



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

Name of the Centre:	Ocean View House
Centre ID:	OSV-0008445
Provider Name:	Ocean View Accommodation Ltd
Location of Centre:	Co. Waterford
Type of Inspection:	Unannounced
Date of Inspection:	02/04/2025 and 03/04/2025
Inspection ID:	MON-IPAS-1091

Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a 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, that HIQA assumed the function of monitoring and inspecting permanent⁴ International Protection Accommodation Service centres against national standards on 9 January 2024.

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

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

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

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

About the Service

Ocean View House is an accommodation centre located in Tramore, Co. Waterford. The centre comprised a mix of own-door units, family bedrooms, and single bedrooms. The centre could accommodate up to 100 people, both families and single adults. All bedrooms contained an en-suite bathroom. The own-door units contained a kitchen and living space, bathroom and separate bedrooms. At the time of inspection, there were 91 people living in Ocean View; 48 adults and 43 children.

The main building of the centre contained a reception area, a dining hall, a kitchen, a food store, and resident accommodation. There were three smaller buildings in which accommodation was provided, as well as a number of ancillary buildings which housed communal services such as laundry facilities, private meeting rooms, play rooms, kitchen facilities, and a study room. There were multiple outdoor facilities for children to use such as an all-weather pitch and a playground.

The centre was managed by the centre manager who reported to the provider representative. The centre manager oversaw a team of 17 staff including an assistant manager, reception officer, general operatives and maintenance staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	91
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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)
02/04/2025	10:30hrs – 17:15hrs	1	1
03/04/2025	09:30hrs – 14:30hrs	1	1

What residents told us and what inspectors observed

From speaking with residents and through observations made during the course of the inspection, the inspectors found that residents were receiving a good quality service that met their needs. The accommodation provided was comfortable and well maintained, and it was evident that the provider endeavoured to meet individual and family needs in the allocation of accommodation. Residents received appropriate support to meet their health and welfare needs, and staff supported residents to integrate into the community. Residents told inspectors that they were happy living in Ocean View House accommodation centre and felt safe there.

Ocean View House was located in Tramore, Co. Waterford and provided accommodation for up to 100 people, the majority of whom were families. At the time of inspection there were 91 people living in the accommodation centre, 43 of whom were children. Three people were accommodated in single-occupancy bedrooms. While the centre's primary function was to provide accommodation to people seeking international protection, 58 (64%) of the residents had received refugee or subsidiary protection status. From speaking with residents and staff members, the inspectors found that most of these residents were unable to avail of more appropriate accommodation due to a lack of suitable alternatives in the community.

This was the second inspection of Ocean View House; the inspection was unannounced and it took place over the course of two days. During this time inspectors met and spoke with 12 residents, including three children. Four residents completed feedback questionnaires. The inspectors also observed other residents throughout the duration of the inspection, for example, when using laundry facilities, preparing meals in the communal kitchen, and engaging with staff and management. In addition, the inspectors spoke with the centre manager, a representative of the provider, and three staff members.

Residents who provided feedback on the centre were complimentary of the accommodation and the staff team. Those who talked with inspectors said that the staff team were easy to talk to, were available to them and helped them when they needed it. Residents who showed inspectors their homes and bedrooms were generally satisfied with their accommodation. In cases where families were provided with bedrooms only, residents told inspectors that they would like to have their own living room. These residents also told inspectors that the facilities in the centre were 'very good', for example, the kitchen and laundry facilities.

Residents who lived in self-contained accommodation expressed satisfaction with their homes. One resident showed inspectors around their ground floor apartment, which had two large bedrooms, a bathroom, and a compact open-plan kitchen and living area. This resident had previously been accommodated in two adjoining bedrooms but was moved to accommodate their growing family. The resident told inspectors they appreciated being able to manage their cooking and laundry in their own home.

Residents who completed questionnaires gave positive feedback on the centre. All four respondents agreed they 'feel safe living in the centre' and confirmed they would 'feel comfortable making a complaint'. Respondents also said that staff members were 'easy to talk to' and were 'kind and respectful'.

The inspectors completed a walk around of the centre and its facilities. The majority of accommodation was provided in the centre's main building, which was three storeys high. This building also contained the main reception area, a communal dining space and the centre's shop. Three smaller buildings provided the remainder of the accommodation. Many of these had been renovated to provide own-door family units. The bedrooms in which other residents were accommodated were clean and well furnished. However, while they provided ample space as bedrooms, and were equipped with at least one en-suite bathroom, these units did not provide a separate living area for families. The provider had recognised this limitation, and was implementing a plan to upgrade all accommodation to own-door, self-contained units. Additionally, there were plentiful spaces available in the centre for residents' private use, such as study rooms, meeting rooms and playrooms. Single residents were accommodated in single en-suite bedrooms which were sufficiently sized and nicely decorated.

The provider had considered the needs of children and young people in the design and layout of the centre. There were many recreation and leisure facilities available, including a playground, a football pitch and an all-weather pitch. Inspectors observed these in use during the inspection. There was a recreation room in which children could engage in activities such as arts and crafts, supported by centre staff or external facilitators. The inspectors observed some plants that children were growing in preparation for transfer to the centre's vegetable garden. Some parents who spoke to inspectors told them how the communal spaces were often used to host birthday parties or family events.

The inspectors reviewed how residents received material reception conditions, such as food and other essential items. On arrival to the centre, residents received a welcome pack which included relevant information about the centre and the area, as well as essential items such as bedlinen, towels, cooking equipment and supplies for cleaning. The provider operated a shop in the main building of the centre where residents used a weekly allowance of points to purchase food and essential non-food items, such as cleaning products and toiletries. The provider had made arrangements since the previous inspection to provide basic toiletries and housekeeping essentials in addition to the points allocated for food.

Residents prepared and cooked their own meals, either in their own kitchen where available, or in a communal kitchen. The communal kitchens were clean and very well-equipped, with each cooking station assigned to a particular family or small group. The cooking area contained all equipment necessary to prepare a range of meals, as well as space to store personal cooking equipment and supplies, and fridge and freezer facilities. Residents spoken with were satisfied with this arrangement, with one family saying the cooking facilities were 'excellent'.

Residents laundered their own clothes, in their own home, or in the communal laundry room provided for those who did not live in self-contained accommodation. There were nine washing machines and dryers available in the laundry room, as well as facilities for outdoor drying. The laundry room also contained space and equipment to iron clothes. Residents were observed using these facilities, and those spoken with told inspectors that there were never any issues around availability.

The inspectors visited the accommodation of three families, as well as a number of recently renovated vacant premises. All accommodation units were maintained in very good condition and contained high quality furniture and fittings. The residents spoken with told inspectors that maintenance issues were addressed very quickly and to a good standard. At the time of inspection, one family unit was being painted as it was observed in a maintenance review that the paint had worn in some areas.

The inspectors observed residents engaging with staff throughout the course of the inspection and saw that residents appeared comfortable approaching staff to seek support or have a discussion. Staff knew residents each by name and were familiar with their support needs. The inspectors observed staff providing assistance to residents in a variety of areas, such as housing support, schooling, and healthcare.

Residents told the inspectors that they felt safe living in Ocean View House, and felt that their views and opinions were considered. There were regular residents' meetings where residents shared their experience of living in the centre. Residents were familiar with the complaints procedure, although those spoken with told inspectors that if issues arose they were dealt with quickly by staff and as such, most had not utilised the complaints process.

Overall, the inspectors found that the provider had continued to provide a service that met the needs of residents, and strove to meet and exceed the requirements of the standards. While there were some areas in which minor improvements were required, the provider had ensured residents were accommodated in a safe and homely environment with a person-centred approach to support. There was a clear focus on the needs and rights of families, and the best interests of children observed across all areas of operation and facilities.

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

Capacity and capability

This was the second inspection of Ocean View House accommodation centre and it was carried out to assess compliance with the national standards, and to monitor the provider's progress with the compliance plan submitted in response to an inspection (MON-IPAS-1040) carried out in June 2024.

The inspectors found that the provider had fully implemented the actions outlined in the previous compliance plan, and had developed a quality improvement plan that they were working on to further improve the quality and safety of the service. This inspection found high levels of compliance across the standards reviewed, and while there were improvements required in some areas, these generally related to formalising processes or policies to optimise systems. There were some deficits in relation to accommodation that the provider was aware of and was working on at the time of inspection.

It was found that the provider was meeting their responsibilities as outlined in relevant legislation, regulations, national policies and standards, to provide a service that protected the well-being and dignity of residents living in the centre. The inspectors found that the provider and management team were knowledgeable in their roles, and committed to providing a high quality service. There were clear governance and management systems in place, including a suite of policies and procedures to guide the consistent delivery of a safe and effective service. The inspectors reviewed a range of policies and found they provided clear and practical guidance and information. There were some areas of practice in which a policy was required to be developed; these are described later in the report.

Procedures were found to be well established, and improvements to the record keeping system since the last inspection contributed to enhanced oversight. For example, there were a range of local audits and self-evaluations carried out that informed various development or improvement plans. However, it was found that the approach to improvement planning was fragmented, and a more cohesive approach was required to ensure effective oversight and monitoring.

The provider had completed a comprehensive self-assessment of compliance with the national standards, and developed a detailed action plan with clear objectives and time frames for completion. This plan was monitored by the centre manager and a representative of the provider. There were also a number of other improvement plans that were running in tandem, for example in relation to maintenance and facilities. These actions were connected to goals outlined in the wider action plan, however they were not recorded in detail and were not subject to the same level of oversight or monitoring. For example, the provider was working on a long-term plan to provide self-

contained accommodation for all residents. Some local actions related to this goal were outlined in a maintenance plan, however, the long-term goal was not tracked in the wider quality improvement plan. The consolidation of quality improvement initiatives into one system was required to facilitate more detailed tracking of progress and monitoring of effectiveness.

The centre manager had prepared an annual review of quality and safety. This review included feedback from residents, findings from local and external audits, and findings from inspections. The review outlined the goals and objectives of the provider for the centre, areas where they were succeeding and areas where they identified improvement was required, demonstrating transparency and accountability. The report was designed to be accessible to residents and staff and included clear infographics, pictures, and was written in plain English.

A review of the risk management arrangements in the centre found that the provider had clear and effective systems in place to monitor risk. There was a risk register that outlined known risks, with detailed assessments and control measures. The risk register was reviewed by the centre manager on a planned basis and the staff team discussed risk at regular team meetings. There was an established incident management system that was well utilised, and found to inform risk management initiatives. The risk register included contingency and service continuity risks.

The inspectors reviewed the recruitment practices in the centre and found that the provider had implemented safe and effective recruitment procedures, supported by a detailed recruitment policy. A review of recent appointments found the provider had adhered to the recruitment policy and there were detailed personnel records available. Garda vetting disclosures were on file for all staff employed in the centre, and international police checks had been obtained where necessary.

The provider had ensured there were sufficient staff available, with the necessary skills and training, to provide a safe and high quality service to residents. The centre manager had carried out a training needs analysis and developed a training plan for all staff employed in the centre. Staff had received training in a wide range of areas, many specific to the needs of residents, including child protection, adult safeguarding, and mental health awareness. The inspectors found that staff were suitably trained and experienced to carry out their duties.

Staff were supported in their roles by the centre manager and a representative of the provider, who worked from offices within the centre. Formal supervision arrangements were in place, and periodic supervision meetings had commenced for all staff members. However, at the time of inspection, there was no supervision policy, or staff appraisal policy in place. Additionally, a review of supervision records found inconsistency in the scope of support provided. The development of a policy to guide the delivery of staff supervision, and performance management and development, was required to ensure there was a consistent and effective approach to staff supervision.

The provider ensured residents had avenues for providing feedback on the service, including regular meetings and periodic surveys. Inspectors found that resident feedback was actively considered and contributed to changes within the centre. For example, the WiFi in some areas of the centre was upgraded following feedback of poor quality by residents. Inspectors also found that the provider was collaborating with residents to develop a residents' committee.

Overall, it was found that the provider was committed to and capable of operating a quality service. The provider had utilised feedback from the previous inspection to improve areas of operation, and there were effective governance and management arrangements in place. While there were some areas that required further attention to meet the requirements of the standards, the provider had self-identified many of these and was actively working on relevant quality improvement plans.

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.

There were measures in place to ensure the service was operated in compliance with relevant legislation, regulations and national standards. The provider and management team were knowledgeable in their roles and oversaw the delivery of a safe and effective service, ensuring consistent implementation of local policies and procedures.

Judgment: 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.

There was a clear governance structure in place within which the centre manager reported to the provider. Staff members each had a comprehensive job description, and the policies and procedures in place clearly outlined staff roles and responsibilities in the ongoing operation of the centre. Staff spoken with were clear as to the leadership arrangements. Enhancements to the record-keeping systems since the previous inspection had further improved the governance arrangements.

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.

There were a range of quality assurance systems in place and it was found that the provider was committed to continuous improvement of the service and its facilities. Local audits and self-evaluations had resulted in a number of operational improvement plans, and these were found to incorporate resident feedback. It was found, however, that a more integrated approach to quality assurance and development was required to improve the planning process and enhance the oversight of strategic or operational improvement plans. This was necessary to ensure improvement plans were effectively monitored and based on accurate and up-to-date information.

Judgment: Substantially Compliant

Standard 1.5

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

The provider ensured residents had opportunities to provide feedback on the service. There were regular residents' meetings held, and a periodic resident survey was also undertaken. It was found that resident feedback was considered, and that it contributed to changes in the centre. Inspectors found evidence that the provider was working with residents to develop a residents' committee.

Judgment: Compliant

Standard 2.1

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

The service provider had ensured there were safe and effective recruitment practices in place. There was a recruitment policy available, and a review of recent appointments found that this policy had been adhered to. The service provider had received a Garda vetting disclosure for all staff members employed in the centre. International police checks were available for staff where necessary.

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.

There were sufficient staff available, with the necessary skills and competencies, to provide a safe and high quality service to residents. Staff were well trained and competent in their roles. Residents who spoke with inspectors told them that staff were available and that they were friendly and helpful.

Judgment: Compliant

Standard 2.3

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

Staff were supported in their roles by management and there were formal supervision arrangements in place, which had commenced since the previous inspection. However, at the time of inspection there was no supervision policy available, and there were inconsistencies observed in supervision records regarding the scope of support provided, and the content recorded. The development of a supervision policy was necessary to ensure a consistent and effective approach to staff supervision and development.

Similarly, while staff appraisals had commenced since the previous inspection, a policy on staff appraisal or performance management had yet to be developed.

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.

The provider had carried out a training needs assessment and identified the training and development needs of staff. Staff were trained in many key areas, such as adult safeguarding, child protection, and mental health awareness. While there plans in place for staff to receive further training, the inspectors found that all staff had undertaken training in a wide range of areas specific to residents' known and anticipated needs.

Judgment: Compliant

Standard 3.1

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

A risk management policy and a risk register outlining known risks were available in the centre. The provider had established procedures for monitoring and responding to risk. The risk register included clear and relevant control measures, which were found to be in place. The centre manager carried out regular risk reviews, and there were clear escalation pathways that were known to staff.

Judgment: Compliant

Quality and Safety

This inspection found that the governance and management arrangements were supporting the delivery of a safe and person-centred service. Residents were supported by the staff team to meet their health and welfare needs, to avail of educational and employment opportunities, and to integrate into the local community. The centre provided comfortable and family-friendly accommodation in a pleasant environment. While not all accommodation units had a separate living space, the provider was working on meeting this deficit and made other spaces available for families to use as private leisure space.

The inspectors reviewed how accommodation was allocated to residents. The service provider had a room allocation policy in place and accommodation was offered to residents based on their individual and family needs. The provider engaged with the relevant government body to ensure any accommodation was suitable for new admissions. Internal transfers were guided by the allocations policy and a review of records found that this was a straightforward and transparent process.

Residents were accommodated across a mix of 24 family units, many of which were own-door, self-contained accommodation, and two single occupancy rooms. Some families were accommodated in en-suite bedrooms, with adjoining rooms provided to larger families. The provider was working on a long-term project to upgrade all units to self-contained accommodation. As this initiative relied on rooms becoming vacant in order to renovate, the progress of this project was somewhat limited by the lack of suitable alternative accommodation in the community for the 64% of residents who had received refugee or subsidiary protection status. Nonetheless, the provider was continuously engaged in renovations as the opportunity arose. The inspectors observed two recently renovated units, with spacious bedrooms, modern bathrooms, and an open plan kitchen and living space with a view of the sea.

In addition to living accommodation, the provider made a variety of facilities available to residents. There were modern modular units available in a courtyard area of the centre, some of which were used to store residents' personal belongings; there was also a study room, play room, lounge area and children's activity room. A recreation room was available to residents, and was used by staff and external agencies to host events and workshops. Some families told inspectors that they used this room, which opened up to an outdoor space with picnic tables, for children's birthday parties or social events.

Ocean View House provided self-catering accommodation, and as such residents prepared and cooked their own meals. The provider ensured residents had access to suitable food preparation and dining facilities. Families who lived in self-contained

accommodation were provided with standard kitchen and dining facilities, such as an oven, cooking hob, microwave, kettle, and fridge freezer. These families had dining space with suitable furniture in their homes. All other residents used communal kitchens and a shared dining space. Kitchen areas were very well equipped and designated to families or small groups. The dining area was spacious and bright, looking out onto a playground and football pitch. It was clean and tidy throughout the inspection and there were plenty of tables and chairs for families to use.

Residents purchased their food and non-food items from the centre's on-site shop. Each family had points allocated to them, based on their individual circumstances, that they exchanged for food and ingredients. Since the previous inspection, additional points were allocated to purchase basic personal hygiene and cleaning supplies. Similarly, this allocation was based on the specific needs of each family or person, and was used to purchase items such as toothpaste, soap, laundry detergent and nappies. Feminine hygiene products were also provided free of charge.

The on-site shop was open three days per week, although displayed signage and discussion with residents indicated that residents could avail of the shop at other times if necessary. Generally, residents conducted their shopping in person, and the store manager facilitated residents to order specific items that they would source for them, for example, particular ingredients for a dish or specialist baby formula. Residents could also submit an order by email and collect it or have it delivered to their room, which was especially useful for residents with limited mobility or small children. The store was well-stocked with a variety of fresh and non-perishable ingredients, snacks, toiletries and cleaning products. Residents spoken with were happy with the arrangement and commented that the store manager was very helpful.

The provider also ensured that residents had other non-food items necessary to live comfortably in their homes. All accommodation units were furnished with good quality and matching furniture. Bed linen, towels and general household equipment was provided. Parents were made aware that they would be provided with additional items they may need for their children. For example, a sign in the shop reminded parents to let the centre manager know if they needed a high chair, steriliser, or hand blender to prepare meals for infants who were weaning.

Inspectors found that residents received support to independently manage their own health and development needs, and that additional assistance was provided where necessary. The centre manager and staff maintained good links with local community organisations and facilitated residents to engage with local support services. For example, a local housing charity held clinics in the centre. The centre manager and reception officer also supported parents to secure school places for their children. At the time of inspection the centre manager was engaged with a local primary school to secure

a place for a child who had arrived to the centre the previous week. It was expected that the child would attend school in the weeks following the inspection and the centre manager was supporting the parent with providing uniforms and other essential items. All other children living in the centre were attending a school or pre-school service.

The provider was ensuring that residents were informed and supported to understand their rights. Up-to-date information about local and national services was provided to residents, with notice boards in common areas. Staff members supported residents to avail of services in their community and advocated on their behalf where necessary. For example, the centre manager raised a concern about local transport to the relevant government body on behalf of residents after an issue was raised to them. The inspectors also noted that residents were assisted to advocate for their children's needs to healthcare professionals.

Inspectors reviewed the safeguarding arrangements in the centre and found there were suitable measures in place to safeguard adults and children. There was a child safeguarding policy in place and a child safety statement available which was displayed in the centre. All staff had received training in child protection and there was a designated liaison person appointed. There was evidence that where a child protection concern had been raised it was managed and reported appropriately.

There was an adult safeguarding policy available and staff had all undertaken training in adult safeguarding. A review of records found that the provider had appropriately managed any previous adult safeguarding risks they had identified. Any potential safeguarding risk, to any resident, was appropriately recorded, risk rated, and reported to relevant external agencies.

There were further arrangements in place to record and report any significant incidents that occurred in the centre. The inspectors found that the staff and management teams were familiar with these arrangements, and that incidents were recorded in a timely manner, and escalated in accordance with the provider's incident management policy. Incidents were reviewed at team meetings and used to inform risk assessments where indicated.

There were some residents living in the centre with known special reception needs. In some cases, the provider had been made aware of these vulnerabilities in advance of the resident arriving to the centre. In other cases, staff in the centre had identified existing or emerging special reception needs. Where special reception needs were identified, the provider made sure additional support was provided, either directly or by connecting a resident to an appropriate external service.

The provider made training available to staff to better understand and respond to special reception needs. Staff had undertaken a wide range of training, including in areas such as responding to the possible needs of victims of torture and trauma, and domestic, sexual

and gender-based violence. A review of records and discussion with staff members found that they were knowledgeable of residents' needs and knew how to report any concerns to the centre manager or reception officer. However, at the time of inspection there was no policy in place on how to identify, communicate and address existing and emerging special reception needs. A policy in this area was required to meet the relevant national standard, and to direct a clear system of identifying and meeting residents' special reception needs.

The provider had employed a reception officer, who was suitably experienced and qualified to carry out the role. At the time of inspection the reception officer was absent on a period of planned leave, and the centre manager was fulfilling their duties in their absence. The centre manager, who was also highly experienced and qualified, was further supported in their own role during this interval by a relief assistant manager. The provider had developed a reception officer policy and procedure manual, which outlined the roles and responsibilities of the reception officer, and the procedures in place to support residents with special reception needs.

There was a vulnerability assessment carried out for all new admissions to the centre which could identify vulnerabilities in key areas. Where necessary, and where residents consented, further assessment was conducted and relevant individual support plans were created. In some cases, where special reception needs were identified by a vulnerability assessment, residents declined to engage further in the process. In these cases the reception officer continued to provide support where required, and advised residents that they could change their mind in the future. The inspectors reviewed the support plans in place for residents and found they were person-centred and had a clear focus on support and advocacy.

This inspection found that the provider had systems in place to provide individualised support to residents in a safe and caring environment. The staff team were well trained and experienced and there was a culture of quality improvement that promoted the rights of residents. The provider had a clear focus on providing accommodation that met the needs of families and children, and was open to feedback from residents. Continued progress of the provider's facilities improvement plan would ensure the accommodation met the requirements of the standards and would further enhance the living arrangements for 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.

<p>There was a clear allocations policy in place to direct an approach to allocations that was fair and met the needs of residents. The provider considered residents needs and individuals and as families in the planning, design and allocation of accommodation.</p>
<p>Judgment: Compliant</p>
<p>Standard 4.2</p> <p>The service provider makes available accommodation which is homely, accessible and sufficiently furnished.</p>
<p>The accommodation provided to residents was found to be homely, maintained in good condition, and well furnished. The bedrooms in the centre were spacious and contained all of the necessary furniture and fittings. There was high quality Wi-Fi available throughout the centre.</p>
<p>Judgment: Compliant</p>
<p>Standard 4.3</p> <p>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.</p>
<p>Residents could secure their accommodation with their own key. There were secure storage facilities available for residents to store large or infrequently used items outside of their accommodation. There were no residents who were accommodated with non-family members, and as such, individual and family privacy was protected and promoted in each individual accommodation unit.</p>
<p>Judgment: Compliant</p>
<p>Standard 4.4</p> <p>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.</p>

Many families were accommodated in own door accommodation which featured bedrooms, a bathroom, and a combined kitchen, dining and living area. In other cases, residents were accommodated in spacious bedrooms with en-suite bathroom facilities. While in the latter there was no separate living space provided for families, which is necessary to fully meet the requirements of the standards, there were ample facilities in the centre for cooking, eating meals, and for leisure activities.

The provider had a long-term plan to renovate each accommodation unit in the centre to provide self-contained, own door accommodation, with a separate private living space for every family accommodated there.

Judgment: Substantially Compliant

Standard 4.5

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

There were a range of facilities available for adults and children. There was a large playground near the entrance of the centre which was seen to be used by many children throughout the course of inspection. There were also two play rooms, with a range of toys available, a recreation room, a football pitch and all-weather pitch. There were facilities for adults to study or have private meetings, or to hold social events.

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 provider made a range of facilities and material available to children and young people to meet their educational development needs. There were designated study areas, and high quality WiFi was available throughout the centre. Staff assisted parents to find suitable school places for their children, and ensured children had all necessary items to attend school, such as school bags, uniforms, and stationery.

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.

The provider had systems in place to ensure the centre was clean, and all areas observed over the course of inspection were found to be clean and in good condition. Laundry facilities were available to all residents, in their own home where the resident lived in self-contained accommodation, or in a shared laundry room. The laundry room had washing machines and dryers in sufficient quantity for residents to manage their own laundry. Residents received basic cleaning supplies on arrival to the centre, that was replaced when necessary, and cleaning products were available from the on-site store with a separate points allowance provided to purchase them.

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 made points available to residents, in addition to those allocated for food, on a weekly basis to buy non-food items from the on-site shop. The allocation of points was based on a transparent assessment of residents' needs and varied based on the individual circumstances of each resident or family. For example, families with small children or infants received additional points for items such as nappies and formula. This system was implemented as a response to a deficit identified in the previous inspection, and the inspectors found the arrangements were effective in meeting residents' needs in this area.

Judgment: Compliant

Standard 5.1

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

The provider ensured residents had access to suitable food preparation and dining facilities. Families who lived self-contained accommodation were provided with standard kitchen and dining facilities, such as an oven, cooking hob, microwave, kettle, and fridge freezer. These families had dining space with suitable furniture in their homes. All other residents used communal kitchens and a shared dining space. Kitchen areas were very well equipped and designated to families or small groups.

Judgment: Compliant

Standard 6.1

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

It was evident that a considered effort was made by the provider and centre manager to provide a service that respected residents as individuals, acknowledged their strengths and supported them in their personal endeavours. Residents were provided with information and the necessary support to avail of services and resources they were entitled to.

Judgment: Compliant

Standard 7.1

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

Residents were supported by staff and the centre manager to develop and maintain their personal and family relationships. Families were accommodated together and there were spaces in the centre for children to use outside of their bedrooms.

There were clear arrangements in place for residents to receive visitors with reasonable and practical procedures.

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 provider ensured residents had access to relevant information about local services and facilities. The centre manager and staff were supporting residents to avail of resources in the local area, such as health services and housing supports. There were notice boards throughout the centre that provided up-to-date information about a range of support services. In general, transport was not provided directly, as public transport was readily available, although the provider made transport available in emergencies.

Judgment: Compliant

Standard 8.1

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

There were effective systems in place to protect residents from the risk of abuse and promote their safety and welfare. Staff had training in a range of areas that equipped them with the skills to identify safeguarding issues, and any potential concern was reported and managed appropriately.

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 in place as well as a child safety statement. There was a designated liaison officer appointed. Staff had all received training in child protection and those spoken with knew how to raise concerns if necessary.

Any potential child protection or welfare concern had been promptly identified, recorded, and reported as required. Where necessary there were safeguarding plans in place.

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.

<p>There were effective systems in place to manage and review adverse events and incidents. There was a clear incident management policy that was found to be adhered to in practice. Incident records were well maintained and were reviewed at planned intervals to inform the ongoing management of risk in the centre.</p>
<p>Judgment: Compliant</p>
<p>Standard 9.1</p> <p>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.</p>
<p>Inspectors found that arrangements in the centre ensured that each resident received the necessary support to meet their individual needs. The centre manager ensured that where suitable supports could not be provided in the centre, residents were assisted to avail of support from external services.</p>
<p>Judgment: Compliant</p>
<p>Standard 10.1</p> <p>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.</p>
<p>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.</p>
<p>Judgment: Compliant</p>
<p>Standard 10.2</p> <p>All staff are enabled to identify and respond to emerging and identified needs for residents.</p>
<p>Staff members had extensive training in areas pertinent to residents' known or potential needs. There was evidence that staff members escalated concerns to the centre manager and were enabled to identify and respond to residents' needs.</p>

Judgment: Compliant

Standard 10.3

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

While there was some guidance for staff included in the reception officer policy and procedure manual, and in staff job descriptions, at the time of inspection the provider did not have a separate policy on how to identify, communicate and address existing and emerging special reception needs.

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.

The provider had made a dedicated reception officer available. The reception officer was suitably experienced and qualified, and took a lead role in assessing and meeting the needs of residents with special reception needs. The provider had developed a reception officer policy and procedure manual.

Judgment: Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Compliant
Standard 1.2	Compliant
Standard 1.4	Substantially Compliant
Standard 1.5	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.2	Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.2	Compliant
Standard 4.3	Compliant
Standard 4.4	Substantially Compliant
Standard 4.5	Compliant
Standard 4.6	Compliant

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

Compliance Plan for Ocean View House

Inspection ID: MON-IPAS-1091

Date of inspection: 02 and 03 April 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
10.3	Partially Compliant
Outline how you are going to come into compliance with this standard:	
A written established Policy on identifying, addressing and responding to existing and emerging special reception needs was created on 15/05/2025. A copy of this policy will be made available to all staff once training on the policy is completed by 31/05/2025.	

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 1.4	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.	Substantially Compliant	Yellow	31/05/2025
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.	Substantially Compliant	Yellow	31/05/2025
Standard 4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and	Substantially Compliant	Yellow	31/12/2027

	promotes family life and is informed by the best interests of the child.			
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	31/05/2025