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:	Linden House Accommodation Centre
Centre ID:	OSV-0008441
Provider Name:	Cromey Ltd
Location of Centre:	Co. Kerry
Type of Inspection:	Unannounced
Date of Inspection:	12/05/2026 and 13/05/2026
Inspection ID:	MON-IPAS-1135

Context

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

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

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

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

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

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

[1] Irish Human Rights and Equality Commission (IHREC); The Office of the Ombudsman; The Ombudsman for Children
[2] United Nations Human Rights Committee; United Nations Committee on the Elimination of All Forms of Racial Discrimination (UNCERD)
[3] Report of the Advisory Group on the Provision of Support including Accommodation to People in the Protection Process, September 2022

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

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

About the Service

Linden House is an accommodation centre located in Killarney, Co Kerry. The centre has 37 bedrooms, 28 of which were in the main building and the remaining bedrooms were in a separate building at the back of the centre. At the time of the inspection the centre provided accommodation to 69 residents. The centre is located in a busy town with easy access to public transport links.

There is limited parking facilities onsite and access to the building is gained through the main reception. The building comprises resident bedrooms, a reception area, an office, a dining room, a television room and a resident kitchen. The centre has an external laundry room next to the main building and two cabins for communal space for the residents to relax, watch television or receive visitors.

The service is managed by a centre manager who reports to the director of operations and is staffed by a reception officer, quality and compliance manager, receptionist, night porters, house keeping, and maintenance staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	69

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)
12/05/2026	12:00hrs–18:00hrs	1	1
13/05/2026	08:30hrs–12:30hrs	1	1

What residents told us and what inspectors observed

From speaking with residents, a review of documentation, and observations made during the inspection, the inspectors found that residents were well supported while living in Linden House. The staff team provided person-centred supports, residents reported that they felt safe, and their rights were upheld and their autonomy promoted. There was an ongoing investment in the accommodation and facilities in the centre. While the quality of support was generally of a good standard, the inspectors identified areas needing improvement such as recording practices, supervision, and the supports provided to residents with special reception needs. However, it was evident that the service provider and staff were motivated to ensure that they were providing a good quality service that met the requirements of the standards.

This was an unannounced inspection of this centre, which took place over two days. During the course of the inspection, the inspectors spoke and engaged with 15 residents. The inspectors met with the centre manager, a support manager, quality and compliance manager, reception officer, and a receptionist.

At the time of the inspection, the centre accommodated 69 residents across 37 bedrooms, providing shared accommodation for single adult males, with rooms occupied by one or two residents, except for one room which accommodated three residents. While the centre provided accommodation to people seeking international protection, the inspectors found that five (7%) of the residents had received refugee or subsidiary protection status.

The accommodation centre was situated in Killarney town which enabled residents to access a range of amenities, support services and employment within walking distance. The main building of the centre contained a variety of facilities, including a reception area, staff offices, a recreational room that also served as a meeting space for the reception officer, a dining room and a residents' kitchen. To the rear of the main building was a separate accommodation block comprising six resident bedrooms and two fully equipped kitchenettes. In addition, a cabin located at the rear of the centre accommodated an additional staff office and a further recreational room for residents. Adjacent to these buildings was a laundry room equipped with seven washing machines and seven tumble dryers. Outdoor seating areas, including wooden benches situated between buildings, provided residents with a comfortable space to sit and relax during fine weather, contributing positively to the overall living environment within the centre.

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

Since the previous inspection, the provider had undertaken renovation works and added new furnishings to some areas of the centre, including the front porch, dining area, and recreational room. These improvements included the installation of new flooring, dining tables and chairs, and couches. The renovations and upgraded furnishings contributed to these areas appearing more comfortable and homely. At the time of the inspection, refurbishment works were ongoing in some resident bedrooms. Residents who engaged with the inspectors were generally complimentary to the improvements made to these facilities within the centre.

Despite these positive developments, there were maintenance issues observed by the inspectors in some bedrooms including broken window handles, radiators not working, and mould in some bathrooms. While all these issues were known to the staff team, the inspectors noted that recording of maintenance issues and room checks required improvement. The inspectors observed that fire safety equipment and lighting systems were in place, and evacuation routes were clearly marked.

Overall, there was a calm and relaxed atmosphere within the centre at the time of inspection. Residents were observed to be comfortable in the company of the staff team and communicated with them with ease. Throughout the inspection, the inspectors observed courteous and respectful interactions between staff members and residents.

The inspectors were invited by residents into seven of the bedrooms during the inspection. There was adequate storage for residents to store their clothes and belongings in the rooms viewed. Most bedrooms had access to an en-suite bathroom and a small number had a bathroom close to their bedroom which was solely for the occupants of that bedroom. All residents engaged with were generally satisfied with their bedrooms and bathroom facilities provided.

Residents cooked for themselves and had access to a communal kitchen in the centre. The inspectors observed the communal kitchen and dining areas and found them clean and equipped with the necessary equipment and furniture. For the most part, residents expressed that they were happy with the kitchen and dining facilities provided. Residents purchased their groceries from the provider's food hall which was located off-site, using an online application, with deliveries to the centre taking place three times per week. While the majority of residents expressed satisfaction with these arrangements, a small number of residents reported that the quality of food provided was occasionally poor. For example, two residents informed the inspectors that they no longer purchased meat products from the food hall and that, in some instances, meat and milk products were spoiled upon collection.

The inspector met with the residents, all of whom were happy to discuss their experiences of living in the centre. Residents who spoke with the inspectors said that they felt supported by the staff team. While some residents reported instances of conflict and aggression between residents, they generally indicated that they felt safe and comfortable living in the centre. The majority of residents said they felt comfortable to raise any concerns with staff and were confident that any issues would be addressed. These residents were aware of the centre's management structure, and some spoke positively of the support they received from the centre manager and reception officer, who assisted them in addressing their difficulties. However, some residents who had been in the centre for a number of years told the inspectors they bought their own pots and pans and were not aware that they could get cookware from the provider.

In summary, it was evident that the centre was a supportive space where staff and managers were readily available to residents and were dedicated to promoting and protecting residents' rights. Residents had good relationships with staff members and reported that they felt safe and secure living in the centre. While there were some improvements required to maintenance management and grocery supplies; it was evident that the provider was committed to operating a good quality service that met residents' needs and was informed by their feedback.

The observations of the inspectors and the views of residents presented in this section of the report reflect the overall findings of the inspection. The next two sections of the report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This was the third inspection of Linden House accommodation centre by HIQA and it was carried out to assess compliance with the national standards, and to monitor the service provider's progress with the compliance plan submitted in response to an inspection (MON-IPAS-1082) carried out in March 2025.

The inspectors found that the service provider had addressed the areas of non-compliance identified at the previous inspection and was committed to continuously improving the quality and safety of the service. Improvements to the governance and management systems in the centre were evident and had contributed to the positive impact on the quality of the service and the experience of residents living there. There were some areas in which some additional improvements were necessary, but for the most part, these were needed to optimise systems that were already developed and in place.

The provider demonstrated a good understanding of their responsibilities, and had a suite of policies, systems and processes in place that reflected the national standard, legislation, regulations, and national policy. The provider had employed a quality and compliance manager to ensure compliance to these standards and continually improve service delivery. An annual review of the service for 2025 was completed and a quality improvement plan was devised to improve service provision. The provider was responsive to the inspection process and was eager to learn from, and address any deficits as they arose.

A clearly defined governance structure was in place, with established lines of reporting and accountability. The centre was managed by a centre manager, who reported directly to the director of operations, who in turn reported to the director of the service. A support manager, who held the position of centre manager in another centre within the town, provided support as required. The reception officer formed part of the local management team. The centre manager oversaw a team of nine staff, comprising a receptionist, porters, and house keeping staff. A quality and compliance manager, operating across multiple centres, provided support to the management team in developing systems to ensure compliance with relevant legislation and national standards. A formal on-call system was in place to ensure management cover at all times. The management and staff teams demonstrated a clear understanding of their respective roles, responsibilities, and the reporting structure within the centre.

The inspectors found that the provider had developed the governance and management arrangements since the previous inspection. A range of monitoring,

reporting and communication systems were in place, which supported effective provider oversight of the operations of the centre. For example, staff completed daily handover logs and this ensured consistent communication and sharing of information across the staff team. Regular senior management and staff meetings were held. A review of meeting minutes confirmed that these forums were used to communicate key information, facilitate discussion and staff feedback, and monitor the ongoing operation of the centre. For example, in one meeting, staff had discussed an emerging risk and contributed to identifying relevant training to meet the needs of residents.

Despite these positive developments, improvements to recording practices were required in a number of key areas to support effective oversight and governance. For example, key decisions reached between the director of operations and centre manager during one-to-one meetings held outside of formal supervision and staff meetings were not recorded. In addition, while a complaints management system was in place and was supported by regular trends analysis and audits, the dates on which complaints were resolved were not consistently recorded, which limited the effectiveness of auditing and quality assurance processes.

The inspection found that quality assurance processes were generally well established, although some enhancements were required. The provider had embedded the process for reviewing incidents and identifying learning, as evidenced through staff meetings as previously mentioned. The quality and compliance manager conducted regular on-site visits and met with the centre manager to monitor the implementation of improvement plans and assess compliance with the national standards. Audits were in place across several areas of practice, including, risk management, premises, safeguarding, complaints, and room checks. However, the inspection found that audits had not been conducted in some key areas, including food preparation and grocery deliveries, which meant the provider could not be assured that practice in these areas met the needs of residents.

There were systems in place for engaging and consulting with residents but improvements were required. Residents had opportunities to submit their feedback on the service through regular residents' surveys. Residents had ample opportunities to meet with the staff and management team during day-to-day interactions. In addition, residents' committee meetings were held on a quarterly basis as requested by residents. However, there was a need to record whether actions from previous meetings had been resolved or not.

On review of the staffing arrangements, it was found that the provider had taken the necessary steps to ensure recruitment practices were safe and effective. There was no new staff employed since the last inspection. A comprehensive recruitment policy was in place to guide staff practices. There were arrangements in place to ensure that

Garda (police) vetting disclosures and international police clearances, where necessary, were obtained for all staff members, including the management of positive vetting disclosures.

Staff supervision was routinely provided to all staff, affording opportunities for reflection and identification of training and development needs. However, a review of supervision records indicated that the content recorded was, in a number of instances, largely identical across consecutive meetings and between staff members, and did not adequately reflect the individual staff member's practice or performance in their role. On a positive note, staff appraisals had been completed for all staff in 2025.

The service supported staff to continually update and maintain their knowledge and skills to meet the needs of residents. The inspectors found that the staff team had received training in a wide range of areas. This was clearly recorded on the centre's training matrix. It was evident that training needs were identified through supervision and team meetings.

A comprehensive risk management system was in place, and supported by a risk management policy and a risk register that addressed risks relating to residents, premises, and health and safety. While the risk register reflected a broad range of identified risks, it did not capture risks associated with food safety and grocery deliveries, which were identified during this inspection. The inspection found that incident management processes informed risk management practices, and that defined reporting pathways existed to escalate serious risks to the provider and relevant external agencies.

The inspectors reviewed the fire safety arrangements in place and found that that appropriate control measures were in place but improvements were required. For example, fire evacuation drills had not been conducted during the evening or at weekends, when staffing levels were reduced. The provider had developed detailed contingency plans to support continuity of service in the event of unforeseen circumstances.

Overall, it was found that the provider had developed appropriate governance and management systems that oversaw the delivery of a safe and person-centred service. The majority of issues found at the previous inspection had been addressed, and it was found that the provider was using information well in order to self-identify potential areas for improvement The inspectors found that the management and staff teams endeavoured to provide a good service, and that the provider welcomed feedback and was committed to meeting the requirements of the national standards.

Standard 1.1

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

The service provider had developed a good understanding of their responsibilities under relevant legislation, regulations and standards and had implemented various systems to meet these requirements. Improved oversight arrangements were in place and the senior management team was more engaged in the operational management of the centre. A new auditing programme had been developed and internal audits were taking place on a scheduled basis, with findings reported to the provider. While there were some areas in which further attention was required to fully comply with the standards, most were known to the provider and there were plans in place to address them.

Judgment: Substantially 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.

A clear governance structure was in place, with defined lines of reporting and accountability. The provider had strengthened governance arrangements since the previous inspection, with effective monitoring, communication, and reporting systems in place. However, improvements to recording were required, including the documentation of key decisions from meetings between the centre manager and director of operations, complaint resolution dates, maintenance, and verbal complaints associated with grocery deliveries. Quality assurance processes were generally good, with regular audits and incident reviews in place, although audits had not been conducted in key areas such as food preparation and grocery deliveries.

Judgment: Substantially Compliant

Standard 1.3

There is a residents' charter which accurately and clearly describes the services available to children and adults living in the centre, including how and where the services are provided.

The provider had established a resident charter which clearly outlined the services available in the centre. The residents' charter included a summary of the services and facilities provided, information around equality, dignity and respect and the complaints process. The residents' charter was displayed prominently in the communal areas.

Judgment: Compliant

Standard 1.4

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

The service provider had completed an annual review of the quality of care and experience of the residents and they had a quality improvement plan for the service. While the service provider had an auditing programme in place, some key areas, including food preparation and grocery deliveries had not been considered and prioritised.

Judgment: Substantially Compliant

Standard 1.5

Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.

There were systems in place to consult with residents and receive their feedback. There was an established residents' committee that met regularly. The provider had carried out resident feedback surveys, and their feedback was acted upon. The inspectors found that the centre manager consulted residents about decisions that may affect them, both on an individual and a collective level.

Judgment: Compliant

Standard 2.1

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

The service provider had ensured there were safe and effective recruitment practices in place. There was a local recruitment policy which was found to have been adhered to. The provider ensured that a Garda vetting disclosure was obtained for all staff members

employed in the centre. International police checks were available for staff where necessary.

Judgment: Compliant

Standard 2.3

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

Staff supervision was routinely provided, and it was evident that it provided opportunities for reflection and for the identification of training needs. However, the content of supervision records in some cases was identical and did not differ greatly from meeting to meeting. The recording of supervision needed to ensure it was specific to the individual and how they were performing their role. In a number of instances supervision records did not reflect the staff member's practice and did not demonstrate meaningful engagement with their performance and development over time. Appraisals had been completed for all staff in 2025.

Judgment: Partially Compliant

Standard 2.4

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

The centre promoted a culture of learning. All staff members received mandatory training to meet the specific needs of residents. The service supported staff in continually updating and maintaining their knowledge and skills. There was a system in place to maintain oversight and monitor the training needs of the staff team.

Judgment: Compliant

Standard 3.1

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

A risk management policy and a risk register outlining known risks were available in the centre. The provider had established procedures for monitoring and responding to risk. The risk register included clear and relevant control measures for risks across a broad

range of areas but had not included risks identified during the inspection such as food safety. There were fire safety measures in place but a fire drill had not been completed after dark or during out-of-hour periods when there were reduced staff on duty to assure the provider their systems were effective.
Judgment: Substantially Compliant

Quality and Safety

This inspection found that the governance and management arrangements were supporting the delivery of a safe and person-centred service. Residents were supported to live independently and were treated with respect and dignity. Investment in accommodation and facilities in the centre was evident and resulted in the provision of good quality accommodation and services for residents. While residents were general satisfied with the quality of the accommodation, improvements were required in some areas including room allocation, grocery deliveries and supports for residents with special reception needs

The allocation of accommodation was guided by a room allocation policy. The service provider received limited information about residents before they arrived to the centre but the management team considered residents' needs, when known, while allocating accommodation. They also facilitated residents to change rooms when this was requested or required to meet their needs; however, there was no log to keep a record of these requests, or to demonstrate how they were prioritised.

The standard of the accommodation was adequate. The bedrooms observed by the inspectors were generally well maintained and residents had storage for their personal belongings. However, the inspectors noted some maintenance issues in some bedrooms and bathrooms, including, mould, broken window handles, and some radiators not working. While all these issues were known to the staff team, the inspectors noted that recording of maintenance issues required improvement. Despite this, residents reported that they were, for the most part, satisfied with their accommodation.

There was a laundry room in the centre which was found to be clean and well maintained. There were sufficient numbers of washing machines and tumble dryers available for residents. All equipment was observed to be in working order and there was appropriate access to cleaning materials and laundry detergent.

Security measures were sufficient, proportionate and appropriate. The provider had carried our security risk assessments, and appropriate controls were in place. Plans were in place for night porters to complete PSA training. Closed circuit television (CCTV) was in operation in external and communal areas of the centre and its use was informed by a centre policy. Residents had private spaces to meet with visitors where CCTV was not in operation.

Residents were provided with self-catering facilities within the centre and purchased their groceries through the provider's off-site food hall, with deliveries made to the centre taking place three times a week. However, the inspection identified weaknesses in the oversight and recording of grocery deliveries, including the absence of formal

systems to document complaints made by residents regarding the quality of food and products supplied. Although concerns raised by residents were managed informally by the centre manager with replacement of food or products made available, no formal monitoring systems were in place to track complaints or the timely collection of chilled and frozen goods. In addition, there were no structured consultation mechanisms for residents regarding food supplies or food preparation facilities.

As a result, a small number of residents reported dissatisfaction with the quality of food and products delivered, and reported instances where meat and milk products were spoiled upon collection. A limited number of residents also informed the inspectors that they had insufficient information regarding their entitlements and had purchased their own cookware, such as, pots and pans. The support manager advised the inspectors that the identified deficits would be addressed and supported by standard operating procedures in these areas.

The inspection found that the provider generally promoted and protected the rights and general welfare of residents. Residents were encouraged to be independent and autonomous while receiving the necessary supports to achieve this. It was evident from positive interactions between residents and centre staff and management that residents were treated with respect and kindness. Residents were provided with information about local supports and services, and assisted to access them. The centre manager had developed links with many local organisations and services to promote integration and ensure residents had opportunities to develop connections, work, study, and enjoy hobbies.

The inspectors reviewed the safeguarding arrangements in the centre and found there were suitable measures in place to safeguard residents. The provider had ensured that staff received appropriate training and that relevant policies and procedures were in place, including effective systems for management oversight of safeguarding incidents. At the time of inspection there were no active safeguarding or protection risks, and residents who spoke with inspectors expressed that they felt safe living in the centre.

There were further arrangements in place to record, report and learn from any significant or adverse incidents that occurred in the centre. For example, at the time of the inspection, the staff team had identified need for enhanced training for responding to conflict. Incidents were managed appropriately and in line with centre policy. There was a clear escalation pathway that ensured information regarding incidents informed risk management processes. Serious incidents were found to be notified to the relevant government departments.

The inspectors found that residents received support to independently manage their own health and development needs, and additional assistance was provided where necessary. The centre manager and staff team maintained good links with local

community organisations and facilitated residents to engage with local support services, both on and off-site. Staff members advocated on residents' behalf where necessary, particularly in relation to health or medical needs.

The inspectors found that where the provider was informed of the special reception needs of a resident, they endeavoured to provide necessary supports. A suitably qualified and experienced reception officer had been employed in the centre following the previous inspection. Residents were aware of the role of the reception officer, and described them as being kind and helpful. Consideration had been given to the hours worked by the reception officer to ensure residents had access to the support available. A reception officer policy and procedure manual was available but it required further review to ensure that staff had clear information to support them in practice and guide them in the completion of vulnerability assessments, including the timelines for completing and reviewing such assessments.

At the time of inspection, 27 (39%) residents had participated in a vulnerability assessment. Where special reception needs were identified, these were recorded on a resident risk register, enabling the reception officer and the centre manager to maintain effective oversight of residents' needs within the centre. Residents were referred to relevant support services based on their identified needs. However, although supports had been provided to some residents whose needs were identified prior to the commencement of the reception officer role, a structured programme of vulnerability assessments was required for residents who had been in the centre before the introduction of this role. This was necessary to ensure all residents' needs were appropriately identified and addressed.

Overall, it was found residents were very happy living in this accommodation centre. The staff and management team were consistently working towards ensuring residents received a high-quality and person-centred service. There were areas for improvement in relation to living space and recording of residents' support plans. Notwithstanding, it was evident that the provider was committed to and had the capacity to operate a service that provided safe and good-quality accommodation to residents.

Standard 4.1

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

The inspection found that the provider made efforts to ensure that the accommodation met the needs of residents where possible, and was guided by centre policy. While the provider facilitated residents to change rooms, a written criteria was required to guide staff practice.

Judgment: Substantially Compliant

Standard 4.2

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

While the standard of accommodation was good for the most part, and provided sufficient space in line with the requirements of the national standards, there were some ongoing maintenance issues that needed to be addressed and recorded appropriately.

Judgment: Substantially Compliant

Standard 4.7

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

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

Judgment: Compliant

Standard 4.8

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

The inspectors found that the service provider had implemented suitable security measures within the centre which were proportionate and adequate. CCTV was in operation in communal spaces and a private room to meet with visitors and professionals was available in the centre. Security risks were identified and appropriate controls put in place.

Judgment: Compliant

Standard 4.9 The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.
Appropriate arrangements were in place to facilitate residents to purchase their own non-food items such as shampoo and shower gel through the voucher system used in the centre.
Judgment: Compliant
Standard 5.1 Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.
The provider ensured residents had access to appropriate food preparation and dining facilities. Residents had access to a communal kitchen that was well equipped and contained sufficient cooking stations for residents to prepare meals. Adequate and comfortable spaces for dining were also available. However, no formal systems were in place to document resident complaints regarding food quality and the timely collection of chilled and frozen goods. There was also a lack of structured consultation with residents on food supplies and food preparation facilities. Some residents lacked sufficient information regarding their entitlements, and instead of being provided with basic equipment required to prepare and cook their meals they purchased their own cookware.
Judgment: Partially Compliant
Standard 5.2 The service provider commits to meeting the catering needs and autonomy of residents which includes access to a varied diet that respects their cultural, religious, dietary, nutritional and medical requirements.
The centre provided self-catering facilities for residents where they had a choice of foods and could cook culturally sensitive meals. Residents used the voucher system which allowed them to buy food from the service provider's online food ordering system and cook for themselves
Judgment: Compliant

Standard 6.1

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

It was evident that a considered effort was made by the provider and centre manager to provide a service that respected residents as individuals and upheld their rights. Residents were provided with information and the necessary support to avail of services and resources they were entitled to. Residents were treated with care and kindness, and they felt that staff members listened to them and valued their opinions.

Judgment: Compliant

Standard 7.1

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

Residents were supported to develop and maintain personal relationships. Family and friends of residents were welcomed to the centre where they could meet in the communal areas. The provider ensured residents had access to more private spaces to meet with visitors and professionals.

Judgment: Compliant

Standard 7.2

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

Residents were well integrated within the local community. The staff team had developed strong links with community organisations and residents had information about community supports, education, employment and social groups.

Judgment: Compliant

Standard 8.1

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

There were effective arrangements in place to protect residents from the risk of abuse. At the time of inspection, there were no active safeguarding risks in the centre. It was evident that potential safeguarding concerns were investigated and responded to appropriately.

Judgment: Compliant

Standard 8.3

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

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

Judgment: Compliant

Standard 9.1

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

The inspectors found that arrangements in the centre ensured that each resident received the necessary support to meet their individual health and social care needs. The centre manager and reception officer ensured that where necessary, residents were facilitated to avail of assistance from external services.

Judgment: Compliant

Standard 10.1

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

In the event that the provider was notified of any special reception needs, it was found that they strove to meet them. For the most part, the provider was not made aware of any special reception needs in advance of resident admissions.

Judgment: Compliant

Standard 10.2

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

Staff members had extensive training in areas related to residents' known or potential needs and were enabled to identify and respond to residents' needs.

Judgment: Compliant

Standard 10.3

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

The provider had developed a policy on how to identify, communicate and address existing and emerging special reception needs. This was supported by a guidance manual and gave clear direction to the reception officer and staff. However, the policies did not contain sufficient information to guide other staff members in supporting residents with identified needs, and also lacked timeframes for completing or reviewing support plans.

Judgment: Substantially Compliant

Standard 10.4

The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.

The service provider had employed a suitably qualified reception officer for the centre. Residents were provided with the necessary supports in accordance with their assessed vulnerabilities. However, vulnerability assessments were required for residents who had arrived at the centre prior to the commencement of the reception officer role.

Judgment: Substantially 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	Substantially Compliant
Standard 1.2	Substantially Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
Standard 1.5	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Substantially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.2	Substantially Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant

Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Partially Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Compliant
Standard 8.3	Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Substantially Compliant
Standard 10.4	Substantially Compliant

Compliance Plan for Linden House

Inspection ID: MON-IPAS-1135

Date of inspection: 12 and 13 May 2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
2.3	Partially Compliant

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

We have introduced the following measures to ensure the supervision policy and guidelines are adhered to in practice:

- In addition to the annual supervision audit, a three monthly spot-check of supervision sessions will take place by the Quality and Compliance Manager to ensure supervision sessions are meaningful and person focused.
- Any areas noted for improvement will be actioned and reflected on the Annual Quality Improvement Plan where necessary.
- Supervisions will form the theme of the month in the next upcoming Quality and Center Manager meeting in July 2026. In this meeting the supervision guidelines will be revised in detail to ensure the Centre Manager understands how to approach the supervision in a person and role focused manner. Scenario based cases will be utilised to inform practice and promote further learning in the area of formal supervisions.

5.1	Partially Compliant

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

Since the recent inspection, we have developed and introduced the following:

- A detailed formal food hall complaints recording system. It will be reviewed monthly by the Quality and Compliance Manager.
- Any areas noted for improvement will be actioned and reflected in the Annual Quality Improvement Plan where necessary.
- If any patterns emerge the data will be trended in real time. In addition, we aim to complete Bi-annual trends audits of the food hall complaints records.
- Since the last inspection we have developed and rolled out a new resident survey. It now includes items to seek residents' feedback and input in areas such as food hall, dining and residents general knowledge of the complaints procedure. We aim to use this information to further inform our practice. We also aim to weave these items and any other relevant emerging items into our resident committee meetings.
- We are developing an Annual Food Hall Audit. It is currently in draft form and we aim to roll out it out by Q4 2026.
- Food hall is now reflected in our General risk register and is accompanied by a detailed Food hall SOP that promotes quality assurance and food safety.
- Finally, we are developing a comprehensive Food Hall Policy. It is currently in draft form and we hope to roll it out by Q4 2026.

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Partially Compliant	Orange	01/08/2026
Standard 5.1	Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.	Partially Compliant	Orange	01/06/2026