



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

Name of the Centre:	The Towers
Centre ID:	OSV-0008457
Provider Name:	Fazyard Limited
Location of Centre:	Co. Dublin
Type of Inspection:	Unannounced
Date of Inspection:	15/04/2025 and 29/04/2025
Inspection ID:	MON-IPAS-1095

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

The Towers accommodation centre is located on the outskirts of the suburban town of Clondalkin in West Dublin. The centre provides accommodation to people seeking international protection and has capacity for 250 individuals. At the time of inspection, it was accommodating 231 residents from 34 countries.

The centre was a three storey mid-terraced apartment building, and located in a small industrial estate close to a wide variety of shops, offices, public amenities and facilities.

The centre is operated by a team which includes a management team, reception officer, housekeeping, shop keeper, night porter, and maintenance staff.

The buildings were privately owned and the service was privately provided by Fazyard Limited on a contractual basis on behalf of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY).

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	231
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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)
15/04/2025	10:00hrs – 18:15hrs	1	1
29/04/2025	09:30hrs – 17:00hrs	1	1

What residents told us and what inspectors observed

From speaking to residents and through observations made during the inspection, the inspectors found that residents experienced a good quality of life living in this centre. Residents lived independently, said that they felt safe, and, for the most part, were happy with their accommodation. The staff team was person-centred in their approach, treated residents with respect, and facilitated the integration of residents into the local community. While improvements were required in some areas, these did not present a significant risk to the safety of residents, and the provider was actively implementing the relevant quality improvement initiatives.

This was HIQA's second inspection of this centre; the inspection was unannounced and took place over two days. During this time, the inspectors met or spoke with 21 adult residents and 11 children in direct consultations. In addition, six resident questionnaires were completed and returned to the inspectors. The inspectors observed residents in various settings, such as the after-school club, the reception, kitchen and dining areas, as well as during their interactions with staff members. The inspectors also spoke or met with a representative of the service provider, centre manager, reception officer, reception supervisor, child and youth activity officer, and kitchen and maintenance staff.

The accommodation centre catered for families and single residents and had a capacity of 250 people across 81 en-suite bedrooms. At the time of the inspection, there were 231 residents living in the centre, 60 of whom were children. Families were accommodated together, while some unrelated residents occupied shared rooms with up to three persons per room, and six residents were living in single-occupancy bedrooms. Although primarily intended for international protection applicants, 95 residents (41%) held refugee or had leave to remain status. From speaking with residents and staff members, the inspectors noted that these residents said that they could not avail themselves of more appropriate accommodation in the community due to limited availability.

On a walk around the accommodation centre, the inspectors found the centre's physical structure to be in good condition, with well-maintained communal areas. The reception area was spacious and welcoming, and featured artwork, flower planters, and a mounted television set displaying footage of recent cultural events held in the centre. On one side of the reception area, a storage bay held strollers and bicycles, allowing residents more space in their living quarters. On the other side, was an adult-only social room with a pool table, dartboard, small library, and a hairdressing area.

The inspectors observed efforts by the service provider to enhance the comfort of residents through a re-painting programme. Communal areas, including the reception area (where painting was ongoing on the first day of the inspection) and vacant rooms and some bathrooms, had been repainted. This made for a homely and comfortable environment for residents.

The inspectors observed visitors signing in at the reception desk, interacting with staff members, and later meeting with friends and family in the dining room. Overall, the inspectors observed courteous and respectful interactions between residents and staff members throughout the inspection, which made for a comfortable and safe centre for residents.

The inspectors, invited by residents, observed nine family units and four single-occupancy rooms. Residents inspectors engaged with were generally happy with their living environment. However, the inspectors observed overcrowding and cramped conditions in some rooms. There were 11 families where parents shared bedrooms with children aged 10 years and over. For instance, in one family unit observed, the room was divided by a wardrobe, with one side featuring a bunk bed and a single bed for three teenagers, while the other side contained a double bed for the parents. In addition, the rooms lacked dedicated living areas for families or single residents in shared bedrooms. While all rooms viewed met the minimum space requirements of the national standards, these living arrangements compromised the dignity and privacy of residents, and were not in line with the provisions of the Housing Act of 1966.

The centre provided self-catering facilities with a voucher system for purchasing food from the on-site shop. The communal kitchen contained all the equipment necessary for food preparation and the storage of cooking equipment along with dried and perishable foods. The kitchen was supervised daily by a staff member who assigned cooking stations to residents and provided assistance as needed. The inspectors found the kitchen to be pleasant and spacious, but also found that it was closed for 12 hours daily from 8pm, limiting access to preparing hot meals outside of these hours. While residents engaged with were generally complimentary of the kitchen facilities, some felt the opening hours were inconvenient.

The dining room was large and well-lit, and had a coffee bar equipped with coffee machines, toasters, microwaves, and fridges. The dining area was open 24 hours, and residents engaged with had positive feedback about it.

The inspectors found several areas of good practice promoted in the centre, including a staff-led nutrition project designed to empower residents make healthy food choices. Additionally, efforts to uphold the dignity of residents were evident through the thoughtful display of community-donated clothes on some racks in the adult-only social room, allowing residents to browse items respectfully. All these practices demonstrated proactive measures by the provider to enhance resident wellbeing, autonomy and dignity in the centre.

The inspectors observed other facilities, including a teenagers' room with television, computers, and gaming equipment, and an enclosed indoor playground for younger children. The indoor playground was fitted with astro-turf and featured slides, climbing frames and nets for soft balls. The inspectors also observed after-school activities facilitated by the centre's child and youth activity officer. A gym with modern equipment was also available.

Residents who spoke with the inspectors or completed the questionnaires said they felt protected, safe and happy while living in the centre. Most residents felt respected by the staff team and felt their views and opinions were considered. Some residents described services provided in the centre as "all good" and "nothing to complain about", while describing the management and staff team as "friendly and helpful" and "great for engaging with children". While some residents engaged with were unfamiliar with and had not utilised the complaints process, they told inspectors that if issues arose, they would be dealt with promptly by the staff team. However, some residents expressed concerns around restricted opening hours of the kitchen and limited availability of places for their children in nearby crèches. Additionally, some viewed the practice of sharing bedrooms with unrelated adults as inappropriate, and some children reported poor Wi-Fi connectivity in the centre.

In summary, the centre provided a positive and supportive space where the staff team was readily available to residents. The provider had invested in facilities for residents and delivered a service that met their needs. While residents were complimentary of the accommodation and services provided, some practices in the centre required a review and the service required enhanced management oversight.

The observations of inspectors and the residents' views presented in this section of the report reflect the overall findings of the inspection. The following two sections of this report present the inspection findings about 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 an unannounced inspection to assess compliance with the national standards and to monitor the service provider's progress with the compliance plan submitted to HIQA in response to a previous inspection of the centre, which was completed in February 2024 (MON-IPAS-1008).

The inspectors found that the service provider had implemented some actions from their compliance plan to address the deficits relating to the governance and management of the service. However, some of these actions were at the initial stages of being embedded into practice, and some additional actions were overdue. For example, staff supervision had not commenced at the time of the inspection. Where improvements were required, these generally related to formalising processes or policies to optimise operational systems.

The inspection found that the provider had improved their understanding of their responsibilities as outlined in relevant legislation, regulations, national policies, and standards. Clear governance and management systems were in place, including a suite of policies and procedures to guide the delivery of services. In addition, effective information governance arrangements were in place to ensure that the provider complied with the requirement to report adverse events to relevant Government departments and make statutory notifications to HIQA.

The oversight and monitoring arrangements had improved and ensured that the provider and management team were aware of key issues within the service and had appropriate oversight of the services provided. For example, management, staff, and governance board meetings had been introduced, minutes of these meetings recorded, with set agendas and a follow-up on actions listed in the minutes reviewed.

Notwithstanding this progress, the inspectors found that the recording systems were fragmented, and there was a benefit to developing centralised systems to record key data and information relating to residents and issues in the centre. Issues identified and some residents' information were recorded in the centre manager's diary, while some were recorded on activity sheets, which made it difficult for the provider to have thorough oversight or track decision-making. Additionally, no formal systems were in place to track and trend incidents, complaints, accidents, and safeguarding issues. Again, this limited the ability of the provider to have effective oversight and to identify trends that could lead to changes in practice. However, the provider was aware of this deficit and had initiated an electronic information management system, scheduled for implementation after the inspection, and which would provide tools for enhanced monitoring of the service.

Similarly, the inspectors found that the complaints management system was ineffective as there were no records to show how the complaints recorded were resolved, nor whether the complainants were satisfied with the outcome of the investigations. While

the centre manager told the inspectors that some complaints were dealt with on an informal basis, there were no records to reflect this. However, the inspectors observed that the staff team promoted a culture of respect, and most residents felt treated with dignity and kindness.

Although an effective quality assurance system was not yet in place, progress had been made in developing systems to monitor the quality of support provided to residents. The provider had developed a range of local audits that informed the development of an improvement plan. Still, it needed to include all plans identified in the centre and required alignment with the provider's policy on the development of strategic and operational plans. The provider ensured residents had avenues for providing feedback on the service, including regular meetings and resident satisfaction surveys. However, there was no evidence of analysis of the most recent survey or how findings contributed to changes within the centre.

The centre was appropriately resourced, and had sufficient numbers of staff employed to meet the needs of residents. Following findings from the previous inspection, a child and youth activity officer had been employed, resulting in the after-school club becoming operational again in the service. There were planned shifts for staff members supported by formal on-call manager availability arrangements to cover emergencies during out-of-hours periods.

The inspectors found the provider had taken steps to ensure safe and effective recruitment practices, but improvements were required. All staff members had been vetted by An Garda Síochána (police) and had job descriptions in place. However, no risk assessments were in place for staff members who, for various reasons, could not get international police clearances, and two staff members were without references as required by the provider's recruitment policy and the national child protection policy.

A record was kept of all training courses completed by staff members. While all staff members had completed training in child and adult safeguarding, not all of the training as required by the national standards had been completed.

While a supervision policy was in place, staff supervision had not yet been rolled out to the staff team. The provider had, however, commenced a staff appraisal process. The inspectors found that staff members met with during the inspection understood their roles and responsibilities well and felt well supported by managers.

The inspectors found substantial improvements in the area of risk management. An established risk management policy was in place, and was complemented by a critical incident policy, effectively contributing to a coordinated and consistent overall risk management approach. The implementation of these policies was effective, with strong governance and oversight provided by the management team and the board. There was good practice in engaging all staff members in the identification and initial assessment of risks in the centre and in establishing governance structures to support risk management oversight and accountability. A risk register was in place, and included the majority of the identified risks in the centre, along with corresponding risk assessments.

However, the risk register needed to include specific risks associated with parents sharing bedrooms with children over the aged of 10, for example.

Additionally, the provider had assessed risks about contingency planning, and detailed plans set out how the provider would ensure continuity of service in the event of an emergency. However, there was a need to include contingency measures for staff shortages. Fire prevention measures, safety protocols, and evacuation procedures were well-established, strengthening the provider's overall risk management approach.

In summary, improvements were made in the centre in the time since the last inspection, however, additional action was required to ensure compliance with the national standards. While some actions were taken in line with the provider's compliance plan, others had yet to be taken or were in progress for full implementation. Some improvements to the governance and management arrangements, staff supervision, record-keeping, recruitment, and risk management systems were required to ensure a consistently safe and effective, good quality service was being provided.

Standard 1.1

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

The service provider had improved their awareness and knowledge of their responsibilities in relation to providing accommodation to people in the international protection process as outlined in relevant legislation, regulations, national standards and national policy. The provider had taken steps to develop appropriate policies and procedures which were specific to the needs of the residents, and were clear, transparent and accessible. They had ensured that notifications were sent to the relevant Government departments, and HIQA, where required.

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.

The governance and management systems had improved and these ensured the delivery of a safe and person-centred service, where most residents felt treated with dignity and respect. While the provider had developed monitoring and reporting systems to support good oversight of all aspects of service provision, enhanced oversight was required to ensure the delivery of a safe and quality service. Poor recording and lack of systems to track and trend incidents, complaints, accidents, and safeguarding issues, limited the ability of the provider to provide effective oversight of the service.

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 resident charter which clearly outlined the services available in the centre. The residents' charter included a summary of the services and facilities provided, but it required the inclusion of details around the complaints process.

Judgment: Substantially 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.

Arrangements to monitor the quality of the service provided to residents required improvement. The provider had conducted a comprehensive self-assessment and had worked on improvement initiatives that this informed, including developing audits in some areas of practices and a suite of policies. However, there was a need to align improvement plans to the centre policies and procedures and to demonstrate how consultation and feedback mechanisms in the centre informed practices.

Judgment: Substantially Compliant

Standard 2.1

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

Recruitment practices in the centre had improved. Garda vetting was in place for all staff members as well as job descriptions. However, there were no risk assessments for staff members who, for various reasons, could not obtain international police checks, and two staff members were without references which were required by the provider's recruitment policy.
Judgment: Partially 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.
The provider had ensured sufficient numbers of staff with the necessary experience and competencies were employed to meet the needs of children and adults living in the centre.
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 members were receiving support to carry out their duties. While a supervision policy was in place, there were no formal supervision arrangements in place at the time of inspection.
Judgment: Partially Compliant
Standard 2.4
Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.
All staff had received training in key areas, such as child protection and adult safeguarding. However, there were deficits in staff training in a number of areas including mental health awareness and responding to domestic violence where 84% and 95% of staff members, respectively, had not completed them.

Judgment: Partially Compliant

Standard 3.1

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

The service provider had developed a comprehensive risk management policy. A risk register was developed in line with the risk management policy and complemented by the centre's critical incident policy. The risk register outlined the majority of potential risks to the service and to residents, and contained detailed risk assessments. Contingency measures were in place in case of emergencies. However, the risk register did not contain some risk which were present in the centre such as overcrowding and the contingency plans needed to address how to deal with staff shortages.

Judgment: Substantially Compliant

Quality and Safety

This inspection found that the governance and management arrangements had improved since the previous inspection, enhancing the safety and quality of the service provided to residents. The provider had invested in improving facilities and services for residents, person-centred supports were delivered, and the staff team supported individuals and families to integrate and engage with the broader community. The provider had implemented measures to ensure residents' wellbeing, and health and rights were promoted and protected. However, improvements were required around consultations on kitchen opening times, the provision of non-food items, and the promotion of dignity and privacy for families in the centre.

The inspectors found that room allocation in the centre was based on the residents' identified needs and best interests, as well as their evolving needs. Families were accommodated together, and single rooms were prioritised for residents with special reception needs. For example, the inspectors found that a resident with special reception needs had been relocated to more suitable room in the centre. This practice was guided by a room allocation policy which outlined the criteria for room allocation at the time of admission and on an ongoing basis.

While families were accommodated together, the privacy and dignity of some families were not adequately protected. The inspectors found 11 families where children aged 10 years and above shared bedrooms with parents or siblings of a different gender. These arrangements were not in line with the requirements of the Housing Act of 1966, and impacted the dignity and privacy of residents and had a potential to lead to accumulative harm to children. The provider had plans to relocate some families to more suitable accommodation within the centre once available and had engaged with the relevant Government department on this issue. However, the provider had not formally identified the matter as a welfare risk and, as a result, was not included on the centre's risk register, as previously noted.

The service provider actively supported the educational and recreational needs of children in the centre, and was supported by centre policy. At the time of the inspection, all school-going children had school placements. The provider established child-friendly spaces for play and schoolwork, such as the after-school club, teenagers' play room, and play area for children. An appropriately-qualified and experienced child and youth activity officer had been employed to facilitate children and youth activities, including cultural events, summer camps, afterschool club, and arts and crafts.

The communal areas of the centre, including the laundry room, were clean, and cleaning schedules were in place for the communal bathrooms. The laundry room contained 10

washing machines and 10 tumble dryers and was open 24 hours a day. Following findings from the previous inspection, the centre manager told the inspectors that the provider had approved a plan to double the capacity of the laundry room.

The provider operated a shop in the centre where residents used a weekly allowance of points to purchase food and essential non-food items. However, the inspectors found that 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 nappies, shampoo, and sanitary products were provided without charge to residents in the protective process; wipes, lotions, and toiletries were not. The centre manager told the inspectors that a plan was in place to offer extra points for the rest of the non-food items but this had not been rolled out at the time of the inspection.

The provider ensured that well-equipped food preparation and dining facilities were in place in the centre. However, some residents engaged with during the inspections raised issues around restricted opening hours of the kitchen. The centre manager informed inspectors that, following the previous inspection, kitchen opening hours had initially been extended to 10pm. However, this was subsequently changed to the original schedule as the facilities were not being utilised during the extended period. While the provider had shown flexibility around this matter, increased consultation with residents was required to ensure that decisions made addressed their needs.

The inspectors found that residents' rights were generally upheld and their welfare promoted, though improvements were needed in some areas. The model of support in the centre encouraged independence and autonomy. Information regarding residents' rights and local services was displayed on information hubs in various areas of the centre. The inspectors observed pleasant interactions between residents and staff, and most residents felt respected. However, as highlighted previously, the privacy and dignity of families was compromised where children shared bedrooms with parents. Additionally, effective consultations were required around the kitchen opening hours.

The inspection found an open and welcoming centre where residents were supported and facilitated to develop and maintain personal and family relationships. Residents had access to a private room without closed circuit television (CCTV) for meetings with visitors or professionals. Residents had opportunities to celebrate days or events of cultural or religious importance, with members of the local community invited to attend some of the events. The provider supported and facilitated residents' integration and engagement with the wider community, including collaboration with other services and agencies. For instance, the staff team had supported residents in participating in a local clean-up campaign, which led to the centre receiving flower and tree planters as a gesture of appreciation from the local community.

The inspectors reviewed the safeguarding arrangements at the centre. Suitable measures were implemented to protect children and adults, and residents expressed to the inspectors that they felt safe. The provider had taken some steps to protect residents from known safeguarding risks. Some of these risks had been appropriately escalated, and safeguarding measures, including risk assessments, had been put in place where necessary. However, there was a need to develop systems to monitor and track potential welfare issues that could escalate into significant concerns overtime.

The centre promoted residents' health, wellbeing, and development through a person-centred approach, supporting their autonomy in decision-making about health and welfare. The provider had established links with local healthcare and social support services, and residents were supported to live healthily and take responsibility for their health.

A qualified and experienced reception officer was in place, supporting residents with special reception needs. The reception officer's work was guided by a manual and policy in line with national standards. The reception officer proactively identified special reception needs, and completed individual risk assessments. However, they had not implemented formal recording systems to track and monitor the progress of further assistance residents may require in this regard. Additionally, enhanced management oversight over the reception officer's work was required.

In summary, this inspection found that the governance and management arrangements had improved since the previous inspection, which had improved the safety and quality of the service. Residents had choices in their daily lives, and their rights and independence were generally promoted. Connections with the local community were established, and residents were supported in engaging with them. While the accommodation was of good quality and the staff treated residents with respect, there was a need to enhance the privacy and dignity of certain families in their living quarters.

Standard 4.1

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

The provider had ensured accommodation was allocated in a way that considered and met residents' known needs, and there was a fair and transparent approach to the allocation of rooms to residents.

Judgment: 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 provider did not ensure that families' privacy and dignity were fully protected and promoted in the centre. While families were accommodated together and the family unit protected, some children shared bedrooms with parents or older siblings of different genders and this impacted the privacy and dignity of these families, and was not in line with the requirements of the sleeping protocols of the Housing Act 1966. Risks associated with these living arrangements had not been identified and assessed by the provider.

Judgment: Not 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.

Children and young people were supported to reach their educational potential. The staff team facilitated children and young people's access to educational supports in the community and there was evidence that they liaised with relevant educational institutions. The service promoted the educational welfare of children and young people while living in the centre. For example, an after-school club was in place in the centre.

Judgment: Compliant

Standard 4.7

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

There was a laundry room in the centre which was found to be clean and well maintained, and the provider was increasing the capacity of the laundry room to cater to the needs of the residents.

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 service provider had appropriate and proportionate security measures in place which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre. The use of CCTV was guided by the service provider's policy.

Judgment: Compliant

Standard 4.9

The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.

The provision of non-food items to residents was not in line with the requirements of the national standards. While nappies, shampoo, detergents and sanitary products were provided, other non-food items were not provided directly by the service provider as required by the national standards.

Judgment: Partially Compliant

Standard 5.1

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

While there were well-equipped food preparation, storage and dining facilities in the centre, increased consultations with residents were required regarding kitchen opening hours.

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.

The centre provided self-catering facilities for residents where they had a choice of foods and could cook culturally sensitive meals. Residents used a points system which allowed them to buy food from the on-site shop and cook for themselves.

Judgment: Compliant

Standard 6.1

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

It was evident that the provider and centre manager made a considered effort to provide a service that respected residents, acknowledged their strengths, and supported them in their endeavours. Different levels of support was provided to residents in line with their individual needs and preferences. Residents were provided with information and the necessary support to avail of the services and resources they were entitled to. Residents were treated with dignity, respect and kindness by all staff. However, there was a need for consultation over the kitchen opening hours, and promote and protect the dignity and privacy of residents where parents shared bedrooms with children over 10 years of age.

Judgment: Substantially Compliant

Standard 7.1

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

Residents were supported and facilitated to develop and maintain personal and family relationships. Residents were facilitated to welcome visitors and there were private meetings rooms available.

Judgment: Compliant

Standard 7.2

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

The service provider ensured that residents were supported to access all necessary public, recreational, education and social support services. Additional transport was made available to residents to attend appointments when required.

Judgment: Compliant

Standard 8.1

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

Residents felt safe, and it was evident that the staff team responded appropriately to safeguarding concerns as they presented. The inspectors found that incidents were managed well and reported other appropriate services as required. Risk assessments were completed, and residents were referred to the appropriate external support services. There were measures in place to safeguard adults who lived in the centre. Staff had all undertaken training in adult safeguarding, and an adult safeguarding policy was in place.

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. Staff members had all received training in child protection and welfare. While any potential child protection or welfare issue had been reported as required, the provider did not have an effective system in place to track potential welfare concerns which could become significant concerns overtime.

Judgment: Substantially Compliant

Standard 8.3

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

There was a policy in place which clearly outlined the process for reviewing incidents and adverse events for learnings and possible actions required. There was a system in place for management oversight of all incidents, including those of an adult safeguarding or child protection nature. While the service provider ensured serious incidents were appropriately reported and discussed in staff meetings, they had not developed a system to track and trend incidents.

Judgment: Substantially Compliant

Standard 9.1

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

The service provider promoted the health, wellbeing and development of each resident. Residents were provided with information about a wide range of health and social care services in the locality and appropriate referrals were made from residents who required additional supports. Residents received a service that was person centred.

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.

For the most part, the provider was not made aware of any special reception needs in advance of an admission to the centre. Despite this, the staff team endeavoured to provide the required support, accommodation and assistance to residents when they became aware of their needs.

Judgment: Compliant

Standard 10.2

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

Staff members had access to training to enable them promote the health, safety, development and welfare of residents with special reception needs and vulnerable residents. The service provider supported staff to continually update and maintain their knowledge and skills to ensure the delivery of person-centred, safe and effective services to residents.

Judgment: Compliant

Standard 10.3

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

The service provider had an established policy to identify, communicate and address residents' existing and emerging special reception needs. Residents were supported and encouraged to take part in vulnerability assessments. Prompt referrals were made to the relevant support services, where required.

Judgment: Compliant

Standard 10.4

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

A reception officer, with the required qualifications and experience, was employed in the centre to support residents with special reception needs. While the reception officer had commenced vulnerability assessments and provided support where appropriate, they had not implemented formal recording systems to track and monitor the progress of further assistance residents may require in this regard.

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	Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Substantially Compliant
Standard 1.4	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Partially Compliant
Standard 2.2	Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Partially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Substantially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.4	Not Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant

Standard 4.8	Compliant
Standard 4.9	Partially 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	Substantially 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	Substantially Compliant
Standard 8.3	Substantially 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	Compliant
Standard 10.4	Substantially Compliant

Compliance Plan for: The Towers

Inspection ID: MON-IPAS-1095

Date of inspection: 15 and 29 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
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We are developing integrated reporting systems to enhance our oversight. Each theme will be assessed within the oversight within the National Standards and our Risk Register.</p> <p>Actions Taken / Planned:</p> <ol style="list-style-type: none">System Enhancement: We are in the process of implementing an upgraded digital tracking system that will allow for real-time reporting and trend analysis across key areas including incidents, complaints, accidents, and safeguarding concerns.Staff Training: Targeted training is being rolled out for relevant staff to ensure accurate and consistent data entry and to strengthen their understanding of the importance of timely and detailed recording.Governance Oversight: A 6 weekly governance review meeting has been introduced to specifically monitor trends and actions arising from reported issues. These meetings will be documented and reviewed by senior management.Audit and Review: Internal audits will be conducted quarterly to assess the effectiveness of the new systems and identify further areas for improvement. <p>We are committed to ensuring that our oversight mechanisms support the continued delivery of a safe, high-quality, and person-centred service. We will keep the regulatory</p>	

<p>body informed of our progress and would welcome any further guidance or recommendations.</p> <p>Expected completion time: 30th November 2025</p>	
2.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>All staff members have been Garda Vetted as required. Some staff members from certain countries cannot get police clearance due to lack of Governmental / policing structures. These staff members have been identified, and we are in the process of conducting risk assessments on these persons. Expected completion time: 30th June 2025.</p>	
2.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Formal supervision for all management and staff members has begun in line with our new policies and procedures. Supervision meetings will be held with all staff in and completed by the 30th of June 2025. Annual appraisals will take place in August 2025 and will be completed by 31st of August 2025.</p>	
2.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We have developed a new training matrix, training courses required and trainers providing the training have been identified and a training plan has been put in place. Staff are currently undergoing a training schedule. Due to the number of training courses for management and staff to attend we would expect that all training to attend will be completed by 31st May 2026.</p>	

4.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>During the recent HIQA inspection at Clondalkin Towers, it was identified that a number of family units are currently accommodating children over the age of 10 who are sharing rooms with adults and siblings of the opposite sex. This arrangement does not comply with the Housing Act 1966.</p> <p>It is important to note that each family has their own bedroom space, and all bathrooms are ensuite, with no shared bathroom facilities.</p> <p>Management acknowledged this issue during the inspection and informed inspectors that a priority list is in place. Families are to be relocated to interconnecting rooms as they become available. However, at present, 13 rooms are affected, and unfortunately, there is insufficient space or facilities to fully meet the required standard.</p> <p>We have written to IPAS to highlight this non-compliance and to seek advice and support in identifying a viable solution. A list of the affected rooms has been forwarded, and a formal request was submitted on 21st May 2025.</p> <p>We will continue to work closely with IPAS to bring the facility into compliance. The suggested timeframe for this is 31st July 2025, this is subject to the availability of appropriate bedspaces and the successful relocation of residents, particularly school-aged children, to minimise disruption to their education.</p>	
4.9	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We acknowledge that while essential items such as nappies, shampoo, detergents, and sanitary products are currently being provided, the full range of non-food items as outlined in the national standards has not been consistently supplied directly by the service provider. Please note as an additional service to residents we have installed large shower, soap dispensers and sink soap dispensers to each bathroom in the centre.</p> <p>We take this matter seriously and are committed to ensuring full compliance with the national standards. A review of our current procurement and distribution processes is underway the proposed solution is to add additional points to the food hall cards to provide sufficient funds to meet with this provision. We are working to establish a clear and consistent system to ensure all required non-food items are made available</p>	

directly by the service provider, thereby supporting the personal hygiene, comfort, dignity, health, and wellbeing of all residents.

We appreciate your feedback and will continue to monitor and improve our practices to meet the required standards. Expected completion date is 31/08/2025.

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 1.2	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	30/11/2025
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Partially Compliant	Orange	30/06/2025
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.	Partially Compliant	Orange	31/08/2025
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children	Partially Compliant	Orange	31/05/2025

	and adults living in the centre.			
Standard 4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.	Not Compliant	Red	31/07/2025
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.	Partially Compliant	Orange	31/08/2025

