Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of the Centre:	Milligan Court
Centre ID:	OSV-0008812
Provider Name:	Brava Capital Ltd
Location of Centre:	Co. Sligo
Type of Inspection:	Short-Term Announced
Date of Inspection:	01/07/2025 and 02/07/2025
Inspection ID:	MON-IPAS-1111

Context

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

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

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

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

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

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

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

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

About the Service

Milligan Court is an accommodation centre based in Sligo Town which comprised 46 own door family apartments and townhouses. At the time of the inspection families were living in the centre which included 87 children.

The accommodation facilitated residents to live independently. Each of the apartments and townhouses had 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 was managed by a centre manager who reported to the company's senior manager. In addition there were two duty managers, two reception officers, two child and youth support and advocacy officers employed in the centre. There were 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:	174

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

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)
01/07/2025	11:50–18:30	1	1
02/07/2025	08:00–14:00	1	1

What residents told us and what inspectors observed

During the inspection, the inspectors found that residents of Milligan Court were receiving a high standard of support from the staff and management team. From speaking to residents, reviewing residents' questionnaires and other documentation and through observations made during the inspection, the inspectors found that this was a well-run and person-centred service. The inspectors spoke to 30 adults and children, and these residents said they were happy and were complimentary regarding the support and assistance they received at the centre. The residents with whom the inspectors met spoke highly of the staff team, the centre manager and management team and said they were kind and responsive to their needs. While this was a well-run centre, and while residents reported being happy with the service provided, some minor improvements were required to ensure the service operated fully in compliance with national standards. These improvements related to the oversight mechanisms within the centre, record-keeping in relation to the special reception needs of residents, and the need to further develop the quality improvement plan for the centre so that it contains sufficient detail and records staff responsible for its implementation.

Milligan Court was located in Sligo Town within walking distance of local services and transport links. The reception area of the centre was bright and very welcoming, with a wide range of information available about local services and a colourful book on the experiences of international protection applicants available for residents. This book features art work by some residents in this centre. Fresh bottled water and a selection of fruit were also available for residents at reception. Members of the staff team were observed as available at reception to answer questions or offer support and guidance to residents. The residents with whom the inspectors had the opportunity to speak, described the centre as safe and secure, with ample parking and storage facilities. Throughout the inspection, the inspectors observed respectful and professional interactions between residents and staff members.

The inspection of Milligan Court took place over two days. During this time, the inspectors met with the centre manager, two duty manager and a senior manager within Brava Capitals Ltd. Two reception officer and two child and youth support and advocacy officers, also supported the inspection process. The inspectors held an introductory meeting with members of the management team and then completed a walk around of the buildings within the apartment complex, with the centre manager.

The centre provided accommodation to people seeking international protection, and the residents living in the centre were from a number of different countries. 2.9% of the residents in the centre had received refugee or subsidiary protection status at the time of inspection. These residents had received notice to seek private accommodation outside of the centre, but had been unable to source alternative accommodation in the

community. The provider had sought support for these residents through a non-governmental organisation (NGO) to help them source accommodation.

At the time of inspection, the centre accommodated 174 residents across 46 own-door apartments and townhouses, providing accommodation for families. Catering services were not provided in this centre; instead, the centre operated a voucher system equivalent to a monetary value which could be used in local supermarkets and shops. This facilitated residents to purchase food and essential items in the local town. Residents had their own cooking facilities within their apartment/townhouse. In addition, the service provider ensured sufficient and appropriate non-food items and products were provided to for personal hygiene, comfort, dignity, health and wellbeing.

Residents' views on the service were gathered by the inspectors through various means, including speaking with residents, HIQA resident questionnaires, inspectors' observations and a review of documents. The inspectors met with 11 adult residents and 19 children throughout the course of the inspection. Resident questionnaires were completed by 25 residents and the majority reported that they felt safe and happy living in the centre. Most residents said that they were pleased with the facilities and the accommodation. They spoke positively about the managers and staff and said they were approachable and responsive.

On the walk around Milligan Court the inspectors observed communal courtyard areas and outdoor spaces that were clean and well decorated and maintained. The courtyards had picnic benches where residents could relax and meet with family and friends. There was a large communal room available for residents, English classes were held here for adults, and educational and recreational activities were available for the children in this space. The centre provided a meeting room which residents could use for private meetings if required. The communal room had relevant information displayed and resources available for residents of all ages.

A number of residents invited the inspectors to visit and talk with them in their homes. Each apartment had a kitchen, dining area with table and chairs and a living area. The kitchens in the apartments and townhouses observed were equipped with a fridge, freezer, cooker, oven and microwave. Residents could cook meals of choice and cultural preference for their families, which they enjoyed. Each apartment had a bathroom and shower room. The accommodation was adequately furnished with appropriate storage available to residents for their personal belongings. Additional storage was also available, within the apartment complex, to residents for larger items. Laundry facilities were available in some of the apartments, and a large, communal laundry room, with 12 washing machines and 10 dryers, was available to all residents living in the centre. A pharmacy was located on the grounds of the centre within easy walking distance of all apartments and townhouses.

Closed-circuit television (CCTV) (visual only, with no audio recording) was in place in the communal and external areas of the centre, and its use was informed by data protection legislation and the provider's policy. Security personnel were employed in the centre and they had the appropriate training and licence and there was adequate checks of people entering the building and grounds. There were no unnecessary restrictive practices in relation to accessing the premises for residents in the centre. While feedback from residents in relation to their experience of living in this centre was positive, some minor improvements were required in relation the oversight processes within the centre, record-keeping in relation to the special reception needs of residents, and the quality improvement plan, which are set out in the following sections of the report.

The next two sections of the report present the inspection findings in relation to governance and management of the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

This inspection found that Milligan Court was being effectively managed on a day-to-day basis by a committed management team. There were strong governance systems in place and the centre was well-run and well resourced. The service provider was committed to providing a high quality service in compliance with the national standards. While these positive findings were noted, there were some areas of practice that required improvement. These related to the oversight mechanisms in place, record-keeping in relation to the special reception needs of residents, and to further develop the quality improvement plan for the centre to ensure its effectiveness.

There was a clear governance structure in place in the centre which was effective. The service provider had established an internal line management structure which was appropriate to the size, ethos and the purpose and function of the centre, and the provider had employed an experienced management team including a centre manager, two duty managers, two reception officers and two child and youth support and advocacy officers to oversee the effective management of the centre. Staff members were clear on their roles and areas of responsibility. The inspectors found that the service provider and management team had a good understanding of relevant legislation, regulations, policies and standards for the care, protection and welfare of children and adults living in the centre, which enhanced their effectiveness in their roles. The management team was committed to further enhancing their knowledge and embedding a positive culture within the centre. Throughout the two days of inspection, the inspectors observed a culture of respect between staff members and residents and found that staff members promoted a culture of quality, respect, safety and kindness in their everyday work.

The provider had developed formal systems and processes for quality improvement, auditing and reporting which ensured effective oversight and monitoring of service provision. The provider had also developed a strategic and operational plan for the service which focused on quality improvement and, while it was a comprehensive document, elements of it were not centre specific. For example, actions were high level and general such as ‘ensure maintence of the facilities’ as opposed to a specific action which would guide staff and management. The actions in the plan were not allocated to a staff member to ensure accountability for implementation. Additionally the provider had undertaken to complete the HIQA self assessment tool on a monthly basis and this added to the oversight mechanisms for most areas of service provision such as the complaints and maintenance processes. However, while the service provider had measures in place for communicating any special reception needs of residents to the reception officer to assist them in the performance of their duties, the inspectors identified some gaps in maintaining full and comprehensive records following initial

referral to support services. The centre manager was eager to address any shortfalls in documenting these supports, and at the conclusion of the inspection had developed a document which captured the timeline of referrals and ensured oversight of the supports offered to residents. The provider demonstrated active engagement in learning and was very responsive throughout the inspection process and, was resolute in their approach to taking every opportunity they were presented with to improve their service.

When residents arrived at the accommodation centre, children and adults were welcomed and provided with a description of the service which they could understand. This includes a written description of the centre in a familiar language, the residents' charter, a welcome pack and an orientation class. The arrival procedures, documents, welcome pack and orientation class had been developed in partnership with residents and updated based on their feedback on what would be most helpful to new residents.

The provider had implemented an effective complaints policy and procedure in the centre. Complaints had been clearly documented, as either formal or informal, complainants were consulted, and issues were resolved in a timely manner. A recording system, on a shared electronic system, supported the service provider to maintain good oversight of complaints, which helped inform ongoing service improvements. The centre manager had also developed a colour coded maintenance list on the shared system to distinguish between complaints and maintenance issues, in the event that residents submitted them through the resident suggestion box. Additionally, the complaints officer details were prominently displayed on a notice board within the centre. This was good practice.

The service provider had a system in place to record and report on incidents which occurred in the centre. They had also implemented a referral pathway for incidents to be notified to statutory agencies, where required. In addition, an incident learning and review process was being formalised whereby incidents would be reviewed at specific incident learning meetings. At the time of inspection, incidents had been reviewed for learning at weekly team meetings to empower staff to manage such incidents effectively and prevent their reoccurrence.

The service provider had formal arrangements in place to actively seek the views of children and adults in the form of a suggestion box and resident meetings, and had established a residents' committee. This consultation system ensured that a culture of welcoming feedback was embedded in the practice of the centre. The manager and service provider made sure that intended the residents' committee to broadly represent the diversity of residents residing in the centre. Residents with whom the inspectors spoke, said that they had good relationships with staff members and were empowered to be independent.

The service provider had developed a residents' charter which clearly described the services available, and this document had been made available to residents in seven

languages. The charter was discussed with residents during their induction meeting at the centre. This ensured that residents had accurate information regarding the services provided to them.

The service provider had a risk management policy in place, and had developed three risk registers, one in relation to children-specific risks, another for adult-related risks and a third for general centre-specific risks. The provider had completed a risk analysis in the centre, and risks had been identified, assessed and managed. However, at the time of the inspection, the risk-rating system (used to calculate the likelihood and impact of the risk) that the provider employed did not give a clear indication of whether the control measures were effective or not. While it was evident that no risks went unmanaged, a strengthened system of rating the residual risk and recording them would mean the provider could be confident that the appropriate controls were in place according to the level of risk involved, and that they were having the desired outcome.

The service provider had prepared a contingency and emergency preparedness plan in place for scenarios including a staff shortage, a flood, the outbreak of a fire or the outbreak of an infectious disease. Residents were informed about fire drills and emergency protocols were detailed on notice boards in the centre. The inspectors reviewed a specific personal egress plan for residents with additional needs and found it to be comprehensive. Fire evacuation routes and exits were clearly marked and there was appropriate fire detection, alarm and emergency lighting systems in the centre.

The provider had ensured safe and effective practices for the recruitment of staff members in this centre. The inspectors found that all staff members had an up to date Garda (police) vetting disclosure and those who had resided outside of the country for a period of six months or more had an international police check completed.

The inspectors reviewed a sample of personnel files and found that the service had a performance management and appraisal system in place. All staff had received their first appraisal meeting and had been given the opportunity to complete a self-assessment in advance of the meeting.

The service provider had ensured that accurate personnel files were held securely on a shared electronic system, and included job descriptions and contracts for each staff member. In addition, the service provider had implemented a supervision system and each staff member had a monthly supervision meeting. This ensured all staff members were held to account for their practice and received regular practice support to carry out their roles effectively.

The inspectors reviewed training records for all staff members and found that the staff team had received appropriate training and development opportunities to meet the needs of the residents and to promote safeguarding in the centre. 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 provider and training deficits identified in staff supervision meetings were also added to the training analysis.

On the day of inspection, the inspectors reviewed the staff rota for the month prior to the inspection, and found that there was an adequate number of skilled staff in the centre to meet the needs of the residents.

Overall, it was found that there was a clear governance structure in place, with clear lines of reporting, which ensured the structure operated effectively and the provision of a good standard of practice in the centre.

Standard 1.1

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

The service provider performed its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner which promotes their welfare and respects their dignity. The centre manager and staff team ensured residents were receiving a good quality of care and support and their needs were being met. The provider engaged positively with the inspectors throughout the inspection.

The provider had devised a quality improvement plan to enhance the service being provided to residents. Nonetheless, there were elements of oversight of this plan by the provider, that required improvement.

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.

The service provider had effective leadership, management and governance arrangements in place which clearly identified the lines of authority and accountability, specified roles and detailed responsibilities for areas of service provision. For example, the members of the management team the inspectors spoke with had good knowledge of their individual responsibilities and showed effective leadership. The service provider had a good understanding of the national standards and legislation, and the role of the reception officer. The inspectors found that the service provider operated within a culture of continual quality improvement.

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.

The inspectors reviewed a residents' charter which the provider had written which was given to all residents on arrival. It was provided in seven languages, and the residents had an introductory meeting with the centre manager when they arrived at the centre. Residents were supported to understand the charter at this meeting and on an ongoing basis. It outlined how new residents were welcomed to the centre and identified staff (including photographs of staff members) working there. The residents' charter also included how each individual's dignity, equality and diversity was promoted and preserved and how all residents were treated with respect. There was information available in the charter on the complaints process, how the service provider sought the views of residents, the code of conduct, and about how residents' personal information was being treated confidentially.

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 systems for the oversight and monitoring of the quality of care and experience of children and adults living in the centre. The provider had completed a self-assessment (using a HIQA template) each month on the quality of the service. It had identified some areas that required improvement, and was committed to ensuring that arrangements were put in place to address these areas. At the time of inspection, the provider had been operating the centre for 10 months.

Nonetheless, the provider was committed to completing an annual review of the quality and safety of care delivered to residents, and had begun the process of reviewing residents' feedback to date for this purpose.

The inspectors reviewed the notes from residents' consultation, which showed that there was a clear culture of involvement and consultation in the centre. The management and staff team operated a post-box-style suggestion box in the centre which sought the views of children and adults living there, and this was checked weekly. The provider proactively assigned feedback from residents to the relevant staff member, and each action was tracked and closed out on an electronic system.

Judgment: Compliant

Standard 1.5

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

The service provider had set up a residents' committee and this committee met regularly. The provider had ensured these meetings were facilitated, and actions arising from these meetings were followed up by the centre management. The provider also took steps to seek the views of residents who may feel uncomfortable sharing their views in a group setting, including a suggestion box to canvass the views of adults and children. The inspectors observed good information sharing and responses from staff to informal queries from residents throughout the course of the inspection.

Judgment: Compliant

Standard 2.1

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

The inspectors found that there were safe and effective recruitment practices in place in the centre. The inspectors reviewed the personnel files of all staff in the centre, and all staff were vetted by An Garda Síochána (police) in line with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Staff members who had lived outside of the country for a period of six months or more had an international police check in place. The inspectors observed records showing that security staff working in the centre had completed the required security training and held a licence from the Private Security Authority.

Judgment: Compliant

Standard 2.2

Staff have the required competencies to manage and deliver person-centred, effective and safe services to children and adults living in the centre.

Staff had the necessary skills, appropriate to their role, to provide services and support to the children and adults living in the centre. At the time of the inspection, the provider had ensured that there were sufficient numbers of staff with the necessary experience and competencies to meet the needs of children and adults living in the centre and which reflect the size, layout and purpose of the centre, in line with the requirements of the national standards.

Judgment: Compliant

Standard 2.3

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

Staff received regular supervision and support from managers. The provider had recently increased the frequency of supervision, which exceeded the requirements of the national standards. Supervision meetings with staff were occurring on a monthly basis and on review inspectors found that it was a comprehensive and supportive process. The provider supported staff members to exercise accountability for the provision of an effective and safe service.

An effective annual staff appraisal system was in place, and the skills and competencies of each staff member were reviewed through this process. A written record was kept of supervision and performance appraisal. The provider had ensured that accurate and secure personnel files were kept for all staff members and managers.

Judgment: Compliant

Standard 2.4

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

Staff members had received appropriate training and development opportunities to meet the needs of residents. Required training was provided to all relevant staff, including safeguarding of vulnerable adults and *Children First: National Guidance for the Protection and Welfare of Children* (2017). The provider also maintained a clear training record and had a system in place to ensure staff training did not lapse in required areas.

Judgment: Compliant

Standard 3.1

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

The service provider had a risk management policy in place, and three risk registers had been developed for the centre. There was a risk register for children-specific risks, another for adult-related risks and a third for general centre-specific risks. The inspectors found the provider had completed a risk analysis of the centre to identify potential risks that would compromise the provision of the service, and had logged them on the risk registers.

Comprehensive risk assessments were completed by a member of the management team and control measures were put in place to eradicate or minimise these risks. While no risk went unmanaged in the centre, the risk-rating system (used to calculate the likelihood and impact of the risk) that the provider employed did not provide the opportunity to identify a wider range of risks, which would support them to ensure the controls in place were reflective of the level of risk involved and to focus their efforts on risks that were most impactful. For example, the risk-rating system only employed the risk levels of 'medium' and 'high' risk and did not allow for lower or more severe levels of risk. The risk-rating system also did not fully account for the remaining risk in the centre (that is to say, the residual level of risk after control measures had been applied). Nevertheless, by the conclusion of the inspection, the provider had begun to take steps to address this issue.

Judgment: Substantially Compliant

Quality and Safety

Overall, the inspectors found that the service provider and centre managers were committed to delivering a consistently high-quality and safe service that was person centred. Residents had autonomy over their lives and were being facilitated to live independently and were treated with kindness, respect and dignity. While those residents who spoke with the inspectors said that they felt safe living in the centre, some minor improvements were needed to ensure accurate records were maintained of referrals to the reception officer and external agencies.

Through discussions with staff and residents, and observations made during the inspection, it was found that the safety and welfare of residents was a priority of the staff team. Residents were supported to maintain their independence while receiving the support to do so. Positive interactions observed on both days of inspection between residents and staff indicated that residents' rights and dignity were promoted in the centre.

The inspectors reviewed the procedure for allocating rooms to residents at the centre and it was noted that room allocation was determined by residents' needs. The provider had also developed a policy to guide staff members in allocating accommodation to families. Upon the arrival of residents, the centre manager and staff team made allocation decisions based on the information available to them at the time. On review of documentation, it was evident that where possible, staff members made decisions in the best interests of the residents and placed them in the most suitable accommodation. The inspectors found that factors such as family links and health needs were taken into consideration, with residents who had additional needs being given specific apartments, to meet those needs. In cases where accommodation matching residents' needs was not possible on admission, the centre manager relocated residents to more suitable accommodation once it became available. The room allocation policy ensured that there were clear and transparent criteria considered when making decisions regarding residents' accommodation. This meant that residents understood the policy and the rationale for allocating accommodation.

The inspectors found that on the day of inspection, the apartments and townhouses in the accommodation centre were generally clean, well maintained and were appropriately furnished. There was sufficient parking available for staff members, residents and visitors.

CCTV was in place in the communal and external areas of the centre, and its use was informed by data protection legislation and the provider's own policy. Security arrangements were in place, security personnel were employed in the centre, and there

was adequate checks of people entering the building and grounds. Residents' rights were promoted in the centre and there were no unnecessary restrictive practices in place, in relation to residents accessing the premises.

The accommodation provided was clean, homely, accessible and sufficiently furnished. Residents whom inspectors spoke with reported that they were happy with their accommodation, and said the provider was very responsive if they required any additional supports. The own door accommodation provided in the centre allowed residents to live independent, private lives which promoted their dignity. The apartments and townhouses had an open plan kitchen and living area, with a sofa, and a dining table to facilitate family meals. Bedrooms were appropriately furnished and had adequate storage space and a desk for children to do homework.

The service provider prioritised the educational and recreational needs of residents. Parents were offered support to access childcare and a school for their children. Bus transport was available to take children to and from school. There was a homework club for children in the communal room in the centre. It was equipped with educational resources, electronic computer tablets and equipment to support learning and development. The centre offered Wi-Fi internet access throughout the centre which supported residents completing schoolwork.

The provider made available to the residents all necessary cooking utensils, cutlery and crockery to facilitate residents to cook meals in their own apartment. Residents received a voucher each week, to be used in a wide range of local supermarkets and shops to allow them purchase their own groceries. Residents were provided with bedding, towels and non-food items on arrival to the centre and received a welcome food package with all the basic food items. It was noted by the inspectors that a particular non-food item had not been provided to date, the provider was responsive in ordering it prior to the conclusion of the inspection.

The rights and general welfare of residents was promoted by the staff team in the centre. There was documentary evidence that rights and entitlements were discussed with residents shortly after their arrival to the centre and at resident meetings thereafter. Residents informed the inspectors that they were treated with respect and spoke very highly of the management team. Residents were able to practice their religion within their own apartment. Information on residents' rights was displayed in the reception area and throughout the centre in various languages. The service provider had systems in place to consult with residents to gather their feedback in the form of the residents committee and the resident suggestion box.

Residents were supported and facilitated to maintain personal and family relationships. The family unit were accommodated together in own door apartments and townhouses

and children and adults were facilitated to have visitors to the centre, both in the communal spaces and within their private living accommodation.

Information regarding local support services was displayed at reception and throughout the centre and some of this information was available in different languages. Referrals for residents to appropriate services were made based on the needs of residents. A vaccination clinic was ongoing on the first day of the inspection by local HSE staff. English language classes were provided in the communal room in the centre. The centre had good access to public transport and therefore a centre specific transport service was not necessary. On the first day of inspection, it came to the inspectors' attention that a young woman had gone to hospital to give birth, transport had been made available immediately, by the provider, to facilitate her transfer to the hospital.

The service provider had made appropriate training available to the staff team in relation to child protection and safeguarding of vulnerable adults. The provider also had a child safeguarding statement, child protection policy and safeguarding of vulnerable adults policy in place. The inspectors reviewed child and adult safeguarding concerns that had arisen and found that the service provider had ensured that these concerns were identified, recorded, addressed and reported in line with the requirements of national policy and legislation. Residents reported that they felt safe living in the centre. At the time of the inspection, there were no open child protection and welfare concerns. The service provider had identified a designated officer (for adult safeguarding issues) and a designated liaison person (for child protection issues) for the service and their contact details were listed on a notice board at reception.

The service provider had policies in place for the management and reporting of incidents and accidents and a system to review and learn from such events had been developed. The centre manager was planning to review these reports at regular incident learning meetings to identify areas for service improvement.

The service provider had established a policy to identify, communicate and address existing and emerging reception needs and had also employed two dedicated reception officers who had the required skills, qualifications and experience to fulfil the role. The appointed reception officers were part of the senior management team and had received adequate training to become the primary point of contact for residents, staff members, and managers regarding special reception needs. The provider had also developed a substance misuse policy which supported the reception officers and staff in addressing any issues around substance misuse.

The reception officers had developed a general vulnerability assessment and three more specific vulnerability assessments to support residents who presented with special reception needs. The supports offered to these residents was documented and appropriate records maintained to address the residents needs. However, inspectors

identified some gaps in maintaining full and comprehensive records following initial referral to support services.

Standard 4.1

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

The provider had a policy in relation to the allocation of accommodation to residents. Accommodation had been allocated having regard to the needs of the residents, including health conditions, familial links, cultural, linguistic and religious backgrounds. One family had special arrangements and adaptations made for them by the provider in their apartment to facilitate their additional needs. Residents with whom the inspectors spoke said they were happy with this approach.

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 service provider had ensured that the accommodation for residents was of a good standard, and residents reported that they were satisfied with their accommodation. Those apartments and townhouses viewed by inspectors were homely and any maintenance issues residents were promptly addressed. Families were placed together in own door accommodation and had their own private bathroom facilities.

Judgment: Compliant

Standard 4.5

The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.

There was a communal room with child friendly materials available for children to do art work or water play. The staff arranged movie nights and parties for the children in this communal room. There was a public playground adjacent to the centre and inspectors observed children living in the centre using this playground throughout the course of the inspection. There was a large park and sports pitch within walking distance from the centre.

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.

The service provider had made available adequate and dedicated facilities and materials to support the educational development of each child and young person. There was a communal room where children could do their homework and where there was a homework club established. Additionally, the provider had supplied electronic tablet computers to support children with their schoolwork. Children and young people were supported to reach their educational potential. The child and youth support and advocacy officers supported parents to source childcare and school placements for their children. A school bus was available to take children to and from school. A desk was provided within the apartments viewed by the inspectors for children to complete their homework.

Judgment: Compliant

Standard 4.7

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

There was one large laundry room in the centre, which was found to be clean and well maintained on the days of the inspection, and contained adequate number of washers and dryers for the number of residents. Additionally, a small number of residents had a washing machine supplied in their own apartment. Equipment in the laundry room and in the apartments viewed by the inspectors were observed to be in working order on the day of inspection.

Judgment: Compliant

Standard 4.8

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

The inspectors found that the service provider had implemented appropriate security measures within the centre which were deemed sufficient, proportionate and which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre only, and a manager stated that this was visual CCTV only. The use of CCTV was in line with service provider's policy.

Judgment: Compliant

Standard 4.9

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

The service provider had made available to residents sufficient and appropriate non-food items. On the day of inspection, it was observed by the inspectors that a personal hygiene item was not available and when the inspectors queried this, the provider was later able to provide evidence that an order for this item had been made.

Judgment: Compliant

Standard 5.1

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

There were no separate communal dining or cooking facilities in the centre. Instead, residents had food preparation, cooking and dining facilities within their own apartments and townhouses, 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 had the facilities within their own apartments and townhouses to prepare and cook their meals. Residents were provided with prepaid vouchers for local supermarkets and shops each week. Residents had access to a wide range of shops and supermarkets which ensured they had varied choice whilst doing their food shopping. There was a pharmacy located on the grounds of the centre within easy walking distance of all apartments and townhouses.

Judgment: Compliant

Standard 6.1

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

The inspectors found that the provider promoted the rights of residents, and residents were treated with dignity, respect and kindness by the staff team employed in the centre. Residents who spoke with the inspectors said that they felt respected and listened to by staff members. Residents were able to practise their religion within their own apartment. Information on residents' rights was displayed at the centre reception area, including information on rights for children. The service provider had processes in place to consult with residents, such as a residents' committee.

Judgment: Compliant

Standard 7.1

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

Residents were being supported to develop and maintain personal and family relationships, and they could invite family and friends to visit them in their apartments. Family units were being accommodated together, and their privacy and dignity were being promoted by the service provider and staff team.

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 community supports, educational and health and social services. Families were supported by the child and youth support and advocacy officers to access and enrol their children in local schools. Residents had easy access to local bus and rail links. External agencies and NGOs attended the centre to offer support and advice around education, training, employment and local services. On the first day of inspection, the inspectors observed that there was a HSE medical staff member carrying out a vaccination clinic for the children in the centre. Additional transport was made available to residents to attend medical appointments when required.

Judgment: Compliant

Standard 7.3

The service provider supports and facilitates residents, including children and young people, to integrate and engage with the wider community, including through engagement with other agencies.

The service provider facilitated residents to integrate into their local community and had engaged with external agencies to support them to do so. The residents benefitted from supports such as English language classes, summer camps for children, cultural events and support with gaining employment and for children to access sports clubs. There was a 'summer plan' devised by the child and youth support and advocacy officers, which included music groups, art classes, yoga and mindfulness sessions and sport camps. The provider had developed strong links with a local Sligo integration team who facilitated residents to attend women's groups, and a local family resource centre had run parenting classes. Some residents were supported by a local initiative to become volunteer stewards at county sports events.

Judgment: Compliant

Standard 8.1

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

The service provider had comprehensive policies and procedures in place to protect all residents from all forms of abuse and harm. The inspectors reviewed incident records for the centre and noted that there was an effective recording system in place relating to safeguarding issues. The inspectors also found that the provider ensured that residents received the appropriate safeguarding supports following incidents, and had ensured that incident reporting forms were completed. The service provider had risk assessment and management policies and procedures in place for dealing with situations where safety may be compromised. This meant that residents benefitted from a comprehensive approach to safeguarding and protection in the centre.

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.

Children living in the centre were being actively protected from all forms of abuse and neglect at the time of the inspection. There was a child protection policy and child safeguarding statement in place and staff had completed the *Children First: National Guidance for the Protection and Welfare of Children* (2017) training. There was an appropriately trained designated liaison person appointed. Child protection and welfare concerns had been reported to Tusla as required and followed up accordingly. The staff team provided welfare support and advice to parents when required and children had access to additional supports, if this was required.

Judgment: Compliant

Standard 8.3

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

There was a policy in place which clearly outlined the process for reviewing incidents and adverse events for learning and possible actions required. There was a system in place to record all incidents and serious events which occurred in the centre. Adverse events were treated sensitively and confidentially. Emergency contact details were clearly displayed in the accommodation centre.

Judgment: Compliant

Standard 9.1

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

The 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. The service provider had made available to residents the necessary information and supports required to access the physical and mental health and welfare supports for 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.

The provider ensured that any special reception needs notified to it informed the provision of accommodation and delivery of supports and services for the residents. The service provider had measures in place for communicating any special reception needs with the reception officer to assist them in the performance of their duties, while respecting the confidentiality of the resident. Nonetheless, the inspectors identified some gaps in maintaining full and comprehensive records following initial referral to support services.

Judgment: Substantially Compliant

Standard 10.2

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

Staff members were appropriately trained to identify and respond to emerging and identified needs for residents. Residents benefitted from a staff team who had received a range of relevant training, such as mental health awareness and domestic violence training. Staff members were supported by the management team to carry out their work.

Judgment: Compliant

Standard 10.3

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

The provider had developed a Reception Officer Policy and Procedure Manual to identify, communicate and address existing and emerging special reception needs. The Reception Officers were the principal point of contact for residents, staff and managers for any issues concerning special reception needs.

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.

Residents were supported by a dedicated reception officer system within the centre. The service provider had employed two suitably qualified reception officers for the centre. The reception officers were a members of the senior management team. The reception officers had established positive relationships with relevant support organisations and statutory and non-statutory agencies in the locality.

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	Compliant
Standard 1.5	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.2	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 4.5	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
Standard 7.3	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	Substantially Compliant
Standard 10.2	Compliant
Standard 10.3	Compliant
Standard 10.4	Compliant