Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of the Centre:	The Towers
Centre ID:	OSV-0008457
Provider Name:	Fazyard Limited
Location of Centre:	Co. Dublin
Type of Inspection:	Announced
Date of Inspection:	02/03/2026 and 03/03/2026
Inspection ID:	MON-IPAS-1133

Context

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

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

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

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

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

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

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

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

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

About the Service

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 227 residents.

The centre is a four-storey 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 staff, shop keeper, night porter, and maintenance staff. The building is privately owned and the services are privately provided by Fazyard Limited on a contractual basis on behalf of the Department of Justice, Home Affairs and Migration.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	227

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)
02/03/2026	10:00hrs–16:30hrs	1	1
03/03/2026	09:30hrs–15:45hrs	1	1

What residents told us and what inspectors observed

The inspectors found, from speaking with residents, reviewing documentation, and through observations made during the inspection, that residents were receiving person-cantered support that promoted their rights and facilitated integration. The accommodation provided was maintained to a high standard and the centre had extensive facilities available for residents' use. While there was some further improvement required to ensure that all accommodation provided met the requirements of the standards, particularly in relation to the provision of private living space for families, and separate bedrooms for adults and children, it was evident that the provider was committed to meeting these requirements and had plans in place to address any deficits.

This was an unannounced inspection that occurred over two days. During this time, the inspectors met and spoke with 18 residents, including four children. Two residents completed a feedback questionnaire. The inspectors also spoke with seven members of staff, including the centre manager, a compliance manager, the provider representative, and the reception supervisor.

The centre provided accommodation for families and single adults. The maximum capacity of the centre was 250 residents, and at the time of inspection there were 227 people living in The Towers. Families were accommodated together in shared bedrooms, and the largest family accommodated consisted of six people. In most cases, single adults shared a room with at least one other person, and there were just three single occupancy bedrooms at the time of this inspection. The maximum number of unrelated residents in any room was three.

While the centre provided accommodation to people seeking international protection, the inspectors found that 53 residents (approximately 23%) had received refugee or subsidiary protection status. Many residents in the centre were receiving support to source suitable alternative accommodation.

The centre comprised one four-storey building, which was accessed through a large reception area on the ground floor. Accommodation was provided across the upper three floors in ensuite bedrooms. In some cases, larger families were provided with two adjoining rooms. The ground floor further comprised a large dining area, kitchen facilities, a shop, and public toilets. There were also a range of communal facilities, including an adult leisure space, playground facilities and a recreation space for teenagers.

During a walk-around of the centre, the inspectors found that communal areas were clean, tidy and nicely decorated. The reception space featured multiple seating areas for residents and there was also a discreet place for residents to store items such as buggies and children's bikes and scooters.

It was noted at the previous inspection that some families were accommodated in cramped conditions, with children and adults sharing bedrooms, and in some cases, children over the age of 10 sharing a room with adults and younger siblings of the opposite gender. The provider had taken steps to reduce the number of families accommodated in these conditions. Since the previous inspection four families had been provided with more suitable accommodation, reducing the number of affected families to nine. There were further plans in place to facilitate internal transfers to larger accommodation for the remaining affected families as it became available.

It remained the case, however, that families were not provided with a separate living space in addition to a bedroom. The inspectors visited four family rooms, with the permission of the occupants, including a family room comprised of two adjoining bedrooms. While the rooms provided sufficient space for residents to be used as bedrooms, the inspectors observed that family rooms had very little space to be used for ordinary daily activities. For example, the inspectors observed some children were doing their homework on the floor as they didn't have a desk, and in one case a parents' bedroom was also used as a family living area and storage space.

As mentioned previously, the provider was working towards addressing these deficits in the long-term, and the inspectors noted that the provider had assessed the impact of these issues to residents and endeavoured to meet the needs of families and children by providing additional facilities and services throughout the centre. For example, there was a homework club available in the centre where children were provided with materials and assistance to complete their homework. There was a large indoor sports facility as well as a schedule of activities run by a youth activities coordinator.

The centre provided self-catering accommodation, and as such residents prepared and cooked their own meals. Residents purchased food and non-food items from an on-site shop and used communal kitchen facilities to prepare their meals. Residents who spoke with the inspectors told them that they were happy with the variety of food available in the shop, and said that they could make suggestions or requests to have specific items stocked.

For the most part, residents expressed that they were happy with the kitchen facilities provided, and the inspectors observed that there were sufficient cooking stations to meet the needs of residents, including any necessary cooking equipment such as pots, pans and utensils. Residents who completed a survey noted that there wasn't

somewhere in the centre to 'easily prepare' food, indicating that the shared communal kitchen was not convenient in all cases.

The dining area was observed to be bright and spacious, with plenty of tables and chairs for residents to use, including a selection of high chairs for infants. There was a self-service station where residents could prepare hot drinks and snacks in the dining area. Since the previous inspection, the provider had installed a secure play area for small children in the dining room, to assist parents in supervising their children while they cooked meals and used the centre's shop.

Residents received non-food items directly from the provider. Items such as bedding and towels were provided on arrival, and residents received essential toiletries and hygiene products from the on-site shop. There was a wide selection of personal toiletries available for residents to choose from. Nappies, infant formula and female hygiene products were also provided free of charge.

Residents were complimentary of the laundry facilities in the centre. The inspectors noted that following recent consultation with residents, the provider had more than doubled the number of machines in the laundry room in order to better meet their needs. At the time of inspection there were 19 washing machines and 17 dryers available to residents. Residents also told the inspectors that they were satisfied with the maintenance arrangements in the centre, and that any issues they had with their accommodation were resolved very quickly.

Through speaking with residents and staff it was evident that considerable effort was made to provide a person-centred service for each resident. There was a reception officer employed in the centre who met with residents shortly after their arrival and supported them with their transition to the centre. The management team planned activities in the centre and in the community, and residents were encouraged to integrate into the local community. Children who lived in the centre attended local schools, and where necessary, families had been supported to obtain special school places for children who needed them. The inspectors observed children engaging in a friendly and familiar manner with each other and the staff team, playing in communal areas and attending scheduled activities. Staff and resident interactions were observed to be polite and helpful, and it was evident that the staff team knew residents well.

Overall, the inspectors found that residents were happy living in The Towers and were provided with person-centred support by a team of committed and well-trained staff. While there were some improvements required to the accommodation to ensure it met family's needs; it was evident that the provider was committed to operating a good quality service that met residents' needs and was informed by their feedback. The

inspectors' observations and the residents' views in this section of the report reflect the overall findings of the inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This was third inspection of The Towers by HIQA, and it was carried out to monitor the implementation of a compliance plan submitted in response to an inspection that was completed in April 2025 (MON-IPAS-1095). The inspectors found that the provider had addressed the areas of non-compliance identified at the previous inspection and was committed to continuously improving the quality and safety of the service. There was a well-established quality improvement programme in place and it was found that the provider was proactively identifying potential areas for improvement and monitoring the implementation of associated improvement plans.

The centre was managed on a day-to-day basis by a centre manager, who reported to a member of the board of directors. The local management team was further comprised of a compliance manager (who worked across multiple centres), a reception officer, a shop manager and a reception supervisor. The centre manager oversaw a team of 17 staff, including general operatives, kitchen assistants, maintenance staff and an activities coordinator.

The inspectors found that the provider had further developed the governance and management arrangements since the previous inspection. There were a range of monitoring systems in place that ensured the provider had effective oversight of the operation of the centre. For example, there was a schedule of audits in place for key areas such as risk management, safeguarding, and record keeping. Action plans had been developed where necessary, with clear timelines and accountable staff members identified. Additionally, the compliance officer carried out regular on-site audits both to monitor the implementation of improvement plans and to further assess compliance with the national standards.

A review of recent audits, including a comprehensive self-assessment of compliance against the standards, found that the provider had developed various action plans to meet any potential areas for improvement. It was found however, that there were multiple action plans running in tandem, often covering similar issues, which made monitoring the progress of actions difficult. A consolidated quality improvement plan that was subject to regular review was required to ensure that all quality improvement actions were accurately recorded and their progress was closely monitored. Also, while the provider had undergone a substantial review of the service, an annual report had yet to be produced.

The inspectors found that there were effective local leadership arrangements in place. The centre manager held regular team meetings with a clear agenda that provided opportunities to reflect on and learn from any incidents or issues that had occurred.

The centre manager and the compliance manager met on a regular basis to oversee quality improvement initiatives and it was found that there were effective systems in place to escalate pertinent information about the operation of the centre to the provider. There was a clear and detailed on-call system that ensured a senior manager was available at all times.

On review of the staffing arrangements it was found that the provider had taken the necessary steps to ensure recruitment practices were safe and effective. There was a staff recruitment policy in place and a review of records found that all recent appointments had been carried out in line with this policy. There were arrangements in place to ensure that a Garda (police) vetting disclosure was obtained for all staff members. Additionally, the recruitment policy clearly outlined the steps to be taken in the event that a positive disclosure was received. The inspectors found that there were sufficient staff available, with the necessary skills and experience to meet residents' needs.

The provider had reviewed and improved the training and development arrangements since the previous inspection. There was a clear training matrix that recorded the areas of training each staff member had undertaken. This was overseen by the centre manager, who ensured staff had any training the provider had identified as essential training, and that refresher training was provided where necessary. The inspectors found that the staff team had received training in a wide range of areas, including topics such as child protection, adult safeguarding and fire safety. Notwithstanding, further development of the training and development system was required to ensure that the training matrix was informed by a training needs analysis. This was necessary to ensure that staff members' emerging training needs were promptly identified and met.

The inspectors reviewed the staff supervision arrangements and found that the provider had made considerable improvements in this area. A new 'staff performance review' policy had been developed, and formal supervision meetings were taking place for all staff members, including the centre manager. There was also a comprehensive performance appraisal and development system in place that ensured staff were well supported in their roles.

The inspectors found sustained improvement in the area of risk management. There was a detailed risk management policy in place that clearly outlined the risk management procedures. There was a risk register which contained information about risk assessments undertaken, including risks in areas such as governance, safeguarding, resident welfare, and staffing. There were clear risk management plans available that outlined the control measures in place. Risk assessments were

monitored and subject to regular review. There were defined reporting pathways to escalate serious risks to the provider.

The inspectors reviewed the fire safety arrangements in place and found that there were regular planned fire evacuation drills taking place. Staff had received training in fire safety and evacuation and there was a fire detection and alert system in place. There were individual evacuation plans where it was identified that any resident may require assistance to evacuate in the event of a fire. It was also found that the provider had developed detailed contingency plans that ensured continuity of service in the event of unforeseen circumstances.

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

Standard 1.1

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

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. While there were some areas in which further attention was required to fully comply with the standards, most were known to the provider and there were plans in place to address them.

Judgment: 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 leadership team were found to be competent and knowledgeable in their roles. There were clear job descriptions in place for all staff members, including the centre manager and reception officer. There were established systems in place to ensure staff were accountable for their individual responsibilities.

The provider had implemented a range of auditing and monitoring systems and was using information gained from these audits to implement improvement plans.

There was a quality improvement plan that outlined many of the quality improvement initiatives in place. However, it did not include all action plans that were in place and had not been subject to thorough review. Further attention was required to ensure the provider's quality improvement plan was accurate and up-to-date.

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.

It was found that the provider had implemented a range of monitoring and evaluation systems to review the quality of the service provided to residents. There were methods in place for residents to give feedback on their experiences and there were ongoing improvement plans where the provider identified opportunities to make positive changes.

At the time of inspection, the provider had not yet developed an annual review of the quality and safety of the centre.

Judgment: Substantially Compliant

Standard 2.1

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

The service provider had ensured there were safe and effective recruitment practices in place. There was a local recruitment policy which was found to have been adhered to. The provider ensured that a Garda vetting disclosure was obtained for all staff members employed in the centre. International police checks were available for staff where necessary.

There were clear arrangements in place for performance appraisal, which included probationary periods and regular appraisal meetings.

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.

Judgment: Compliant

Standard 2.4

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

Staff were provided with continuous training in a range of areas determined by the provider to be relevant to their roles. There were effective arrangements in place to monitor staff training levels and ensure timely refresher training was undertaken.

However, the provider had not undertaken a training needs analysis, which was required to ensure that staff training requirements were routinely assessed to identify and meet any emerging training and development needs.

Judgment: Substantially Compliant

Standard 3.1

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

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

There were a range of fire safety arrangements found to be in place, including clear fire evacuation plans.
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 to live self-directed lives and were treated with respect and dignity. The governance and management arrangements had further improved since the previous inspection, and it was evident the provider was motivated to provide a safe and high-quality service. While the accommodation was generally comfortable and met most residents' needs, there remained some deficits in relation to family living space and shared bedrooms. Additionally, improvements were required to the system for recording the supports in place for residents with known vulnerabilities or special reception needs.

The inspectors reviewed how accommodation was allocated to residents and found that there had been a change to the allocations arrangements since the previous inspection. Consequently, the provider's role in allocating accommodation was more limited, although it was noted that they attempted to allocate accommodation that best met residents' known needs. At the time of inspection, these changes had yet to be integrated into the allocation policy and as such the policy needed to be reviewed to reflect the actual process and procedures.

Residents were accommodated across 81 bedrooms in the accommodation centre. As mentioned previously, in some cases larger families were accommodated in two adjoining rooms. At the time of inspection there were three single occupancy bedrooms, and most single residents shared a room with at least one other person. All bedrooms contained an ensuite bathroom and it was observed that the accommodation was maintained to a high standard.

The inspectors visited eight resident rooms, with their permission. In all cases, the rooms met the minimum requirements for space for each resident to use as a bedroom. While some residents had configured their rooms to provide a small living space, there was no separate living space available to families, as required by the standards. The provider had acknowledged this deficit and endeavoured to provide additional spaces for residents to use within the centre for leisure and recreation. For example, there was a study room, separate adult and teen social rooms, and various spaces for residents to receive visitors. The provider had also made accessible storage space available for children's bikes, scooters and buggies, and children were observed 'parking' their scooters in their designated spots after school.

It was evident the provider had considered residents' needs in the design and planning of the centre's facilities. For example, the adults' social room had an area designed to

accommodate residents styling their hair, a small library, table games, an area to watch television and smaller private seating areas.

The centre provided self-catering accommodation, where residents cooked their own meals. The provider ensured residents had access to suitable food preparation and dining facilities. The inspectors observed residents cooking and using the kitchens throughout the inspection. Residents told the inspectors that they were very happy with the kitchen facilities, and noted that there was space to store their food and cooking equipment outside of their accommodation. Some residents had a small fridge in their rooms, which provided a convenient space to store perishable items including bottled infant formula. The dining area was observed to be spacious and nicely decorated; it was clean and tidy throughout the inspection and there were plenty of tables and chairs for residents to use. It was located adjacent to the kitchen area and contained a small secure play area.

Residents received their food and non-food items from the centre's on-site shop using a weekly allowance of points. Each family or resident had points allocated to them, based on their individual circumstances that they exchanged for food and ingredients. Since the previous inspection, basic personal hygiene and cleaning supplies were provided directly to residents from the shop. Some items, such as nappies and feminine hygiene products, were also provided free of charge. The onsite shop stocked a wide selection of food and non-food items, including fresh fruits and vegetables, meat and dairy products and personal toiletries. Residents spoken with told the inspectors they were happy with the selection of items and said that the shop manager would order specific products for them when they requested them.

Residents were provided with items such as bedding, towels, cutlery and crockery, on arrival to the centre. Residents who spoke with the inspectors told them that the centre manager ensured they had everything they needed in their accommodation. For example, a parent with an infant told the inspectors that a crib and mattress had been provided prior to their child's arrival.

On review of the arrangements in place for residents to manage their laundry, it was found that there was a well-equipped laundry room with adequate number of washers and dryers. The number of machines had been increased following consultation with residents to better meet their needs and residents spoken with were very complementary of the laundry facilities. The inspectors observed that the centre was clean and well maintained throughout. Residents spoken with, and those who completed questionnaires, confirmed that any maintenance issues were promptly addressed.

The inspectors found that the provider was proactive in meeting the educational and recreational needs of children. There was an afterschool club operated in the centre for

children to do their homework, and other activities, such as arts and crafts were regularly held here. The centre manager and youth activities coordinator ensured that children had all the essential items required to attend school. Due to the urban location of the centre, spaces to play outside were limited; however, there was a large multi-sport facility and playroom available in the centre for children to use. Additionally, the youth activities coordinator organised activities and events for children and families in the community, for example during school holidays.

The centre manager had also considered the needs of adults living in the centre, and had developed links with many local organisations and services to promote integration and ensure that adults had opportunities to develop connections, work, study, and enjoy hobbies. There were multiple noticeboards in the centre, where information about 'friends of the centre' and local services was available. On the second day of the inspection, there were representatives of a local integration team in the centre meeting with residents. Information about health and welfare services, and services specific to the needs of residents, was available to them in multiple languages.

The inspectors reviewed the safeguarding arrangements in the centre and found there were suitable measures in place to safeguard adults and children. The provider had ensured that staff received appropriate training in child protection and there was a child safeguarding statement and policy in place. Staff also completed training in safeguarding vulnerable adults. There was evidence that where a child protection concern had been raised it was managed and reported appropriately. At the time of inspection there were no active safeguarding or protection risks, and residents who spoke with inspectors expressed that they felt safe living in the centre.

There were further arrangements in place to record and report any significant or adverse incidents that occurred in the centre. Staff recorded incidents in a timely manner and in line with the centre's own policy. There was a clear escalation pathway that ensured information regarding incidents informed risk management processes. Serious incidents were found to be notified to the relevant third party agencies.

The inspectors found that where the provider was informed of the special reception needs of a resident, they endeavoured to provide necessary supports. There was a suitably qualified reception officer employed, who was the main point of contact for residents and staff with regard to special reception needs or vulnerabilities. The reception officer was found to have the necessary training, experience, and competencies to fulfil the role. At the time of inspection, the reception officer was new to the role, and it was found that the provider had ensured there were suitable interim arrangements in place during the period of recruitment.

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, further assessment was conducted and relevant individual support plans were created. Additionally, the reception officer was completing a programme of vulnerability assessments for residents who had lived in the centre prior to the introduction of the reception officer role. At the time of inspection, 52% of residents had completed a vulnerability assessment.

Improvement was required to ensure that residents' support plans were recorded in sufficient detail. On review of records, and following discussions with staff and residents, it was found that residents were receiving a wide range of supports and that this was not accurately reflected in the support records. The provider had identified this as a deficit and there was a plan in place to review and update the record-keeping arrangements in this area.

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

Standard 4.1

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

The allocations policy required review to ensure that it reflected the current arrangements in place for allocation of accommodation. The service provider endeavoured to meet the identified needs of residents in the allocation of accommodation, although the allocation arrangements meant they had limited capacity to make decisions about how residents were accommodated.

Judgment: Substantially 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 service provider had ensured that the privacy and dignity of family units was protected and promoted. Families were accommodated together, with consideration given to family size and individual needs. However, as accommodation was provided in en-suite bedrooms, there were instances where adults and children were sharing bedrooms. Additionally, families did not have access to a separate living area. The provider had acknowledged these issues and was working on a plan to address these deficits. In the interim, the provider had assessed the impact to residents and endeavoured to meet their needs in the provision of additional facilities in the centre.

Judgment: Substantially Compliant

Standard 4.6

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

The educational development of children was prioritised, and all children of school-going age had a school placement. The provider made a range of facilities and materials available to children and young people to meet their educational development needs. There was a homework club, with study materials provided, and high quality Wi-Fi was available throughout 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.

The provider had systems in place to ensure the centre was clean and well maintained. It was observed that the centre was clean and tidy throughout. Laundry facilities were available to all residents in a shared laundry room that 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 and cleaning products were available from the on-site store.

Judgment: Compliant

Standard 4.9

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

The provider had arranged for any necessary non-food items to be provided directly to residents. This was an action from the previous inspection. The inspectors found that these arrangements ensured residents had access to a range of essential hygiene and toiletry products that met their individual needs.

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. Residents used a communal kitchen that was well equipped and had sufficient cooking stations for residents to prepare meals. There were adequate and comfortable spaces for dining.

Judgment: Compliant

Standard 6.1

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

It was evident that a considered effort was made by the provider and centre manager to provide a service that respected residents as individuals and upheld their rights. Residents were provided with information and the necessary support to avail of services and resources they were entitled to.

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.

The centre hosted group activities that celebrated diversity and facilitated residents to engage with and build connections in the local community.

There were clear arrangements in place for residents to receive visitors.

Judgment: Compliant

Standard 7.2

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

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. While there was no regular transport provided in the centre, there were good local transport links nearby, and private travel was provided where necessary.

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 received training in child protection and adult safeguarding. Safeguarding risks were notified to the relevant agencies 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. There was a system in place to ensure children were appropriately supervised.

Judgment: Compliant

Standard 8.3

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

There were effective systems in place to manage 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 reviewed at planned intervals to inform the ongoing management of risk in the centre.

Judgment: Compliant

Standard 9.1

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

The inspectors found that arrangements in the centre ensured that each resident received the necessary support to meet their individual health and social care needs. The centre manager ensured that where necessary support could not be provided in the centre, residents were facilitated to avail of assistance from external services.

Judgment: Compliant

Standard 10.1

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

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

Judgment: Compliant

Standard 10.2

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

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

Judgment: Compliant

Standard 10.3

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

The provider had developed a policy on how to identify, communicate and address existing and emerging special reception needs. This was supported by a guidance manual and gave clear direction to the reception officer and staff.

Judgment: Compliant

Standard 10.4

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

The 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.

Residents were provided with the necessary supports in relation to their assessed vulnerabilities, although record-keeping in relation to these supports required improvement to ensure care and support plans were accurate and up-to-date.

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	Substantially Compliant
Standard 1.4	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.3	Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.4	Substantially Compliant
Standard 4.6	Compliant
Standard 4.7	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
Theme 8: Safeguarding and Protection	
Standard 8.1	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