



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

Name of the Centre:	Millstreet Accommodation Centre
Centre ID:	OSV-0008443
Provider Name:	Cromey Ltd
Location of Centre:	Co. Cork
Type of Inspection:	Unannounced
Date of Inspection:	09/02/2026 and 10/02/2026
Inspection ID:	MON-IPAS-1129

## Context

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

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

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

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

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

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

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

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

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

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

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

## About the Service

Millstreet Accommodation Centre is located in Millstreet Co. Cork. The centre is situated on a scenic site of approximately 200 acres and comprises one main building and eight smaller buildings. An historical tower on site dates back to 1436. In the 1990s, it was developed as an accommodation centre to provide support to international protection applicants. The main building contained 80 bed spaces, the other eight buildings provided accommodation for a mix of family units and single rooms with en-suite or dedicated bathrooms.

The buildings had kitchen facilities throughout for the residents to cook and there was a dining room in the main building. There was a large laundry room with washing machines and dryers and a smaller laundry room in another building. In addition, there was a reception area, offices, a large study room, visitor room, and meeting rooms.

The centre was managed by a centre manager who reported to a director of services and was staffed by a director of operations, administrative manager, reception staff, general support staff and cleaning staff.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	271
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## How we inspect

This inspection was carried out to assess compliance with the *National Standards for accommodation offered to people in the protection process* (2019). To prepare for this inspection, the inspector reviewed all information about the service. This includes any previous inspection findings, information submitted by the provider, provider representative or centre manager to HIQA and any unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- talk with staff to find out how they plan, deliver and monitor the services that are provided to residents
- speak with residents to find out their experience of living in the centre
- observe practice to see if it reflects what people tell us and
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service provider is complying with standards, we group and report under two dimensions:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the service and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the service people receive and if it was of good quality and ensured people were safe. It included information about the supports available for people and the environment which they live.

A full list of all standards that were inspected against at this inspection and the dimension they are reported under can be seen in Appendix 1.

**The inspection was carried out during the following times:**

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
09/02/2026	10:50 – 18:15	1	1
10/02/2026	08:15 – 14:30	1	
10/02/2026	08:45 – 14:30		1

## What residents told us and what inspectors observed

During the inspection, the inspectors found that residents at Millstreet Accommodation Centre, were supported to experience a good quality of life while living in the centre. Residents informed inspectors that they felt safe, were treated with kindness, care and respect by the staff team and that they felt listened to. While these were positive findings, the inspectors found that there were unsatisfactory sleeping arrangements in the centre for some residents, which impacted on the ability of the service provider to fully promote the rights of all residents, primarily in relation to privacy and dignity. In addition, the inspectors were also concerned that twice yearly fire drills were inadequate for the centre, particularly given the size of the centre and number of residents living there. In support of these findings, there were aspects of the governance and risk management systems of this centre that required improvement, so that the service provider could be assured that a consistently good quality service was being provided to all residents.

This was an unannounced inspection of Millstreet Accommodation Centre which was located on the outskirts of a market town in Cork. Residents had access to a private transport service offered by the provider and also a public bus service to take children to school. The entrance area of the main building of the centre was observed as welcoming, and there was a receptionist available to the residents to offer assistance, guidance, and information as required. Throughout the inspection, the inspectors observed respectful and courteous interactions between residents and staff members. The inspectors observed residents coming and going, some returning from work, outings or shopping. The reception officer and centre managers offices were also close to the reception desk, where residents could speak in private to them. There were no restrictions to the residents entering or leaving the centre and there was security staff employed by the provider.

The inspection took place over the course of two days. The inspectors met with the quality and compliance manager, the operations manager, director of services and the centre manager. The inspectors had an introduction meeting with the management team and then completed a walk around of the buildings with the centre manager. The inspectors made themselves available to meet with residents across both days of the inspection.

The centre provided accommodation to international protection applicants and it catered for families and single adults, who were from a broad range of nationalities. The inspectors found that 31% of residents had received refugee, subsidiary protection or leave to remain status. The provider facilitated non-governmental organisations (NGOs) to hold clinics in the centre, to help residents source accommodation.

Residents informed the inspectors that they liked living in the centre as it had beautiful surroundings, they could go for walks in the grounds and there was lots of space for children to play and cycle their bicycles in the summer. Parents felt their children were safe in the centre. The grounds on which the centre is located were very well maintained and there was a football pitch and a designated playground area for children, along with an indoor sports hall available for use during bad weather.

Residents' views on the service were gathered by the inspectors through various methods of consultation including talking with them and HIQA resident questionnaires. The inspectors met and spoke with 21 adult residents and eight children throughout the course of the inspection. Residents all reported that they felt safe living in the centre. Residents who met with the inspectors said that they found the management team very approachable and helpful and most residents said they were happy living in the centre.

However, observations of the accommodation provided in the centre found that some children, including teenagers, and parents were required to share bedrooms. Also the inspectors noted that some siblings of opposite gender over the age of 10 years were sharing bedrooms. Some residents outlined that they were not happy with these sleeping arrangements for their children. Sleeping arrangements in the centre impacted negatively on some residents' right to privacy and dignity.

The centre was made up of nine buildings. The main building included offices, meeting rooms, a dining room, a sports hall, 37 bedrooms, and five separate family units. There were kitchenettes throughout the building with cupboards for storing food and areas for washing up. At the back of the main building, there was a large laundry room with 16 washing machines and dryers. An additional laundry room was located in one of the smaller buildings within the centre, containing five washing machines and four tumble dryers. Bedrooms in the centre accommodated a maximum of two unrelated residents per room. Some rooms had an en-suite with a shower and toilet, while others had access to a bathroom on the same floor. The other eight buildings were of a similar standard to the main building and provided residents with adequate bathroom and cooking facilities. Overall, the buildings were clean and maintained to a good standard.

Residents were provided with bed linen and towels upon arrival, and there were adequate facilities available for laundering them as needed. A further set of bed linen and towels could be requested as required. Residents received additional points for toiletries, baby foods and other non food items in their weekly points allowance.

In-house healthcare services were available through a nurse, mental health services and a general practitioner, and an after-school service for children was provided by a local non-governmental organisation (NGO).

The centre did not provide catering and operated a points system for the purchase of food and sundries supplied from the service provider's shop. Residents used an online food ordering system with a points system to purchase food and the operations manager organised the delivery of the orders to the centre three times per week.

The observations of the inspectors and some of the views of residents outlined in this section are generally reflective of the overall findings of the report. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

This inspection found that Millstreet Accommodation Centre was being effectively managed on a day-to-day basis by a committed management and staff team. Most residents informed inspectors that they were happy with the support they received in the centre and felt safe. Despite this, at the time of inspection, some areas required attention. These areas related to risk management, sleeping arrangements for residents and promotion of residents' rights.

The service provider had a clear governance structure in place for the centre. Millstreet Accommodation Centre was managed by a centre manager who managed a team of staff members, including general operatives, night porters and domestic staff. The centre manager reported to a director of operations, who oversaw a number of other accommodation centres. The director of operations, in turn, reported to a director of service. The management team was supported by a quality and compliance manager whose duties were related to all regulatory matters. The provider had good reporting arrangements in place which operated effectively for good oversight and monitoring purposes. Senior management and local team meetings were being held regularly and there was a wider network established to support the centre manager.

The inspectors found that the centre management team had a good understanding of the policy framework governing service operations, encompassing relevant legislation, national policy, and the national standards, which supported their effectiveness. The provider had formal systems and processes for reporting, quality improvement and auditing in place, and had completed an annual review of the centre. Additionally, the management team had developed a quality improvement plan for the centre which had been informed by the annual review. Accountability was evident within these processes as each action was attributed to a member of the management team and a date set for completion of relevant actions. The quality and compliance manager completed regular audits to ensure actions were completed as assigned. The management team had also distributed a survey to all residents to gain insight into the lived experience of residents and to ensure the support offered to residents was person-centred.

The number of residents living in the centre had increased since the last inspection in 2025. This was primarily due to families with several members being accommodated in the centre. This resulted in children and or young people sharing sleeping arrangements with their parents, and siblings of opposite genders sharing bedrooms. The associated risks to these arrangements had not been considered or assessed by the provider. There was no short- or medium-term strategy in relation to current or future admissions to the centre to ensure it operated within its bed and premises

capacity. The sleeping arrangements in some bedrooms in the centre had a significant and unacceptable impact on these resident's basic human rights including their right to privacy and dignity.

While the centre had a risk management framework in place it was not fully effective. There was a risk management policy in place and a risk register and risk assessments had been completed. However, some risks identified by inspectors during the inspection had not been fully considered or assessed by the provider. These risks included, children aged 10 years and older and of opposite genders sharing bedrooms.

Inspectors found that twice yearly fire drills were inadequate, particularly for new residents who arrived in the interim. Numerous languages were spoken in the centre and English was often not the residents' first language. This presented further challenges in the event of a fire or smoke emergency. The impact of language challenges in the event of an emergency had not been fully considered. The provider had taken a proactive approach to other areas of risk and had plans in place for unforeseen events, such as flood and electricity outage in the centre.

There was an effective complaints policy and process in place at the centre. Complaints had been clearly documented, complainants were consulted, and issues were resolved in a timely manner. A recording system was used to support the service provider with good oversight of complaints, which helped inform ongoing service improvements.

The provider had ensured safe recruitment practices in the centre. There was a recruitment policy in place for the centre. Inspectors reviewed personnel files and found that Garda Síochána (police) vetting was in place for all staff members. International police checks had been obtained for all staff who required one. The service provider had a system in place to risk assess positive disclosures identified through vetting processes, where applicable. There was photo identification, a contract of employment, job description and records of their formal employment induction in place for all staff members in line with the requirements of the national standards.

Managers were providing formal supervision to staff, which focused on practice support and skills development. Additionally there was an annual staff appraisal and a staff probation system in place which, on review by inspectors were found to be effective. The inspectors observed positive and professional interactions between staff members during the inspection and were told by staff members that they felt supported by management and colleagues.

The learning and development needs of the staff team were being prioritised and all staff members had completed the mandatory training requirements. The management

team had developed a system to maintain oversight of all of the training completed and the dates for future training was scheduled. All staff members had completed training in *Children First National Guidance for the Protection and welfare of Children* (2017) and safeguarding of vulnerable adults training. There was additional training provided to staff in line with their roles and responsibilities. For example, training in awareness of traumatic events experienced by some residents had been provided to the relevant staff.

There was a residents' charter in place which remained in keeping with the requirements of the national standards since the past inspection of this centre.

In summary, the provider in collaboration with the management team had maintained the quality of the service offered to residents following the last inspection. However, further improvements were required in relation to risk management, accommodation, and the promotion of residents' rights.

### **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.

In the main, the service provider performed its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre. Nonetheless, the provider had not developed a strategy in relation to the admission of additional residents to the centre which had a negative impact on some residents' privacy, rights and dignity.

Judgment: Partially Compliant

### **Standard 1.2**

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

The service provider had management and governance arrangements in place which specified roles and detailed responsibilities for areas of service provision. The provider had implemented formal quality assurance and reporting systems to support effective governance, oversight and monitoring of all aspects of service provision. The provider scheduled regular team and management meetings which allowed for shared learning across the team.

Judgment: 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.

There was a residents' charter in place which accurately and clearly described the services available to children and adults living in the centre, including how and where the services are provided. The charter was comprehensive and included information on local services, such as schools, child care facilities, sports clubs, places of religious worship and gave a clear outline of the complaints process. The residents' charter also included how each individual's dignity, equality and diversity was promoted and preserved in the centre. Copies of the charter were given to residents on arrival at the centre and it was available in a number of languages.

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 provider had developed an audit structure to support quality improvements in the centre. The service provider had also completed an annual review of the quality of care and experience of the residents which informed the development of a quality improvement plan for the service.

Judgment: Compliant

### **Standard 2.1**

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

On a review of documentation, the inspectors found that all staff members had a valid Garda vetting disclosure and all staff members who had resided outside of the country for a period of six months or more had an international police check in place. The provider had implemented an effective staff appraisal system which was completed annually.

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.

The provider had developed and implemented fully a system for supervision of staff since the last inspection which was distinct from the appraisal system and focused on practice support. Staff members spoken with said they felt supported by the centre managers. The inspectors observed that staff members demonstrated a good understanding of their roles and responsibilities in promoting and safeguarding the welfare of all residents.

Judgment: Compliant

### **Standard 2.4**

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

Training was provided to all staff members including those employed on a contractual basis. Some members of the management team had received training in additional areas such as traumatic events and conflict resolution. A comprehensive training programme, training needs analysis and a training schedule were in place to ensure all training needs were met.

Judgment: Compliant

### **Standard 3.1**

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

While the provider had a risk management policy and a risk register in place, and while risk assessments for residents and the facilities had been completed, some risks identified by inspectors during the inspection had not been fully considered or assessed by the provider. These risks included, children aged 10 years and older and of opposite gender sharing bedrooms, or parents and children sharing bedrooms, which did not promote human rights related to privacy and dignity. Also inspectors had some concerns that twice yearly fire drills in the centre were inadequate, particularly for new residents and given the size and number of residents in the centre.

Judgment: Partially Compliant

## Quality and Safety

Overall, the provider and centre management at Millstreet Accommodation Centre were committed to delivering a good quality and safe service that met the needs of all residents. Residents were being supported to live independently and were treated with respect and dignity. Residents who spoke with inspectors said they liked living in the centre, found managers approachable and had good relationships with them. However, inspectors identified that improvements were required to the promotion of residents' privacy and dignity in relation to sleeping arrangements.

The provider had a room allocation policy to guide staff in allocating accommodation to residents. When residents arrived at the centre, the centre manager and staff team made allocation decisions based on the information available to them at the time and available accommodation. The family unit was prioritised and families were accommodated together. While the provider had a policy for room allocation the privacy and dignity of some residents living in the centre was not promoted due to their sleeping arrangements which were not in line with the requirements of the Housing Act 1966, as parents were required to share bedrooms with their children. The management team were aware of these findings but had not adequately assessed the associated risks. The provider was unaware of how widespread this issue was in the centre and so had begun a review process on the second day of inspection.

On inspection of a sample of residents' bedrooms, inspectors found that the accommodation was generally maintained to a good standard and was homely, accessible and appropriately furnished. However, in some rooms viewed by the inspectors, siblings of opposite gender who were aged 10 years and over were sharing the same bedroom contrary to national requirements. This was not a suitable sleeping arrangement and impacted on basic rights such as privacy and dignity.

During the inspection, inspectors found that generally, the promotion of residents' general welfare was central to staff practice. This was evident in resident engagement, support offered by the reception officer and supports to access medical services within the local community. The service provider was aware of the need for health supports and endeavoured to promote the health and wellbeing of residents. Links with local services were established and maintained where required. Residents were referred to the appropriate support services where necessary and information about support services was readily available. The manager explained that the centre also had in-house services and supports available to residents such as, a general practitioner, nurse and psychological support services and residents could avail of these services as necessary.

The service provider was committed to ensuring residents' educational supports were in place. The reception officer provided support for parents to access childcare and primary and post primary education placements for their children. Residents were facilitated to attend English language classes and were offered training opportunities or to continue further studies. A study room was available to young people to complete homework, and Wi-Fi internet access was provided within the centre to support residents undertaking coursework.

Safeguarding practices were well developed and the service provider had appropriate policies and procedures in place to guide the safeguarding of residents in the centre. Residents reported that they felt safe and protected and the staff team were aware of their responsibilities in this regard. There were good practices in place in this centre to ensure children were safeguarded and protected. There was a designated liaison person identified and they sought advice from statutory agencies when required. Child protection and welfare concerns were reported in line with Children First. Parents were supported to provide age appropriate supervision to their children, in line with the centre's policy. There were appropriate working relationships between the staff team and an external provider of childcare facilities provided in the centre. It was evident that information was appropriately shared to ensure the best interests of the children living in the centre. The management of incidents was good and there was appropriate reporting of incidents as they occurred in line with national policy. Additionally the management team had introduced a tool to support them in their oversight, review and learning from incidents.

The service provider had established a policy to identify, communicate and address existing and emerging special reception needs and had employed dedicated reception officers with the necessary skills, qualifications and experience to fulfil the role. This policy incorporated a special reception needs guidance manual to support staff in their role. The appointed reception officer was a member of the senior management team and had received appropriate training to act as the primary point of contact for residents, staff and managers in relation to special reception needs.

The reception officer had developed a vulnerability assessment to support residents with identified and emerging special reception needs. This vulnerability assessment was completed when residents first arrived at the centre and was updated as needs emerged. In addition, the provider maintained a risk log register for residents identified as having special reception needs to ensure these needs were monitored and addressed. There was evidence that the reception officer had made referrals to relevant support services and facilitated residents to attend appointments with general practitioners, mental health professionals, family resource officers and social workers.

The reception officer maintained clearly documented records of supports and services offered 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.

This centre provided residents with a bedroom and communal living and leisure areas for adults and children. While the provider had a room allocation policy in place which was implemented as much as was possible, the service provider had not assessed the number of children of opposite gender sharing bedrooms and the associated risks. Additionally the provider had not considered the number of parents sharing bedrooms with their children.

Judgment: Partially Compliant

#### **Standard 4.3**

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

The living accommodation provided in the main building adversely impacted on the privacy and dignity of families. The sleeping arrangements for some families were not in line with the requirements of the Housing Act 1966 as parents were required to share bedrooms with their children. In some rooms, viewed by the inspectors, siblings of opposite gender who were aged 10 years and over were sharing the same bedroom contrary to the requirements of the national requirements. These arrangements could not promote the privacy, dignity or the safety of 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.

Families were found to be accommodated together in the centre. Notwithstanding the findings in relation to sleeping arrangements for families, bedrooms were supplemented by ample communal areas for children to play and complete homework while supervised by their parents.

Judgment: Compliant

#### **Standard 4.6**

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

The service provider had supported the development by a local NGO of an after-school club where children could go to do homework, artwork and which had age-appropriate toys and books for the children. It was a child friendly, comfortable and inviting area and supported the educational development of each child and young person. There were also appropriate and adequate facilities in the centre to ensure children could complete their homework and study.

Judgment: Compliant

#### **Standard 4.7**

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

There were three laundry rooms in the centre, which were found to be clean and well maintained, and contained adequate number of washers and dryers for the number of residents. Equipment was observed to be in working order and there was appropriate access to cleaning materials and laundry detergent.

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 deemed proportionate and adequate and which respected the privacy and dignity of residents. CCTV (visual only) was in operation in communal spaces only within the centre and was informed by the service provider's policy.

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.

The provider had made non-food items and products available to residents to ensure personal hygiene, comfort and dignity. The provider had also ensured residents were provided with two sets of towels and bedlinen on arrival. Residents were also provided with the necessary utensils and equipment in the individual kitchenettes to allow them to live independently.

Judgment: Compliant

#### **Standard 5.1**

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

The centre provided self-catering options for residents where they could cook foods of choice and culturally sensitive meals. There were storage facilities available for residents' food and kitchen facilities included ovens, cookers, microwaves, refrigerators, hot water and space for preparing meals.

Judgment: Compliant

#### **Standard 5.2**

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

The provider had developed an online food ordering system where the residents could order their groceries and they would be delivered to their accommodation from the provider's off-site shop.

Judgment: Compliant

### **Standard 6.1**

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

Notwithstanding the findings of this inspection in relation to sleeping arrangements for families, generally, the rights and diversity of the residents was respected, safeguarded and promoted in Millstreet Accomodation Centre, particularly in relation to personal beliefs, life choices and religion. The inspectors observed that residents were treated equally and with respect by staff members and management. The centre promoted inclusivity across religious beliefs, gender, and age. Information on residents' rights was displayed in a prominent area in the centre. The service provider had processes in place to consult with residents, such as a residents' survey and meetings.

Judgment: Compliant

### **Standard 7.1**

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

Residents were being supported and facilitated to develop and maintain personal relationships, and they had the opportunity to invite friends and family to visit them in the centre's communal area. There was also a private meeting room should they need to meet with a professional or family member in private.

Judgment: Compliant

### **Standard 7.2**

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

The service provider ensured that residents had access to local recreational, educational and health and social services. Residents had access to a private bus service operated by the provider which took residents regularly to the local town and the city at weekends. External agencies and NGOs attended the centre to offer support and advice around education, training, employment and local services. Additional transport was made available to residents to attend medical appointments when required.

Judgment: Compliant

### **Standard 8.1**

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

The service provider had policies and procedures in place to protect all residents from all forms of abuse and harm. The inspectors reviewed incident records for the centre and found that there was an effective recording system in place to document safeguarding issues. Appropriate action was taken to address concerns as they arose and all safeguarding incidents were notified to the relevant authority as required. The provider had also implemented an incident learning and review system to support learning from adverse events.

Judgment: 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.

There was a child protection policy and child safeguarding statement in place and staff members had completed training in child protection. There was an appropriately trained designated liaison person appointed and their name and contact details were prominently displayed. The staff team supported and facilitated parents to provide age appropriate supervision to children and also made available supports to children as necessary.

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.

Incidents which occurred in the centre were well-managed and reviewed in line with national policy. The provider had also developed and implemented an incident learning and review system.

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 service provider promoted the health, wellbeing and development of each resident and offered appropriate, person-centred and needs-based support to meet any identified health or social care needs. Residents were provided with information and assistance to access supports for their physical and mental health. The service provider had engaged with community healthcare services, general practitioners and local NGOs to support resident's needs. In-house healthcare was also available to residents, including a general practitioner, psychological support and a nurse.

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.

The provider ensured that any special reception needs notified to them were incorporated into the provision of accommodation and associated services for the resident. The reception officer met with residents on arrival to the centre and completed a vulnerability assessment which allowed the staff to offer support to residents as appropriate.

Judgment: Compliant

**Standard 10.2**

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

The service provider had a policy and specialist training in place to support the reception officer and staff to identify, address and respond to existing and emerging special reception needs. Residents received information and referrals to relevant external supports and services as necessary.

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 reception officer policy to identify, communicate and address existing and emerging special reception needs. The reception officer was the principal point of contact for residents, staff and managers for ongoing or emerging special reception needs. The reception officer had also developed a vulnerability assessment which was being completed with residents on arrival and as emerging needs were identified.

Judgment: Compliant

**Standard 10.4**

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

The service provider had employed a suitably qualified reception officer for the centre to support all residents, especially those people with special reception needs both inside the accommodation centre and with outside agencies and was the principal point of contact for residents. The reception officer was a member of the senior management team.

Judgment: Compliant

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

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

Standard	Judgment
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Partially Compliant
Standard 1.2	Compliant
Standard 1.3	Compliant
Standard 1.4	Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Compliant
Standard 2.3	Compliant
Standard 2.4	Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Partially Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Partially Compliant
Standard 4.3	Not Compliant
Standard 4.4	Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant

Standard 4.9	Compliant
<b>Theme 5: Food, Catering and Cooking Facilities</b>	
Standard 5.1	Compliant
Standard 5.2	Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.1	Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Compliant
Standard 8.2	Compliant
Standard 8.3	Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Compliant
Standard 10.4	Compliant

# Compliance Plan for Millstreet Accomodation Centre

Inspection ID: MON-IPAS-1129

Date of inspection: 09/02/2026 and 10/02/2026

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Standard	Judgment
1.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The Accommodation Allocations Policy now includes a strategy in relation to admission of additional residents to the center. If any residents needs cannot be met on arrival the following standard operating procedures will be implemented:</p> <ul style="list-style-type: none"> <li>➤ Residents will be temporarily allocated the available accommodation at the time until more suitable accommodation becomes available.</li> <li>➤ Any residents deemed to be in this situation will be placed on a priority re-allocation waiting list.</li> <li>➤ The risk of this occurring on arrival will be been reviewed, assessed and actioned via the General risk register.</li> <li>➤ Any resident temporarily allocated on the priority list for re-allocation will be reviewed, assessed and actioned via the resident risk register.</li> <li>➤ The risk will be escalated to the appropriate external agency.</li> <li>➤ The center will aim to re-allocate the residents on the priority list as promptly as practical and possible.</li> <li>➤ Residents will be offered support by staff and the reception officer and assisted with requesting a transfer to another center if they wish to do so.</li> </ul>	

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

Going forward a risk assessment will form part of the admission strategy and it will include assessing risks in relation to sleeping arrangements of new arrivals. On arrival, if any

residents sleeping arrangements are deemed as a risk the following standard operating procedures will be implemented:

- Any residents deemed to be in this situation will be placed on a priority re-allocation waiting list.
- The risk of this occurring on arrival will be reviewed, assessed and actioned via the General risk register.
- Any residents assessed as at risk in relation to sleeping arrangements will be placed on the priority list for re-allocation and it will be reviewed, assessed and actioned via the resident risk register.
- The risk will be escalated to the appropriate external agency.
- The center will aim to re-allocate the residents on the priority list as promptly as practical and possible.
- Residents will be offered support by staff and the reception officer and assisted with requesting a transfer to another center if they wish to do so.

Fire drills and evacuations in the centre were carried out twice yearly on the advice of our Fire Safety Consultant. These will increase to every 3 months in 2026. At least one unannounced fire drill/evacuation will take place in dark time hours.

Fire induction training is provided to all new residents and staff. A fire safety induction record for new arrivals will be maintained from this date forward. We will disseminate fire safety information in the different languages to all residents.

4.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Going forward a risk assessment will form part of the admission strategy and it will include assessing risks in relation to sleeping arrangements of new arrivals. On arrival, if any residents sleeping arrangements are deemed as a risk the following standard operating procedures will be implemented:</p> <ul style="list-style-type: none"> <li>➤ Any residents deemed to be in this situation will be placed on a priority re-allocation waiting list.</li> <li>➤ The risk of this occurring on arrival will be been reviewed, assessed and actioned via the General risk register.</li> <li>➤ Any residents assessed as at risk in relation to sleeping arrangements will be placed on the priority list for re-allocation and it will be reviewed, assessed and actioned via the resident risk register.</li> <li>➤ The risk will be escalated to the appropriate external agency.</li> <li>➤ The center will aim to re-allocate the residents on the priority list as promptly as practical and possible.</li> <li>➤ Residents will be offered support by staff and the reception officer and assisted with requesting a transfer to another center if they wish to do so.</li> </ul>	
4.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Going forward a risk assessment will form part of the admission strategy and it will include assessing risks in relation to sleeping arrangements of new arrivals. On arrival, if any residents sleeping arrangements are deemed as a risk the following standard operating procedures will be implemented:</p> <ul style="list-style-type: none"> <li>➤ Any residents deemed to be in this situation will be placed on a priority re-allocation waiting list.</li> <li>➤ The risk of this occurring on arrival will be been reviewed, assessed and actioned via the General risk register.</li> <li>➤ Any residents assessed as at risk in relation to sleeping arrangements will be placed on the priority list for re-allocation and it will be reviewed, assessed and actioned via the resident risk register.</li> </ul>	

- The risk will be escalated to the appropriate external agency.
- The center will aim to re-allocate the residents on the priority list as promptly as practical and possible.
- Residents will be offered support by staff and the reception officer and assisted with requesting a transfer to another center if they wish to do so.

## Section 2:

### Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Partially Compliant	Orange	20/04/2026
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	20/04/2026
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	Partially Compliant	Orange	Immediate action- reflected in the resident risk register 11/02/2026

	the best interests of the child.			
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	30/04/2026