



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

Name of the Centre:	Mosney Village
Centre ID:	OSV-0008444
Provider Name:	Mosney Unlimited Company
Location of Centre:	Co. Meath
Type of Inspection:	Short-Term Announced
Date of Inspection:	09/09/2025 to 17/09/2025
Inspection ID:	MON-IPAS-1102

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 national¹ and international level² 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 Service³. 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 permanent⁴ 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

Mosney Village is located on an expansive 80-acre open green space site situated along the County Meath coastline. It has a recorded capacity of 977 people and is currently housing 736 residents. Mosney Village is contracted to provide services to people in the international protection process and also refugees who have been resettled in Ireland through the Irish Refugee Protection Programme. The centre caters to a diverse population including families, couples, and single males and females. The centre is a blend of over 300 houses, apartments, and essential facilities such as administration offices, a medical centre, a food hall, multi-function rooms, football fields, outdoor playgrounds, a church, and green areas. A dedicated bus service, contracted to a private operator, is available for residents to travel to Drogheda town for various services.

Mosney Village is operated by a dedicated team, including a management team, an operations team, administrative staff, security personnel, and maintenance staff. The premises are privately owned, and the service is provided by Mosney Unlimited Company on a contractual basis with the Department of Justice, Home Affairs and Migration.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	668
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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)
09/09/2025	09:30hrs – 17:30hrs	1	3
10/09/2025	08:30hrs – 17:45hrs	1	2
17/09/2025	09:00hrs – 15:10hrs	1	2

What residents told us and what inspectors observed

The inspectors found, through conversations with residents, and a review of documentation and observations made during the inspection, that residents at Mosney Village were provided with safe and comfortable accommodation that supported their independence and autonomy. The service provider had invested significantly in the centre's facilities, and a range of external supports were available on site for residents. The staff team endeavoured to support residents but the approach was not always person-centred, and the use of some restrictive practices combined with ineffective methods of communication and consultation with residents led to varied, and in some instances, mixed experiences, by some residents. Overall, the governance and management arrangements for the centre required development to ensure the provider had appropriate oversight of centre practices which in turn would ensure the needs of all residents were being consistently met. It was evident over the course of the inspection, that the service provider and staff were motivated to provide a high quality service and to make the necessary improvements to ensure the requirements of the national standards were being consistently met.

This was HIQA's second inspection of this centre, and it took place over three days. During this time, the inspectors met or spoke with 44 adult residents and 16 children in focus group discussions and direct conversations. In addition, 10 resident questionnaires were completed by residents and returned to the inspectors. The inspectors also spoke or met with the chief executive officer, centre manager, reception officers, managers and staff members from various departments in the centre. The inspectors also separately held a focus group discussion with five staff members from statutory and non-statutory services based in the centre.

The centre catered for families, couples and single residents, and could accommodate up to 977 residents. At the time of the inspection, there were 736 residents living in the centre, 302 of whom were children. The centre was in the process of admitting new residents and a small number accommodation units were temporarily unavailable due to maintenance work. Capacity was also reduced due to the configuration of the rooms to cater for larger families. While the primary function of the centre was to provide accommodation to people seeking international protection, the inspectors found that 300 (41%) of the residents had received refugee, subsidiary protection or leave to remain status.

Mosney Village is located in County Meath and a few kilometres away from nearby towns such as Drogheda and Julianstown, where most schools, public amenities and services are based. Public transport is available from the centre to Drogheda and nearby towns. While the centre is located on an 80-acre site, the centre's administration offices, facilities and residents' homes were contained within a large gated campus. Residents have access to these 80 acres of land, including green fields, sports fields, woodland walks, and a beach.

On a walk around the accommodation centre, the inspectors found the physical structures to be in good condition, with well-maintained communal areas providing amenities such as football pitches, playgrounds, and walking tracks. Roads and pathways were also well maintained, and the sidewalks and pathways ensured free movement and accessibility for all residents, including those with mobility challenges.

Residents were observed engaging in daily activities, interacting with each other, and engaging with staff in various areas of the centre. Although many children lived in the centre, it remained generally quiet, with most activity occurring in the mornings and in the afternoons when children returned from school. There was a bike rack located near the main gate, and it was obvious that many residents used their bicycles around the centre. However, the inspectors observed insufficient storage areas for bicycles and strollers, which remained outside some residents' accommodation and exposed to the environment. While these residents were asked to move strollers and other large items during room checks by centre staff, adequate alternative storage arrangements were not found to be in place.

The inspectors were invited into 15 of residents' homes, and also viewed a two-bedroomed apartment under renovation. Residents lived across a blend of accommodation types ranging from one to four bedroomed houses and apartments. There were 322 family units and 18 residents occupied single bedrooms at the time of the inspection. Each family had their own-door accommodation, which contained standard furniture, and promoted independent living. The accommodation units had varying room sizes, with some offering spacious living areas. While room sizes met statutory requirements, the inspectors observed limited storage for personal belongings in some rooms.

Residents engaged with told the inspectors that they were not permitted to bring additional furnishings or electrical appliances in to their accommodation. However, the inspectors observed that restrictions of this nature were applied inconsistently, as some residents had additional electrical appliances, such as freezers, for example. Standard fridges provided were limited for the needs of larger families and as additional cold food storage arrangements were not consistently in place for these residents, and in some cases these residents resorted to purchasing fresh food on a daily basis. Many residents felt that the limitations in place prevented them from arranging their homes to suit their needs or preferences. For example, in one case a family of five preferred additional seating over a dining table with five chairs but this was not catered for. As a result, this family used a mattress with cushions for extra seating, and their unused dining set was dismantled and stored in the corner of the room. While the preferences of this family was clear, it clashed with what was and was not permitted by the centre. The centre manager explained that the restrictions in place were due to health and safety risks. This approach required consideration by the centre management team, so that a balance between residents' needs and centre expectations could be found, and in a transparent manner.

The inspectors observed that all accommodation provided to residents, and all communal facilities were very well maintained and in good condition. A review of records found that there was an effective maintenance management system in place and residents who spoke to the inspectors praised staff for promptly addressing maintenance issues. Some residents however, felt that there were "too many" house inspections and that staff did not always respect their privacy by seeking permission before entry. For example, it was found that routine room inspections had occurred when residents were absent from their accommodation, a practice that did not align with the house rules provided to residents. While it was reasonable to expect that room checks were completed by staff, transparency in the centre's approach to this aspect of practice was required to ensure that the rights of residents were consistently promoted and protected.

Laundry facilities for residents were provided in a bright and spacious open-plan room with 82 washing machines and 85 tumble dryers. The laundry facility was manned by contracted staff to assist residents where necessary. It was open from 8am to 3.30pm daily. Some residents were of the view that the opening times were too restrictive as they were unable to wash or dry clothes in the evenings. This meant, for example, that parents could not wash school uniforms or bedding in the evenings.

The centre was self-catered and residents used a points-card system to purchase their groceries and other household items from a shop located in the centre. The centre shop closed at 3.30pm during the week, 1.30pm on Saturdays and was closed on Sundays, and residents engaged with felt these opening times did not align with their daily routines. For example, residents could not access the shop during peak afternoon and evening hours when children and adult residents had returned from school and work.

The centre provided various recreational and sporting facilities, and the grounds provided ample space for adults and children to play and opportunities for walks. This included a floodlit multi-sports pitch for football and basketball, two walking tracks, a gym, and a well maintained playground which catered to younger children. During the afternoons of the inspection, the inspectors observed children, supervised by responsible adults, playing in these playgrounds.

Other facilities available in the centre included several multi-purpose function rooms, a post office, church, computer centre and library, but residents faced restricted access to some of these amenities. For example, some residents told the inspectors that they would benefit from being able to use some of the multi-purpose rooms for family events such as children's birthday parties as their own accommodation had limited space. They explained that these requests were declined by staff in the centre because of previous risks associated with children being left alone in these common rooms. The computer centre and library were open for short weekday hours and some children and young people told the inspectors that they had limited time to access these services after school.

The inspectors received mixed feedback from residents about their experience of living in the centre. Importantly, all the residents engaged with reported feeling safe in the centre, with some highlighting that it was a particularly safe place for children. There were some residents who were dissatisfied with the size of their bedrooms, however; accommodation and some of the services provided were generally viewed positively, including the prompt resolution of maintenance issues. Children had similar views and stated they liked living in the centre, felt safe there, and enjoyed the recreational facilities available, and the regular events and activities held in the centre. Some children said the bus sometimes arrived late to pick them up from school. Some children told the inspectors that they had no desks in their homes to study or complete homework. When considered alongside limited access to alternative communal facilities in the centre, this meant that the provider did not adequately support children in their educational development.

A strong theme emerged during this inspection of residents not feeling heard and feeling discouraged from sharing their views. Most residents engaged with said they were unclear about how to make a complaint, and others expressed their reluctance to raise concerns. It was clear to the inspectors that improved communication and consultation with residents would enhance their confidence in engaging with centre processes and prevent misunderstandings or mis-apprehensions. Others said they were not asked for feedback about their lived experiences in the centre and were reluctant to attend resident meetings. The inspectors reviewed resident meeting minutes and noted poor attendance by residents. For example, over a seven month period since January 2025, no meetings were attended by more than four residents. Given the large population of this centre, this method of consultation and connection between residents and centre staff was proving ineffective.

Residents who engaged with this inspection had different experiences of life in the centre. While many had positive experiences interacting with staff, others stated that they would like to see improvements in communication and relationship building with centre staff. A number of residents spoken with, new residents in particular, were unfamiliar with the management structure in the centre and did not know who the centre manager was, for example.

In addition to speaking with residents about their experiences, the inspectors received 10 completed resident questionnaires. The questionnaires asked for feedback from residents on a number of areas including safeguarding and protection; feedback and complaints; how the centre is managed; food, catering and cooking facilities; residents' rights; staff supports; and accommodation. The response to the questionnaires was similar to the feedback received from the residents who spoke with the inspectors. The majority of residents reported feeling safe and happy living in the centre. However, it was notable that over half of the respondents were of the view that improvements were needed in terms of consultation and communication. Over half of the respondents indicated lack of awareness of the centre's complaints and safeguarding policies. However, the inspectors noted several public locations in the centre where some of these policies were displayed.

The centre hosted a number of statutory and non-statutory services which were based on site. This included a health centre funded and operated by the Health Service Executive (HSE), and an adult education and training centre managed by a local education and training board which offered English language classes and a variety of vocational courses. Other services also operating from the centre premises were a pre-school operated by a national voluntary organisation, and a domestic violence support service. Residents appreciated the invaluable support provided by some of these services and utilised them.

In summary, by closely observing daily life and interactions within the centre and engaging with residents, the inspectors found that the service provider was delivering a service that provided good quality accommodation, with high-quality facilities and access to external support services. However, some restrictions in place curtailed residents' ability to make decisions about their living environment, and limited access to some of the facilities meant that they were under-utilised and did not always meet the needs of the residents. Improved systems of engaging and consulting with residents was required in adapting a person-centred and human rights based approach in the centre.

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

Capacity and capability

This was the second inspection of Mosney Village. It was carried out to assess compliance with the national standards and to monitor the provider's progress since the previous inspection (MON-IPAS-1031) that was carried out in June 2024.

This inspection found that this was a well managed centre with strong leadership. There were good governance and management structures in place and lines of reporting and accountability were clear. However, overall improvements were needed in core areas such as reporting systems and monitoring and quality assurance mechanisms, so that the provider was continuously aware of the ongoing quality and safety of the service and was in a position to make informed improvements grounded in learning from everyday events, such as residents' lived experience, complaints and incidents. While the day to day operations of the centre were effective, there was a need for a proactive approach to enhancing consultation with residents and communication with external support services to ensure ongoing opportunities for service improvement and enhancement were identified and considered within the centre's quality planning context.

The provider and management team had a good understanding of the national standards, legislation and regulations, although further improvement was required to ensure that this knowledge was reflected in practice. While investments in facilities and support services in the centre were evident and resulted in the provision of good quality accommodation and easy access to community-based supports, areas of non-compliance with national standards and policy existed. For example, statutory notifications to HIQA required by regulations were not always submitted and safeguarding practice was not guided by written centre policies and procedures which in turn were informed by national policy and or guidance. As the provider had not developed an effective way of continuously self-assessing compliance with, for example, the national standards, areas for improvement went unidentified. However, it was very evident that the provider and management team displayed a strong willingness to engage and learn from the inspection process.

This inspection found that the service provider had clearly defined governance and management structures and arrangements in place but these could be more effective. The centre was managed on a day-to-day basis by a competent centre manager who reported directly to the chief executive officer (CEO), who in turn reported to a board of directors. The centre manager and CEO met on a daily basis and the CEO was actively involved in the running of the centre. While this level of engagement and involvement was positive, there were no formal arrangements by way of one-to-one recorded meetings at this level, which included written reporting mechanisms from the centre manager to the CEO. As a result, routine reporting on key areas and decision making at this forum was not recorded or transparent. This did not facilitate effective governance at senior management level.

All managers in the centre reported directly to the centre manager and reception officers formed part of the management team. Regular management and departmental meetings were held. While this promoted communication and some level of oversight in the centre, these meetings lacked standing agenda items such as risk, incidents and safeguarding which are critical for ensuring good governance. Risk was, however; discussed at weekly risk management meetings and the inspectors were informed that the CEO attended these meetings. The centre manager explained that the focus of these

meetings was to review the centre's risk register. However, with the exception of amendments to the risk register, overall discussions on risk were not minuted nor was attendance at these meetings recorded.

The service provider had complex recording systems in place which were fragmented and required further development. This was being addressed at the time of inspection. Key data and information relating to residents and centre operations were stored across different systems and departments, limiting oversight and the ability to track decisions, trends, or practice improvements. For example, safeguarding and special reception issues were recorded in residents' files held by reception officers, while incidents, accidents, complaints and shift reports were held separately by different departments using different systems. This hindered effective governance and monitoring. The provider explained that a new software system was being developed to centralise records for accessibility and enhanced oversight of the service. This was due for roll out by year end. In the interim, fragmented recording systems needed to be supplemented by enhanced communication and sharing of relevant information across the service.

Significant improvement was required in relation to the recording and management of complaints. There was a national policy and procedure for managing complaints in place which was made known to some residents, but this was not adopted locally to outline how complaints would be managed in the centre. While no complaints about staff members had been made, there was no policy or procedure in place for the management of complaints or allegations against a staff member. The residents charter stated that complaints were managed by the centre manager but this was not an operational reality, as records showed that some complaints were managed by other managers within the centre. The inspectors reviewed records of the complaints lodged since the last inspection. These records showed that many of the complaints made were not actually complaints and were instead room transfer requests, for example. While the outcome of each complaint was recorded, there was no evidence of the complainant being satisfied with the outcome and, as there was no local policy or procedure, it was not clear for residents if they could appeal an outcome of a complaint if they were unsatisfied with the outcome.

Although it was evident from the facilities and environment of this centre that the service provider was eager to provide a high quality service, there were essential steps needed to promote ongoing improvement through self-assessment and internal auditing. For example, there was no annual review of the quality and safety of the service which would inform a quality improvement plan in all aspects of service delivery. Furthermore, monitoring mechanisms, such as a programme of auditing were not in place, and the provider missed an opportunity to analyse the information available to them for the purpose of learning and driving improvements. For example, there was no system in place to track and trend complaints, incidents or safeguarding concerns.

There was a system in place for the management and review of risk, but it was not as effective as it could be. The centre had developed a risk management policy and procedure, but it lacked the detail required to adequately support staff in consistently

identifying, assessing and managing risk. For example, guidance was required about how to identify and escalate risks within the centre and externally. There was a risk register system in operation and although risks were identified on this register, they did not reflect all risks present in the centre at the time of the inspection. For example, it did not include resident related risks associated with reduced mobility or some significant health problems. Risks were not well described on the register and control measures were vague and ambiguous. For example, one risk was described as 'junior school bus pickup/drop off' and another as 'female living alone'. It was not clear in these instances what the actual risks were. As a result, risk impact, causation and control measures were difficult to articulate.

Fire safety measures were in place but required improvement. While fire drills were carried out in the centre, they were not well recorded and more detailed evacuation procedures were needed. Some residents identified during the inspection required additional supports in the event of an emergency, but there were no personal emergency evacuation plans completed to manage the potential risks for these residents in the event of an emergency evacuation.

Staff supervision was routinely provided to all staff members by their respective line managers. While this was positive, supervision records reviewed by the inspectors showed that there was a need to ensure this process included day-to-day practice improvements and in particular, supporting staff in their respective roles in meeting the needs of residents.

There were safe and effective recruitment practices in place for staff. The service provider had ensured that all staff had up-to-date Garda (police) vetting and international police checks had been obtained for staff members where relevant. There was a recruitment policy in place to guide the recruitment of staff.

The provider supported staff in continually updating and maintaining their knowledge and skills. A staff training and development policy was implemented and a training matrix and monthly training plans were in place. This ensured managers had oversight of the delivery of staff training. While this was a positive finding, a training needs analysis was required to determine the training or skills needed beyond the core areas required by the national standards to fully meet the evolving needs of residents. For example, while it was evident that some residents had experienced domestic violence, training in this area had not been provided to the staff team.

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.

While there was generally a good awareness of responsibilities on the part of the service provider and management team in terms of legislation and implementing relevant national policy and standards, some practices within the centre required consideration and development to ensure they reflected the requirements set out through the national standards, regulations, national policies and legislation. The provider had invested in facilities and services for residents and resulted in good quality accommodation and easy access to supports for residents. However, the provider had not ensured that all of the required notifications were submitted to HIQA in line with the requirements of the regulations. In addition, some local policies did not provide sufficient guidance to the staff team, and some required policies, essential for the delivery of the service, were yet to be developed.

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 inspectors found that there was strong leadership arrangements in place in this centre. While there were established governance arrangements which clearly identified the lines of authority for the various positions in the staff and management teams, the effectiveness of this structure was compromised by reduced oversight, inadequate recording and underdeveloped reporting systems.

Although regular staff and management meetings were held, the management systems required improvement to ensure there was appropriate and effective governance and oversight of all aspects of service provision. For example, there were limited formalised communication and oversight systems at service provider level. There were underdeveloped monitoring or reporting systems which did not ensure the service provider was aware of all the needs of residents in the centre. The identification and management of complaints made by residents required improvement.

Judgment: Partially 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 residents' charter which clearly outlined the services available in the centre. The residents' charter included a summary of the services and facilities provided. The residents' charter was provided to residents in welcome packs and all new residents were provided with a formal induction on arrival to the centre.

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 not implemented effective systems for the oversight and monitoring of the quality of care and experience of residents living in the centre. Audits, service improvement plans or an annual review of the service had not been completed in the context of the quality and care and experience of residents. In addition, the process for reviewing and learning from incidents that occurred in the centre required further development.

Judgment: Not 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.

The arrangements in place to consult with residents were found to be limited in their reach and effectiveness. While residents' meetings were held, these were attended by a small proportion of residents and the inspectors were not assured that resident feedback influenced change. A review of resident engagement and consultation measures was required to ensure that residents' views and feedback was effectively solicited, and that the service was responsive to residents' needs.

Judgment: Partially 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 in place which was found to have been adhered to in practice. A Garda vetting disclosure had been obtained for all staff members employed in the centre. International police checks were in place for staff members where necessary. There were clear arrangements in place for performance appraisals, which included probationary periods and regular appraisal meetings.

Judgment: Compliant

Standard 2.2

Staff have the required competencies to manage and deliver person-centred, effective and safe services to children and adults living in the centre.

While most staff had received training in areas required by the standards, the inspectors found that further clarity was required in relation to the role each staff member played in delivering a person-centred service in practice. This was necessary to ensure that all staff members carried out their duties in a manner that considered residents' individual needs and consistently promoted their rights.

Judgment: Substantially 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 members were supported in their roles by management and there were formal supervision arrangements in place, guided by a clear supervision policy. It was noted, however; that supervision meetings did not fully consider staff practice in relation to the provision of support to residents. Staff appraisals were being carried out at regular intervals and there were established systems in place to monitor and support staff development.

Judgment: Substantially Compliant

Standard 2.4

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

There were arrangements in place to identify the training needs of staff who worked in the centre, and to provide any training required, as outlined in the national standards. However, there were gaps in training, for example, domestic violence training had not been provided despite the a number of domestic violence cases occurring in the centre. The training needs analysis required a broader scope to ensure any potential training needs of staff, beyond those specifically mentioned in the standards, were identified and met.

Judgment: Substantially Compliant

Standard 3.1

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

There were systems in place for the management and review of risk in the centre. A risk management policy was in place and a risk register that outlined some of the risks identified and the measures in place to manage them. There were weekly meetings to discuss risk and these meetings were attended by the CEO, which constituted good practice. However, the risk management framework did not provide assurance that all risks were identified, assessed, monitored, reviewed and had appropriate control measures in place. For example, the risk management policy did not contain sufficient guidance, and not all risks identified by the inspectors had been assessed and managed appropriately. The deficits in the oversight and management of incidents and concerns in the centre meant that associated risks had not been identified, assessed or managed. The risk management system required further development to ensure that all risks within the centre were captured on a centralised system to allow for effective management and oversight.

Judgment: Partially Compliant

Quality and Safety

Overall, residents experienced a good-quality life within the centre and they reported feeling safe living there. The accommodation provided was of a high standard and the provider was proactive in ensuring residents had easy access to community-based supports. Although there were positive findings in this inspection, there were areas which required improvement for the benefit of the residents which included ensuring that a person centred and human rights-based approach to the provision of services was consistently taken, and that the diverse needs of residents were known and responded to.

This inspection identified opportunities for the service provider to develop collaborative, human rights-based and person centred approaches which had not been fully embraced and adopted by the service provider previously. Some restrictions within the centre limited residents' ability to fully access and enjoy the available facilities and services, thereby limiting their overall experience in the centre. Consequently, sustained improvements were required across a number of key areas to ensure that the service provider consistently promoted the rights and welfare of residents and adequately responded to their diverse needs.

The inspection found that while families were accommodated together and residents with special reception needs were placed appropriately, the centre lacked a clear and transparent criteria to guide the allocation of accommodation in the centre. The centre manager told the inspectors that the allocation of accommodation at the time of admission was determined by the relevant government department. However, as families evolved and their needs changed, the staff team supported them to move to alternative apartments within the centre when one became available. For example, 15 families moved to alternative houses and apartments since the last inspection. A room allocation policy was required to ensure transparency and consistency in the process.

The inspectors found the centre's physical structure to be in good condition, with clean and well-maintained communal areas. Records showed an effective maintenance management system, and residents praised staff for addressing issues promptly. However, some residents reported that the frequency of house inspections felt excessive and that staff did not always respect their privacy by seeking permission before entering. In some cases, routine inspections took place while residents were absent, a practice that was inconsistent with the house rules provided to them, and which impacted their privacy and dignity.

Own-door, independent living accommodation was provided for families living in the centre. While residents were generally satisfied with their accommodation, they were not allowed to bring additional furniture or equipment into their houses or apartments. Examples provided by residents included rugs, storage units and desks. While the centre manager highlighted health and safety reasons for such restrictions, the inspectors observed that these measures were applied inconsistently, with residents unclear as to what items they could have in their homes while some others were permitted to have these items. In addition, no clear rationale was documented for decision-making regarding these restrictions.

The service provider supported the educational and recreational needs of children and young people in the centre. There was a child and youth advocacy officer employed by the provider and who was responsible for supporting parents enrol their children in school and other necessary supports. Transport was provided to bring children to and from school and children over the age of three years had access to a crèche in the centre, facilitated by a national voluntary organisation.

While facilities were available in the centre for children to play, complete their homework and study, these were not easily accessible, particularly during evenings and at weekends. The centre manager told inspectors that large communal events in the centre were limited to professional bookings but residents could have multiple visitors in their own homes. While the provider highlighted previous risks associated with children left unsupervised in these communal rooms, this risk had not been assessed and reviewed.

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. However, the laundry facility was closed during evening and weekend hours when some residents, especially those with school going children, may have required to use it.

Security measures were sufficient, proportionate and appropriate. 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. Security arrangements were in place in the centre on 24-hour basis and there was adequate checks of people entering the campus.

Residents were able to prepare meals for themselves in their own accommodation, and were provided with all necessary cooking utensils, cutlery and crockery. The provider operated a shop in the centre where residents used a weekly allowance of points to purchase food and non-food items. However, the inspectors found that some

arrangements around the provision of non-food items in the centre did not comply with the requirements of the national standards and required review. While some products such as nappies and baby food were provided, residents had to use the points system for all toiletries and cleaning products. The service provider committed to reviewing this matter during the course of the inspection including liaising with the relevant government department.

The inspectors found that residents' rights were not adequately considered by staff and managers during their daily practices and provision of services. The provider ensured that families were accommodated together and visitors were facilitated in the centre. The right to access information was supported and residents exercised their right to choose their own daily activities and what food they prepared. However, the service provider and staff team were not aware of how restrictive the opening hours of some of the facilities in the centre were and how this impacted on some residents' choice, dignity, autonomy, and freedom. Overall, further work was required to ensure the service was provided through a human rights-based and person-centred led approach.

All staff had received training in child protection and there were designated liaison persons appointed. Although the service had safeguarding statements for both children and adults, the service provider did not have detailed centre policies to outline the procedures for managing and reporting safeguarding concerns. Where concerns relating to child safeguarding had been identified, appropriate referrals had been made to Tusla by the centre as required by national policy. However, there was an absence of safeguarding plans or risks assessments for these children. As a result, the provider could not be fully assured that the potential for recurring risks in this area was identified and being managed. Furthermore, improvements were required in tracking and documenting incidents, and the frequency of welfare checks conducted by centre staff, which were used as control measures for some resident related risks. For instance, confirming whether a referral to Tusla had been made, or whether additional supports were required, was essential for ensuring accurate and relevant information about such incidents.

There had been no recorded concerns relating to adult safeguarding in the time since the previous inspection of the centre. The inspectors found, however; that there was a low level of understanding and a lack of local reporting procedures which had the potential to limit staff members' ability to identify adults at risk of abuse or neglect and to respond appropriately and in line with the requirements of national policy. Furthermore, due to the lack of collaborative working with other on site services, it meant that the provider potentially did not have full awareness or oversight of all safeguarding concerns in the centre.

Incidents of a significant nature or high risk were managed and recorded effectively, with referrals and escalations directed to the relevant government departments. There was evidence of oversight on the part of the centre manager and CEO, however; there was a need for the development and expansion of systems to facilitate learnings to reduce the likelihood of reoccurrence of such incidences.

In the case of incidents of a lower risk level, the inspectors found that staff were inconsistent with recording and reporting practices. Whilst the staff team were well-intended and managed incidents as they occurred, the inspectors found some incidents that had neither been routinely escalated to the centre manager nor recorded. These incidents were dealt with without a comprehensive risk analysis, and in some cases lacked management oversight. Coupled with fragmented recording systems, this limited the provider's ability to maintain effective oversight, track incidents, identify trends or information which could lead to improvements in practice.

The inspectors found that the provider had not notified HIQA, as required by the regulations, of 17 concerns of a child safeguarding nature that had occurred in the centre. The provider had limited awareness of the requirement to submit such notifications to HIQA and the centre lacked effective systems to ensure that these concerns were identified and tracked to meet regulatory requirements. In the case of other notifiable incidents, the provider had appropriately notified HIQA in line with the requirements of the regulations.

The health, wellbeing and development of residents was promoted by the service provider. Information regarding support services was displayed in the main administration building and some available in welcome packs provided to new residents. Support workers from various services were available to meet with the residents and provide information and advice. Some of these support services were based in the centre. However, there was no evidence of established joint working relationships or formal communication pathways between the provider and these services to support the planning and delivery of services to residents. This led to differing expectations regarding the level and nature of services provided to residents in the centre. For example, centre records indicated that some residents had been referred to mental health and women's support services, which was a positive development. Nonetheless, in the absence of a communication pathway, the provider had no mechanism to verify engagement with these services or to be assured that such risk control measures were effective.

The service employed two reception officers, however; their roles and responsibilities required review to ensure that their duties were clearly defined. While weekly meetings between the centre manager and reception officers represented good practice, oversight of resident assessments and needs was limited. There was no documented

data on the number of vulnerability assessments completed or the specific needs identified through this process. A sample of assessments reviewed by the inspectors showed that they contained minimal detail and were largely completed at family level rather than for individual residents. As a result, the provider could not be assured, in the absence of a more comprehensive system, that all emerging special reception needs had been fully identified or addressed.

While the reception officers consistently referred residents to relevant support services, there were no records to evidence the follow-up action taken in response to an incident or concern. The provider did not have systems in place to ensure the relevant government department was notified if the centre was unable to cater for the special reception needs of a resident.

There was policy in place for identifying, communicating, and addressing special reception needs, and a reception officer manual had been developed, however; enhancements were required to both documents. For example, they did not contain information regarding the timeframe or process for completing an assessment of vulnerabilities or special reception needs, how this information would be shared between the centre manager and reception officer, nor did it contain details regarding the ongoing assessment and review of residents' needs.

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.

It was found that the provider had a limited role in the allocation of accommodation within the centre, which was determined by the relevant government department prior to a resident arrival. However, it was noted that the provider made efforts to ensure that the accommodation met the needs of residents where possible. Notwithstanding, the provider did not have an allocations policy in place, which was necessary to ensure that admissions to the centre, and transfers within the centre, were based on clear and transparent criteria.

Judgment: Substantially Compliant

Standard 4.2

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

In some cases, the arrangements in place did not offer flexibility to ensure that each accommodation unit had the required items to meet each person or family's needs. There was limited storage observed in some rooms. There was a clear mechanism in place to identify and address maintenance issues, which were found to be managed in a timely manner.

Judgment: Partially Compliant

Standard 4.4

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

The privacy and dignity of the family unit was promoted and protected in this centre. Families were accommodate together in individual units and an indepent model was actively promoted where people were enabled to prepare their own meals, for example. The provision of own-door accommodation enhanced the experiences of families living independently as a family unit.

Judgment: Compliant

Standard 4.5

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

The service provider had ensured that there was appropriate and safe play and recreational facilities for children in the centre. Additionally, the centre grounds provided ample space for recreation, walks and cycling bicycles.

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 educational development of children and young people was prioritised by the staff team. Parents were supported to secure crèche and school spaces for their children and transport was provided to bring children to and from school. However, the centre creche only offered places to children aged three years and above. All school age children living in the centre had an educational placement. However, children had limited access to some facilities and services in the centre to complete homework or to study.

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 ensured that the centre was clean and well maintained. Residents were responsible for cleaning their own houses and apartments, and the centre staff undertook regular maintenance checks and issues identified were addressed promptly. There was a laundry room in the centre which was found to be clean and well maintained and contained adequate number of washers and dryers for the number of residents in the centre. All 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 noted that the service provider had implemented suitable security measures within the centre, which were deemed proportionate and adequate. There was CCTV focussing on the external areas, and in most communal areas of the centre. There was clear signage in place regarding the presence of CCTV in relevant areas of the building, and there was adequate checks of people entering the centre.

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.

A review of the non-food items provided to residents, was required to ensure that practice in the centre was in line with the requirements of the national standards.

Judgment: Substantially Compliant

Standard 5.1

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

Residents were able to prepare meals in their own accommodation, and were provided with all necessary cooking utensils, cutlery and crockery. However, for a small number of residents the arrangements in place to store refrigerated items was insufficient.

Judgment: Substantially Compliant

Standard 5.2

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

This centre was fully self-catered. Residents purchased their food using vouchers for the centreshop, which meant they could shop independently for themselves and their families.

Judgment: Compliant

Standard 6.1

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

There was a need on the part of the service provider to ensure that staff members and managers developed increased awareness and knowledge about residents' rights and apply these to the day-to-day operations of the centre. Residents were provided with information and the necessary support to avail of services and resources they were entitled to. Families were accommodated together in self-contained units and the importance of the family unity was understood and supported by staff. Visitors were allowed in the centre. However, restrictive practices in the centre and arrangements around room inspections compromised some residents' rights to privacy, dignity and choice. There was a lack of effective consultation and engagement with residents and the complaints procedure required review. Additionally, there was a need for engagement with residents to review opening hours of the laundry facilities, play room, shop and study space for children and young people.

Judgment: Partially Compliant

Standard 7.1

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

The service provider supported and facilitated the residents to develop and maintain their personal and family relationships. There were clear arrangements in place for residents to receive visitors.

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.

While the provider had ensured that residents had access to information about local services and facilities in the community, improvements were required. There were notice boards throughout the centre that provided up-to-date information about a range of support services. Support services routinely visited the services to support the residents in relation to housing and advocacy needs.

Judgment: Compliant

Standard 8.1

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

Residents told the inspectors they felt safe living in the centre. While a child and adult safeguarding statements were in place, there were no corresponding policies to guide staff practice. The centre lacked local procedures for reporting and managing adult safeguarding concerns and did not have a policy in place to guide management of allegations against staff. It was evident that due to limited recording of incidents and lack of collaborative working with other services, the provider did not have full oversight of all safeguarding concerns in the centre.

Judgment: Partially Compliant

Standard 8.2

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

The staff team were aware of their responsibilities to ensure children were safeguarded, designated liaison officers were appointed and staff had all received training in child protection. Child protection and welfare concerns were reported to Tusla in line with legislative requirements, however; there were no risk assessments or support plans put in place following these referrals.

Judgment: Partially Compliant

Standard 8.3

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

While the service provider ensured significant adverse incidents were appropriately reported and residents supported, they had not developed a system to review and trend incidents and to learn from them to improve the service continuously. The inspection found that incidents that did not reach a threshold for reporting to government departments had not been routinely escalated to the provider nor recorded.

Judgment: Partially Compliant

Standard 9.1

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

The health, wellbeing and development of residents was promoted by the service provider through the staff team. Information regarding support services was displayed throughout the centre and some of this information was available in different languages. The provider ensured that external support services were available to meet with the residents and provide information, advice and support.

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.

The staff team were skilled and experienced, with access to the necessary training to support them in their roles. The service provider supported staff to continually update and maintain their knowledge and skills to ensure the delivery of services to residents. The inspectors found some emerging needs for residents had not been identified, assessed and appropriately responded to. At the time of the inspection, assessments had been completed for approximately 70% of the population of the centre and the needs of the remaining residents were not known or documented by the provider.

Judgment: Partially Compliant

Standard 10.3

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

The inspection found that there was policy in place for identifying, communicating, and addressing special reception needs but it did not contain sufficient information to guide practice and to facilitate collaborative working with external services.

Judgment: Partially 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.

Two reception officers, with the required qualifications and experience, were employed in the centre to support residents with special reception needs. A review of the reception officer roles and responsibilities was required to ensure that duties were clearly defined, aligned with residents' needs, and focussed on providing effective support and care.

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	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Not Compliant
Standard 1.5	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.2	Substantially Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.2	Partially Compliant
Standard 4.4	Compliant
Standard 4.5	Compliant

Standard 4.6	Substantially Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Substantially Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Substantially Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Partially Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Partially Compliant
Standard 8.2	Partially Compliant
Standard 8.3	Partially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Partially Compliant
Standard 10.3	Partially Compliant
Standard 10.4	Substantially Compliant

Compliance Plan for: Mosney Village

Inspection ID: MON-IPAS-1102

Dates of inspection: 09/09/2025, 10/09/2025 and 17/09/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Regarding local policy development and team guidance, In line with our goal of achieving operational excellence and ensuring the highest standards of resident care, we have implemented a new Resident Information Management System (RIMS). This state-of-the-art platform is designed to streamline our administrative processes, enhance efficiency, and provide comprehensive visibility across all our operations. The system will serve as a central hub for all resident information, case notes, and care planning, ensuring that critical data is accessible, accurate, and up-to-date for all authorised team members. The new system features an integrated worklist, accessible through the new platform. This worklist allows staff to monitor ongoing tasks, highlight pinch points, and spot emerging patterns across various aspects of care delivery. Mosney Village have concluded its Data Protection Impact Assessment (DPIA) for the implementation of the new RIMS. This system will manage the full cycle from onboarding of a new Resident on their arrival, to offboarding the Resident on their departure, with workflows built into the design where the data is held in secure manner. The system is designed with Data Protection embedded by design and default.</p> <p>In direct response to the areas highlighted by HIQA, we are in the process of developing new policies and protocols that address identified gaps and reinforce best practices. These new policies are being created collaboratively, drawing on the insights and expertise of our multidisciplinary teams. Once finalised, the policies will be seamlessly integrated into the new system, ensuring that they are easily accessible</p>	

for reference and implementation by all relevant staff members. This approach guarantees that compliance and quality standards are embedded into our daily workflows.

Staff at Mosney Village are familiar with the HIQA Guide to the Monitoring of International Protection Accommodation Services Centres and specifically, regarding standard 1.1, will strictly adhere to section 4.3.1 – Types of Monitoring Notifications. Forms NF01, NF03, NF05 and NF06 are now fully reported, and any outstanding notifications have been forwarded retrospectively. The new Resident Information Management System automatically triggers an alert to send the appropriate monitoring form, offering an additional layer of safeguarding.

1.2

Partially Compliant

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

In response to the identified need for improved management systems and effective governance and oversight, we are pleased to introduce a new Resident Information Management System (RIMS). This robust platform is designed to address the gaps previously noted in communication, oversight, monitoring and reporting systems. This will provide a centralised and formalised structure for recording, tracking, and reviewing all aspects of service delivery. By implementing this system, management will have real-time access to key performance indicators, incident logs, and service updates, ensuring continuous oversight and informed decision-making. One of the main features of the RIMS is its integrated communication tools, which allow for structured, documented exchanges between staff, management, and service providers. This ensures that important information regarding the needs of residents, service changes, or updates are communicated efficiently and transparently, reducing the risk of information gaps or misunderstandings. All resident needs, requests, and service interventions can be logged and tracked within the system. This allows for proactive identification of trends, prompt response to emerging needs, and comprehensive reporting to ensure the service provider remains fully informed and responsive to residents' requirements.

The system includes a dedicated module for the identification, management, and resolution of complaints. Each complaint is formally recorded, assigned to the relevant personnel, and tracked through to resolution. This not only ensures that residents' voices are heard but also that all complaints are managed professionally and systematically, with outcomes documented and analysed for continuous improvement.

We have introduced a Monthly Interagency Meeting – the first of which took place Thursday 6 November 2025. This includes representatives from the Mosney Village

Management Team, HSE (doctor, nurse, psychiatric nurse), LMETB (Education), Daughters of Charity (Early Childcare Facilities), Women and Children's Refuge.

The Weekly Overview Meetings between CEO and General Manager are now recorded and filed for review.

1.4

Not Compliant

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

We are currently implementing a number of initiatives in order to further improve our current service, as following:

Residents Advocacy Panel that will be made up of resident volunteers from Mosney Village. A member of the Mosney Management Team will meet this group on a monthly basis and the meeting will be recorded and action points entered onto the Information Management System.

Monthly Resident Meetings will be held at the later time of 6pm to facilitate those in employment or education.

An external company will offer residents the opportunity to submit anonymous comments or suggestions to the Mosney management team, ideally through an online platform.

Annual Review – The CEO will utilise the Resident Information Management System to create an Annual Review Report. The introduction of this system for producing the Annual Review Report marks a significant step in our organisation's drive for excellence, ensuring a thorough report that captures vital aspects of service and performance. This approach will help identify trends, improve practices, and support person-centred care, while also enhancing safeguarding through better data analysis.

Service Improvement Plan - the service improvement plan will focus on enhancing the quality of care and overall living conditions for residents. Immediate actions will include addressing identified health and safety concerns, strengthening staff training on safeguarding and cultural sensitivity, Domestic violence and improving communication channels between residents and management. The plan will also prioritise the introduction of structured feedback mechanisms to ensure residents' voices are heard and acted upon. Progress will be closely monitored through frequent internal audits and transparent reporting, ensuring accountability and sustained improvements in line with HIQA's recommendations.

Continuation of Wellbeing plan

Furthermore, we will continue to provide supports and services for children and young People through our Wellbeing Plan. Mosney Village has a substantial range of supports and services for children and young people to ensure that they are safe from harm, active and healthy and achieving their full potential in their development. Mosney Village is family oriented from the vast open green spaces and limited vehicular traffic to tailor made opportunities and dedicated venues to host all manner of supports and services. The Mosney Village Community Room is the hub of all the supports for children and young people. The range of supports is never static as newly presented opportunities are always being thought through in order to meet the ever-changing needs of the diverse interests of young residents.

Mosney Village has a Wellbeing Plan that is constantly being updated and refreshed in line with the needs and interests of the multi-cultural residents and also in line with opportunities researched by the Community Room Coordinator. The Mosney Village Child and Youth Support Advocacy Officer has conducted and published a monthly Wellbeing Plan since February 2022.

1.5

Partially Compliant

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

- Monthly Resident Meetings will be held at the later time of 6pm to facilitate those in employment or education.
- External company to be engaged to provide residents with the ability to make anonymous comments/suggestions to the management team at Mosney. It is hoped that this can be done through an online platform
- Formation of Residents Advocacy Panel

3.1

Partially Compliant

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

A more robust risk management policy will be created, offering further guidance and a traffic light system that ensures additional oversight to the management of incidents and concerns. All risks within Mosney Village will be captured on the RIMS centralised Information Management System. Resident Vulnerability Assessments will be added to the Risk register.

4.2	Partially Compliant
Outline how you are going to come into compliance with this standard: The development and introduction of a Restricted Practices Policy.	
6.1	Partially Compliant
Outline how you are going to come into compliance with this standard: The introduction of the following: <ul style="list-style-type: none"> • Restrictive Practices Policy • Formation of Residents Advocacy Panel • Monthly Resident Meetings will be held at the later time of 6pm to facilitate those in employment or education. • An external company to offer residents the opportunity to submit anonymous comments or suggestions to the Mosney management team, ideally through an online platform. 	
8.1	Partially Compliant
Outline how you are going to come into compliance with this standard: A Policy will be created guiding staff practice that corresponds with the current adult and child safeguarding statements <ul style="list-style-type: none"> • Policy regarding the management of accusations against staff to be created All policies will be incorporated into new Resident Information Management system.	
8.2	Partially Compliant
Outline how you are going to come into compliance with this standard: Ensure that risk assessments and support plans are carried out and documented accordingly.	

8.3	Partially Compliant
Outline how you are going to come into compliance with this standard:	
<p>Incidents that may not meet the threshold for reporting to government departments will be routinely escalated to the new Resident Information Management System, a centralised platform designed to enhance communication, oversight, and reporting across Mosney.</p> <p>This means that even minor or less serious incidents—those which do not require formal notification to statutory authorities—will still be formally logged and tracked within the organisation. By utilising the Resident Information Management System, staff can ensure that all incidents, regardless of severity, are documented in a consistent and secure manner. The system serves as a single point of reference, enabling authorised personnel to monitor trends, follow up on unresolved matters, and generate internal reports as needed.</p> <p>Furthermore, the centralised nature of the new information management platform supports improved coordination between different departments within Mosney. It fosters transparency, as managers and relevant staff can access up-to-date information on ongoing cases, review historical data, and ensure that appropriate actions or interventions are taken in a timely fashion. This systematic approach not only strengthens internal governance and risk management but also supports a culture of accountability and continuous improvement throughout the organisation.</p>	
10.2	Partially Compliant
Outline how you are going to come into compliance with this standard:	
<p>We are currently reviewing our vulnerability assessment processes in order to expedite the number of Vulnerability Assessments. Further, we are currently in the process of recruiting additional Reception Officers to the Community Room to cope with the ever-increasing demands</p>	
10.3	Partially Compliant
Outline how you are going to come into compliance with this standard:	
<p>By ensuring that we extend the current policy so that it contains sufficient information to guide practice and to facilitate collaborative working with external service</p>	

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated 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	20/12/2025
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	20/12/2025
Standard 1.4	The service provider monitors and reviews the	Not Compliant	Red	31/12/2025

	quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.			
Standard 1.5	Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.	Partially Compliant	Orange	31/12/2025
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	31/12/2025
Standard 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Partially Compliant	Orange	20/12/2025
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Partially Compliant	Orange	31/12/2025
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Partially Compliant	Orange	31/12/2025
Standard 8.2	The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety	Partially Compliant	Orange	31/12/2025

	and welfare is promoted.			
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	31/12/2025
Standard 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Partially Compliant	Orange	30/06/2025
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	31/12/2024