



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

Name of the Centre:	Dídean Portlaoise
Centre ID:	OSV-0008807
Provider Name:	Dídean Dóchas Eireann Teoranta
Location of Centre:	Co. Laois
Type of Inspection:	Short-Term Announced
Date of Inspection:	02/09/2025 and 03/09/2025
Inspection ID:	MON-IPAS-1110

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

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

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

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

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

About the Service

Dídean Portlaoise is an accommodation centre comprising nine own-door apartments and houses located in Portlaoise, Co. Laois. The houses are situated in a housing estate and the apartments within an apartment block located nearby. At the time of the inspection 34 residents were living in the centre which included 16 adults and 18 children. All residents lived with their family members and of the nine family units, three units were shared between families.

The accommodation provided facilitated residents to live independently, with each unit having a kitchen and dining room, a living area, bathrooms, and sufficient space for storage of personal items. Families who share accommodation with other families had their own bedrooms and bathrooms and shared a kitchen and living space. The centre is located on the outskirts of the town, and is in close proximity to local schools, crèches, pre-schools, shops, transport links, health and social services.

The centre was managed by a centre manager who reported to the deputy chief executive officer of the company. The centre manager was supported by a team of social care workers and assistant support workers employed in the centre. The staff and management team worked from an office in the centre of the town where residents could attend to meet with staff or access a meeting and computer room.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	34
---	----

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)
02/09/2025	<i>10:00hrs – 17:45hrs</i>	1	1
03/09/2025	<i>09:00hrs – 16:00hrs</i>	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 providing a good quality service where residents felt safe and protected. Residents were treated with kindness, care and respect and experienced a good quality of life while living in this centre. Residents received support in line with their needs by a dedicated and professional staff team. Residents' rights were, for the most part, protected and promoted but further consideration was required in relation to specific practices which impacted on some of those rights.

This was HIQA's second inspection of this centre, and it took place over two days. During this time, the inspectors met or spoke with eight adult residents and observed 10 children, the majority of whom, were too young to verbally engage with the inspectors. In addition, two resident questionnaires were completed and returned to the inspectors. During the inspection, the inspectors met with the deputy chief executive officer, the centre manager, social care workers and assistant support staff. In addition, the inspectors spoke with the reception officer, the human resources manager and the quality manager in relation to their roles within the organisation.

Dídean Portlaoise catered for families and accommodated residents across nine self-contained houses and apartments, three of which were shared houses between six families. At the time of the inspection, there were 34 residents living in the centre, 18 of whom were children. While the primary function of the centre was to provide accommodation to people seeking international protection, the inspectors found that nine (26%) of the residents had received refugee, subsidiary protection or leave to remain status.

Residents were accommodated in own-door accommodation which was located in the local area. The apartments and houses were maintained to a high standard. Each family unit contained a kitchen, dining area and separate living space. While six families shared three houses, the maximum number of families who shared together was two. This was a reduction since HIQA's previous inspection of the centre where three families had shared together in one house. These families shared kitchen and living spaces but they had their own private bathrooms. The family units had ample space for children to play, develop and complete their school work and those who lived in houses had a small back garden and access to a larger green area in the housing estate.

There were well-equipped kitchen and dining facilities in the family units. The centre operated a prepaid electronic card system which could be used in local supermarkets and shops. This ensured residents had choice in relation to where they bought their groceries and an additional allowance was provided to facilitate residents to purchase their own non-food items including toiletries and provisions for babies and toddlers. Residents who spoke with the inspectors were happy with the arrangements in place.

The main centre comprised a staff office and a meeting room in which residents could book if they preferred to meet with professionals outside of their family home. In addition, residents had access to computers in the main centre if they wished. Otherwise, residents lived independently within their own accommodation. As residents lived in properties a distance from the staff office, staff members met with them every 72 hours to ensure their safety and well-being. Schools, public amenities and recreational facilities were accessible to residents by public transport and some were within walking distance of their accommodation.

Residents who spoke with the inspectors were overall, very satisfied with the accommodation provided and their experience of living in the centre was positive. They enjoyed independence to live their own lives while having contact and support from staff members approximately three times per week. Residents said they felt safe and enjoyed living in the community. Some residents described the centre as "very good", while another said "I love it" when asked about their experience living there.

Residents were very positive about the staff team and the support offered to them. Feedback from residents about their views on the support they received included; "staff are helpful", "whatever you find difficult, or if you can't find your way, they're helpful". Some residents commented that staff were flexible and arranged meetings to suit their schedule. Other comments included; "it's easy to communicate with staff", "staff are excellent", "they are attentive and supportive" and "I'm so grateful to staff for helping, they gave me space to think".

The majority of residents were happy with their accommodation. Most reported that maintenance issues were resolved quickly but a small number of residents said they were not happy with the standard of paint work within their house, as only patches of the walls had been painted. Some residents told the inspectors that storage areas were limited, particularly those who shared a house. They also advised the inspectors that they were not permitted to personalise their accommodation. The inspectors observed children's school photographs placed on the floor of a family unit as there were no shelves or display units available.

During visits to resident's homes, the inspectors observed children playing happily in their living space. Some children invited the inspectors to view their bedrooms. One child who spoke with the inspectors said they felt safe living there and said "staff take us on trips and it was fun".

In addition to speaking with residents about their experiences, the inspectors received two completed questionnaires from adult residents. The questionnaires asked for feedback on a number of areas including safeguarding and protection; feedback and complaints; residents' rights; staff supports and accommodation. These residents reported that they felt happy, safe and adequately protected but one of the two residents said they did not know how to report a safeguarding concern and did not feel comfortable to raise a concern and did not believe their feedback was welcomed. Both residents were satisfied with the facilities within their accommodation, reported that they felt respected and lived in a dignified environment. While one resident said they felt listened to and that staff were kind and sensitive to cultural issues, the other did not.

In summary, residents living in this centre were provided with safe and suitable accommodation which promoted them to live independently with support from a highly trained staff team. They had access to all of the supports and services they required. Overall, residents received a good quality service but some consideration was required in relation to residents' views in terms of storage facilities and opportunities to personalise some areas of their accommodation.

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 Didean Portlaoise. This inspection 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-1063) carried out in September 2024.

The inspectors found that the service provider had continued to implement quality improvement initiatives arising from the findings of the previous inspection. Improvements in the governance and management arrangements were evident and this had a positive impact on the quality and safety of the service and the experience of residents living there. There were many areas of good practice and the service provider was continuing to improve the service through internal auditing programmes. Despite this, further consideration was required in relation to some practices within the centre with regard to the promotion of human rights.

This inspection found that the management team had a clear understanding of the national standards, legislation and national policy and were enhancing their systems and processes to support ongoing compliance with the national standards. The management team were responsive to the inspection process and demonstrated an eagerness to learn from and address any deficits as they arose. There was a dynamic quality improvement plan which incorporated actions arising from previous HIQA inspections and other audits carried out both in this centre and sister centres. In addition, they welcomed feedback from staff members and residents and implemented changes and improvements when required.

The service provider had developed and implemented a suite of operational policies and procedures which were understood by the staff team. Some of the policies had been updated since the previous inspection to underpin the changes they made to some practices. However, the provider's policy on childminding required review as it was not in line with the Child and Family Agency's (Tusla) guidance regarding the supervision of children. While this had not impacted on any residents currently living in the centre, it had the potential to be restrictive if the resident group changed. In addition, the policy and procedure manual which related to the role of the reception officer required review as it did not provide sufficient guidance to staff members despite good practice taking place.

The service provider had ensured that all of the required notifications were submitted to HIQA in line with the requirements of the regulations and had oversight systems in place to ensure such events were identified and managed in a timely manner.

The service provider had a clear governance structure and lines of reporting and accountability were effective. There was a committed and dedicated management team both at centre level and at senior management level that had fostered a positive culture with strong leadership. The centre manager reported to the deputy chief executive officer and was supported in their role

by a team of social care workers and assistant support workers. The inspectors found that each member of the staff and management team were clear about their responsibilities in the delivery of a safe and effective service. They prioritised the needs of residents, were responsive and tried to ensure residents experienced a good quality life while living in the centre.

The service provider had a senior management team in place to support the deputy chief executive, the centre manager and the staff team to deliver safe and effective services. This ensured the centre management team focused on the day-to-day operations of the centre while recruitment campaigns, auditing and monitoring initiatives, for example, were driven by dedicated personnel.

The provider had developed effective governance and oversight systems. The centre manager provided frequent updates to the deputy chief executive officer and structured meetings took place monthly. The minutes of these meetings demonstrated oversight of key areas such as operations, health and safety, safeguarding and administration. These were effective at ensuring all risks, safeguarding concerns, and complaints, for example, were reviewed. The service provider had developed a new information technology system and risk management system which allowed for detailed oversight and monitoring of all aspects of the service. While this was in an early stage of implementation within the service, it allowed for oversight and provided the facility to track all areas of work including health and safety checks of accommodation, fire drills and the management of incidents and complaints, for example. It also triggered alerts for the management team to sign off on documents and ensured work was carried out within the required timeframes.

A quality assurance system was developed recently to monitor the quality of care provided to residents but this had not been fully deployed in this service. While regular checks were completed of all aspects of service provision on a routine basis, the service provider had put in place an internal auditing team to carry out routine audits of the service covering all themes of the national standards. This was due to commence the week of the inspection and the inspectors found that this monitoring process was well planned with detailed policies and templates to guide the process. The plan was to ensure the outcomes of the auditing process would inform quality improvement initiatives and an annual review of the service going forward.

Systems to consult with residents were well established. Residents had ample opportunities to meet with the staff and management team during routine meetings a number of times a week. The service provider had employed a consultant with vast experience in the area of international protection to facilitate resident meetings which were offered both in person and online, at various times to accommodate as many residents as possible. The management team had also sought the views of residents through an anonymous survey and it was evident that their views were valued and an action plan was devised to address any issues that were identified.

Communication systems were satisfactory. The staff team and centre manager shared an office space which facilitated regular verbal communication. There were various lines of communication available for all staff members and the management team including formal meetings, informal conversations, and handovers and through their ICT system. Staff members reported that they were satisfied with the lines of communication and it was evident that the staff team were encouraged to provide feedback and to participate in various projects to enhance the service.

Complaints were well managed and there were appropriate systems in place to manage and learn from complaints. There was a dedicated complaints officer who addressed and managed complaints. They maintained detailed records of their investigation and the outcome of the complaint. This inspection found that there was one formal complaint since the previous inspection of the centre and the centre had begun to record and address informal complaints as they arose. It was evident that complaints were taken seriously and there were systems in place to identify any learnings or quality improvement initiatives arising from them.

The risk management system was developed further since the previous inspection and proved to be beneficial in the ongoing management of risk within the service. A comprehensive computerised risk management system was in operation in the centre. This was a relatively new approach within the centre but it was detailed and presented an overview of key risks within the service which included corporate, property, health and safety and individual risks to residents. The staff team were fully briefed on the risks related to their roles and responsibilities.

Appropriate fire safety measures were in place but a night time fire drill had not taken place. Residents lived independently in own door accommodation and had appropriate fire safety and firefighting equipment in their homes. The service provider had strict guidance in place for residents in relation to fire safety. Fire drills were carried out bi-annually but there was no drill carried out after dark.

There were safe and effective recruitment practices in place. All staff had appropriate Garda Síochána (police) vetting disclosures and international police checks had been completed for staff who had resided outside of the country for a period of six months or more. The service provider had an effective performance appraisal system in place which included a six month probationary period for new staff, or those staff who took on a new role in the service. Accurate and secure personnel files were available, and they contained the required documentation. Three references were provided by newly recruited staff in line with the requirements of the IPAS child protection policy.

Staff were supported and supervised to carry out their duties. Formal supervision meetings took place on a quarterly basis. Managers working in the centre had received relevant training in relation to supervision practice. These meetings provided staff with an opportunity to reflect on their practice and identify any areas for learning and development. Clear written records were

maintained of each supervision meeting and actions agreed at the previous meeting were reviewed regularly.

A review of the training records found that the staff team had received appropriate training and development opportunities to ensure they had the necessary skills and knowledge to meet residents' needs. For example, Training was provided to all staff members including safeguarding of vulnerable adults and *Children First: National Guidance for the Protection and Welfare of Children* (2017), domestic violence and mental health awareness training. A training needs analysis and training plan had been developed by the service provider. In addition, training needs identified by staff during their supervision and appraisal meetings were added to the training needs analysis.

Overall, the service provider had effective systems in place to ensure the delivery of a safe and good quality service. The staff and management team strove to continuously improve the service. While internal auditing initiatives were being rolled out, sufficient consideration of the impact of some procedures and practices which had the potential to impact on resident's rights had not been completed, which will be discussed further in the next section of the report.

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 staff and management team had a good understanding of the standards, regulations and national policy. They were continuously enhancing their systems and processes to ensure the service was provided in line with standards and had addressed deficits identified through previous reports and their internal quality controls. The service provider had developed a set of policies and procedures which the staff team understood but the childminding policy was not in line with Tusla's guidance. There was a policy and procedure manual relating to the role of the reception officer but this was not sufficiently detailed. The service provider had ensured that notifications were submitted to HIQA in line with the requirements of the regulations.

Judgment: Substantially Compliant

Standard 1.2

The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.

There was an effective governance structure in place with clear lines of accountability. There were satisfactory communication and recording systems in place which were enhanced further through the implementation of a new information technology system. This supported the management team in their oversight of all aspects of service provision, including the work carried out with residents and facilitated opportunities to track and trend incidents and complaints, for example. Complaints were well-managed.

Judgment: Compliant

Standard 1.3

There is a residents' charter which accurately and clearly describes the services available to children and adults living in the centre, including how and where the services are provided.

There was detailed residents' charter which clearly described the services available to residents.

Judgment: Compliant

Standard 1.4

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

The service provider had implemented a number of monitoring initiatives to review the quality of the service provided to residents. They were in the process of rolling out an internal monitoring programme and while the effectiveness of this could not yet be assessed, the approach adapted was comprehensive. Audits for some areas of service provision had been completed and a quality improvement plan supported new initiatives to improve the service, which incorporated feedback from residents. An annual review of the service was not completed.

Judgment: Substantially Compliant

Standard 2.1

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

There were safe and effective recruitment practices in place. All staff were appropriately vetted and there were effective systems in place to ensure staff members had a satisfactory induction to their role as well as comprehensive probationary appraisal system.

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.
The staff team were well supported and there was an effective system in place to ensure staff members were appropriately supervised in line with their roles and responsibilities. Personnel files were well maintained and there was an effective staff appraisal system.
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.
The inspectors found that many of the staff team were appropriately qualified and had also engaged in continuous training and development programmes. Additional training in the areas of leadership and project management was offered to staff members to develop their skills further. This comprehensive training programme had benefited the residents who received a professional service where their needs were identified and met.
Judgment: Compliant
Standard 3.1 The service provider will carry out a regular risk analysis of the service and develop a risk register.
There was a comprehensive risk management system which had effectively supported the staff and management team to manage key risks within the service including corporate, centre level and individual risks to residents. There were effective fire safety measures but a fire drill was not carried out with residents at night time.
Judgment: Substantially Compliant

Quality and Safety

The staff and management team were committed to delivering a consistently high-quality and safe service that was person-centred. Residents were facilitated to live independently and felt safe living in their accommodation which was well maintained. Staff members treated residents with kindness and respect. While there were several areas of good practice identified, some practices within the centre had not been assessed from a human rights based perspective which had the potential to impact negatively on residents' privacy and autonomy, for example.

There were arrangements in place to ensure that, where possible, accommodation was allocated in a way that considered and facilitated residents' known needs at the time of admission, as well as their evolving needs. The inspectors found that the service provider had completed assessments relating to the configuration of the accommodation provided which included an assessment of risks and resident's needs. For example, they were in the process of reducing the number of children who shared a bedroom with parents or siblings where it was identified that the arrangements were not in line with the requirements of the national standards. The inspectors identified good practice whereby the management team had placed single parents together whose children were of a similar age and cohabiting couples no longer shared with single parents. They held meetings regularly to review residents' needs and to establish if room changes were required.

The apartments and houses were well-maintained and facilitated residents to live independently. There was an effective system in place to ensure maintenance concerns were appropriately managed and maintenance related issues identified by the inspectors were addressed without delay. While residents were generally satisfied with their accommodation, some told the inspectors that they did not have sufficient storage areas.

Residents were able to prepare meals for themselves in their own accommodation. They were provided with all necessary cooking utensils, cutlery and crockery. Residents received a prepaid card which was topped up on a weekly basis which allowed residents to purchase their own groceries. Residents received an additional allowance to purchase their own toiletries and non-food items and they were satisfied with the arrangements in place.

The staff team endeavoured to promote and protect the rights of residents but there were some areas of practice which impacted on resident's rights to privacy and autonomy. Residents had access to a wealth of information about their rights, local services and supports and activities within the community. They were treated with respect and their feedback was valued and considered as part of quality improvement initiatives within the service. While the staff team advocated for residents and provided them with the autonomy to make their own decisions, in most areas of their life, the centre's policy on childminding was restrictive and did not support parents to make decisions in line with the needs of their family. In addition, staff members were permitted to enter residents' homes when they were not present, which was not in line with IPAS house rules and there were restrictions in place which prohibited residents

from personalising their accommodation. While these issues had not presented as a concern from the current cohort of residents, they warranted a review from a rights-based perspective.

Residents were supported and facilitated to develop and maintain personal and family relationships. There was a visitor's policy which outlined that residents could meet with visitors in their own homes at specific times throughout the day.

Residents were well-integrated within their local community. The staff team had developed strong links with community organisations and residents had information about community supports, English classes and social groups. They had opportunities to engage in a variety of social, recreational and cultural activities and events. These included for example swimming lessons for children, sewing classes, and youth clubs and various other events and programmes.

There were satisfactory safeguarding arrangements in place to ensure the safety and welfare of both adults and children. There was a dedicated designated liaison person to support staff and residents in relation to safeguarding related issues. The inspectors observed their contact details and photograph in residents' homes. There were no adult safeguarding related concerns at the time of the inspection and when concerns arose in relation to child protection or welfare, they were appropriately managed and responded to in line with the requirements of the Children First guidelines. Furthermore, safeguarding risks were assessed and when risks relating to child welfare arose, they remained open to ensure staff were alerted to the concerns when carrying out home visits. Parents were well-informed about their responsibilities and an educational session and supportive work was carried out in response to concerns when they occurred. Residents told staff they felt safe living in the centre and felt comfortable discussing any concerns with members of the staff team.

The incident management system was effective. Incidents were logged on their ICT system and this automatically triggered a debriefing meetings, for example, to ensure all the required actions were taken in a timely manner, the management team had good oversight of this process. Incidents were reported to the relevant government department in line with national policy and it was evident that residents were well supported, when required, following an incident.

The service provider promoted the health, wellbeing and development of each resident. Residents were provided with information and access to a general health and support services. The staff team understood residents' needs and ensured they received supports and services in line with their needs.

Residents with special reception needs were well supported. The centre manager endeavoured to gather relevant information regarding residents' needs prior to their arrival at the centre to ensure that necessary items were available, such as cots and baby monitors, for example. Each family had an assessment of their needs completed by the centre manager after they arrived to

the centre. Detailed plans were developed following these assessments to ensure residents received the supports they required, including referral to relevant services where necessary. These assessments and plans were updated over time as required, with input from the residents and the relevant staff.

The staff team were skilled and had received adequate training to support them to identify and respond to special reception needs. The service provider ensured that staff had access to appropriate supports and debrief sessions. Staff were encouraged to discuss best practice and share experiences through their team meeting structures.

The service provider had employed a suitably qualified reception officer for the centre. The reception officer was part of the management team, and was required to carry out management tasks when the centre manager was unavailable. Additional, role-specific training had been provided to ensure the reception officer had the necessary knowledge to fulfil their role.

While a reception officer manual had been developed, the service provider had not developed a policy in relation to the identification of special reception needs. A review of the manual found that it did not reflect the good practice that was evident in the service, and the new systems that were being developed to support the role of the reception officer. In addition, the manual included duties related to the management of the centre which were not relevant to the role of the reception officer such as ensuring team meetings were held and maintenance issues were reported and addressed. A review of the current manual and the development of a relevant policy was required to guide practice and accurately reflect the role of the reception officer.

In summary, residents living in this centre were satisfied with their accommodation which was well maintained and met their needs. Residents had choices in their daily lives, and their independence was promoted. The staff team had facilitated residents to integrate in to the local community. Residents benefitted from the support of a knowledgeable and dedicated staff team who were aware of the needs and who advocated for and linked them with the supports and services they required. While there were many areas of good practice, there was a need to review some restrictive practices within the centre.

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 ensured the allocation of accommodation was informed by the needs and best interests of residents, where possible. Residents were facilitated to change their accommodation, if this was in line with their wishes or needs, following an assessment of their circumstances.

Judgment: Compliant

Standard 4.4

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

The provider ensured that families were accommodated together and while some families shared kitchen and dining spaces, it was clear that the needs of the family had been considered before families were placed together.

Judgment: Compliant

Standard 4.6

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

Parents were supported to obtain suitable crèche, preschool and school placements for their children. The staff team advocated for parents of children with additional needs or had specific requirements. Suitable transport arrangements were made available to ensure children could attend their educational facility. Children had sufficient space within their living environment to complete their homework and had desks available, if required.

Judgment: Compliant

Standard 4.7

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

There were appropriate systems in place to monitor maintenance related concerns and overall, the accommodation was clean and well-maintained. Residents had access to laundry facilities in their own home.

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 residents in this centre lived independently within the community and therefore closed-circuit television (CCTV) or security personnel were not required. Residents reported that they felt safe and their right to privacy and dignity was protected.

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.

Appropriate arrangements were in place to facilitate residents to purchase their own non-food items. Residents had access to two sets of bedlinen and sufficient towels.

Judgment: Compliant

Standard 5.1

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

Residents had food preparation, cooking and dining facilities within their own apartments and houses, which were fully equipped with all necessary cooking utensils, cutlery and crockery, by the provider.

Judgment: Compliant

Standard 5.2

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

The centre was fully self-catered and residents were provided with a prepaid card to buy their own groceries. This arrangement met the needs of the resident living in the centre.

Judgment: Compliant

Standard 6.1

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

There were many examples of good practice in terms of the promotion of residents' rights. The service provider had good systems in place to consult with residents, and their views were considered to enhance service delivery. Residents were supported to live independently and received support in line with their assessed needs. They had access to a wealth of information about their rights, community and support services and also had access to advocacy supports. However, there were some procedures and practices which impacted on residents rights which had not been assessed by the provider from a rights-based perspective. These included the restrictions on parents with regard to childminding, entering residents' homes when they were not present and residents being prohibited from personalising their accommodation.

Judgment: Substantially Compliant

Standard 7.1

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

Residents were supported to develop and maintain personal and family relationships, and they could invite family and friends to visit them in their own homes.

Judgment: Compliant

Standard 7.2

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

The service provider ensured that residents had access to public services and community supports. Residents accessed these services and other leisure activities by public transport while others were within walking distances of residents' accommodation.

Judgment: Compliant

Standard 8.1

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

The service provider had appropriate policies and procedures to promote the safety and welfare of residents. The staff team had the required training and there were satisfactory arrangements

in place to ensure the safety and welfare of both adults and children. There was a dedicated designated liaison person to support staff and residents. Residents told the inspectors that they were comfortable discussing any concerns with members of the staff team.
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.
Child protection and welfare concerns were managed in line with Children First guidelines. The staff team engaged parents in supportive educational work when concerns arose and associated risks were assessed and appropriately managed. The management team maintained oversight and tracked all concerns relating to children.
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.
The service provider had effective systems in place to manage incidents and adverse events that occurred in the centre. Incidents were well managed and detailed records were maintained to evidence the review, oversight and learning arising from incidents.
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 service provider promoted the health, wellbeing and development of each resident and offered appropriate, person-centred and needs-based support to meet any identified health or social care needs. Residents had information and access to the supports they required with regard to their health, wellbeing and development.
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, residents with special reception needs or vulnerabilities were provided with the required assistance and support.

Judgment: Compliant

Standard 10.2

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

Staff members had received training in a wide range of areas that equipped them with the knowledge and skills required to identify emerging needs and provide necessary support.

Judgment: Compliant

Standard 10.3

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

There were good practices in this centre to identify, communicate and address existing and emerging special reception needs. All of the residents had their needs assessed on arrival by the centre manager. Residents' needs were clearly documented and reviewed and it was evident that they were referred to the supports and services they required without delay. While there were many good practices in this area, there was no established policy to identify, communicate and address existing and emerging special reception needs. This was addressed under standard 1.1.

Judgment: Compliant

Standard 10.4

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

A reception officer, with the required qualifications and experience, was employed in the centre to support residents with special reception needs. The reception officer had engaged in specific training relevant to the role. The policy and procedure manual was not specific to the role of the reception officer and included roles specific to the management team. This deficit was addressed under standard 1.1.

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	Substantially Compliant
Standard 1.2	Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.3	Compliant
Standard 2.4	Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Substantially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.4	Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant

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