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:	Cúirt Uisce Accommodation Centre
Centre ID:	OSV-0008858
Provider Name:	Keldesso Ltd.
Location of Centre:	Co. Galway
Type of Inspection:	Unannounced
Date of Inspection:	19/01/2026 and 20/01/2026
Inspection ID:	MON-IPAS-1125

Context

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

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

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

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

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

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

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

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

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

About the Service

Cúirt Uisce is an accommodation centre located in Galway. The centre consists of 13 own-door family units. Cúirt Uisce has good access to transport links, recreational facilities and there are shops within walking distance of the centre.

There are parking facilities on site and access to the building is gained through the main reception area. The centre comprises residents' apartments, a reception area, two staff offices, a common room and an outdoor green area.

The service is managed by a centre manager and a duty manager who report to the service provider representative, who in turn reports to the chief operations officer. In addition, there is a reception officer, general assistants, housekeeping and security staff employed at the centre.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	66

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)
19/01/2026	10:30hrs-18:10hrs	1	1
20/01/2026	08:30hrs-15:15hrs	1	1

What residents told us and what inspectors observed

From speaking with residents, and through observations made during the course of the inspection, generally, residents felt safe and protected while residing at this accommodation centre. They told the inspectors that they were treated with kindness, care and respect by the staff team. The accommodation provided was of a good standard and allowed residents to live independently in family units. The service provider endeavoured to provide the appropriate supports to meet residents' health and welfare needs. Overall, it was found that those living in this accommodation centre enjoyed a good quality of life.

While the service provider was largely in compliance with the requirements of the national standards, there were aspects of the risk management system and the assessment of vulnerabilities that required improvement. This was so they could be assured that a consistently safe and good-quality service was being provided, and that residents' needs were appropriately assessed and addressed.

This was HIQA's third inspection of Cúirt Uisce, and it took place over two days. During this time, the inspectors met or spoke with seven adults and nine children who were living in the centre. In addition, resident questionnaires were completed by eight adults. The inspectors met with the service provider representative, the centre manager, the reception officer, the general assistant and security staff.

The centre provided accommodation to families in 13 own-door private apartments. There was a mix of four, three and two-bedroom apartments across three floors. While the primary function of the centre was to provide accommodation to people seeking international protection, the inspectors found that 12 (18.18%) residents had received refugee, subsidiary protection or leave to remain status.

During a walk around the centre, the inspectors observed that communal areas were clean and well maintained. Information regarding residents' rights and charter, house rules, designated liaison person details and local support services were displayed in the reception and common areas of the centre. There was also a multipurpose room which residents could use for private meetings.

Residents were provided with electronic cards, which they used to purchase food from local shops. These cards were topped up by the management team, and there was a system in place to ensure that residents were receiving the appropriate allowance on their cards. This arrangement provided residents with choice and promoted their independence, as they could purchase food in line with their own families' needs and dietary or cultural requirements. Laundry facilities were provided within each apartment, and this further supported residents' rights and independence.

The inspectors were invited by six sets of residents into their apartments during the inspection. The apartments were well maintained, and each had a kitchen and living space which provided adequate space for children to play and complete their schoolwork. The kitchens were well equipped with the necessary cooking appliances, utensils, and crockery. These facilities enabled residents to cook for their families and eat their meals together. Residents could personalise their apartments and were facilitated to bring visitors and friends to their private living accommodation, which created a more homely environment. The inspectors observed that all of the apartments had been painted in the weeks prior to this unannounced inspection. The management team said that the painting works had been completed as part of the ongoing maintenance programme for the centre.

The inspectors observed that in one of the apartments visited, a child aged over 10 years was required to share a bedroom with a younger sibling of the opposite gender. They explained that it was "not good having to share" their bedroom in this way. In addition, the inspectors observed that the dining table in one apartment and the number of chairs provided in two apartments did not facilitate these families to sit and eat meals together. Also, large, bulky items were stored at a height, and there was limited wardrobe storage available in some of the apartments. Some residents were not aware that there was additional storage space available in the centre. These concerns were brought to the attention of the centre manager during the inspection, and it was agreed that they would be resolved.

Adequate public transport was available in the local area, and support was provided to residents with transport to medical appointments by the provider. Crèches, preschools, shops, medical centres, public amenities and recreational facilities were within walking distance of the centre, or were accessible by public transport. One of the children explained to the inspectors that "everything is near to us." English language classes were provided for residents in the centre, and one resident said that the manner in which these classes were scheduled facilitated them to collect their children from the local preschool and return to the class afterwards. This was an example of good practice on the part of the service provider.

The homework club that had previously operated in the centre had since ceased operating due to staff changes. While the inspectors were told that children could attend the homework clubs run by local schools, not all parents were aware of this. Links with local support and health services were established, and they held information clinics in the centre. 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 as needed.

Generally, residents spoke positively about the staff and their experience of living in Cúirt Uisce. Residents said they felt safe living in the centre, and one resident described the centre as a "safe place and is calm." Another resident told the inspectors that they had a "quiet and good life…people here are nice." One of the children who spoke with the inspectors said that "life here is the best, it's easy and I have a good routine" while a second child said that "staff are normal, they greet me and sometimes they make jokes."

Residents said that the staff team was helpful and supportive. One resident told the inspectors that "if we have challenges, they [staff] are very helpful. They respond, they really understand." Comments from other residents included that staff were "good and helpful", "very good, they treat me with dignity", "if I need anything, I go to them and they do it", "the manager will listen and they ask at residents' meetings if we need anything else" and the "reception officer is available and does offer support."

In addition to speaking with residents about their experiences, the inspectors received completed questionnaires from eight adults. The questionnaires asked for feedback on a number of areas, including safety in the centre, communication with staff, accommodation, experience of living in the centre and access to supports. Six residents rated their experience living in the centre as acceptable, one resident rated it as poor and another resident rated their experience as very good. All eight residents responded that they were aware of who the centre manager was, and seven of the eight respondents said that they could easily speak to members of the management team. All eight residents agreed that they felt safe living in the centre, and six responded that they could easily talk to staff if they had a worry. All eight residents were aware of what to do in the event of a fire.

Six of the eight residents who responded to the questionnaire replied that the staff team were helpful and provided assistance, and five said they felt respected and listened to. The majority of residents felt they received support to access opportunities, and they knew who to speak to if they needed specialised supports. Five residents reported that their accommodation was comfortable, while all eight residents agreed that they had adequate food storage and preparation facilities, and that they had easy access to a choice of food shops.

The observations of the inspectors and views of residents outlined in this section are generally reflective of the overall findings of the report. While staff endeavoured to provide person-centred care, a number of improvements were required in relation to risk management systems and the assessment of vulnerabilities. The next two sections of this report present the inspection findings in relation to governance management in the centre, and how governance and management affect the quality and safety of the service being delivered.

Capacity and capability

This was the third inspection of the Cúirt Uisce Accommodation Centre and was unannounced. This inspection focused on assessing compliance with the national standards and monitoring the provider's progress with the compliance plan submitted in response to the previous inspection of the centre carried out in April 2025 (MON-IPAS-1096).

The service provider was responsive to the findings and risks identified during the previous inspection of the centre. The staff and management team demonstrated an understanding of the relevant legislation, regulations, and the national standards and polices. Additional systems were being developed to support the continued implementation of the national standards and relevant policies in the centre. Nonetheless, a statutory notification required by the regulations had not been reported to HIQA. In addition, the systems in place to manage risk and assess special reception needs required further development to ensure that safe and good-quality services were being consistently provided, and that the needs of residents were appropriately identified and met.

There were clear governance and management arrangements in place. The centre manager reported to the service provider representative, who had management oversight of a number of centres. Detailed handover logs were maintained between the staff and management team, which ensured that appropriate follow-up actions were taken, where required. The service provider operated an on-call system whereby management support was available at evenings and weekends. Written reports were prepared by the centre manager on a weekly basis, which provided a comprehensive overview of the activities, risks, complaints and concerns in the centre. The inspectors found that these reports were reviewed and discussed at the weekly management meeting with the service provider representative. The found that the actions required were then agreed upon. Regular staff and management team meetings were held, and issues including fire safety, risks, complaints and safeguarding were discussed as standing agenda items. While this was good practice on the part of the service provider, the actions required following management and staff meetings and the person responsible was not clearly recorded on a consistent basis. This created a challenge for the service provider to ensure that the required actions were completed as agreed. The service provider representative agreed to address this in future meetings.

The inspectors found that steps had been taken to strengthen the oversight systems in the centre. Internal audits to review the quality of the services provided within the centre had commenced, and actions had been identified following these audits. The

service provider representative had oversight of the actions required and the timelines for completion through a newly introduced electronic system. A detailed quality improvement plan had been developed, and a self-assessment questionnaire had been reviewed by the management team to identify areas that required further action. The inspectors were told that the annual review of the service and associated quality improvement and development plan was due to commence. There was evidence of good consultation with residents. A detailed residents' survey had been carried out, and residents' meetings were held on a regular basis. Residents told the inspectors that the staff were open to receiving feedback on the service. Notwithstanding, the weekly welfare checks carried out by staff had not identified a situation whereby a child was sleeping in a cot with no mattress. This matter was addressed by the centre staff during the course of the inspection.

The service provider had a complaints policy and process in place, and details of this process were regularly shared at residents' meetings. While complaints were managed in a timely manner, there was no centralised system to ensure oversight of all complaints made by residents living in the centre. For example, verbal complaints were recorded in the manager's diary, and there were limited records held of how these complaints were investigated and resolved, or if the complainant was informed of the outcome. This was a missed opportunity for the service provider to ensure effective oversight of complaints and to track complaints over time to identify trends.

The inspectors found that there were appropriate systems in place to manage the risk of fire. Staff and residents had participated in fire drills in line with the requirements of local policy, and fire safety procedures were discussed at residents' meetings. The service provider had contingency plans in place; however, the inspectors found that some of these plans did not relate to the Cúirt Uisce accommodation centre and needed to be reviewed. There was a comprehensive risk management policy and electronic risk register in place, which took account of risks relating to the service, residents and the premises. The inspectors were told that the risk register was updated monthly and risk management was a standing agenda item at meetings. Notwithstanding, a review of the risk register found that some control measures were not accurate or had not been implemented in practice. For example, a risk assessment completed in relation to the room configurations for a family did not reflect the actual composition of the family living in the centre. In addition, daily welfare checks for a second family that were recorded as a control measure on their risk assessment had not been carried out in practice, and the risk assessment for this family had not been updated to reflect changes to their circumstances.

Staff support and supervision sessions had not been consistently provided in line with the requirements of the national standards. In addition, the quality and recording of the supervision sessions which were provided, required improvement as they did not

ensure that there was appropriate oversight of practice in the centre, and that the required actions were completed and tracked over time. The service provider representative told the inspectors that a schedule of quarterly supervision was being developed for all staff for the year ahead, and that a new supervision template was being implemented to ensure consistency. Annual appraisals had been completed for staff who worked in the centre for the 12 months prior to the inspection. A review of the documents found that there was overlap between the supervision and staff appraisal processes, and clarity was required to ensure that staff and management had a clear understanding of the purpose of the two individual processes.

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 was responsive to the findings and risks identified during the previous inspection of the centre. Local policies and procedures had been revised and further developed. The staff and management team demonstrated a good understanding of the relevant legislation, regulations and national standards and polices. However, statutory notifications required by the regulations had not been consistently reported to HIQA and the process for assessing special reception needs could not provide adequate assurance to the service provider that residents' needs were addressed.

Judgment: Partially 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 governance and management arrangements in place, and the service provider representative had oversight of the services being provided in the centre. Key issues, including fire safety, risks, complaints and safeguarding, were held as standing agenda items at meetings across the service. While regular staff and management meetings took place, the actions required following these meetings and the person responsible were not clearly recorded on a consistent basis. This created a challenge for the service provider to ensure that the required actions were completed as agreed. Weekly welfare checks had not identified a situation whereby a child did not have the necessary mattress for their cot. There was evidence of good consultation with residents, and details of the complaints process were regularly shared at residents' meetings.

However, there was no centralised system to ensure oversight of all complaints made by residents living in the centre. While verbal complaints were recorded in the manager's diary, there were limited records held of how these complaints were investigated and resolved, or if the complainant was informed of the outcome.

Judgment: Partially 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, which was made available to residents in different languages. However, the charter had not been updated to accurately reflect the recent staff changes in the centre.

Judgment: Substantially Compliant

Standard 1.4

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

The service provider had taken steps to review the quality of services provided and the experience of residents living in the centre. Internal audits of various areas of practice had commenced, and actions had been identified following the completion of these audits. The service provider representative had oversight of the actions required and the timelines for completion through a newly introduced electronic system. A detailed quality improvement plan had been developed, and the annual review of the service and associated quality improvement and development plan was due to commence for the year ahead. A detailed residents' survey had also been carried out by the management team.

Judgment: Compliant

Standard 2.1

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

Generally, there were safe and effective recruitment practices in place. The recruitment policy had been updated to reflect the requirements of the IPAS child protection policy. Staff files contained the required documentation, and all staff had An Garda Síochána (police) vetting disclosures on file, and international police checks had been obtained where necessary. Where required, risk assessments had been completed in relation to Garda vetting disclosures and the availability of international police checks. Induction training had not commenced in the centre at the time of the inspection. The service provider representative had identified this as an area for improvement through the internal audit system and had put a plan in place to address this.

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 support and supervision had not been consistently provided in line with the requirements of the national standards. The quality and recording of the supervision sessions which had taken place did not ensure that there was appropriate oversight of practice in the centre, and that the required actions were completed and tracked over time.

While annual appraisals had been completed for staff, there was overlap between the supervision and staff appraisal processes. Clarity was required to ensure that staff and management had a clear understanding of the purpose of the two individual processes.

Judgment: Partially Compliant

Standard 2.4

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

53% of staff had received the mandatory training required by the national standards to support them in their roles, including adult safeguarding and child protection training. A training matrix had been completed and was being updated at the time of the inspection to include the dates when refresher training was required. The service provider representative told the inspectors that this would include an alert system for when training was due to be completed. However, a detailed training needs analysis had not

been completed with all staff, and there was no plan in place for when outstanding training would be completed.
Judgment: Substantially Compliant
Standard 3.1 The service provider will carry out a regular risk analysis of the service and develop a risk register.
There was a comprehensive risk management policy and an electronic risk register in place. However, the risk register had not been consistently updated following specific incidents that had occurred in the centre, and some of the control measures recorded were not relevant to the centre or had not been implemented in practice. There were appropriate systems in place to manage the risk of fire, and information on fire safety was regularly discussed at staff and residents' meetings. While there were contingency plans in place, some of these plans did not relate to the Cúirt Uisce centre.
Judgment: Partially Compliant

Quality and Safety

The inspectors found that the service provider was committed to ensuring a safe service was provided to residents and that feedback received from residents was followed up on. Residents were supported to live independently in good-quality accommodation while integrating into the local community. The staff team were committed to ensuring that residents' needs were met in a person-centred manner, and residents felt safe living in the centre. However, the systems in place to assess special reception needs and vulnerabilities required improvement to ensure that residents' needs were identified, appropriately managed and updated over time.

The provider ensured that families were accommodated in their own independent apartments. Each apartment had a kitchen, laundry facilities and living space, which supported the privacy and dignity of family life. The room allocation policy had been updated following the previous inspection to provide guidance on the management of requests to change apartments.

However, in one of the apartments observed by the inspectors, the residents' right to privacy was negatively impacted through the necessity of children of different ages and genders sharing a bedroom. While the service provider had previously liaised with IPAS regarding the accommodation needs of other families, they had not done so in this situation. In addition, the inspectors observed that one child was sleeping in a cot that did not have the appropriate mattress. This was brought to the attention of the centre manager and was immediately addressed.

The service provider was committed to promoting the rights of residents and ensuring their needs were accommodated in a timely manner. The inspectors observed examples of good practice where staff took additional steps to ensure they met the individual needs of residents, where they were known. Residents who spoke with the inspectors said that the staff team regularly sought feedback on the service provided. Residents were consulted with at residents' meetings, and there was a suggestion box located 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. Following the previous inspection by HIQA, the service provider had developed a policy regarding the use of verbal warnings in the centre. This was 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. A record of verbal warnings was also maintained by the management team.

A review of the provision of non-food items found that practices in the centre had improved following the previous inspection. One resident told the inspectors that the

provision of these goods had improved, and the inspectors observed that security staff were able to provide these items to residents in the evenings and at weekends, ensuring that residents' needs were met. However, the service provider had not adequately considered family size when allocating toiletries and personal hygiene products to ensure transparency and fairness in relation to the provision of these items. In addition, consultation with residents was required to ensure that the products provided addressed their needs, particularly in relation to the provision of nappies and wipes. Some residents told the inspectors that there were times when they needed to purchase additional products as those supplied by the centre were not suitable for their needs.

The inspectors found that there were satisfactory safeguarding arrangements in place to ensure the safety and welfare of adults and children. Dedicated designated liaison persons had been appointed, and there were policies, procedures and safeguarding statements in place. Child protection concerns were appropriately managed and reported, and additional support services had been made available to residents, where required. The service provider had implemented a log to provide oversight of child protection referrals; however, the inspectors found that two similar logs were being maintained at the time of the inspection. This created a risk for the service in ensuring appropriate oversight of referrals made and monitoring the stage at which these referrals were at. There were appropriate arrangements in place to allow residents to supervise each other's children when required. There were no adult safeguarding concerns at the time of the inspection.

There was an incident management policy in place. Incidents were managed locally where possible, and reported to IPAS where required. Incidents that had occurred in the centre were reported to the service provider representative in the weekly reports and actions required were agreed upon at management meetings. Nonetheless, there was limited evidence that incidents and adverse events were trended over time or reviewed for learning.

A suitably qualified reception officer was employed in the centre. There was a policy on the identification of special reception needs and a reception officer policy and procedure manual in place. The policy and the reception officer manual required further development to ensure that staff had clear and accurate information to support them in their roles. For example, neither the policy or the manual provided details on the reception officer clinics, the referral pathway or the timelines for completing and updating vulnerability assessments. In addition, some information contained within the reception officer manual did not relate to the centre.

The reception officer had endeavoured to assess the needs of residents. All 13 families had an initial vulnerability assessment completed when they arrived at the centre. At the time of the inspection, follow-up vulnerability assessments had been offered to residents. The reception officer told the inspectors that some families had chosen not to take part in these follow-up assessments. The reception officer also held on-site clinics for residents where they could avail of support, as required. Records were maintained of this contact, and there was a system in place to maintain oversight of the status of the vulnerability assessments. A review of the completed assessments found that some were limited in the information they contained. While residents were referred to relevant support services and incidents were reported appropriately, vulnerability assessments had not been updated following significant events or incidents taking place, such as a child protection or welfare concern arising. In addition, though staff had received the relevant training to support them in identifying special reception needs, there were limited opportunities for staff to share examples of best practice and lessons learned.

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.

Suitable, homely accommodation was provided to residents based on their needs, where possible. A transparent room allocation policy had been developed, which also provided guidance on the management of requests to change apartments.

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 in individual apartments, which promoted independence and family life; however, residents' right to privacy was impacted due to the sleeping arrangements for some children of opposite gender. The service provider did not have a plan in place to manage this situation in the longer term and had not liaised with IPAS regarding this situation. In addition, the inspectors observed that one child was sleeping in a cot that did not have the appropriate mattress.

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.

Crèches, preschools, and schools were available within walking distance of the centre, or were accessible by public transport. English language classes were provided for residents living in the centre. There was no homework club in the centre despite a need for one having been identified by the service provider. Not all parents were aware of, or had accessed, school-based homework clubs. Older children were facilitated to use the multipurpose room to study, where appropriate. The necessary equipment had been made available to residents to ensure they had access to Wi-Fi within their apartments.

Judgment: Substantially Compliant

Standard 4.7

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

The environment of this accommodation centre was clean and promoted a good quality of life for residents. There were laundry facilities available within each apartment, which created a normal living arrangement and allowed families autonomy in washing and drying clothes. The apartments within the centre had been freshly painted and decorated as part of the ongoing maintenance and upkeep plan that the service provider had developed and implemented.

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 told the inspectors that they felt safe living in the centre. Security risk assessments had been completed, and security staff had the required licenses to carry out their roles. Residents were facilitated to have visitors to their accommodation and also had access to a private room where closed-circuit television was not in operation.

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 not adequately considered family size when allocating toiletries and personal hygiene products to ensure fairness in relation to the provision of these items. Consultation with residents was required to ensure that the products provided addressed their needs, particularly in relation to the provision of nappies and wipes.

Judgment: Substantially 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 access to adequate food preparation, cooking and dining facilities within their own apartments. Each apartment was 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.

Residents were provided with prepaid cards for local food shops, including culturally specific shops, which facilitated residents to purchase their own groceries.

Judgment: Compliant

Standard 6.1

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

The service provider was committed to promoting the rights of residents and ensuring their needs were addressed in a timely manner. The inspectors observed examples of

good practice where staff took additional steps to ensure they addressed the individual needs of residents, where they were known. Residents were consulted with at residents' meetings, and there was a suggestion box located in the centre. Feedback provided by residents was considered by the service provider. A new policy had been developed to ensure fairness and transparency in relation to the use of verbal warnings 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.

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. The service provider facilitated residents to welcome visitors into their apartments, and also provided a room where residents could meet with visitors in private outside of their apartment, if necessary.

Judgment: Compliant

Standard 7.2

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

The service provider ensured that residents had access to public services and community supports. Adequate public transport was available in the area due to the location of the centre, and support was provided to residents with transport to medical appointments, as 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 an appropriate adult safeguarding policy in place. Staff were appropriately trained in adult 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.

There was an appropriate child safeguarding statement and policy in place. All staff members had completed the required child protection training, and designated liaison persons were in place. Child protection concerns were appropriately managed and reported, and residents were referred to support services in the area, where necessary.

The service provider had two child protection logs in place at the time of the inspection, which created a risk for the service in terms of ensuring appropriate oversight of referrals made and monitoring the stage at which these referrals were at.

Judgment: Substantially Compliant

Standard 8.3

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

There was an incident management policy in place, and incidents were managed appropriately. Incidents were reported to the service provider representative in the weekly reports, and actions required were agreed upon.

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.

Residents had information and access to the supports they required with regard to their health, wellbeing and development. There was a local arrangement in place to ensure residents could have their medical needs addressed while awaiting the allocation of a doctor.

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.

The staff team had received training to support them to identify and respond to emerging and identified needs of residents, and supports were provided in a person-centred manner. Nonetheless, there were limited opportunities for staff to share examples of best practice and lessons learned as a team.

Judgment: Substantially Compliant

Standard 10.3

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

The policy in place regarding the identification and assessment of special reception needs did not provide adequate guidance to staff to ensure they had clear and accurate information to support them in the identification of needs. A review of the completed assessments found that they were limited in the information they contained and did not provide a comprehensive assessment of the needs of the individual residents. Updated vulnerability assessments had been offered to all residents in the months prior to the inspection, and a system had been implemented to provide an overview of the status of these. Where new needs or concerns emerged for some residents, a vulnerability assessment had not been updated.

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.

There was a suitably qualified reception officer employed who was an active member of the management team. The reception officer manual did not provide a comprehensive overview of the reception officer role, and some of the information contained within the manual did not relate to the centre. The reception officer was available to residents through clinics in the centre and welfare visits. A referral pathway to the reception officer had also been established, where staff identified residents who had special reception needs.

Judgment: Substantially Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Substantially Compliant
Standard 1.4	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Substantially 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	Substantially Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Substantially 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	Substantially Compliant
Standard 8.3	Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Substantially Compliant
Standard 10.3	Partially Compliant
Standard 10.4	Substantially Compliant

Compliance Plan for Cúirt Uisce Accommodation Centre

Inspection ID: MON-IPAS-1125

Date of inspection: 19 and 20 January 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
1.1	Partially Compliant
Outline how you are going to come into compliance with this standard: A review of statutory notification reporting will be done to ensure all notifications are sent to HIQA within the necessary timeframe as per the regulations. Implementation of a policy by the service provider to assess residents' needs along with the continuity of liaising with IPAS in advance of new arrivals to establish any reception needs where they are not shared in advance. This will ensure all needs are addressed	
1.2	Partially Compliant
Outline how you are going to come into compliance with this standard: A review of staff and management meetings will be conducted to ensure documentation for these meeting clearly indicates actions and responsibilities are recorded where necessary along with a follow-up to ensure they have been acted on as outlined. Weekly welfare checks have been reviewed, whereby a resident advises they are okay and require no assistance or have nothing to report staff will further engage with them to ensure they have any items appropriate to them or their children.	

A comprehensive review of the complaints procedure will be conducted to include an oversight system, and an extended record of verbal complaints received such as the outcome and further engagement with the complainant.

2.3	Partially Compliant

Outline how you are going to come into compliance with this standard:

A review will be conducted of staff support and supervision meetings and templates used for these to ensure they are uniform and clearly identifiable. A review of the policy and amendments to the policy will ensure all staff will have a clear understanding of the purpose of the staff support and supervision meetings and the appraisals.

3.1	Partially Compliant

Outline how you are going to come into compliance with this standard:

A comprehensive review of the risk register will be conducted to ensure it is updated where necessary and that both the risk register and contingency plans are relevant to the Centre and service.

4.4	Partially Compliant

Outline how you are going to come into compliance with this standard:

Sleeping arrangements for children of opposite genders have been reviewed and IPAS have been consulted on the matter. As the accommodation is a two-bedroom apartment and is in line with Local Authority, IPAS and IPPS standards the sleeping arrangements in place are adequate.

We will engage with IPAS on any further concerns that arise in relation to children of opposite genders sharing a room in own door accommodation and follow the advice shared with us.

A review of cots in the Centre will ensure that the appropriate mattress is being used.

10.3	Partially Compliant

Outline how you are going to come into compliance with this standard:

A policy will be introduced to ensure all staff have adequate information and support on identifying and assessing special reception needs.

Continued engagement with the residents to encourage them to avail of an assessment and updated assessments for new needs identified will be conducted.

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	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.	Partially Compliant	Orange	30/08/2026
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.	Partially Compliant	Orange	30/08/2026
Standard 2.3	Staff are supported and supervised to carry out their	Partially Compliant	Orange	31/12/2026

	duties to promote and protect the welfare of all children and adults living in the centre.			
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	30/09/2026
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	01/05/2026
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	30/09/2026