



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

Name of the Centre:	Viking House
Centre ID:	OSV-0008458
Provider Name:	Cromey Ltd
Location of Centre:	Co. Waterford
Type of Inspection:	Short-Term Announced
Date of Inspection:	15/07/2025 and 16/07/2025
Inspection ID:	MON-IPAS-1115

Context

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

Direct provision was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a national¹ and international level² since that time. In response, the Irish Government took certain steps to remedy this situation.

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

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published a White Paper to End Direct Provision and to establish a new International Protection Support Service³. It was intended by Government at that time to end direct provision on phased basis by the end of 2024.

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

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

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

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

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

that HIQA assumed the function of monitoring and inspecting permanent⁴ International Protection Accommodation Service centres against national standards on 9 January 2024.

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

About the Service

Viking House is an accommodation centre located in Co. Waterford. The centre had 43 bedrooms across two three-storey buildings. At the time of the inspection the centre provided accommodation to 84 residents. The centre is located in a busy city with easy access to public transport links.

There were public parking facilities near the centre and access to the building was gained through a main reception. The buildings comprised resident bedrooms, a reception area, an office, a dining room and a resident kitchen. The centre had two laundry rooms and an additional four small kitchenettes. There was a space for residents to receive visitors located in a nearby building.

The service was managed by a centre manager who reports to the director of services. The management team is further comprised of a director of operations, a reception officer, and a quality and compliance manager. The centre was staffed by night porters, general support staff and cleaning staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	84
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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)
15/07/2025	10:30hrs – 17:30hrs	1	1
16/07/2025	08:30hrs – 15:15hrs	1	1

What residents told us and what inspectors observed

From speaking to residents and through observations made during the course of the inspection, the inspectors found that the service provider was delivering a good quality service and for the most part, residents felt safe and protected. Residents were supported by the staff team, treated with respect and experienced a good quality of life while living in this centre. In general, residents' rights were protected and promoted but further consultation was required with residents to ensure they contributed to decisions that affected them. Additionally, while the accommodation provided was adequate, renovations were required throughout the premises to ensure that any ongoing maintenance issues were addressed, and to make sure the accommodation met residents' needs.

The inspection took place over two days. During this time, the inspectors spoke with 13 residents and met some others as they passed through the centre or were using communal facilities. In addition, resident questionnaires were completed by three residents. The inspectors also spoke with the centre manager, the quality and compliance manager, the reception officer and three staff members.

Viking House provided accommodation to single male adults. The centre had capacity to accommodate 115 people, and at the time of inspection there were 84 residents living in the centre. While the centre provided accommodation to people seeking international protection, the inspectors found that 12 residents (14%) had received refugee or subsidiary protection status. Some residents had received notice to seek private accommodation outside of the centre, and were actively looking for alternative accommodation in the local community.

The accommodation centre was located in Waterford City. It was situated within walking distance of a range of local services and amenities, with easy access to local and national transport links. The main accommodation building comprised a reception area, a dining room with tables and chairs, and a residents' kitchen. The kitchen had six fully-equipped cooking stations which were available to residents, including fridge and freezer storage. Some of the bedrooms were located in an adjacent building, and were accessible through a separate entrance. This building contained three small kitchenettes, one on each floor, which were used by the residents accommodated in this area of the centre.

The centre had 43 bedrooms, with two assigned as single occupancy. In all other cases the bedrooms were configured to accommodate between two and four people. At the time of inspection, the maximum occupancy in any bedroom was three residents. Many of the bedrooms contained an en-suite bathroom, with toilet and shower facilities. Communal bathroom facilities were available on two floors of the main building for residents' use, each containing three separate shower and toilet cubicles, and handwashing facilities. Communal bathroom facilities were also available on each of the three floors in the second accommodation building.

The inspectors observed that in general, the building and the communal areas were clean and tidy. Residents were responsible for keeping their own rooms clean and for tidying up after themselves in communal areas. There were also housekeeping staff employed who cleaned all communal areas on a daily basis. All communal areas observed by inspectors were found to be cleaned to high standard. Inspectors visited six resident bedrooms, with the permission of the occupants, and found that they were neatly ordered and tidy. However, there were numerous maintenance issues that needed to be addressed, in communal areas and in resident bedrooms.

For example, there was mould staining observed on the ceiling of some of the kitchenettes, and there was water damage and burn marks observed on some flooring. In resident's bedrooms, inspectors observed various issues, such as unfinished paintwork, broken furniture and poor quality fittings. In some rooms, curtain poles were observed to be detached from the walls due to loose fixtures. In many cases, residents had raised these issues with the management team, and they were noted on a maintenance log. In other cases it appeared that residents had become accustomed to the living environment and didn't consider letting staff know when things were broken.

The feedback from residents about their experience living in the centre was generally positive. Many residents had previously stayed in other accommodation centres, and told inspectors that living in Viking House provided them 'freedom' and a 'safe place' to live. Residents told inspectors that the staff team were welcoming when they arrived and ensured they had the things they needed for their room.

The centre provided self-catering accommodation, and residents prepared and cooked their own meals. Residents were allocated a weekly points allowance which they used to purchase food items and sundries from a central store operated by the service provider. Residents ordered their items online, with deliveries to the centre multiple times per week. Feedback received from residents indicated that they were satisfied with this arrangement. Some residents told inspectors that it was rare there were any issues with the quality or freshness of food, and that any issues were addressed very quickly. Residents also told inspectors that they liked being able to cook for themselves and that the kitchen facilities, which were open 24 hours per day, were very convenient for those who worked.

Residents were generally satisfied with the support and treatment they received from the staff team. Most residents that spoke with inspectors felt that staff were very supportive and treated them with kindness and respect. All three residents who completed a feedback questionnaire agreed that staff were 'easy to talk to' and that they were 'kind and respectful' in their interactions. A small number of residents told inspectors that they felt staff did not always take their concerns seriously; this feedback was particularly related to the response received when residents had interpersonal issues or conflicts. In these cases residents expressed that they did not always feel like the response they got prioritised their safety or welfare.

There was a reception officer employed in the centre who was the main point of contact for residents with special reception needs or vulnerabilities. The reception officer was found to be actively engaged with residents and providing support in a variety of areas, specific to residents' needs. Residents who gave feedback on their experience of engaging with the reception officer were very complimentary and said that they were a 'lovely person' and 'very kind and helpful'.

Overall, inspectors found that residents were accommodated in a safe and comfortable environment and were provided with person-centred support. There were some improvements required to the premises to ensure it was maintained to a high standard and that the facilities were kept in good condition. There was some further improvement required to the governance and management arrangements in order to fully meet the requirements of the standards, however the provider had made considerable progress in this area and it was clear they were committed to delivering a high-quality service.

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

Capacity and capability

This was the second inspection of Viking House accommodation centre and it was carried out to assess compliance with the national standards, and to monitor the provider's progress with the compliance plan submitted in response to an inspection (MON-IPAS-1054) carried out in November 2024.

The inspectors found that the provider had implemented the majority of actions outlined in the previous compliance plan, and had developed a quality improvement plan that they were working on to further improve the quality and safety of the service. This inspection found good levels of compliance across many of the standards reviewed, and while there were improvements required in some areas, most of these were known to the provider and could be addressed with the continued implementation of their own improvement plan. While the oversight arrangements had considerably improved since the previous inspection, enhanced oversight of some areas of local operation were required, particularly in relation to the maintenance arrangements and monitoring of incidents.

It was found that the provider was fulfilling its responsibilities as outlined in relevant legislation, regulations, national policies and standards, to provide a service that, on the whole, met residents' needs. The inspectors found that the management team were knowledgeable in their roles, and committed to providing a high quality service. There were clear governance and management systems in place, including a suite of policies and procedures to guide the consistent delivery of a safe and effective service. The inspectors reviewed a range of policies and found, for the most part they provided clear and practical guidance and information.

The inspectors found that the provider had successfully established many new procedures and management systems since the previous inspection. For example, there were notable improvements to the risk management systems and the system for managing complaints. The provider had completed a self-assessment of compliance with the national standards, and developed an action plan with clear objectives and time frames for completion. This plan was monitored by the centre manager and a representative of the provider, and was progressing well. The staff and management team were meeting regularly and reviewing areas of service provision. The provider and the director of services visited the centre on a scheduled basis to observe and review day-to-day operations.

At the time of inspection, the centre manager and the quality and compliance manager were preparing to commence an annual review of quality and safety. A template for the review had been developed, with a clear systemised approach to

gathering feedback from residents and evaluating the quality and safety of the service. There were a number of local audit arrangements in place, including a review of the safeguarding systems and a resident survey which had been completed in the days prior to the inspection. Notwithstanding, the inspectors found that improved local auditing and reporting arrangements were necessary to optimise the monitoring of some areas of service provision, particularly in relation to the recording and trending of incidents, and monitoring of the maintenance arrangements.

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

The provider had ensured there were sufficient staff available, with the necessary skills and training, to provide a safe and high quality service to residents. The centre manager had carried out a training needs analysis and developed a training plan for all staff employed in the centre. Staff had received training in a wide range of areas, including child protection, adult safeguarding, and mental health awareness. While not all staff had received training in all areas specified by the national standards, these gaps were addressed in staff training plans. Notwithstanding, the inspectors found that training needs assessments needed to be extended beyond the core areas required by the standards, to ensure staff training needs in areas specific to their roles or to residents' needs were also identified and monitored.

Staff were supported in their roles by the centre manager. There was a supervision policy in place, however the arrangements outlined in the policy did not meet the requirements of the standards, for example, in relation to the frequency of supervision meetings. Additionally, the arrangements for staff appraisal or performance development and those for staff supervision appeared to overlap, and further clarity was required as to how the two systems operated independently of each other. A review of the supervision policy, the staff appraisal policy, and their associated procedures was required to ensure that staff were provided with the necessary supports to meet their development needs.

A review of the risk management arrangements in the centre found that the provider had clear and effective systems in place to monitor risk. There was a risk register that outlined many of the known risks in the centre, with detailed assessments and control measures. It was noted, however, that not all risks were included on the risk register, with some longstanding risks missing on the most recent version. Further attention

was needed to ensure that the risk register was subject to consistent and continuous review as required.

It was found that while centre management were recording and reporting serious incidents, not all adverse incidents were being recorded or reviewed, and enhanced incident management systems were required to ensure that risk management arrangements were informed by all relevant information and to enable the provider to effectively oversee and respond to incidents.

The service provider had developed contingency plans to ensure continuity of services in the event of a number of potential unforeseen circumstances. These emergency plans accounted for the needs of all residents. A review of fire safety arrangements in the centre found there were suitable control measures in place. For example, there were fire doors installed throughout all buildings, fire-fighting equipment was located throughout the centre and was serviced regularly, and there was a detection and alarm system in place linking all main and ancillary buildings. Residents were informed about fire drills and emergency protocols were outlined on notice boards in the centre.

Overall, the provider demonstrated a strong commitment to and capability in delivering a high-quality service. They effectively used feedback from previous inspections, and internal assessments, to enhance operational areas and had well-established governance and management arrangements in place. While some areas requiring further attention were identified, the provider had self-identified many of these issues and demonstrated commitment to operating a service that complied with 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.

The service provider had developed a good understanding of their responsibilities under relevant legislation, regulations and national standards and there were systems in place to meet these requirements. 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 the reception officer. The centre manager had established good lines of communication with the staff team and there were systems in place to ensure staff were accountable for specific areas of operation.

Judgment: Compliant

Standard 1.4

The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.

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 the centre and there were ongoing improvement plans whereby the provider identified opportunities to make positive changes. It was found that improved local audits were required to support the development of more targeted improvement plans. It was noted that the provider had plans to extend their auditing systems as part of a phased implementation of a wider governance and management improvement system.

Judgment: Substantially Compliant

Standard 1.5

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

There were systems in place to consult with residents and receive their feedback. The provider had carried out a resident survey prior to the inspection. There were plans in place to develop formal and regular resident engagement initiatives, such as residents' meetings. The implementation of these plans was important to ensure residents had regular opportunities to discuss any ongoing or emerging issues so that they were promptly resolved.

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 recruitment policy available which was found to have been adhered to. A Garda vetting disclosure had been obtained for all staff members employed in the centre. International police checks were available for staff where necessary.
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.
While there were some supervision arrangements in place, the supervision policy and practices were not in line with the requirements of the national standards. A review of the policy and associated practices was required to ensure that staff received effective supervision that supported them to carry out their duties, on at least a quarterly basis.
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.
There were arrangements in place to identify the training needs of staff who worked in the centre, and to provide any training required. While staff had not completed all necessary training, they had undertaken training in a wide range of areas. A training needs analysis had been carried out and there were plans in place to address any known training deficits. Notwithstanding, it was found that the needs assessment could benefit from being broader in scope to ensure potential training needs of staff, beyond those specifically mentioned in the standards, were identified and met.
Judgment: Substantially Compliant

Standard 3.1

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

There were some effective risk management arrangements found to be in place, with sustained development observed in this area since the previous inspection. Continued improvement was required to ensure that an integrated approach to risk management was taken. Necessary improvements included the continuous review of risk assessments to reflect learning from incidents, and regular monitoring of the risk register to ensure it was accurate.

On review of the fire safety systems, it was found that there were satisfactory fire safety arrangements in place.

Judgment: Substantially Compliant

Quality and Safety

This inspection found that the governance and management arrangements were generally supporting the delivery of a safe and person-centred service. The accommodation provided to residents was comfortable and homely, although further attention to the ongoing maintenance of the premises was required. Residents were supported by a committed staff team to integrate into the local community, to meet their health and welfare needs, and to avail of educational and employment opportunities. While some improvement was required to fully meet the standards, the provider had identified many of these shortfalls and had plans in place to address them.

The inspectors reviewed the process for allocating rooms to residents. The provider had developed a room allocations policy that was implemented by the centre management team to ensure accommodation was allocated in a way that met residents' needs. Information known to staff about residents prior to their arrival was used to determine where they would be accommodated. For example, some residents were provided with a single room to meet their health or welfare needs. Where a specific need was identified after arrival, this was considered in the allocation of rooms. Residents spoken with, and those who completed a questionnaire, told inspectors that they believed the procedures for allocating rooms were fair. One resident told the inspectors that the provider facilitated them to change rooms when a vacancy arose in a room where a friend resided.

The inspectors visited six bedrooms during the inspection, and observed all communal facilities in the centre during the course of the inspection. The accommodation was generally clean and tidy, however there were some issues with the fabric of the building and the quality of some fixtures and fittings. For example, some flooring needed to be replaced as it was damaged and there was evidence of mould or damp in some communal areas. Some fixtures needed to be repaired or replaced and in some cases there was broken furniture in residents' bedrooms that needed to be replaced. While there were arrangements in place to identify and address day-to-day maintenance issues, it was found that they did not enable the provider to proactively identify and address wider building issues or longstanding maintenance concerns. A full review of the facilities in the building, and the maintenance arrangements, was required to ensure that the premises was consistently well maintained, and that all residents had the necessary fixtures and furniture.

The bedrooms in the centre provided the minimum space required for each resident, as outlined in the standards. There were a small number of single rooms available, but for the most part, residents shared a bedroom with at least one other person. While

the maximum capacity of bedrooms was four residents, at the time of inspection the maximum number of non-related residents sharing a bedroom was three. Residents spoken with told inspectors that while they would prefer to have a private bedroom, they had sufficient space in their rooms, and the provider made an effort to ensure compatibility between residents who shared rooms with each other. In most cases, bedrooms contained an en-suite bathroom with a shower. In other cases, communal bathrooms were available on two floors of the centre. There were sufficient facilities available to meet the needs of residents. Communal bathrooms were clean and well-proportioned to ensure privacy and comfort.

The centre provided self-catering accommodation. There was one large communal kitchen in the main building, with space and equipment available to prepare and cook meals. There were also a number of kitchenettes located throughout the centre which were observed in use throughout the course of the inspection, and provided convenient spaces for residents to store food and prepare small meals.

Residents were allocated points on a weekly basis to order food and other items online from the provider's shop. These items were delivered directly to the centre, with multiple deliveries per week. Residents were complimentary of the online ordering system in place. The inspectors were told that while there were very occasionally some issues with deliveries, these were rectified quickly. Residents were provided additional points to purchases non-food items, such as toiletries and cleaning products. Residents spoken with told the inspectors that they were provided with items such as bed linen, towels, cooking equipment and cutlery when they arrived to the centre.

The inspectors found that there were reasonable security measures in place in the centre. There was CCTV in all communal areas, which was monitored in line with the provider's policy. There was a space available without CCTV for residents to hold private meetings. The entrance to the centre and some of the doors leading to bedrooms and communal facilities were locked; however, residents had their own key to freely move around the centre.

There were measures in place to protect residents from harm and maintain their safety. There was an adult safeguarding policy in place, and all staff had received training in safeguarding vulnerable adults. The inspectors found that potential safeguarding risks were reported appropriately and there were suitable control measures in place. However, some residents that spoke with inspectors told them that they had previously raised concerns about their safety, particularly in relation to interpersonal conflict between residents, and they did not always feel their concerns were taken seriously. At the time of inspection, the provider did not have a clear system in place for recording all incidents or adverse events, and as such it could not

be determined if the issues raised by residents had been addressed appropriately. A review of the incident management system was required to broaden the scope of incidents and adverse events that were recorded, and to ensure there was an effective system of tracking and monitoring incidents.

The inspectors found that residents received support to independently manage their own health and development needs, and that additional assistance was provided where necessary. The centre manager and staff maintained good links with local community organisations and facilitated residents to engage with local support services. For example, at the time of inspection the inspectors observed a public health nurse clinic being held, and also met a representative of a local integration support group who met with residents in the centre.

Residents told the inspectors that staff were friendly and approachable, and that they provided assistance with things such as filling out forms, finding a General Practitioner and making appointments. The inspectors observed a resident arrive to the centre for admission during the inspection and noted they were met by the centre manager and received a warm welcome, with a clear induction pack that provided useful information about the centre and the local area.

The provider had employed a reception officer with suitable qualifications and skills to support residents with special reception needs or vulnerabilities. The reception officer conducted vulnerability assessments with residents on arrival to the centre, and developed support plans where necessary. Residents who spoke with the inspectors were familiar with the reception officer and said they were a friendly and helpful person. The provider had developed a policy for identifying, communicating, and addressing ongoing and new reception needs in the centre, which provided clear direction to the reception officer and staff as to how special reception needs were identified and met.

Overall, it was found that residents were provided with safe and comfortable accommodation in this centre. The provider ensured that residents received individualised supports that promoted independence and integration. While there was further work to be done in relation to the premises, and in the management of incidents, residents were happy living in the centre and most said they felt safe living there. They were provided with person-centred support that promoted their wellbeing and independence, and enabled them to live fulfilled lives with jobs, hobbies and educational opportunities.

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 service provider received limited information about residents prior to their arrival to the centre, however the management team considered any relevant information about residents' needs when allocating accommodation. The provider also facilitated residents to change rooms when requested, or when required to meet their needs, in line with their room allocation policy.

Judgment: Compliant

Standard 4.2

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

While the standard of accommodation was good for the most part, and provided sufficient space in line with the requirements of the national standards, there were some ongoing maintenance issues that needed to be addressed. Additionally, there were some fixtures and furniture found to be broken or of poor quality. For example some shelves in bathrooms were found to be made from rough-cuts of timber or untreated plywood, and were unsuitable for the environment. A review of the standard of facilities in the centre was required to ensure any broken or unsuitable items were repaired or replaced.

Judgment: Partially 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 maintain a clean environment. It was observed that the centre was clean and tidy, despite some areas that needed renovation or repair. Laundry facilities were available to all residents in a number of shared laundry rooms. There were 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 provider's store, with a separate points allowance allocated to residents to purchase them.

Judgment: Compliant

Standard 4.8

The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.

The inspectors found that the service provider had implemented suitable security measures within the centre which were deemed proportionate and adequate and which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre only and was monitored in line with the service provider's policy.

Judgment: Compliant

Standard 4.9

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

The provider made points available to residents, in addition to those allocated for food, to buy non-food items from the provider's shop. The allocation of points was based on an assessment of residents' needs in this area. This system was implemented as a response to a deficit identified in a previous inspection, and the inspectors found the arrangements were effective in meeting residents' needs in this area.

Judgment: Compliant

Standard 5.1

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

The provider ensured residents had access to suitable food preparation and dining facilities. Residents used communal kitchens, with facilities for storing food, and cooking equipment provided. There were adequate and comfortable spaces for dining. Residents who gave feedback in this area told inspectors that the self-catering facilities met their needs.
Judgment: Compliant
Standard 6.1 The rights and diversity of each resident are respected, safeguarded and promoted.
Inspectors found that the service provided respected the rights of residents and promoted their dignity. Residents told inspectors that staff treated them with respect and took their feedback on board to deliver a service that met their needs. Residents were provided with information about their rights and entitlements.
Judgment: Compliant
Standard 7.1 The service provider supports and facilitates residents to develop and maintain personal and family relationships.
There were measures in place to facilitate residents to develop and maintain personal and family relationships. Residents could receive visitors in the centre and there were comfortable areas to meet with a small or large group of people. The provider had made additional furniture available in a large communal space to provide increased privacy for residents who used it to hold meetings or 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.

Residents were well-integrated within their local community. Residents had opportunities to engage in a variety of social, recreational and cultural activities and events. Information about local health and welfare services was made available to residents. Due to the location of the centre, a regular transport service was not required. Residents had access to up-to-date information about public transport facilities in the area.
Judgment: Compliant
Standard 8.1 The service provider protects residents from abuse and neglect and promotes their safety and welfare.
There were measures in place to protect adults from the risk of abuse or neglect. While there were control measures in place for risks to residents' safety, the adult safeguarding policy required review to ensure the reporting mechanism were clear. The provider had developed a range of policies and procedures in relation to child protection and welfare and all staff had received training in this area.
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.
Incidents were reported as required in line with national policy and concerns were managed as they arose. While the centre manager had oversight of incidents and followed up accordingly with the residents, a system to track incidents over time for trends or learning opportunities, while being developed, was not operational. Improved recording of adverse incidents was needed to ensure all reported or witnessed incidents were recorded, responded to and reviewed appropriately.
Judgment: Partially Compliant

Standard 9.1

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

Residents had access to appropriate health and social care services to promote their health, wellbeing and development. They received person-centred supports in line with their needs. The provider facilitated the provision of healthcare services in the centre, for example, there was a vaccine clinic taking place during the inspection.

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 and assistance to residents when they became aware of their 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.

Judgment: Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Compliant
Standard 1.2	Compliant
Standard 1.4	Substantially Compliant
Standard 1.5	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Substantially 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 4.2	Partially Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant

Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	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 10.3	Compliant
Standard 10.4	Compliant

Compliance Plan for Viking House

Inspection ID: MON-IPAS-1115

Date of inspection: 15 and 16 July 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
1.4	Substantially Compliant
Outline how you are going to come into compliance with this standard: The development of a suite of audits is part of the Quality Improvement Plan 2025-2026. In 2025, we devised and implemented an annual safeguarding audit; a resident feedback audit and an incident risk management audit which included a section on trends. A full suite of audits covering all the key areas of service provision will be fully devised by the end of 2025. A comprehensive suite of audits including trends analysis will be scheduled and operational in an audit calendar for each month of 2026. Post inspection a centre specific Quality Improvement Plan and HIQA Compliance Action Plan is in place for 2025-2026.	
1.5	Substantially Compliant
Outline how you are going to come into compliance with this standard: The resident feedback survey was completed and analysed to identify areas for improvement. There was a good response rate and it provided resident insight and feedback on the quality and safety of our service provision. The feedback will form part of our Quality Improvement Plan and HIQA Compliance Action Plan for 2025-2026. A Resident Committee is scheduled for Sept 2025 and will be completed at regular intervals on an annual basis thereafter. We aim to complete regular resident committees and resident surveys as part of our Quality Improvement Plan 2025-2026. Increasing resident engagement is a key priority for the centre. Formal resident	

feedback and engagement is part of our ongoing Quality Improvement Plan and HIQA Compliance Action Plan for 2025-2026.	
2.3	Partially Compliant
Outline how you are going to come into compliance with this standard: Post inspection the Supervision Policy and practices were reviewed to reflect the National Standards and form part of the Quality Improvement Plan and HIQA Compliance Action Plan in place for 2025-2026.	
2.4	Substantially Compliant
Outline how you are going to come into compliance with this standard: Post inspection the Supervision Policy was reviewed to reflect the National Standards. Training needs analysis will be completed and incorporated into supervision sessions to ensure staff are supported on an ongoing basis. This will also ensure staffs identified and emerging needs will be supported with the relevant training. We aim to ensure staff's supervision sessions identify any training needs in line with each staff's role on an ongoing basis. Training will extend beyond mandatory training to reflect the identified needs of staff and the training they require to support them in their roles. Training needs analysis and supervisions form part of the Quality Improvement Plan and HIQA Compliance Action Plan in place for 2025-2026.	
3.1	Substantially Compliant
Outline how you are going to come into compliance with this standard: The general risk register was actioned and updated post inspection. The general risk register is engaged with daily and is up to date. The risk registers will be amended when there is an update to open risks or the need to add a new risk. In addition, the general risk register will be audited regularly to ensure it remains up to date and reflects the risk profile of the centre. The incidents mentioned occurred in early 2025 prior to the full review of the risk management framework. Since May 2025 a robust risk management framework has been implemented and is fully operational. A new Risk Management Policy is in place and reflects best practice. Incident recording was fully reviewed in April 2025. Since then the centre has its own comprehensive record for all incidents. The recording system in place reflects the requirements in line with the National Standards and best practice. The incident form and records requires the learning and dissemination of learning from each incident to be actioned and shared with staff. Trends of incidents are discussed in monthly	

incident forums. An incident forum takes place monthly with centre managers and the Quality and Compliance Manager to share experiences and learning from incidents. Trends analysis is part of the Quality Improvement Plan and HIQA Compliance Action Plan in place for 2025-2026.

The Risk Management Framework has been a priority over the last number of months and is evidenced in the comprehensive recording of the training sessions/meetings between the Centre Managers and the Quality and Compliance Manager since 1st of April 2025 to date. Day to day local incidents/adverse events is low in the centre and the manager is aware to record all incidents when they arise. The incident form requires the

need to record actions, learning and how the learning is shared with staff. An incident log has been devised since the Inspection to ensure all incidents/adverse events are tracked and trended. Areas for improvement have been actioned and form part of the Quality Improvement Plan and HIQA Compliance Action Plan in place for 2025-2026.

4.2	Partially Compliant
Outline how you are going to come into compliance with this standard:	
A full review of maintenance records and systems has been actioned. A full review of all the rooms and facilities is in progress and areas for improvement will form part of the Quality Improvement Plan and HIQA Compliance Action Plan in place for 2025-2026.	
8.1	Substantially Compliant
Outline how you are going to come into compliance with this standard:	
Post inspection the Safeguarding Policy was reviewed and updated to ensure the specific reporting system in regard to adults over 65 and those with a disability was very clear.	
8.3	Substantially Compliant
Outline how you are going to come into compliance with this standard:	
The incidents mentioned occurred in early 2025 prior to the full review of the risk management framework. Since May 2025 a robust risk management framework has been implemented and is fully operational. A new Risk Management Policy is in place and reflects best practice.	

Incident recording was fully reviewed in April 2025. Since then the centre has its own comprehensive record for all incidents. The recording system in place reflects the requirements in line with the National Standards and best practice. The incident form and records requires the learning and dissemination of learning from each incident to be actioned and shared with staff. Trends of incidents are discussed in monthly incident forums. An incident forum takes place monthly with centre managers and the Quality and Compliance Manager to share experiences and learning from incidents. Trends analysis is part of the Quality Improvement Plan and HIQA Compliance Action Plan in place for 2025-2026.

The Risk Management Framework has been a priority over the last number of months and is evidenced in the comprehensive recording of the training sessions/meetings between the Centre Managers and the Quality and Compliance Manager since 1st of April 2025 to date. Day to day local incidents/adverse events is low in the centre and the manager is aware to record all incidents when they arise. The incident form requires the need to record actions, learning and how the learning is shared with staff. An incident log has been devised since the Inspection to ensure all incidents/adverse events are tracked and trended. Finally, all incidents will be audited and reviewed monthly post inspection to ensure they are in line with best practice and with the national standards. Areas for improvement have been actioned and form part of the Quality Improvement Plan and HIQA Compliance Action Plan in place for 2025-2026.

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.4	The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.	Substantially Compliant	Yellow	31/12/2025
Standard 1.5	Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.	Substantially Compliant	Yellow	31/09/2025
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	17/07/2025
Standard 2.4	Continuous training is provided to staff to improve the service provided for	Substantially Compliant	Yellow	01/12/2025

	all children and adults living in the centre.			
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Substantially Compliant	Yellow	17/07/2025
Standard 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Partially Compliant	Orange	31/10/2025
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Substantially Compliant	Yellow	17/07/2025
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Substantially Compliant	Yellow	31/07/2025

