



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

Name of the Centre:	Milligan Court
Centre ID:	OSV-0008812
Provider Name:	Brava Capital Ltd
Location of Centre:	Co. Sligo
Type of Inspection:	Unannounced
Date of Inspection:	11/02/2026 and 12/02/2026
Inspection ID:	MON-IPAS-1146

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

Milligan Court is an accommodation centre based in Sligo Town which comprises 46 own-door family apartments and townhouses. At the time of the inspection, there were 181 residents living in the centre which included 90 children.

The accommodation facilitates families to live independently. Each of the apartments and townhouses has a kitchen and living area, bathrooms and sufficient storage space for personal belongings. The centre is located in the centre of the town in close proximity to local schools, crèches, pre-schools, shops, transport links and health and social services.

The service is managed by a newly appointed centre manager who reports to a management consultant employed by the company's senior management team. In addition, there are two duty managers, a facilities manager, two reception officers and one child and youth advocacy support worker employed in the centre. There is also a team of general support staff including maintenance, cleaning and security personnel.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	181
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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)
11/02/2026	10:30hrs–18:30hrs	1	1
12/02/2026	08:40hrs–16:00hrs	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 residents were supported to live independently and integrate into the local community. The staff were committed to ensuring the delivery of a person-centred service. Residents felt safe and were treated with kindness and respect. However, some improvements were required in relation to risk management, oversight systems and the management of special reception needs so that the service provider could be assured that residents' needs were appropriately addressed.

This was HIQA's third inspection of this centre. The inspection was unannounced and it took place over two days. During this time, the inspectors met or spoke with nine adult residents and 11 children. In addition, 18 resident questionnaires were completed. The inspectors also met with the centre manager, a duty manager, a reception officer, the child and youth advocacy support worker, the management consultant and the facilities manager.

Milligan Court catered for families and accommodated residents across 46 townhouses and apartments. At the time of the inspection, there 181 residents living in the centre, 90 of whom were children. While the primary function of the centre was to provide accommodation to people seeking international protection, the inspectors found that 18 (9.94%) of the residents had received refugee, subsidiary protection or leave to remain status.

The centre comprised of a large reception area, a communal recreation room, a private meeting room and a manager's office. There was also a communal laundry room located at the side of the building. The own-door apartments and townhouses were located to the side and rear of the main administration area. On entering the main building, the reception area was a welcoming space for residents. Information on various local services, activities and supports was displayed in this area, along with information regarding residents' rights, the complaints process and safeguarding procedures. The inspectors observed pleasant interactions between the management and staff team with residents during the inspection. Residents freely entered the reception area with queries and staff were available to offer support, guidance and answer questions.

Communal areas were clean, and closed-circuit television (CCTV) was in place in these areas of the centre. Residents also had access to a private meeting room without CCTV. While some of the accommodation units had laundry facilities, other residents were required to use the communal laundry facilities. Staff had systems in place to ensure fair access to the communal facilities, and were responsive to residents' feedback regarding the laundry facilities.

The inspectors were invited by residents into seven of their apartments and or townhouses. Residents had access to private living space in addition to their bedrooms, which supported family life and provided space for children to play and complete their homework. Kitchens were well equipped with the necessary cooking appliances, utensils and crockery. This allowed residents to cook and eat their meals as a family within the privacy of their own accommodation. Residents were enabled to personalise their accommodation, creating a more homely environment. Residents were facilitated to bring visitors to their accommodation and also had access to a large communal room for family celebrations, as required. One family told the inspectors that they had held their child's birthday party in the recreation room.

In general, the accommodation was well furnished, and study desks had been provided for families also. However, the inspectors observed that some of the apartments and townhouses were in need of painting. For example, the walls of a newly allocated apartment were stained and marked, significant moisture and flaking paint was observed on the interior of the front door to a second accommodation while a third accommodation viewed by the inspectors also had paint chipping in the hallway. The inspectors observed that painting and repair works had been identified as areas to be addressed during a previous external inspection completed in September 2025.

Non-food items such as bedding, towels, toiletries and provisions for babies and toddlers were made available to residents. Prepaid vouchers were given to residents on a weekly basis for a variety of local, culturally-diverse shops, which promoted their independence and choices regarding the food purchased to meet their families' needs and cultural requirements. The management and staff team were person centred in their approach to the provision of the vouchers and the non-food items. They demonstrated a commitment to ensuring residents had the non-food items they required, and access to the shops that addressed their needs. Residents were encouraged to give feedback on the type of products and vouchers received. Residents who spoke with the inspectors said that their feedback had been taken on board by the newly appointed centre manager and the staff team, and issues were addressed in a prompt and timely manner. The inspectors observed that basic supplies were provided to residents on their arrival to the centre to help them settle into their accommodation, which was an example of good practice on the part of the service provider.

Residents had access to a comprehensive timetable of activities organised by the child and youth advocacy officer, including sensory play sessions, football and art. Activities were developed to suit children of all ages, and were facilitated at weekends and during school holidays to support families when children were at home. Children also had access to a supervised homework club in the centre, and English classes had been provided by centre staff and were also available in the local community.

Links with local support and health services had been established. For example, vaccination clinics and advice workshops had been provided by external services in the centre. Information about these clinics and services was available throughout the centre, and was also shared with residents through the centre's phone messaging service. The centre was located on the outskirts of a busy city where crèches, preschools, shops, medical centres, public amenities and recreational facilities were located within walking distance. Public transport was also available. School bus transport was provided for children, and transport to medical appointments was made available by the service provider, when required. While there was a delay in some residents being assigned a specific local general practitioner (GP), the service provider had arrangements in place to ensure that all residents could access medical services in the interim period. A pharmacy was also located adjacent to the centre where residents could get advice regarding health concerns.

Residents who spoke with the inspectors were positive about their experience of dealing with the newly appointed centre manager and staff team. Residents said that they felt safe and supported living in the centre. Staff were described as approachable and supportive, and residents felt heard and listened to. One residents said that the staff were "unbelievable, so helpful", with a second resident describing staff as "very kind" and "accommodating". Another resident told the inspectors that staff were "good and supportive." Residents were aware of the regular residents' meeting that took place in the centre. Residents said that they were "really happy, get all kinds of assistance from staff."

Some residents told the inspectors that they had made complaints regarding changes to practice in the centre in the months preceding the inspection. Residents said that this feedback had been taken on-board by the service provider, and residents' concerns had been appropriately addressed. The inspectors observed that residents were comfortable to talk with staff and ask for help. One resident told the inspectors that life in the centre was calm now and they felt things were getting back to normal as the staff were "good at what they do" and the centre manager would address any issues that arose. Residents were aware of the role of the reception officers in the centre, and one of the residents said that the reception officers "always ask if we need anything and are ready to help."

The inspectors received 18 completed questionnaires from adult residents. The questionnaires asked for feedback on a number of areas, including safety in the centre, communication with staff and access to supports. Three residents rated their experience living in the centre as acceptable, one rated it as very poor, and two rated their experience as good. The remaining 12 residents rated their experience as very good. Sixteen residents responded that their accommodation was comfortable, with 15 residents reporting that it was easy to have maintenance issues repaired. Seventeen residents responded that they felt staff were respectful, helpful and kind. Seventeen residents said they were aware of who the centre manager was, and that they felt safe and knew who to speak to if they had a concern.

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. Overall, it was found that residents received a good quality service from a management and staff team that were person-centred in their approach.

Capacity and capability

This was the third inspection of Milligan Court. This unannounced inspection was carried out to assess compliance with the national standards. The inspectors found that the service provider was person centred in their approach, and were committed to ensuring a safe, good-quality service was delivered to residents. While some improvements were required in the areas of risk management and oversight of the centre, residents felt safe and their views were heard by the centre staff.

Staff had a good understanding of the relevant national standards and policies. The service provider was responsive to the findings of previous inspections, and learnings from inspections were shared with staff to improve practice. For example, a policy regarding the use of verbal warnings in the centre had been developed since the previous inspection. This was an example of good practice on the part of the service provider and supported the staff to ensure that verbal warnings were used in a fair and transparent manner. Monthly self-assessments to measure compliance with the national standards were completed by staff, and any follow-up actions were identified and assigned to a designated staff member.

There were clear governance and management arrangements in place. The service provider had made improvements to the management and reporting structures to strengthen the governance and oversight of the centre. For example, the duty managers were supervised by the centre manager rather than the management consultant, as was previously the case. In addition, the overall management of the centre had been reorganised to include a facilities manager who had responsibility for the maintenance of the property, and a centre manager who had responsibility for the overall management of the centre. The centre manager reported to the management consultant contracted by the service provider. The management consultant also held the role of service provider representative for the centre on behalf of the service provider. Duty managers had individual staff members who reported to them, and staff were clear on their roles and their areas of responsibility. While the management team were settling into their new roles at the time of the inspection, they were familiar with the centre and residents.

There were multiple meeting systems in place to ensure management oversight of the services provided in the centre. Daily briefings were held each morning with staff, and these were attended by the centre manager and the service provider representative. Staff completed daily handover logs to ensure that issues requiring follow up were addressed. Multiple team meetings took place between the duty managers, reception

officers and the child and youth advocacy support worker. Bi-monthly meetings had also commenced between staff in Milligan Court and another centre in the area.

However, the inspectors found that some of the improvements to the governance systems were in the early stages of implementation and needed time and management oversight to become embedded within practice. For example, room checks carried out by staff had not identified a situation where the cot provided to a child was not suitable for their age or stage of development. This was addressed by the management team during the inspection, and the centre manager had identified the availability of appropriate beds and cots as an area to be assessed during room checks going forward. Room checks had not been completed monthly for all accommodation units, and the inspectors found that painting and repair works were not consistently identified or recorded on the appropriate systems. In addition, a regular agenda including, but not limited to, areas such as risk, complaints and safeguarding was being used at daily staff briefings. This standardised approach had not been consistently implemented across the relevant team meetings. While review meetings took place following incidents that had occurred in the centre, there was limited evidence of who attended the meetings, or that the centre manager had oversight to ensure trends were identified and learnings shared with the wider team.

There was a strong culture of quality improvement, and learnings were shared both between the team in Milligan Court and with another of the service provider's centres. For example, a quality assurance system had been developed which included potential areas for practice improvement. Monthly self-assessments and service reviews were completed to ensure compliance with the national standards and to identify areas for service improvement. In addition, an annual review of the service was completed by the company's management consultant, which included feedback from residents.

There was an effective system in place to ensure that residents' complaints were heard, recorded and managed in a prompt and timely manner. The complaints policy had been reviewed and included guidance on the management of verbal complaints and the complaints categorisation procedures in the centre. The service provider had updated their tracker to monitor complaints, and included categories to identify the stage at which the complaint was resolved and whether the complainant had been informed of the outcome. This positive development had enhanced the oversight of the quality of services provided by the staff team.

The service provider had a risk management policy in place, and a risk register had been developed and took account of risks relating to residents as well as risks pertaining to the premises. Learnings from the previous inspection had been actioned by the service provider and there was a detailed risk assessment matrix in use by the staff that allowed for the categorisation of risks from low to high risk. In addition, the

inspectors found examples of detailed control measures having been put in place to mitigate risks identified for individual families. The risk register and individual risk assessments were reviewed regularly by the staff team. Some risks identified and assessed by the service provider had not been included on the risk register. For example, detailed risk assessments had been completed in relation to apartments and townhouses that were over their occupancy capacity and where there were concerns regarding bedroom configurations; however, these risks had not been included on the risk register for the centre.

The service provider had contingency plans and emergency protocols in place. While fire drills had taken place in line with the requirements of the local policy, the recording system could not assure the service provider that all residents had participated in a fire drill. In addition, the service provider needed to take appropriate measures to ensure a timely response and evacuation from the building by residents during fire drills. While residents had received emails to request a prompt evacuation time, and information sessions were planned with children regarding fire safety and evacuation, the length of time required to evacuate the building during drills had increased in the months preceding the inspection.

All staff members had Garda vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The service provider also had a system in place to maintain oversight of when vetting needed to be updated. Job descriptions were available for the different staff roles in the centre. However, the absence of an international police check for one staff member had not been risk assessed or included on the register. In this case, the staff member had An Garda Síochána (police) vetting in place, and a risk assessment was completed during the inspection.

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.

Staff members had a good understanding of the relevant national standards and policies. The service provider was responsive and had systems in place to review compliance with the relevant standards. Learnings from inspections were shared to improve practice. Local policies had been drafted and reviewed to ensure practice in the centre was fair and transparent.

Judgment: Compliant

Standard 1.2

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

There were clear management and reporting structures within the service, and improvements to the governance systems had led to increased oversight of the services provided. Complaints were well managed and tracked to ensure a timely response. The service provider valued consultation with residents, and their feedback influenced changes to practice which enhanced their lived experience. Residents' meetings took place on a monthly basis, and were structured to allow residents private meeting time before staff joined to discuss any issues that had arisen.

Nonetheless, some of the oversight and governance systems were in the early stages of implementation, and were not fully effective. As a result, there was a need for increased oversight of areas such as room checks, trending of incidents and accidents, and maintenance and repair needs.

Judgment: Substantially 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 a residents' charter in place that was made available to residents in various languages.

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 systems in place to monitor and review the quality of the services provided. There was a strong culture of involving and consulting with residents, and feedback was listened to and acted upon by the service provider. A review of the service included feedback from residents and staff, and considered findings from the

monthly reviews. A quality improvement plan was developed following this review, and areas for improvement informed the monthly audits completed by the centre staff.

Judgment: Compliant

Standard 2.1

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

In general, the recruitment practices were safe and effective with all staff having vetting and detailed job descriptions in place. However, one staff member did not have evidence of an international police check on file, and a risk assessment had not been completed regarding this deficit. This was addressed by the centre manager when brought to their attention during the inspection. There were no records maintained of the induction process completed by staff members.

Judgment: Substantially Compliant

Standard 2.3

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

Staff were supported and supervised to carry out their duties to promote and protect the welfare of residents through monthly formal supervision meetings. A review of these records found that staff were given the opportunity to discuss their roles, practice in the centre and any challenges they had encountered. Detailed annual staff appraisals were completed for all staff. Supervision was taking place in line with the requirements of the national standards, and there was a supervision policy in place to guide practice.

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.

Continuous training had been provided to staff to support them in their roles. A training matrix had been completed, and staff training needs were considered during supervision and appraisal meetings. Generally, staff had completed the mandatory trainings required by the national standards. For example, managers had received training in

supervision and the fundamentals of management, while all staff had completed the adult safeguarding and child protection training courses.

Judgment: Compliant

Standard 3.1

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

A risk analysis of the centre had been completed and a risk register had been developed which took account of risks relating residents and the centre as a whole. A detailed risk assessment matrix had been put in place and the risk register and assessments were regularly reviewed. However, some risks identified and assessed by the service provider had not been included on the risk register, such as the occupancy levels being over capacity and bedroom configurations.

The service provider had contingency plans and emergency protocols in place. However, the system in place to record fire drills could not assure the service provider that all residents had participated in a fire drill, and actions were required to ensure a timely response and evacuation from the building by residents during fire drills.

Judgment: Partially Compliant

Quality and Safety

The service provider was committed to ensuring a safe service was provided to residents and that their feedback was heard and taken onboard. Residents were supported to live independently in good-quality accommodation. Staff were person centred in their approach. However, the systems in place to assess special reception needs and vulnerabilities required improvement to ensure that residents' needs were appropriately met by the staff team and service provider.

Families were accommodated in own-door independent apartments that were well furnished. Each apartment had a kitchen and living space, which supported the privacy and dignity of family life. There was a detailed room allocation policy which provided guidance on the management of requests to change apartments. The centre manager also had a log of families who required a change of accommodation in the centre due to family configuration or individual needs. As more suitable accommodation became available, families were prioritised based on their needs.

However, the inspectors found that the bedroom configuration of some of the accommodation impacted residents' right to privacy. The sleeping arrangements for some families were not in line with the requirements of the Housing Act 1966. For example, some parents were required to share bedrooms with their children, while in other apartments siblings of opposite gender who were aged 10 years and over were sharing the same bedroom. In addition, the occupancy of four apartments was greater than the recommended occupancy by one person. The service provider had taken all reasonable measures to address and risk assess the concerns. The issue had been escalated to the relevant government department by the service provider both verbally and through the submission of the weekly register for the centre; however, the situation remained unchanged. As noted earlier in the report, one child was sleeping in a cot that was not appropriate to their age or stage of development, and this was addressed by the management team during the course of the inspection.

Overall, the service provider was committed to promoting the rights of residents. There were effective and robust systems in place to consult with residents, and their views contributed towards improvements to the services delivered in the centre. For example, feedback provided by residents in relation to provision of non-food items was considered by the staff team and influenced changes to practice in the centre. Information regarding residents' rights and support services was also available. Residents were supported to live independently and were able to bring visitors to their apartments. In addition, through the use of a voucher system residents were provided with choices regarding where they bought their food, and the facilities within their accommodation allowed them to cook and eat their meals within the privacy of their

own apartment or townhouse. There were examples of person-centred practice on the part of the service provider and staff team. Additionally, the policies and procedures of the centre were applied in a fair and consistent manner across all families and groups.

The service provider had an effective system in place to manage and review adverse events and incidents in a timely manner. The service provider used opportunities to implement learnings from another inspection to improve the practice in Milligan Court. A tracker had been developed to ensure oversight of incidents and the issuing of warnings to residents where necessary. In addition, a review meeting took place following each incident that had occurred to ensure that learnings and risks were identified, and to record the actions taken.

The service provider had satisfactory safeguarding arrangements in place to ensure the safety and welfare of both adults and children. There had not been any child protection or adult safeguarding concerns in the months preceding the inspection. The inspectors found that contact had been made with the relevant statutory authority for advice when required, which ensured that appropriate actions were taken to support residents. There were arrangements in place to allow residents to supervise each other's children, and parents received information and support in relation to their parenting responsibilities. Dedicated designated liaison persons had been appointed, and there were policies, procedures and safeguarding statements in place.

The service provider had employed two appropriately qualified, committed reception officers. Of the 181 residents living in the centre, 168 (93%) had participated in a vulnerability assessment with the reception officers. There was a system in place to provide oversight of the assessments completed and the reasons why some assessments were outstanding. This demonstrated the service provider's commitment to ensuring residents' needs were known and addressed. The inspectors were told that residents received an email every three months offering them an opportunity to update their vulnerability assessment, while face-to-face meetings were offered every six months to update the assessment.

The inspectors found that the reception officer procedure manual and the policy in place to identify, communicate and address special reception needs were not comprehensive. For example, they contained limited information regarding the process for completing an assessment of vulnerabilities or special reception needs, and there were no timeframes outlined for the completion or review of assessments. In addition, they did not align with the practice in the centre at the time of the inspection. The inspectors found that the service provider had amended the tools used by the reception officers to assess the needs of residents which had helped to reduce the complexity of the assessment process. The reception officers were very aware of residents' needs and had made referrals to additional support services and carried out

welfare checks with residents where issues were identified. Nonetheless, the quality of some of the assessments was not comprehensive, records of referrals and the follow-up support offered were not consistently maintained, and some of the assessments reviewed had not been dated or the family name had not been recorded on the relevant forms. This impacted the capacity of the management team to maintain oversight of the process.

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.

A transparent room allocation policy had been developed which provided guidance on the management of requests to change apartments. There was a system in place to manage requests to change accommodation. The service provider considered the needs and best interests of residents when allocating accommodation.

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.

Families were accommodated together and had access to private living space within their apartments or townhouses. However, some of the bedroom configurations impacted residents' right to privacy, and were not in line with the requirements of the Housing Act 1966. For example, some parents were required to share bedrooms with their children, while in other apartments siblings of opposite gender who were aged 10 years and over were sharing the same bedroom. In addition, the occupancy of four apartments was greater than the recommended occupancy by one person. In one of the apartments a child was sleeping in a cot that was not appropriate to their age or stage of development. This was addressed by staff during the inspection.

Judgment: Partially 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.

Appropriate and adequate study facilities were available for residents both in their own accommodation and through a supervised homework club operated by centre staff. Residents had access to IT facilities within the centre, and parents were supported to obtain suitable crèche, preschool and school placements for their children. English classes were also available to residents.

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.

Communal areas were clean, and residents had access to suitable laundry facilities. Residents were satisfied with the laundry arrangements, and the centre manager and staff were responsive to feedback provided by residents in relation to the laundry facilities.

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.

Residents felt safe living in the centre. Security personnel had the required licenses and training to carry out their roles. Residents' right to privacy was protected, and they were facilitated to have visitors to their accommodation. A private meeting room with no CCTV was also made available to residents for meetings when needed. Security risks had been identified and assessed by the service provider.

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 management and staff team were person centred in their approach to the provision of non-food items. Residents were encouraged to give feedback on the type of products received. Sufficient and appropriate non-food items were made available to residents.

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 which were fully equipped with all necessary cooking utensils, cutlery and crockery.

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.

Prepaid vouchers were given to residents on a weekly basis for a variety of local, culturally-diverse shops, which promoted their independence and choice. Residents said that their feedback had been taken on board by the staff team in relation to the variety of prepaid vouchers available.

Judgment: Compliant

Standard 6.1

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

The staff and management team were person centred in their approach, and the rights of residents were promoted and protected. There were effective and robust systems in place to consult with residents. Information regarding residents' rights and support services was also available. Residents were supported to live independently and to integrate into the local community.

Judgment: Compliant

Standard 7.1

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

Residents were supported and facilitated to develop and maintain personal and family relationships, and were facilitated to welcome visitors into their apartments in line with the house rules for the centre.

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 had access to public services and community supports. Many of these services were within walking distances of residents' accommodation or could be accessed by public transport. School bus transport was available to children living in the centre. Transport to medical appointments was also made available by the service provider, when required.

Judgment: Compliant

Standard 8.1

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

The service provider had satisfactory safeguarding arrangements in place to ensure the safety and welfare of both adults and children. Staff had completed the relevant training and were aware of their roles and responsibilities in relation to safeguarding practices.

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.

The service provider had taken all reasonable measures to protect children from abuse, and ensured that their safety was prioritised. Contact had been made with the relevant statutory authority for advice when required. There were arrangements in place to allow residents to supervise each other's children, and parents received information and support in relation to their parenting responsibilities. Dedicated designated liaison persons had been appointed, and there were policies, procedures and safeguarding statements in place. There was a system in place to track concerns and reports over time.

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 an effective system in place to manage and review adverse events and incidents in a timely manner. A tracker had been developed to provide oversight of incidents and warnings issued to residents. There was a policy in place to guide the use of warnings in the centre. Review meetings took place following an incident to ensure that learnings and risks were identified, and to record the actions taken. However, complete records of these meetings were not maintained which reduced the ability of the provider to demonstrate improvements and ensure transparency.

Judgment: Substantially Compliant

Standard 9.1

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

Links with local support and health services had been established, and various clinics and advice workshops were held in the centre. Information about support services was shared with residents. While there was a delay in some residents being assigned a specific local general practitioner, the service provider had arrangements in place to ensure that all residents could access medical services as needed. A pharmacy was also located adjacent to the centre where residents could get advice regarding health concerns. Parenting support was made available to residents. The sensitivity of residents' needs was considered and, where appropriate, residents were offered individual meetings with specific services in their apartment or townhouse rather than having to attend a centralised clinic in the recreation room of the centre.

Judgment: Compliant

Standard 10.1

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

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

Judgment: Compliant

Standard 10.2

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

Staff received the appropriate training and support to enable them to identify and respond to the needs of residents. Systems had been put in place to support the wider staff team to share learnings and discuss their practice.

Judgment: Compliant

Standard 10.3

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

While there was a reception officer procedure manual and a policy in place to identify, communicate and address special reception needs, they were not comprehensive. A review of the documents found that they contained limited information regarding the process for completing an assessment of vulnerabilities or special reception needs, and there were no timeframes outlined for the completion or review of assessments. The policy and manual did not align with practice in the centre. However, the tools used by the reception officers to assess the needs of residents had been amended to reduce the complexity of the process, and there was a system in place to provide oversight of the assessments completed and the reasons why some assessments were outstanding. Residents' needs were known to staff, and referrals to additional support services had been made.

Nonetheless, the quality of some of the assessments was not comprehensive, records of referrals and the follow-up support offered were not consistently maintained, and some of the assessments reviewed had not been dated or the family name had not been recorded on the relevant forms.

Judgment: Partially Compliant

Standard 10.4

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

Two appropriately qualified, committed reception officers were available in the centre. Of the 181 residents living in the centre, 168 had participated in a vulnerability assessment with the reception officers. These reception officers took a lead role in assessing and meeting the needs of residents with special reception needs.

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	Substantially Compliant
Standard 1.3	Compliant
Standard 1.4	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.3	Compliant
Standard 2.4	Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.4	Partially 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	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	Substantially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Partially Compliant
Standard 10.4	Compliant

Compliance Plan for Milligan Court

Inspection ID: MON-IPAS-1146

Date of inspection: 11 and 12 February 2026

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
3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • The risk register has been updated to include all identified risks such as the occupancy levels being overcapacity (which is being rectified so no property will be overcapacity) and bedroom configurations. The Centre Manager will have improved oversight of this to ensure every risk that is identified/risk assessed is inputted to the risk register. • Fire drill/emergency documentation has been edited to include how many residents have evacuated during a fire drill/emergency, with this document a residents list has been created to complete a head count at the fire assembly point to document who is present and who is not. Fire drills will be carried out more frequently to achieve a timely response and evacuation. 	
4.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • For bedrooms that were not in line with the requirements of the Housing Act 1966 - IPAS are made aware of the allocations on a weekly basis through a weekly register, each house is risk assessed and regular welfare checks are done with the families to ensure that their privacy is respected. Each family are aware of the situation and have signed letters to confirm they understand and that they are happy with their current living situation. • For the properties with greater occupancy by one person, actions have been taken to source internal and external transfers to appropriate accommodation. 	

10.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none">• There are two policies based on the Reception Officers procedure - Policy for identifying, communicating and addressing special reception needs (which did contain information regarding the process for completing an assessment of vulnerabilities or special reception needs) and the Reception officer policy and procedure manual. Both policies will be combined and will contain a clear process for how SRNS and Vulnerability assessments are completed. Timeframes for completion and review will be added into the policy to ensure that all assessments, referrals and support given to residents are in alignment with the policies.• A review of assessments has been completed; records of referrals, follow-up support, dates and names will be consistently documented moving forward. Oversight of this will be completed by Duty Managers and the Centre Manager.	

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 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	23/03/2026
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.	Partially Compliant	Orange	23/03/2026
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	27/03/2026

