, which compromised their privacy and dignity. In addition, the practice of using residents to interpret for one another required a review to safeguard privacy and confidentiality.

The service provider had measures in place to protect residents from abuse; however some areas required improvement. Policies were developed to safeguard children and vulnerable adults, and staff had completed relevant training. While staff practices aligned with national policy and referrals were made appropriately and in a timely manner, the provider's policy did not fully reflect these practices. For instance, the provider's policy required child protection training only every five years and directed staff to contact TUSLA within two weeks of identifying a concern. This guidance from the provider's policy was not in line with Children First: National Guidance for the Protection and Welfare of Children (2017). In addition, the provider's procedure for managing allegations against staff was not aligned with national policy. These policies required review and development to ensure alignment with national policy to effectively guide staff practice and to assure the provider that the service was safe for residents.

While incidents were reported appropriately and in line with national policy, the service provider had not reviewed the incidents that occurred in the centre to identify trends and implement appropriate support and control measures to prevent the recurrence of

such incidents. As previously mentioned, statutory notifications had not been made to HIQA as required.

The inspectors found that the welfare and wellbeing of residents were promoted. The provider had systems in place to identify the welfare needs of each resident and support them in accessing relevant community services. Residents had access to various activities, including movie screenings, art classes, and centre barbecues for example. The provider collaborated with local organisations to organise outings during the summer and had developed a year-long activity planner, displayed in the dining room.

A reception officer policy was in place, but had not yet been fully implemented, and a reception officer manual had not yet been developed. The provider had recruited a reception officer who was due to commence work a few weeks after the inspection. Staff training on identifying special reception needs was ongoing at the time of the inspection. A small number of residents had been identified as having special reception needs, and support plans and monitoring arrangements were in place to address their needs. Despite this positive development, the lack of a reception officer hindered the ability of the service to comprehensively assess and respond to the needs of all residents. This meant that there were inherent risks to the welfare of residents and the provider was not assured of the safety of residents.

In summary, residents felt safe and comfortable living in the centre. The provider had established links with the local community, and residents were supported in accessing them, feeling well integrated into the local community. While the residents reported that the centre was a good place to live, their experiences would be further enhanced with improvements in governance and management arrangements to ensure the delivery of a good quality service to residents in the centre.

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.

The provider had ensured accommodation was allocated in a way that considered and met residents' known needs, and there was a fair and transparent approach to the allocation of rooms in the centre. Families were accommodated together, with consideration given to family size and individual needs when allocating accommodation.

Judgment: Compliant

Standard 4.2

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

The accommodation provided to residents was generally in good condition and well furnished. The bedrooms contained all of the necessary furniture and fittings, and had been re-painted following the previous inspection. There was evidence of mould in residents' bedrooms but the provider had plans to address this. While issues around the structural defects of the building had been escalated to the relevant government department and pest control arrangements were in place, the provider had not completed risk assessments on the safety of residents in line with risk management in the centre.

Judgment: Substantially Compliant

Standard 4.3

The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.

The provider had ensured the availability of safe storage for residents' personal belongings in the centre. New chests of drawers for residents' bedrooms had been installed following the previous inspection and the storage area outside residents' bedrooms had been re-organised to ensure belongings were not misplaced or mixed up.

Judgment: Compliant

Standard 4.4

The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.

The layout of the centre and the configuration of sleeping accommodation did not promote the privacy and dignity of residents. While families were accommodated together and the family unit protected, there were instances where adults and children, and in some cases, children of opposite gender over the age of ten, were sharing bedrooms. Additionally, families did not have access to a separate living area. Risks associated with these living arrangements had not been identified and assessed by the provider.

Judgment: Not Compliant

Standard 4.5

The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.

There were a range of facilities available for children who lived in the centre. There was a play room with toys and books available and an outdoor play area with a playground at the rear of the centre. The staff team arranged a variety of activities for children in the centre, including movie nights. There was a public playground also available within a short distance of the centre.

Judgment: Compliant

Standard 4.6

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

Children and young people were supported to reach their educational potential. The staff team facilitated children and young people's access to educational supports in the community and there was evidence that they liaised with relevant educational institutions. The service promoted the educational welfare of children and young people while living in the centre. There was a study room with computer desktops available on the ground floor but Wi-Fi was not available in residents' bedrooms on the upper floors.

Judgment: Substantially 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 ensure the centre was clean and maintained. Laundry facilities were available to all residents in a shared laundry room, and the provider had made changes that promoted the independence of residents in relation to laundry. Residents were allowed do their own laundry. The laundry room had washing machines and dryers in sufficient quantity 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 service provider had appropriate and proportionate security measures in place which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre. There was space available in the centre without CCTV for residents to conduct private meetings. However, the provider needed to ensure that security staff completed mandatory training.
Judgment: Substantially Compliant
Standard 4.9 The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.
The provider made available sufficient and appropriate non-food items to residents. Residents were provided with adequate supplies of toiletries and other non-food items upon arrival at the centre, and these supplies were replenished on an ongoing basis as required, in line with national standards.
Judgment: Compliant

Standard 5.1

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

The centre offered a fully catered service while also providing facilities for residents to prepare snacks outside of meal times. There were no facilities for residents to independently prepare and cook meals for themselves or their families but the provider had raised at the appropriate level. A review of the menus available found that they had been amended since the previous inspection to ensure they operated on a 28-day cycle.

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.

The service provider offered a fully catered service to residents, however, they explained that they would prefer the option to cook for themselves in line with their cultural and religious beliefs. While it was evident that catering staff endeavoured to provide meals that met residents' needs and preferences, feedback from residents suggested that this was not always achieved. The provider was required to ensure effective mechanisms to seek feedback from residents on food quality and other catering decisions.

Judgment: Substantially Compliant

Standard 6.1

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

While it was clear that staff treated residents with dignity and respect on a day-to-day basis, the living arrangements for some residents did not consistently uphold the rights of residents, particularly their right to privacy and dignity.

Judgment: Substantially Compliant

Standard 7.1

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

Residents were supported and facilitated to develop and maintain personal and family relationships. Residents were facilitated to welcome visitors and there were private meetings rooms available.

Judgment: Compliant

Standard 8.1

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

The service provider had measures in place to protect residents from abuse; however, some areas required improvement. Written policies were developed to safeguard children and vulnerable adults, and staff had completed relevant training. However, the procedure for managing allegations against staff was not aligned with national policy or the provider's safeguarding policy. In addition, no systems were in place to assure the provider that contracted security staff had completed mandatory training.

Judgment: Partially Compliant

Standard 8.2

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

The provider had arrangements in place to protect children from abuse and neglect. There was information available for parents and children about how to report safeguarding risks, and there were designated liaison persons appointed. While staff practices aligned with national policy, the provider's policy did not fully reflect these requirements.

Judgment: Partially Compliant

Standard 8.3

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

While incidents and adverse events were recorded and appropriate supports offered to residents, the provider did not consistently comply with the requirement to report to all relevant parties as required. As previously mentioned, statutory notifications had not been made to HIQA as required. The provider was required to review adverse events as part of a continual quality improvement process to enable effective learning and reduce the likelihood of reoccurrences.

Judgment: Partially 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 local healthcare, education and community services within walking distance of the centre. The staff team had developed links with local services and supported residents to access these services, where required.

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 10.2

All staff are enabled to identify and respond to emerging and identified needs for residents.

Staff had training in areas that supported them to meet many of the identified or emerging needs of residents. It was found that in the absence of a reception officer, staff were limited in their capacity to comprehensively assess or respond to the needs of all residents, despite their continued efforts. The addition of a reception officer and a clear referral pathway would support staff to fulfil their duties in this area.

Judgment: Substantially 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 a reception needs policy in place; however, this policy did not contain sufficient detail to support a reception officer in identifying and responding to residents' special reception needs.

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.

There was no reception officer employed in the centre at the time of the inspection. The inspectors were informed by senior management that the position had been filled, and the reception officer was due to start a few weeks after the inspection. In the absence of a reception officer, staff endeavoured to meet the needs of residents with special reception needs; however, due to the competing demands of their primary roles, many special reception needs had not been identified and as such there were many unmet needs in this area.

Judgment: Not 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	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.4	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.2	Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Partially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.2	Substantially Compliant
Standard 4.3	Compliant
Standard 4.4	Not Compliant
Standard 4.5	Compliant
Standard 4.6	Substantially Compliant

Standard 4.7	Compliant
Standard 4.8	Substantially Compliant
Standard 4.9	Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Compliant
Standard 5.2	Substantially Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Substantially Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Partially Compliant
Standard 8.2	Partially Compliant
Standard 8.3	Partially 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	Substantially Compliant
Standard 10.3	Substantially Compliant
Standard 10.4	Not Compliant

Compliance Plan for: Johnston Marina

Inspection ID: MON-IPAS-1090

Date of inspection: 07/07/2025 and 08/07/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

- **Partially compliant**: A judgment of partially compliant means that on the basis of this inspection, the provider or centre manager met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for people using the service over time if not addressed.

- **Not compliant -** A judgment of not compliant means the provider or centre manager has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply.

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.1	Partially Compliant
Outline how you are going to come into compliance with this standard: A comprehensive review of local policies is underway to ensure alignment with national policy and to provide clear, practical guidance for staff. Any policies identified as insufficient will be updated, quality-checked against national standards, and reissued to staff with supporting training sessions. A review of all incidents and events since the last inspection to ensure retrospective compliance. Regular internal compliance audits will be undertaken to identify gaps early and implement corrective measures promptly. Staff will receive refresher training to ensure a consistent understanding and application of updated policies.	
1.2	Partially Compliant
Outline how you are going to come into compliance with this standard: A strengthened governance framework will be introduced, including the development of a structured oversight schedule, quarterly internal audits, and regular compliance reviews by senior management.	

A standing agenda will be introduced, covering key areas such as incidents, safeguarding, resident feedback, health & safety, and compliance.

An action log will be maintained to ensure that issues raised are tracked, assigned, and reviewed at subsequent meetings.

centralized electronic incident management system will be implemented to record, monitor, and trend incidents.

Monthly incident trend reports will be reviewed by management and reported to the provider for oversight.

Staff will receive training in incident recording and reporting to ensure consistency and accuracy.

2.3	Partially Compliant

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

Formal supervision arrangements now in place.

2.4	Partially Compliant

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

Training matrix for OFM updated and security staff have a scheduled training day arranged by their management.

3.1	Partially Compliant

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

The risk register will be updated to include all relevant risks, including overcrowding, inter-resident conflict, and the management of positive Garda vetting disclosures.

Individual PEEPs will be developed for all residents with special reception needs.

Staff will be trained in the implementation of PEEPs, and evacuation drills will include scenarios for residents requiring additional support.

Risk management will become a standing agenda item at management meetings.

4.4	Not Compliant

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

Families who were identified in this category have since departed the centre to alternative accommodation.

In future Families with older children will be prioritised for allocation to rooms that better support privacy needs.

A risk assessment of all current living arrangements will be undertaken and documented. This includes consideration of children's ages, gender, and family composition.

Identified risks will be recorded on the centre's risk register and mitigating actions will be implemented.

8.1	Partially Compliant

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

Training matrix for OFM updated and security staff have a scheduled training day arranged by their management.

A procedure for management of allegations is being introduced to bring in line with national policy.

8.2	Partially Compliant

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

The safeguarding policy is being further enhanced.

8.3	Partially Compliant

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

All statutory notifications have been made retrospectively, a formalized adverse event protocol will be introduced, training has been delivered with findings from adverse event reviews will be shared with staff through debriefings training sessions and supervision to ensure lessons learned inform future service provision.

10.4	Not Compliant

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

Position filled and reception officer active.

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Partially Compliant	Orange	24/11/2025
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	24/11/2025
Standard 2.3	Staff are supported and supervised to carry out their	Partially Compliant	Orange	

	duties to promote and protect the welfare of all children and adults living in the centre.			
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Partially Compliant	Orange	24/11/2025
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	24/11/2025
Standard 4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.	Not Compliant	Red	28/11/2025
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Partially Compliant	Orange	24/11/2025
Standard 8.2	The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.	Partially Compliant	Orange	24/11/2025

Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	24/11/2025
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.	Not Compliant	Red	29/08/2025