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:	Knockalisheen
Centre ID:	OSV-0008440
Provider Name:	Aramark
Location of Centre:	Co. Clare
Type of Inspection:	Short-Term Announced
Date of Inspection:	04/06/2025 and 05/06/2025
Inspection ID:	MON-IPAS-1101

Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a 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, that HIQA assumed the function of monitoring and inspecting permanent[4] International Protection Accommodation Service centres against national standards on 9 January 2024.

[1] Irish Human Rights and Equality Commission (IHREC); The Office of the Ombudsman; The Ombudsman for Children

[2] United Nations Human Rights Committee; United Nations Committee on the Elimination of All Forms of Racial Discrimination (UNCERD)

[3] Report of the Advisory Group on the Provision of Support including Accommodation to People in the Protection Process, September 2022

[4] European Communities (Reception Conditions) (Amendment) Regulations 2023 provide HIQA with the function of monitoring accommodation centres excluding temporary and emergency accommodation

About the Service

Knockalisheen accommodation centre is located in a rural area of County Clare, approximately five kilometres from Limerick city. It is a purpose-built complex owned by the State that has been in operation for over 20 years. The service is privately provided on a contractual basis on behalf of the Department of Justice, Home Affairs and Migration by Aramark.

The centre has capacity for 354 residents which has increased in recent years from 250, due to the provision of 104 additional beds in tented accommodation. At the time of the inspection there were 249 residents living in the centre, 29 of which were children and a large proportion of the adult residents were single males. Accommodation is spread across six accommodation blocks and 13 military style tents which accommodate up to eight persons in each.

The centre further comprises a reception area, a large dining area and a social room, a meeting room to facilitate visits with family, friends or professionals. There is a gym, a playroom, a prayer room and a recreation room. The outdoor area has a number of playgrounds for children to play.

The centre is managed by a centre manager who was supported in this role by a management team which included an assistant manager, a receptionist, a reception officer and a social inclusion officer. The centre manager reports to a regional manager, who in turn reports to a managing director within Aramark. The service is staffed by catering, maintenance, security and housekeeping staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	249

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)
04/06/2025	10:30hrs-19:20hrs	1	1
05/06/2025	08:30hrs-17:30hrs	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 the service provider had made some improvements in the provision of service to enhance residents' experiences of living in the centre. Residents were well supported by the staff team, were treated in a respectful manner and their views and experiences were listened to and considered. Despite these improvements, this inspection found significant risks associated with the premises along with serious fire safety concerns which presented risks to the health, safety and wellbeing of residents.

This was a short-term announced inspection of Knockalisheen accommodation centre. It was the fourth inspection of the service due to an increased monitoring programme as a result of ongoing and significant levels of non-compliance with the national standards.

The inspection took place over two days. During this time, the inspectors spoke with 22 adults living in the centre and engaged with 12 children. In addition, resident questionnaires were completed by six adults and three children. The inspectors spoke with the regional manager, the centre manager, the assistant manager and receptionist. The inspectors also met with the social inclusion officer, the reception officer, security personnel, catering and housekeeping staff.

The centre catered for single males, single females and families. At the time of the inspection, there were 249 residents living in the centre, 96 of whom were living in tents. There were 29 children who formed part of 17 families. Single female residents and families were accommodated in two accommodation blocks while single males were accommodated in the remaining four accommodation blocks and 13 military style tents.

While the primary function of the centre was to provide accommodation to people seeking international protection, the inspectors found that 150 (60%) of the residents had received refugee, subsidiary protection or leave to remain status. Due to the cited lack of alternative accommodation, they were unable to avail of more appropriate accommodation arrangements in the community.

The accommodation centre comprised six accommodation blocks each of which were a two-storey prefabricated building containing bedrooms and bathrooms for the residents. There was an administration building where residents accessed various facilities such as a social room, playroom, pray room and a canteen, as well as staff offices. In addition, there was a tented area which included 13 military-style tents and toilet and shower facilities in a separated prefabricated structure.

On a walk around the accommodation centre, the inspectors observed that the grounds of the centre were well-maintained and the appearance of the area surrounding the tented units in particular had improved with freshly cut grass, seating areas, paved walkways and flowerbeds. There was temporary fencing evident and while car parking was available, spaces were limited and some residents parked along the avenue approaching the centre.

The reception area of the centre had a reception desk where residents could seek support from staff daily, seven days a week. There were two dedicated offices where residents could meet with the reception officer and or the social liaison officer for support in private. The inspectors observed that this was a busy centre where residents accessed members of the staff team for assistance and supports for various reasons. The interactions observed were kind, respectful and jovial, where appropriate.

Recreational facilities were adequate for adults and young children but there were limited facilities available for teenagers. There was a recreational room for residents which had a pool table, board games, a television and lounge areas. The inspectors observed residents relaxing in this space, socialising together and participating in activities over the course of the two days.

There was an adequately stocked child-friendly playroom for children. There was a prayer room, an outdoor gym and outdoor play areas for children and inspectors observed children playing football together using goals provided by the centre. Residents told the inspectors that they previously had access to a green area to play football and cricket, but this was no longer available to them. Both children and adults said they would like access to this green, particularly during the summer months.

The physical structure of the accommodation blocks, which were 25 years old, had deteriorated further since concerns were previously highlighted by HIQA. These temporary structures were in a poor state of repair in some areas including bathrooms and shower rooms. The inspectors observed issues including ingress of water, which had damaged walls in the accommodation blocks, rust and corrosion evident at the base of the buildings, floors where there was evidence of possible subsidence, and the presence of mould. The inspectors also observed several internal fire doors and external fire exits that did not close and were therefore, ineffective. Due to these significant concerns, HIQA sought assurances from the service provider and this will be discussed later in the report.

There were no significant changes to the accommodation provided to residents since the previous inspection. There was a refurbishment programme underway to improve the accommodation but many residents both within the tented units and the accommodation blocks continued to experience cramped, overcrowded and poor living conditions.

Some single residents, children and families lived in cluttered, cramped and unhygienic rooms. These residents had stored large quantities of personal belongings in suitcases

and containers or on available floor space within their rooms, which was already limited. The inspectors observed one room that was in a very a poor state of repair and when highlighted by the inspectors, the management promptly addressed the concern. Some residents who were asked for their views about the accommodation told the inspectors that their main concern was to find suitable housing in the community as they were due to leave the centre. One resident commented that the conditions of the accommodation blocks needed to improve and described them as old and dated, while another resident described concerns related to mould and poor bathroom facilities.

The inspectors remained concerned regarding the conditions experienced by residents living in the tented accommodation. While some improvements were observed, such as accessible walkways which were clean and free from clutter and the provision of storage facilities and temporary privacy screens; residents' right to privacy and dignity was not promoted and their living environment remained an undignified space. Some of these residents told the inspectors that their physical and mental health had declined, in particular those who had lived in the tented units on a long-term basis. Other concerns highlighted included difficulties in relation to temperature control, lack of privacy and dignity, and disturbances between people in the tented units.

Residents had access to good supports from the staff team and from external services. The inspectors noted that community support services regularly visited the centre to meet with residents in relation to housing, mental health and general advice and information. The inspectors observed a parent and child play session taking place facilitated by an external service and briefly met with an external professional who provided supports to adults in relation to their rights and entitlements.

The feedback from residents about their overall experience of living in the centre was mixed. The majority of residents who spoke with the inspectors complimented the staff team and advised that "staff are friendly", "staff are good", "they listen" and "they're kind". Residents, for the most part, were happy with the support they got from the staff team. Many residents told the inspectors that staff members supported them in relation to their needs and referred them to services, as required. One resident stated that "staff are quick to respond to resident issues" and another said "communicating with staff is now good". A parent told the inspectors that they could talk to the staff team and they helped them with their problems. Some residents told the inspectors that they enjoyed the activities and events arranged by the staff team, particularly for the children. Parents were satisfied with the activities and facilities for younger children, but outlined that facilities were limited for older children.

Some residents advised that they felt unsafe at times in the centre due to incidents that had occurred, while others said the level of violence and aggression had decreased as the incidents were now being managed more effectively. One resident told the inspector that "before it was hectic, feels peaceful now" and "our minds are at peace". Another

resident said that there was lots of fighting in the past but “it’s better than the past, now it’s good”.

Residents reported that they felt comfortable talking to staff and that the management team acted on their concerns and managed concerns as they arose. Some residents were not satisfied with the procedures in place to record and report on residents who were absent from the centre. The management team had liaised with these residents regarding these concerns.

Twelve children participated in two focus groups with inspectors which included a group of three children between the ages of 12 and 18 and a second group of nine children between the ages of five and 13. Participants stated that they enjoyed the trips and activities organised by the staff team. The children named staff members they could talk to about their problems, but stated that they were not working at the weekends. They reported times when they felt unsafe and intimidated and gave examples of observing adults smoking in recreational areas and occasions when they witnessed aggression. Some children said their parents did not allow them outside to play as a result. Teenagers said they did not want to tell their friends they lived in the centre and said they would feel “stigmatised” if they told the truth. They also said that there were limited facilities in the centre for their age group and told the inspectors that they no longer had a basketball hoop or football pitch.

In addition to speaking with residents about their experiences, the inspectors received six completed resident questionnaires from adult residents and three from children. The questionnaires asked for feedback from adults on a number of areas including safeguarding and protection; feedback and complaints; how the centre is managed; food, catering and cooking facilities; residents’ rights; staff supports; and accommodation. The response to the questionnaires was similar to the feedback received from the residents who spoke with the inspectors. Of the six respondents, three said they were happy living in the accommodation centre, five were comfortable talking with staff and knew how to raise a safeguarding complaint and two said they felt safe. Three of the five people who responded to the question said they felt comfortable making a complaint, felt respected and that the management team were approachable. Two residents added additional comment which included “I am very happy with staff” while the other said “no safe, no peace”.

Three children completed a questionnaire and they reported that they had their own bed, storage areas for their belongings and their own family bathrooms. However, they said that they did not have a desk to complete their homework or a study area and did not like the food provided. Two of the three children said they did not feel safe but indicated that they knew who to talk to if they felt unsafe. The children who responded said that they had made complaints but there was no change arising from this.

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 fourth inspection of Knockalisheen Accommodation Centre. It was a focused inspection to assess compliance with specific standards where risks due to persistent non-compliances had been identified during previous inspections of the centre in January 2024 (MON-IPAS-1006), May 2024 (MON-IPAS-1033), and October 2024 (MON-IPAS-1064).

The centre premises is owned by the State, and the service delivered from the premises is by a private provider.

The inspectors found that the service provider was actively improving the governance, oversight and management arrangements in the centre. They had developed their management and auditing systems and while they were in the early stages of being embedded, it had supported positive change. This had impacted positively on the lives of residents who were appropriately supported by a respectful staff team.

Despite the progress which had been made, there were significant health and safety risks identified with regard to the structural integrity of the buildings in the centre and in relation to fire safety. Furthermore, the management of allegations of abuse or neglect against staff members was not guided by a policy or procedure and safeguarding arrangements to protect residents while investigations were ongoing had not been developed.

HIQA sought assurances from the service provider following the inspection in relation to these risks. While some written assurances were provided to HIQA by the service provider, they were not sufficient. As a result, HIQA met with senior managers of the service, sought further assurances in writing and informed the provider of the next steps, should an acceptable response not be received. At the time of writing this report, HIQA was awaiting a final assurance response from the service provider regarding these concerns.

Notwithstanding the risks identified, this inspection found that the local management team had a good understanding of the national standards, legislation and national policy and were developing the systems and processes to strive towards compliance with the national standards. They had developed auditing systems to assess their own compliance and to guide quality improvement initiatives. While this was at an early stage of being embedded into practice in the centre, the impact of this process was already evident, for example, through the implementation of additional policies and improvement initiatives. Weekly management meetings were taking place to facilitate shared learning between local and wider management teams, ensure accountability, and to assist them to drive improvements. While records of these meetings needed to

be improved to ensure they reflected the discussions and learning process, it was a positive development since the previous inspection.

Following the previous inspection of the centre in October 2024, the management team submitted notifications to HIQA in line with requirements of the regulations. Substantial progress was made in the development of policies and procedures to guide the staff team but there was no policy to guide the management of allegations made against staff members, the impact of which will be addressed later in the report. In addition, policies in place in relation to the specific work of the reception officer were not adequate.

The service provider had a clear governance structure in place and local lines of reporting and accountability were formalised. The centre was managed by a centre manager who reported to the regional manager. The centre manager provided strong leadership and together with the wider management team had formed collaborative and effective working relationships with the staff team.

There was a notable cultural shift in the centre whereby values such as residents' rights, wellbeing and the provision of good quality services were promoted and prioritised. The staff team were clear about their roles and responsibilities and were held to account for their practice.

Oversight systems had evolved, but they were in the early stages of implementation and required strengthening. The management team had introduced new reporting arrangements whereby each head of department provided a monthly report to the centre manager. Subsequently, the centre manager provided a written report to the regional manager with an overview of key areas, such as incidents, safeguarding, staffing, resident welfare and maintenance-related issues. While this form of reporting demonstrated escalation of risk to the regional manager and improved oversight, the system in use was not comprehensive in nature and was not consistent in practice.

Monitoring of day-to-day operations had improved. Records relating to work carried out with residents including complaints and incidents, for example, were noted on a resident welfare log. The centre manager maintained oversight of this and tracked the level of engagement with residents and outstanding actions required on a monthly basis. Furthermore, a formal reporting procedure was put in place to ensure the management team received detailed and consistent handover reports from the security team who were employed on a contractual basis. These processes ensured the management team had the information they required in a timely manner to maintain oversight.

Staff team engagement systems employed in the centre required improvement. Regular team meetings occurred and there was a set agenda and template to record

discussions and actions. However, the quality of the minutes was poor and did not provide sufficient detail to fully demonstrate how incidents and associated risk or safeguarding concerns, for example, were routinely discussed.

A quality assurance system was in the process of being developed, but this was not optimal. As previously outlined, a comprehensive audit tool to assess compliance with the national standards was developed. It was evident that deficits had been identified and actioned in relation to gaps in policies, records and the system for managing complaints. This was a positive development and demonstrated an ability on the part of the service provider to self-identify deficits or areas for improvement within the centre. Furthermore, an electronic application auditing system had been developed to support the management team to carry out audits, but this was not fully rolled out or operational at the time of the inspection.

Routine checks of the accommodation were carried out by staff members, but these checks had not been effective in bringing about all the required improvements in the living conditions for residents. This was, in part, due to limited resources within the maintenance team, but also the deteriorating condition of the prefabricated buildings created a continuous challenge to maintain the upkeep of the centre to acceptable standards. In addition, the routine checks carried out had not identified where there were potential welfare related concerns for residents which could have been addressed by the wider staff team, if identified.

The management team had established a resident committee and one meeting of this new forum had taken place. Residents had access to a reception officer, a social liaison officer, and the management team and they reported good relationships whereby they felt listened to and action was taken in most cases to address their concerns. This was a significant improvement which had been made since previous inspections of the centre and demonstrated how the cultural shift within the service had positively impacted the ways in which the staff team engaged with the residents.

Records of engagement with residents had improved, but some duplication meant it was a burdensome process. The staff team maintained good records of their practice and in most cases, appropriate action was taken to address concerns, complaints and incidents as they arose. The management team maintained oversight and it was evident residents' views were considered and taken seriously.

The management of complaints had improved. There were minimal formal complaints in the time since the previous inspection, but they were appropriately reported to the relevant department, when required. An informal complaints log was operational and residents' concerns were taken seriously with appropriate action taken, including an apology in cases where mistakes occurred. Some residents were unhappy about the

process in place to report absences from the centre which the management team were aware of and addressing with those involved.

The risk management system was not fully effective and there were significant risks to the safety and welfare of residents which were not identified, assessed, managed or controlled. The risk escalation pathway for the centre, both internal and external was not transparent or documented. While some improvements were observed with regard to the identification and assessment of some risks, there were significant risks in relation to building structures and fire safety which had not been identified and or adequately assessed. Three bedrooms across two accommodation blocks had been decommissioned as they were deemed to be structurally unsafe and a shower room in a third accommodation block was not in use due to the appearance of subsidence of flooring.

Some other examples of deterioration in the infrastructure identified during the inspection, which posed a potential risk to the safety and welfare of residents, included the appearance of subsidence, ingress of water resulting in mould and damage to internal walls and plasterboard, rust and corrosion at the base of the accommodation blocks and windows and doors which were leaking. The centre management team had escalated their own concerns in a detailed report to the relevant government department, as appropriate. While a longer-term plan in relation to this state-owned premises was awaited, risks which could be managed at a local level were also found to have not been fully addressed. Assurances sought by HIQA on the development of fully effective risk management systems, if implemented, will ensure those risks within the capacity of the provider to manage will be identified and managed effectively.

Furthermore, there were significant risks identified in relation to fire safety. The service provider had committed to carrying out a fire safety risk assessment following a previous inspection by HIQA. An assessment had been completed and it covered areas such as fire-fighting equipment and evacuations, however, as this centre was exempt from requiring fire certification[5], the fire safety risk assessment was not broad enough to act as a safe alternative. Despite routine fire checks having been carried out by staff members, the inspectors observed several defective fire doors which could not contain a fire and there continued to be a slow response to fire drills from residents. As with the risks identified in relation to the premises, assurances were sought by HIQA from the service provider and a full response was awaited at the time of writing.

Although many risks associated with incidents or safeguarding concerns had been managed with appropriate controls put in place, risk assessments had not been updated to reflect the control measures in place in practice, and therefore, did not support the staff team in the management these risks. For example, should a staff

[5] As this facility was originally delivered under Ministerial Order, it is exempt from the requirement of a Fire Certificate

member have needed to refer to a risk assessment during out-of-hours timeframes, it would not have be clear what control measures were in place for any related specific risk or hazard.

Overall, the systems in place to identify, assess, control and escalate risk internally and externally was not adequate or fully effective. While a risk register was in place, it was not operating well. For example, long-standing risks such as the use of tented accommodation and the inability of the provider to meet national standards in this regard, fire safety risks and the sustained deterioration of this state-owned premises were not recorded on the register. As a result, the measures taken by the provider to mitigate these risks were not transparent.

In summary, the management team had made substantial progress to improve the lived experience of the residents through improvements made to their governance, management and oversight systems. However, residents who lived in this centre were still exposed to significant risks within their accommodation and the facilities in the centre. Sufficient timely action was not taken to address these concerns and as a result, impacted the quality and safety of the services provided to residents.

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.

Significant efforts had been made by a committed management team to drive improvements in service delivery. The management team were actively implementing new systems and processes to enhance their compliance with the standards, but this was in an early stage of implementation and was not yet fully effective. Despite these efforts, the service provider did not ensure effective governance and oversight of the services provided to residents.

The service provider was not aware of and or addressing many of the concerns identified by the inspectors during the course of this inspection. This demonstrated a limited capacity and capability, on the part of the service provider, to deliver safe and good quality services. In addition, the service provider had not completed actions which had been committed to as part of a compliance plan submitted to HIQA in response to a previous inspection of this centre. Compounding these findings, the service provider had a limited understanding of their responsibilities as outlined in the national standards. Notwithstanding recent developments in the governance of the service, it remained non-compliant as assessed at the time of the inspection.

Judgment: Not Compliant

Standard 1.2

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

While there was clear evidence of improved leadership and management of the centre locally through the front line management team, overall governance of the service needed strengthening. The front line management team had taken action including the development of local systems for managing incidents, complaints and safeguarding concerns, for example, but there was an absence of overarching governance arrangements to ensure that the required actions to ensure compliance with the national standards were completed. The deteriorating physical environment, fire safety concerns, absence of follow through on actions which were previously committed to in response to previous inspection findings, and the inadequate management of risk all indicated limited awareness and oversight by the service provider of the standard of service and support being provided to residents. As a result, the centre remained non-compliant with national standards.

Judgment: Not 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.

Substantial work had been carried out in the centre to positively influence and shape the culture amongst the staff and management teams which increasingly valued resident feedback, for example. In addition, the service provider had developed quality assurance systems and processes to monitor the quality of care provided to residents. While these were in an early stage of being rolled out and implemented in practice, they had guided some quality improvement initiatives and changes to practice. Despite this positive progress, the systems for monitoring and reviewing the quality of care and experience which were in place at the time of the inspection were generally ineffective. For example, routine checks of the accommodation and fire safety did not identify or address serious risks which were present. Residents in some areas of the centre were experiencing poor quality of life as a result of the living conditions of their accommodation which were undignified and included leaking windows, dampness, mould amongst other concerns.

Judgment: Partially Compliant

Standard 3.1

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

The risk management system was not fully effective to ensure risks within the service were identified, addressed, managed and escalated internally and or externally, and in a timely way. There were some improvements in how risks were identified and assessed and while some control measures were implemented to address risks as they arose, they were not recorded in the centre's risk register. In addition, long-standing risks were not recorded on the centre's risk register including fire safety, the use of tented accommodation and the deteriorating premises. The management team had escalated concerns in relation to the premises, but the risks were not adequately assessed and there was no plan in place to address or manage risks within the control of the provider. In addition, a comprehensive fire safety risk assessment was not carried out and as a result, risks in the centre in this regard existed.

Judgment: Not Compliant

Quality and Safety

Notwithstanding the risks identified with regard to the health and safety of residents in terms of the accommodation provided, there were significant improvements in the quality of life and experience of residents living in the centre. Residents had opportunities to live a more meaningful life, where their experience and voices were valued and they benefitted from good supports from a dedicated staff team. Substantial progress had been made to enhance residents' feelings of personal safety and to address and manage safeguarding concerns which related to aggression and violence between residents. However, this inspection identified serious concerns about the physical environment of the accommodation centre and the associated risks relating to the health, wellbeing, and human rights of residents. In addition, the inspectors found that the management of allegations against staff was not was not guided by a policy, and records of associated safeguarding measures were not documented.

Despite the best efforts of the management team to improve the living conditions for residents, there was a continuous challenge to maintain buildings where the underlying reasons for their deterioration had not been addressed. As noted previously in the report, there were signs of signification deterioration of the prefabricated buildings onsite including the accommodation blocks and the administration building where additional facilities were provided. The management team had appropriately escalated their own concerns about the structural integrity of the buildings, there was no solution identified, risk assessment completed or action plan in place at the time of the inspection. This meant that stop-gap measures such as painting and mould management were required continuously until a long-term solution was identified.

The inspection team requested written assurances from the provider as to how they were satisfied that the buildings were safe and structurally sound given that some areas had been decommissioned; some floors had evidence of subsidence; some rooms contained evidence of mould and the ingress of water; and many windows were damaged. At the time of writing this report, those assurances had not been received and additional communications with the service provider had taken place to seek a comprehensive response.

The standard of the accommodation provided was not adequate. Considerable refurbishment work was undertaken, but this benefitted only a small number of residents, as many others still lived in unsuitable and undignified conditions. While 20 rooms had been renovated, only six of these were occupied. Some single residents, children and families lived in cluttered, cramped, unhygienic and undignified rooms.

Large quantities of belongings were observed in some rooms which impacted on the already limited floor space. The inspectors observed one room which was in a very poor state of repair and when highlighted by the inspectors, the management team promptly took action to address the concern. Despite regular room checks occurring, the conditions of the accommodation for some residents had not improved. Moreover, the potential health, safety and welfare risks to residents had not been identified, managed or resolved.

The use of and conditions within the tented accommodation remained a significant concern for the inspectors. Some improvements were noted in the tented accommodation such as storage areas for residents belongs, temporary privacy screens and walkways within the tents that were clean and free from clutter, however, the accommodation remained cramped, overcrowded and undignified. The temporary privacy screens involved residents using bedsheets to divide the spaces between beds using a makeshift approach.

There were 96 residents living in tented accommodation in the centre, 42 (43%) of whom had lived there longer than five months. Of these, 20 had lived in the tented accommodation for longer than 17 months and three people had been living there longer than two years. Some of these residents reported a decline in their physical and mental health as a result of their stay in this type of accommodation, which was not appropriate in the longer-term.

As stated in previous inspection reports, the accommodation provided impacted on residents rights to privacy and dignity. Overcrowding was evident for adults who shared with up to seven unrelated residents in each tent. While families were accommodated together in rooms in the prefabricated buildings, some parents shared a bedroom with their children. There were six sets of siblings where children over the age of 10 shared with siblings of a different gender. Additionally, while some residents had reconfigured their accommodation to create a living space, they had to sacrifice a bedroom for this, while others did not have a living space.

Despite the challenges outlined above, the service provider had made efforts to improve the lived experience of the residents living in the centre. The staff team coordinated ‘friends of the centre’ meetings and they facilitated residents to attend and participate in community initiatives including for example, multi-cultural Céilí dancing events and walking groups. They had organised events in the centre such as adult and children’s table quizzes, cinema trips, and children’s music classes. Additionally, they had arranged health workshops, migrant outreach clinics, and local support and health services to visit the centre regularly to support residents.

Residents had access to a prayer room and the standard of recreational facilities on site for young children and adults had improved. All children had an educational placement

and children availed of afterschool programmes in the local community. However, teenagers living in the centre had limited facilities appropriate to their age.

Security arrangements in the centre had improved since the last inspection. There was a very detailed training programme in place which security staff attended which included areas such as their roles and responsibilities, conflict management and security reporting systems. Daily security reports were submitted to the management team to ensure they had information about concerns and incidents in a timely manner and the centre manager met with the security manager weekly to ensure further oversight. These systems demonstrated a marked improvement since the previous inspection was completed. A wider review of security arrangements was also underway, the findings of which were not available at the time of the inspection.

Safeguarding practices in the centre had improved. This inspection found that there was appropriate management and oversight of safeguarding concerns and incidents that had occurred were well managed. When safeguarding related concerns arose, they were responded to promptly with appropriate supports put in place for the residents involved. Follow up action was taken, where required, and while records were not adequately maintained in some cases, it was evident that the residents were supported to maintain their personal safety by members of the management team.

The reception officer met with residents to determine if there had any additional needs and referred them to appropriate services, if required. The staff team had adequate guidance to support them in the management of conflict and they were satisfied that sufficient action was taken by the management team to address concerns as they arose. Furthermore, residents told the inspectors that they were comfortable raising issues of concern and some residents told the inspectors that they had a feeling of increased safety while living in the centre.

Nevertheless, the management of allegations required improvement. There was no policy or procedure to guide the management of allegations of abuse against staff members including those employed by an external company. Safeguarding arrangements were not documented to manage potential risks when staff members continued to work while an investigation was underway. The inspectors sought assurances from the provider with regard to the implementation of an appropriate policy, as well as the safeguarding arrangements put in place to address this deficit and a satisfactory response was returned following completion of the inspection.

There were suitable measures in place to safeguard children. The inspectors found that potential safeguarding or welfare issues were identified promptly, and reported to the Child and Family Agency (Tusla) as required by Children First National Guidance for the Protection and Welfare of Children. Children had regular opportunities to meet with staff members to discuss any concerns that arose. Despite this, children told the

inspectors that they did not always feel safe or comfortable due to the varied population living in the centre, particularly at the weekends when they were fewer members of the management team working. Parents were well informed of their parenting responsibilities and the management team held an information session with children and their parents in response to welfare related incidents that had occurred. While records of child protection and welfare concerns were maintained, they were stored individually in residents' files and no central log to support the management team maintain oversight of child protection or welfare concerns.

A new effective incident management system had been introduced which was guided by a detailed policy. There was a new template to record the details of incidents and how they were responded to. This was demonstrated progress but required further development to ensure the learnings identified were recorded and any risks associated with the incident were identified and assessed. From a review of records and discussions with the management team, it was found that on many occasions, appropriate controls relating to child protection and adult safeguarding had been implemented in practice but not recorded on the centre's risk management system. The absence of such recording acted as a barrier to effective communication of the controls that were in place and as a result, the inspectors were not assured that all staff members, including those working at night time and at weekends, knew what controls were supposed to be in place to ensure the safety and wellbeing of some residents.

The service provider had employed an appropriately qualified and experienced reception officer who was a member of the management team. While the reception officer was new to the role, it was evident that this extra resource had a positive impact on the lives of the residents living in the centre. Residents told the inspectors that they had developed relationships with the reception officer and were aware of the services available to them. The reception officer was supported in the role by a social liaison officer and they worked collaboratively to meet the needs of the residents, when known. In addition, effective working relationships were formed with local organisations, support groups and relevant organisations. The reception officer had referred residents to external services, when required and they had liaised with the department, if this was deemed necessary.

Considerable progress had been made to identify the needs of residents and there were plans in place to ensure all residents had the opportunity to have their needs assessed. The management team had prioritised families and those living in the tented accommodation for the initial phase of the assessment process. At the time of the inspection, thirty-seven assessments had taken place. This was in addition to practical and emotional support offered by the team. The inspectors reviewed seven files and found that the assessment approach was comprehensive, although, there were inadequate guidance and policies in place to guide this practice. The inspectors found that residents who had engaged in the process with the reception officer had their needs identified and appropriate plans were in place to address those needs and review their progress.

Standard 4.2

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

Some areas of the accommodation centre were in a poor state of structural repair and there was an ongoing difficulty to maintain the centre to an acceptable standard. Similar concerns were highlighted in previous inspection reports and despite an escalation of the risks to the relevant department by the management team, there was no plan in place to ensure the centre was safe and maintained to a suitable standard.

Judgment: Not Compliant

Standard 4.3

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

Similar to the findings of previous inspections, this inspection found that the privacy, dignity and safety of all residents was not protected and promoted in the context of the standard of accommodation provided. Some residents lived in overcrowded, cramped, cluttered and unclean spaces and there were concern for the health, safety and welfare of some of these residents.

Judgment: Not Compliant

Standard 4.4

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

The privacy and dignity of family units was not promoted or protected. Not all families had their own private living space and the sleeping arrangements for some families was not appropriate. Some parents and children shared bedrooms and children over the age of ten who were of different genders also shared bedrooms due to the lack of alternative space.

Judgment: Not 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 improved security measures in the centre and they had addressed deficits identified in previous inspection reports. Monitoring and oversight of the security arrangements had increased following the introduction of new procedures and improved reporting arrangements. This process ensured the staff team were held to account and concerns were addressed promptly. A review of security arrangements was underway, the findings of which were not available at the time of the inspection.

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 service provider made sufficient and appropriate non-food items available to residents including toiletries, contraception, washing detergents and nappies. Residents had the opportunity to change their bedding and towels as required.

Judgment: Compliant

Standard 6.1

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

The rights of some residents were not respected, safeguarded and promoted in this centre. A significant number of residents continued to live in tented accommodation which did not promote their wellbeing, fairness, respect of property and personal belongings, dignity, privacy and autonomy. A number of residents had lived in the tented accommodation for over two years. Some residents reported the negative impact these living conditions had on both their physical and mental health.

In addition, the conditions observed by the inspectors in some prefabricated blocks and individual bedrooms was indicative of an institutionalised approach to the provision of international protection accommodation services. The inspectors found that some residents had become accustomed to these unsatisfactory living conditions.

Judgment: Not Compliant

Standard 8.1

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

The service provider had implemented several measures to protect residents from abuse and to promote their welfare. Residents had opportunities to discuss any concerns with members of the management team and appropriate action was taken to address concerns as they arose. However, there were deficits identified in the service provider's policies which had not included guidance in relation to the management of allegations against staff. Safeguarding arrangements which were put in place while investigations were ongoing were not consistently documented and as this posed a potential risk to residents, the inspectors sought assurances from the service provider following the inspection.

Judgment: Not Compliant

Standard 8.2

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

The service provider had taken steps to protect children from abuse and ensure their safety and welfare was promoted. Child protection and welfare concerns were appropriately reported to the Child and Family Agency (Tusla) when required. An oversight tool to track all child protection and welfare logs was not developed.

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.

Incidents which occurred in the centre were well-managed in line with national policy. The service provider had introduced an internal incident management process and there was adequate oversight of incidents. While adequate control measures were put in place, in most cases, 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 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.

The service provider had not developed a comprehensive policy to guide staff members on how to identify and address existing and emerging special reception needs.

Assessments of needs had not been completed for a significant number of residents; however, there was a plan to assess all the needs of all residents on a priority led basis. For those residents who had exiting or emerging reception needs identified, there was good awareness of those needs and the supports that had been put in place amongst the staff team.
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 appointed a suitably qualified reception officer for the centre. They had established links with local services in the area and together with the social liaison officer had provided good quality supports to meet the needs of residents.
Judgment: Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Not Compliant
Standard 1.2	Not Compliant
Standard 1.4	Partially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Not Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.2	Not Compliant
Standard 4.3	Not Compliant
Standard 4.4	Not Compliant
Standard 4.8	Substantially Compliant
Standard 4.9	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Not Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Not Compliant
Standard 8.2	Substantially Compliant
Standard 8.3	Substantially Compliant

Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.3	Substantially Compliant
Standard 10.4	Compliant

Compliance Plan for Knockalisheen

Inspection ID: MON-IPAS-1101

Date of inspection: 04 and 05 June 2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.1	Not Compliant

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

1.We acknowledge the importance of robust governance in ensuring the delivery of safe, effective, and high-quality services. A comprehensive review of our current governance framework is underway, with a focus on identifying and addressing any gaps. We are fully committed to strengthening all aspects of governance across the service.

Key areas of focus in this review include:

- Risk Management and Escalation Processes
- Safeguarding Practices
- Incident Review Procedures
- Resident Complaints Handling
- Room and Maintenance Checks
- Resident Welfare Checks
- Monthly Performance Reporting
- Weekly Management Meetings
- Daily Briefing Initiative with a Focus on Risk Awareness

These measures will be embedded into our operational structure to support continuous improvement, transparency, and accountability. We are dedicated to ensuring that governance practices are aligned with regulatory requirements and best practice standards.

2.We have engaged an external consultant to support the development and implementation of a more robust risk management system at Knockalisheen Accommodation Centre. This initiative is part of our ongoing commitment to ensuring that risk management is embedded at the core of our service and aligned with the National Standards.

A comprehensive and structured framework is being introduced to address risks at three key levels:

- Centre-Level Risks
- Corporate Risks
- Individual Risk Assessments

This integrated approach is designed to strengthen our ability to identify, mitigate, and continuously monitor risk across all aspects of service delivery, while enhancing overall safety, quality, and accountability.

- Initial Planning Meeting – Held on 23rd July 2025, where the implementation approach and project timeline were agreed.
- On-Site System Build – Scheduled for Tuesday, 29th July and Wednesday, 13th August 2025.
- Staff Training and Full Implementation – To be completed by 1st September 2025.

The new system is being developed in accordance with applicable regulatory requirements and best practice guidelines and will significantly support the leadership team in embedding a consistent and proactive risk management culture throughout the centre

3. We are committed to ensuring full compliance with regulatory requirements and continuous service improvement. All previously committed actions arising from earlier HIQA inspections will be reviewed as a matter of priority and incorporated into a revised, time-bound Compliance Action Plan. To strengthen oversight and accountability, we will implement a new compliance tracking system. This system will ensure that all action items are systematically monitored, regularly updated, and accurately reported. It will provide enhanced visibility of progress and support timely and effective resolution of all identified issues. This approach reflects our commitment to transparency, regulatory compliance, and the delivery of safe, high-quality care and support services

4.As part of our commitment to strengthening risk oversight and governance, we have developed comprehensive local and external risk escalation pathways, which

are now embedded within Aramark's updated Risk Management Policy & Escalation Procedure, dated 31st July 2025.

5.Enhancement of Internal Audit Procedures through the Safety Culture Auditing Tool

6.We will adopt a comprehensive Quality Improvement Plan that fosters a strong learning culture across the centre, with a specific focus on prioritising Risk Management. This plan aims to support and enhance the delivery of Person-Centred Care and Support for all residents.

As part of this approach, lessons learned from inspections, resident and stakeholder feedback, and incident reviews will be systematically analysed and integrated into ongoing service improvements. This continuous learning cycle will ensure that identified issues are addressed promptly and effectively, promoting safer, more responsive, and higher-quality care for all residents

1.2	Not Compliant

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

1.Overview of the current governance framework, encompassing internal onsite structures and processes, is maintained to ensure effective oversight and accountability across all service areas. To further strengthen governance, we have undertaken key initiatives aimed at enhancing transparency, risk management, and operational leadership. As part of these efforts, the Risk Management Policy and Escalation Procedure has been comprehensively updated to incorporate the use of external resources, including collaboration with IPAS. This revision ensures clear pathways for risk escalation both within the centre and externally, promoting a coordinated and robust approach to risk identification, reporting, and resolution.

2. We have engaged an external consultant to support the development and implementation of a more robust risk management system at Knockalisheen Accommodation Centre. This initiative is part of our ongoing commitment to ensuring that risk management is embedded at the core of our service and aligned with the National Standards.

A comprehensive and structured framework is being introduced to address risks at three key levels:

- Centre-Level Risks
- Corporate Risks
- Individual Risk Assessments

This will allow us to strengthen our ability to identify, mitigate, and continuously monitor risk across all aspects of service delivery, while enhancing overall safety, quality, and accountability.

- Initial Planning Meeting – Held on 23rd July 2025, where the implementation approach and project timeline were agreed.
- On-Site System Build – Scheduled for Tuesday, 29th July and Wednesday, 13th August 2025.
- Staff Training and Full Implementation – To be completed by 1st September 2025.

The new system is being developed in accordance with applicable regulatory requirements and best practice guidelines and will significantly support the leadership team in embedding a consistent and proactive risk management culture throughout the centre

3. We confirm that we have engaged a fire safety consultant to undertake a comprehensive audit of the facility. The scope of services agreed includes the following

- Carry out a detailed visual inspection of the Site
- Review all information provided, such as fire safety maintenance records, approved fire safety certificates.
- Preparation of Fire Safety Audit Report, which will be based on a visual inspection of the following fire safety principles (non-exhaustive list):

1. Means of escape – Provision of escape routes which are protected from fire and smoke to allow occupants to leave the building safely, including travel distances, inner rooms, horizontal and vertical evacuation.
2. Structural fire protection – Assessment on the fire rating of elements of structure, compartmentation, fire doors, segregation of fire hazard rooms, sub-division and/or protection of attic/ ceiling voids, fire separation of bedrooms, fire protection of service penetrations/ ducts.
3. Flammability of linings – Assessment of wall and floor linings.
4. Early fire detection and emergency lighting systems - Early warning to building occupants to facilitate safe evacuation.
5. Fire-fighting equipment – Dry risers, portable fire extinguishers, fire blankets etc.
6. Emergency escape signage.
7. Access and facilities for the fire service.
8. Building services, including review of inspection/ test records of electrical installations.

9. Fire safety management – Assessment confined to review of the Fire Safety Register and observation of the general housekeeping, fire prevention and fire signs/ notices.

4.Clearly defined risk escalation pathways are now in place and will guide the Management Team in further issues as they arise.

5. All previously submitted action plans to HIQA will be thoroughly reviewed and fully integrated into the centre's governance framework. Regular status updates on each action item will be reported internally to senior management and will actively inform the ongoing Quality Improvement Plan

6. Responsibility for the planned remedial works has been formally transferred to SIPA. A representative from IPAS attended the centre on 11th July 2025 to assess the scope of works required. We are currently awaiting confirmation of a date for the engineering assessment. This will include all areas identified to include – mould & damp, water ingress, defective windows, floor subsidence This request was submitted to SIPA via email on 22nd and 23rd July 2025, and follow-up communications on 31st July and 7th August are ongoing to secure a confirmed date Several building-related risks have been identified within the centre, including mould, dampness, water ingress, signs of subsidence, and windows in need of replacement, among other issues.

To mitigate these risks:

A comprehensive weekly maintenance inspection will be conducted across all bedrooms, toilets, and shower areas.

Any risks identified are reported directly to the Centre Manager and documented accordingly.

These inspections are carried out by both the maintenance team and members of the management team.

In the interim, while awaiting confirmation from IPAS, Aramark has engaged the services of a construction company to assess all identified issues relating to the structural integrity of the Accommodation Blocks. A quantity surveyor will attend the site on Thursday, 21 August, to commence this process.

7.A comprehensive review of the National Standards is currently being undertaken, engaging both the local onsite management team and the relevant Aramark head office support teams. This review includes a detailed evaluation of all operational

systems and client escalation pathways to ensure full alignment with best practices and regulatory requirements.

1.4	Partially Compliant

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

1.We are undertaking a revision of the existing quality assurance framework to incorporate a more structured and systematic approach to the regular monitoring, follow-up, and evaluation of resident care and experience

2.To support this, a schedule of monthly internal audits will be introduced, covering key areas such as accommodation conditions, health and safety, fire safety, safeguarding, and resident wellbeing. These audits will provide ongoing oversight and ensure compliance with relevant standards

3.A more robust risk management system is currently under development, with its implementation positioned at the forefront of daily service operations to enhance proactive risk identification and mitigation.

4.Resident engagement initiatives will be significantly enhanced through the deployment of comment cards, resident surveys, and the establishment of a Residents' Committee. The feedback collected will be thoroughly analysed and shared with staff to inform

5.To demonstrate transparency and responsiveness, a "You Said, We Did" board will be installed onsite, clearly communicating actions taken in response to resident concerns and suggestions.

6.Responsibility for the planned remedial works has been formally transferred to SIPA. A representative from IPAS attended the centre on 11th July 2025 to assess the scope of works required. We are currently awaiting confirmation of a date for the engineering assessment. This will include all areas identified to include – mould & damp, water ingress, defective windows, floor subsidence This request was submitted to SIPA via email on 22nd and 23rd July 2025, and follow-up communications on 31st July and 7th August are ongoing to secure a confirmed date Several building-related risks have been identified within the centre, including mould, dampness, water ingress, signs of subsidence, and windows in need of replacement, among other issues.

To mitigate these risks:

A comprehensive weekly maintenance inspection will be conducted across all bedrooms, toilets, and shower areas.

Any risks identified are reported directly to the Centre Manager and documented accordingly.

These inspections are carried out by both the maintenance team and members of the management team.

In the interim, while awaiting confirmation from IPAS, Aramark has engaged a building contractor to assess all identified issues relating to the structural integrity of the Accommodation Blocks. A quantity surveyor attend the site on Thursday, 21 August, to commence this process.

7.A consultant has been engaged to undertake a full review of window safety across the site. A representative from the associated company has completed a comprehensive inspection of all internal and external fire doors at the centre. The inspection identified all necessary repair works, and a formal quotation has been submitted. This quotation was forwarded to SIPA, and we can confirm that remedial works are scheduled to commence on 28th July 2025 however have been rescheduled to commence on 11 August 2025

8. We confirm that we have engaged a fire safety consultant to undertake a comprehensive audit of the facility. The scope of services agreed includes the following

- Carry out a detailed visual inspection of the Site
- Review all information provided, such as fire safety maintenance records, approved fire safety certificates.
- Preparation of Fire Safety Audit Report, which will be based on a visual inspection of the following fire safety principles (non-exhaustive list):

1. Means of escape – Provision of escape routes which are protected from fire and smoke to allow occupants to leave the building safely, including travel distances, inner rooms, horizontal and vertical evacuation.
2. Structural fire protection – Assessment on the fire rating of elements of structure, compartmentation, fire doors, segregation of fire hazard rooms, sub-division and/or protection of attic/ ceiling voids, fire separation of bedrooms, fire protection of service penetrations/ ducts.
3. Flammability of linings – Assessment of wall and floor linings.
4. Early fire detection and emergency lighting systems - Early warning to building occupants to facilitate safe evacuation.

5. Fire-fighting equipment – Dry risers, portable fire extinguishers, fire blankets etc.
6. Emergency escape signage.
7. Access and facilities for the fire service.
8. Building services, including review of inspection/ test records of electrical installations.
9. Fire safety management – Assessment confined to review of the Fire Safety Register and observation of the general housekeeping, fire prevention and fire signs/ notices.

9.To strengthen fire safety measures, internal weekly fire door inspections will be conducted by the maintenance team. All inspections will be documented, with records maintained on-site for review. This proactive approach ensures early identification of any issues and supports ongoing compliance with fire safety standards.

3.1	Not Compliant

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

1.We have engaged an external consultant to support the development and implementation of a more robust risk management system at Knockalisheen Accommodation Centre. This initiative is part of our ongoing commitment to ensuring that risk management is embedded at the core of our service and aligned with the National Standards.

A comprehensive and structured framework is being introduced to address risks at three key levels:

- Centre-Level Risks
- Corporate Risks
- Individual Risk Assessments

This integrated approach is designed to strengthen our ability to identify, mitigate, and continuously monitor risk across all aspects of service delivery, while enhancing overall safety, quality, and accountability.

- Initial Planning Meeting – Held on 23rd July 2025, where the implementation approach and project timeline were agreed.
- On-Site System Build – Scheduled for Tuesday, 29th July and Wednesday, 13th August 2025.
- Staff Training and Full Implementation – To be completed by 1st September 2025.

2.The new system is being developed in accordance with applicable regulatory requirements and best practice guidelines and will significantly support the

leadership team in embedding a consistent and proactive risk management culture throughout the centre

3.A full review of the centre's existing risk profile will be undertaken, involving frontline management, maintenance personnel, and external consultants where required. This review will ensure a comprehensive understanding of both current and emerging risks across all operational areas.

4.As part of this process, the centre's Risk Register will transition to a digital format. This upgrade will enhance visibility, accountability, and responsiveness in relation to risk management. The digital system will capture all identified risks—both historical and emerging—including key areas such as fire safety, tented accommodation, and deteriorating infrastructure.

5.The implementation of an automated risk management platform will support more focused and dynamic risk analysis. High-priority risks will generate alerts, prompting increased monitoring, more frequent reviews, and escalation as necessary to ensure timely and effective responses.

6.For risks that fall outside the immediate control of the on-site team—such as structural or infrastructure-related issues—formal escalation procedures will be followed. Each escalation will be documented in full, including the date of escalation, the recipient and response/outcome.

7. We confirm that we have engaged a fire safety consultant to undertake a comprehensive audit of the facility. The scope of services agreed includes the following

- Carry out a detailed visual inspection of the Site
- Review all information provided, such as fire safety maintenance records, approved fire safety certificates.
- Preparation of Fire Safety Audit Report, which will be based on a visual inspection of the following fire safety principles (non-exhaustive list):

1. Means of escape – Provision of escape routes which are protected from fire and smoke to allow occupants to leave the building safely, including travel distances, inner rooms, horizontal and vertical evacuation.
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5. Fire-fighting equipment – Dry risers, portable fire extinguishers, fire blankets etc.
6. Emergency escape signage.
7. Access and facilities for the fire service.

8. Building services, including review of inspection/ test records of electrical installations.
9. Fire safety management – Assessment confined to review of the Fire Safety Register and observation of the general housekeeping, fire prevention and fire signs/ notices.
   8.A number of management team members have successfully completed IOSH Managing Safely training. This accredited programme will strengthen our capacity to effectively identify, assess, and manage health and safety risks within the service, supporting a proactive approach to risk management and compliance with regulatory standards.

9. Risk management will be fully integrated into the overarching Quality Improvement Plan to ensure a proactive, systematic approach to identifying, assessing, and mitigating risks across all areas of service delivery. This integration will ensure that insights gained from risk assessments directly inform strategic and operational decisions, including those related to resource allocation, workforce planning, staff training, and ongoing service development. By embedding risk management into continuous quality improvement processes, the service will enhance safety, governance, and outcomes for residents and staff, in alignment with National Standards.

4.2	Not Compliant

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

1.Responsibility for the planned remedial works has been formally transferred to SIPA. A representative from IPAS attended the centre on 11th July 2025 to assess the scope of works required. We are currently awaiting confirmation of a date for the engineering assessment. This will include all areas identified to include – mould & damp, water ingress, defective windows, floor subsidence This request was submitted to SIPA via email on 22nd and 23rd July 2025, and follow-up communications on 31st July and 7th August are ongoing to secure a confirmed date Several building-related risks have been identified within the centre, including mould, dampness, water ingress, signs of subsidence, and windows in need of replacement, among other issues.

To mitigate these risks:

A comprehensive weekly maintenance inspection will be conducted across all bedrooms, toilets, and shower areas.

Any risks identified are reported directly to the Centre Manager and documented accordingly.

These inspections are carried out by both the maintenance team and members of the management team.

In the interim, while awaiting confirmation from IPAS, Aramark has engaged the services of a construction company to assess all identified issues relating to the structural integrity of the Accommodation Blocks. A quantity surveyor will attend the site on Thursday, 21 August, to commence this process.

2.Following the structural assessment, a comprehensive collaboration will be established between Aramark, the service provider, and SIPA, the site owner. This partnership will ensure coordinated planning and delivery of necessary maintenance and upgrades.

3.While longer-term refurbishment and improvement projects are being developed, a priority maintenance plan will be implemented to address immediate safety and wellbeing concerns for all residents. This plan will focus on timely and effective resolution of critical issues to maintain a safe living environment.

4.A thorough review of oversight mechanisms concerning room checks and ongoing maintenance processes will be undertaken. Any identified issues will be promptly actioned or escalated to the appropriate level of management to ensure accountability and continuous improvement in maintenance standards

4.3	Not Compliant

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

Aramark acknowledges the importance of full compliance with the National Standards for accommodation and care. We wish to formally note that the continued use of tented accommodation presents significant challenges to our ability to meet these standards and, in our professional assessment, is wholly unsuitable for delivering the required level of care and service. In line with our company's updated escalation policy, this matter will be raised with IPAS through the appropriate formal channels. Our position is that this issue requires urgent attention to safeguard resident welfare, support staff in meeting their professional obligations, and ensure that accommodation conditions meet the minimum acceptable thresholds outlined in the National Standards. We remain committed to working collaboratively with all stakeholders to identify and implement a suitable resolution.

We remain fully committed to upholding the highest standards of care and service for all residents. As part of our ongoing efforts to maintain and improve living conditions, additional storage solutions have been provided on-site. Residents are actively encouraged to utilise these resources to optimise their personal living

spaces, thereby supporting comfort, organisation, and overall quality of life within the accommodation

A stronger operational focus is being placed on the cleanliness and maintenance of the tented accommodation, with increased resources allocated to achieve consistent and measurable improvements in these areas. A sustained on-site management presence, supported by regular monitoring, will promote collaboration with residents and ensure continued compliance with established standards.

Furthermore, the Safety Culture Application will be employed to enhance our structured audit process, providing greater oversight, accountability, and focus on the ongoing improvement of these facilities..

Resident vulnerability assessments are now being prioritised for all residents, with tailored care and support plans developed to address individual needs in a timely and effective manner. To strengthen this process, a tracking system will be implemented to monitor resident participation in assessments and support planning. This will provide clear data on uptake, highlight individuals who have not yet engaged, and enable timely follow-up and targeted support to ensure no resident's needs are overlooked.

4.4	Not Compliant

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

1.A comprehensive review of all families currently residing in the Centre will be undertaken to ensure that accommodation arrangements remain appropriate to their needs. Where any issues are identified, timely and appropriate action will be taken to address them.

In advance of receiving new residents, Centre management will engage proactively with IPAS to ensure that suitable accommodation configurations are identified and allocated in line with family composition, privacy, and safety considerations. This approach supports the delivery of person-centred, dignified, and responsive accommodation in accordance with HIQA's National Standards

6.1	Not Compliant

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

Aramark acknowledges the importance of full compliance with the National Standards for accommodation and care. We wish to formally note that the continued use of tented accommodation presents significant challenges to our ability to meet these standards and, in our professional assessment, is wholly unsuitable for delivering the required level of care and service. In line with our company's updated escalation policy, this matter will be raised with IPAS through the appropriate formal

channels. Our position is that this issue requires urgent attention to safeguard resident welfare, support staff in meeting their professional obligations, and ensure that accommodation conditions meet the minimum acceptable thresholds outlined in the National Standards. We remain committed to working collaboratively with all stakeholders to identify and implement a suitable resolution..

An enhanced focus is being placed on the oversight of room checks and maintenance within the accommodation blocks. A comprehensive review of existing practices is currently underway to ensure that all aspects of accommodation upkeep meet, and where possible exceed, the required standards. This process will strengthen consistency, accountability, and the timely resolution of any identified issues, thereby supporting the overall quality and safety of the living environment.

All identified issues are being systematically documented and addressed. Where immediate resolution is not possible, matters are escalated in accordance with our enhanced escalation procedure to the SIPA team within IPAS. This process ensures that maintenance concerns are managed in a timely, structured, and accountable manner, thereby supporting the safety, comfort, and wellbeing of all residents.

Responsibility for the planned remedial works has been formally transferred to SIPA. A representative from IPAS attended the centre on 11th July 2025 to assess the scope of works required. We are currently awaiting confirmation of a date for the engineering assessment. This will include all areas identified to include – mould & damp, water ingress, defective windows, floor subsidence This request was submitted to SIPA via email on 22nd and 23rd July 2025, and follow-up communications on 31st July and 7th August are ongoing to secure a confirmed date Several building-related risks have been identified within the centre, including mould, dampness, water ingress, signs of subsidence, and windows in need of replacement, among other issues.

To mitigate these risks:

A comprehensive maintenance inspection will be conducted across all bedrooms, toilets, and shower areas.

Any risks identified are reported directly to the Centre Manager and documented accordingly.

These inspections are carried out by both the maintenance team and members of the management team.

In the interim, while awaiting confirmation from IPAS, Aramark has engaged the services of a construction company to assess all identified issues relating to the structural integrity of the Accommodation Blocks. A quantity surveyor will attend the

site on Thursday, 21 August, to commence this process.

All residents have received a written invitation offering them the opportunity to undertake a voluntary assessment, enabling the provision of tailored supports based on their individual needs. Residents have been requested to return their invitation, indicating whether they wish to participate in this initiative, to ensure that appropriate follow-up and support planning can be undertaken in a timely manner

A tracking system is in place to monitor resident responses to the assessment initiative, enabling Management to identify individuals who have not yet responded and take appropriate follow-up actions. All correspondence related to this initiative is maintained within residents' files, providing clear documentation of each resident's engagement status.

Residents who express interest receive a follow-up email from the Reception Officer confirming an appointment for their assessment. Subsequently, tailored care and support plans are developed based on the assessment outcomes.

Additionally, daily welfare checks continue to be conducted during routine tent inspections to ensure ongoing resident wellbeing

8.1	Not Compliant

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

1.We have implemented a Policy on the Procedure for Managing Allegations against Staff and Third-Party Contractors, alongside a Policy on Upholding the Dignity and Welfare of Residents in Accommodation Centres. These policies have been adopted and operationalised by our contracted security provider and are now fully integrated into their Site Induction Manual, ensuring consistent understanding and adherence from the outset of employment.

2.Risk assessments have been reviewed and updated to reflect these enhanced safeguarding measures. The recent implementation of a digital risk management system will further strengthen our capacity to monitor, respond to, and mitigate safeguarding concerns. This system enables improved oversight, accountability, and staff awareness, reinforcing a culture of safety, dignity, and protection across the service.

3.A new internal communication initiative has been introduced to strengthen safeguarding practices. This initiative ensures that safeguarding concerns are clearly highlighted, accurately recorded, and consistently communicated across all shifts, including day staff, night staff, and security personnel. This structured handover

process is designed to improve continuity, accountability, and team-wide awareness of safeguarding matters.

4.All safeguarding incidents will continue to be documented in the Welfare Log, thoroughly investigated, and reported to the relevant statutory authorities in line with regulatory requirements. Safeguarding plans will be developed for each incident as appropriate, and these plans will be discussed and shared with the broader team, including security staff, to ensure coordinated and informed responses.

5.Safeguarding risk assessments will be reviewed following each incident and amended as necessary. These assessments will be a standing item in daily team briefings to maintain vigilance and promote a culture of continuous learning and improvement.

6.Incident follow-up and closure forms will continue to be completed for all safeguarding matters, and key learnings will be identified, documented, and shared with relevant staff to inform future practice and prevent recurrence

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.	Not Compliant	Red	01/10/2025
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Not Compliant	Red	01/10/2025
Standard 1.4	The service provider monitors and reviews the	Partially Compliant	Orange	01/10/2025

	quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.			
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	01/09/2025
Standard 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Not Compliant	Red	01/01/2026
Standard 4.3	The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.	Not Compliant	Red	01/01/2026
Standard 4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.	Not Compliant	Red	01/01/2026

Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Not Compliant	Red	01/10/2025
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Not Compliant	Red	01/09/2025