



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

Name of the Centre:	Athlone Accommodation Centre
Centre ID:	OSV-0008414
Provider Name:	Aramark
Location of Centre:	Co. Westmeath
Type of Inspection:	Unannounced
Date of Inspection:	03/03/2025 and 04/03/2025
Inspection ID:	MON-IPAS-1083

Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a national¹ and international level² since that time. In response, the Irish Government took certain steps to remedy this situation.

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

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

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

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent⁴ International Protection Accommodation Service centres against national standards on 9 January 2024.

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

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

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

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

About the Service

Athlone Accommodation Centre provides accommodation for families seeking international protection. The centre is located on the outskirts of Athlone in County Westmeath and is in close proximity to local services and amenities.

The centre has capacity to accommodate 300 people in 100 mobile homes onsite. Each family is accommodated in either a two-berth or three-berth mobile home. Each mobile home has a small living and kitchen area, a bathroom, and either two or three small bedrooms. Residents can avail of communal facilities onsite such as laundry, entertainment rooms, playgrounds and playing pitches.

The centre is managed by a centre manager who reports to a regional manager. The management team also includes an assistant manager, a maintenance manager, a shop manager and a reception officer. The centre manager oversees a team of 27 staff members including housekeeping staff, maintenance staff and groundskeeping staff, reception staff and security.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	156
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How we inspect

This inspection was carried out to assess compliance with the *National Standards for accommodation offered to people in the protection process* (2019). To prepare for this inspection, the inspector reviewed all information about the service. This includes any previous inspection findings, information submitted by the provider, provider representative or centre manager to HIQA and any unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- talk with staff to find out how they plan, deliver and monitor the services that are provided to residents
- speak with residents to find out their experience of living in the centre
- observe practice to see if it reflects what people tell us and
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service provider is complying with standards, we group and report under two dimensions:

1. Capacity and capability of the service:

This section describes the leadership and management of the service and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the service people receive and if it was of good quality and ensured people were safe. It included information about the supports available for people and the environment which they live.

A full list of all standards that were inspected against at this inspection and the dimension they are reported under can be seen in Appendix 1.

The inspection was carried out during the following times:

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
03/03/2025	11:30–18:30	1	2
04/03/2025	08:30–16:30	1	1

What residents told us and what inspectors observed

From speaking with residents and through observations during the inspection, residents were well supported while living in Athlone Accommodation Centre. The staff team were dedicated to providing a person-centred service and residents reported that they felt safe living in the centre. Residents could avail of good facilities in the centre and were encouraged to live independent lives.

While it was evident that upgrade works were ongoing to mobile homes, living arrangements were not adequate to meet the needs of some residents. Mobile homes were often cramped due to their size and residents did not have suitable space in many instances to store their belongings. While staff did their best to improve living conditions for residents, the type of accommodation provided in this centre did not fully support some residents' rights and impacted on the wellbeing and overall quality of life for families.

This inspection took place over two days. During this time the inspectors spoke 18 adults and four young people and met with 22 children living in the centre. The inspectors also spoke with the centre manager, regional manager, the shop supervisor, reception staff, the security manager and security staff.

Accommodation was provided to residents across 100 mobile homes and at the time of the inspection, there were 156 residents at the centre, 89 of whom were children. Residents had own-door accommodation, facilitating families to live as independent units. Mobile homes were self-contained and were either two-berth or three-berth in size. Each mobile home had kitchen facilities, a small bathroom and small living area, and either two or three bedrooms. At the time of the inspection, Athlone Accommodation Centre provided accommodation to families.

On arrival at the centre, the inspectors found the centre to be clean and well maintained. There were a number of colourful murals on the walls of the main building, which added to an already welcoming environment in the centre. The main building contained a reception area, offices, a shop, laundry facilities, meeting rooms, recreational rooms, staff canteen and a kitchen area. There was a medical centre next to the main building where medical practitioners could attend to resident's onsite. The car park next to the main building was available to staff, residents and visitors.

Residents' mobile homes were in easy reach of the main building and this area was separated from the main building by a picket fence and roadway. The outdoor communal area was well maintained and included outdoor playgrounds for children, hopscotch, outdoor pitches and some outdoor gym equipment for residents to use. The outdoor play spaces were away from traffic and some were fenced, ensuring a safe environment for children to enjoy.

Staff members were observed working hard to ensure that families had a good a quality of life as possible while living in the centre. The inspectors were told of events that had been arranged for International Women's Day and to celebrate various religious festivals. The inspectors observed posters advertising "Fun Friday's" for children and young people and heard of how residents received presents from the service provider at Christmas and chocolates for Valentine's Day.

There was a comprehensive two-day induction programme for residents on their arrival to the centre, which included a video that explained all about the centre and the services available to them. This video was available in a number of different languages, making it accessible to everyone. Residents' wellbeing was a priority for staff members and they ensured that everyone had access to medical care and support services to meet their needs. Some residents told the inspectors of examples where staff had been supportive to them and ensured they received the care and attention they required.

Residents purchased their groceries from the onsite shop. This shop was clean and was well stocked with a variety of brands for residents to choose from. If residents wanted to purchase an item that was not available in the shop, they could submit a request form to the shop supervisor who would endeavour to source it for them. The inspectors were informed of a new click and collect service which was available to residents to order their groceries and collect at a time that suited them. Although the shop was only open until 15:00 each day, residents could contact staff outside of these hours if they needed to purchase something from the shop and staff would facilitate this. The inspectors found that residents had to use their allocated points to purchase some non-food items such as cleaning products and toiletries, which was not in line with the requirements of the national standards.

Feedback from residents in relation to the centre was generally positive. Residents who spoke with the inspectors said that they felt supported by the staff team and that they felt safe living in the centre. Residents were particularly complimentary of staff members and the management team, saying; "It's like a huge embrace from the manager and staff every time we meet them", "they're so kind" and "Irish people have been very kind and welcoming to us". The majority of residents said that they felt they could talk to staff and raise concerns with them and they were very aware of the open-door policy that management and staff had for residents should they wish to come to them about something.

Many residents told the inspectors that while they were happy with having their own self-contained accommodation, they lived in cramped conditions which limited their family life considerably. Some residents said; "Children can't even move in their beds they are so small", "conditions are cramped and I've nowhere to study or complete college work".

Some residents spoke of the lack for storage in their homes and how the need to store children's toys and baby equipment prevented them for sharing meals together at a dining table because they had to sacrifice dining chairs due to limited space. Some residents spoke of their deep concern about the damp conditions and poor ventilation in the mobile homes, which they felt had caused their families to become ill. The inspectors were told by residents that staff were doing their best to support them in this situation and that maintenance staff team had gone to great efforts to remove mould from mobile homes and improve living conditions for them.

While the primary function of the centre was to provide accommodation to people seeking international protection, of the 156 residents living in the centre at the time of the inspection, 13 had received refugee status or had valid permission to remain in Ireland. While the majority of residents were complimentary of the service provided to them in this centre, many wanted to rent or purchase their own homes in the area, and spoke of the struggle to find accommodation. Some spoke of the distress caused to them and their families due to housing shortages, saying; "We feel we have let our children down", "We are stuck. We can't help our children", "We've been looking for two years for a place", and "It feels like we're never going to find a home". Some residents told the inspectors that centre staff had provided them with contact details for housing agencies, however, they were not having much success in progressing to renting or owning their own homes. The inspectors observed children playing in their homes and around the centre, however, many were too young to share their views with the inspectors.

In addition to speaking with residents, the inspectors received six completed questionnaires from residents, five from adults and one from a child. The questionnaires asked for feedback on a number of areas including safeguarding and protection; complaints; residents' rights; staff supports and accommodation. Of the five adults who completed the questionnaire, three residents said that they felt happy living in the centre and all residents said that they felt safe living there. Four residents said that they knew how to raise a safeguarding complaint or concern and only two residents knew who the designated liaison person and designated officer was.

Although two residents said that they didn't know who the complaints officer for the centre was, all residents said that they would feel comfortable making a complaint if they needed to. One resident said that they did not feel that management sought to involve and consult with them about the operation of the centre and about matters which affected them. All residents said that they could access the centre manager when they needed to, that the management team were supportive of them and that staff members were easy to talk to. Residents said that staff members were helpful and provided assistance to them when required.

In summary, the inspection found many good areas of practice in this centre and it was evident that the management and staff teams were dedicated to promoting and protecting residents' rights. Residents had good relationships with staff members and reported that they felt safe and secure living in the centre.

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

Capacity and capability

This was the second inspection of Athlone Accommodation Centre by HIQA. The provider had put in place a dedicated management team, who were committed to supporting residents and providing them with a good quality service. The inspection found there to be many areas of good practice, with notable significant improvements across many standards since the time of the previous inspection. There were some areas requiring further improvement, including, the management of risk and in the development of local policies and procedures.

The management team demonstrated a good understanding of the national standards, legislation and regulations. At the time of the inspection the service provider was in the process of developing a quality improvement tool to facilitate a comprehensive audit of the service, to self-assess compliance with the national standards. The team had undertaken a number of actions in response to the compliance plan following HIQA's first inspection of the centre, which was supported by a detailed action log. This action log was time bound and included detail on the status of each action, allowing for oversight of implementation. At the time of the inspection, all actions identified within the compliance plan response were either complete or in the process of being completed.

The inspection found that while a number of policies and procedures had been developed, policies or procedures were not available for all areas required, for example a substance misuse policy for residents, and some lacked the detail required to provide the appropriate level of guidance to staff, for example in relation to risk management.

There was a clear governance structure in place and the centre manager provided effective leadership. It was evident to the inspectors that the culture within the centre was positive, that staff were informed within their roles and that resident wellbeing was prioritised. The inspectors observed many positive interactions between staff and residents during the inspection.

Formal reporting structures had been implemented since the previous inspection and the centre manager met with individual staff members on a weekly basis at performance meetings. This provided staff with an opportunity to discuss incidents, safeguarding concerns, any complaints received, welfare concerns for both staff and residents, and training compliance among other items. Individual staff performance records contributed towards the content of the managers' monthly performance report which was shared with the regional manager for appraisal on efficient operations of the site. Management informed the inspectors that these performance reports will form the

basis of the annual review of the quality, safety and care delivered to residents going forward.

The centre manager had good oversight of activities undertaken in the centre to ensure it was clean and well maintained. Weekly checks of mobile homes were undertaken by staff and there was a maintenance log to keep track of any work that was required. A recent audit of accommodation undertaken identified a number of improvements required including the need for better quality mattresses and bed linen, new storage for family belongings outside of their mobile homes, storage for bikes and a new barbeque. A system was in place to track maintenance requests made by residents and there was evidence that maintenance issues were dealt with promptly and effectively.

While there was evidence that team meetings and management meetings were taking place; and some key items such as risk, incidents and safeguarding were being discussed; the detail recorded within meeting minutes was limited and the frequency of meetings was disjointed. Management informed the inspectors that there was a commitment to holding monthly team meetings for 2025, and this was evidenced by meetings having taken place in January and February of 2025.

A quality assurance system to monitor the quality of service provided to residents was being further developed at the time of the inspection. Consultation with residents was taking place to obtain their feedback on the service being provided to them and although there was no residents committee in place, there were plans for regular engagement with residents through written and online surveys. While the response at the time of the inspection was limited, the feedback obtained from residents was being compiled to inform actions to improve the service.

The reception officer had arranged a number of events for residents to gather at the centre and these gatherings were used as an opportunity to check-in with residents and share information on a range of topics relevant to them. There was an open door policy in the centre, whereby residents could meet with a member of staff whenever they needed to. There were also scheduled appointments where residents could arrange to meet with the centre manager or reception officer at a time that suited them. A suggestion box was available to residents to raise concerns or queries should they so wish.

A comprehensive residents' charter was in place and was available to residents in a range of languages. When residents arrived at the centre they were provided with a welcome pack and invited to engage in a detailed induction programme, which informed them about the centre, the services available to them and their entitlements while residing at the centre, in a language that they could understand.

There was a robust system in place for the management of formal and informal complaints. The management team maintained a log of all complaints or concerns received and actions taken in response to complaints were visible on the log. The inspectors observed this log and it was evident that there was good oversight, with any complaints which remained open at the end of a calendar month being carried over to the next month for follow-up.

There was a system in place for the management of risks, but not all risks present in the centre at the time of inspection had been identified and included on the risk register. A risk management policy and procedure document was in place, but this lacked the detail required to support staff in consistently identifying and managing risks. Risk assessments had been undertaken for a broad range of risks and while all risk assessments included some control measures, not all control measures appropriate to support the comprehensive management of that risk were included. It was difficult to ascertain the nature of some risks due to the absence of detail provided on the risk register and they had not been risk rated. Furthermore, not all risks documented in risk assessments or through review of incidents were included in the risk register, for example, risks to residents due to protests at the entrance to the centre. With regard to the assessment of individual residents' needs, not all individual needs had been risk assessed or included on the risk register when required.

The service provider had adequate systems in place to manage the risk of fire. The service provider had contingency plans in place in relation to, for example, water, gas and electricity, but additional contingency plans were required as per the standards, for example unavailability of food supply or unavailability of beds or accommodation due to interruptions. Furthermore, while it was good practice that contingency plans had been developed, these required further detail in order to guide staff in the event of unforeseen circumstances.

There were safe and effective recruitment practices in place for staff. The service provider had ensured that all staff had up-to-date Garda vetting and international police checks had been obtained for staff members where relevant. For the most part, staff files contained all relevant information, however, not all staff employed since the previous inspection had the required number of written references in line with national policy and contracts of employment were not available in all staff files.

A formal appraisal system was in place for staff. A standardised template was used for documenting staff appraisals, however, records did not include written feedback for staff members on their performance to supplement the current rating system that was in place. The management team implemented a supervision process for staff members and it was evident that staff were supported in their roles. While the template for supervision meetings demonstrated opportunity for staff to provide feedback, for

example, in relation to what was working well and not so well and what ideas or suggestions staff members had for improving the service provided to residents, there was limited opportunity for management to review a staff member's performance within their role. Management explained that weekly performance meetings provided further opportunity to review staff members' performance. Despite these good practices, detailed records were not maintained to demonstrate effective supervision of all staff members.

There were a number of examples of initiatives to support staff wellbeing, including a monthly newsletter to staff which included access to blogs, podcasts and recipes to support a healthy lifestyle. Staff members also completed 'safe briefs' on various health and safety related topics such as lone working, fire safety and food safety.

While progress has been made in relation to staff training since the first inspection of the centre, further improvements were required. There was no formal training needs analysis undertaken, but the management team had compiled a list of training that they wanted staff to complete. Despite this, not all staff had completed the required training as per the national standards. Management explained that plans were in place to further develop the existing training matrix, which would facilitate more effective oversight of training for all staff.

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 in line with relevant legislation, regulations and national policy. Staff and management had good knowledge of the national standards. At the time of the inspection a comprehensive audit tool was being developed and a number of smaller audits had taken place to assess the performance of the service. A number of policies had been developed since the previous inspection, however, some required further detail in order to effectively guide staff within their roles.

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 centre was managed by a dedicated management team, who were committed to delivering a safe service to residents. While the management team had developed monitoring and oversight systems, some required further development. There was a comprehensive complaints management system in place and management demonstrated good oversight of this. However, the centres risk management system required further development to ensure that all risks within the centre were captured on a centralised system to allow for effective oversight.

Judgment: Substantially Compliant

Standard 1.3

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

There was a residents' charter in place in the centre and residents who were new to the centre were invited to engage in a comprehensive induction programme on arrival.

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.

A quality assurance system to monitor the quality of care provided to residents was in the process of being further developed at the time of the inspection. Resident surveys had been conducted to obtain resident feedback on the service being provided to them, however, engagement from residents was limited. A suggestion box was available to residents and it was evident that where residents raised concerns directly with staff, action was taken to improve that aspect of the service. At the time of the inspection there was no residents committee in place.

Judgment: Substantially Compliant

Standard 2.1

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

There were safe and effective recruitment practices in place for staff and management. The service provider had received Garda vetting disclosure for all staff and international police checks had been obtained for all staff where relevant. There were written job descriptions on file for all staff. However, in some cases there were no written employment contracts available in staff files.

Judgment: Substantially Compliant

Standard 2.3

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

Staff were supported by management to carry out their duties. Staff demonstrated a clear understanding of their roles and responsibilities. A formal performance appraisal system was in place, however, appraisal records did not contain sufficient detail including actions arising in performance meetings. All staff engaged in supervision meetings and weekly performance meetings with a member of the management team, however, the records of these meetings were not sufficiently detailed.

Judgment: Substantially Compliant

Standard 2.4

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

Some progress had been made in relation to staff training since the previous inspection, however, further improvements were required. Not all staff had completed the required training as outlined in the national standards. Management had identified additional training that would be beneficial to staff in fulfilling their roles and there was a commitment from management to place greater emphasis on staff training during 2025.

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 risk management policy and a risk register in place, however, improvements were needed. The risk register did not include all potential risks in the centre, or indeed did not include all risks identified through risk assessments carried out. While there were service continuity plans in place, these required further detail in order to guide staff in the event of an unforeseen circumstances.

Judgment: Partially Compliant

Quality and Safety

Residents in the centre were well supported and had access to good facilities onsite. The inspectors observed interactions between staff and residents throughout the inspection. Staff treated residents with kindness and consideration and it was evident that residents' wellbeing was a priority in this centre. Residents had access to a range of health and social care services and every effort was made by staff to ensure that residents engaged with the services that they required. Although there were obvious improvements in the quality of the accommodation provided since the previous inspection, some residents' rights were still impacted by the type of accommodation provided at this centre. Safeguarding concerns were managed in line with national policy requirements.

Accommodation at this centre was provided through an own-door approach and facilitated residents in living independently. While own-door accommodation promoted privacy for residents, the size and layout of the mobile homes did not meet the minimum requirements of the national standards. Notwithstanding this, notable improvements had been made by the provider to mobile homes since HIQA's first inspection. There was an ongoing programme of maintenance and refurbishment works to mobile homes and the inspectors observed a copy of the maintenance log which detailed works planned and undertaken. At the time of inspection approximately half of mobile homes onsite were vacant. For the most part, mobile homes visited were well maintained and in a good state of decorative repair. The provider had developed a policy to support the effective management of mould, and this was evidenced by a significant reduction in the level of mould observed in mobile homes visited. Weekly accommodation checks were being undertaken and these were proving effective in identifying maintenance issues to be followed-up on.

The provider had developed a statement outlining the family cohort which could be accommodated in the centre. Mobile homes were either two-berth or three-berth in size, and allocation of accommodation was supported by an accommodation allocation policy which ensured that mobile homes were offered to residents based on their individual family size. The centre had carried out a comprehensive assessment of capacity and ability to meet the needs of their resident cohort. The centre manager provided examples of where the relevant government department had been contacted when accommodation in the centre did not meet the needs of residents. Furthermore, management supported residents in moving to alternative accommodation within the centre as and when their family needs changed, for example if the size of the family increased and there was a requirement for an additional bedroom.

While upgrade works had been undertaken to improve the quality of each mobile home, the size of mobile homes still posed limitations to normal family life. For example some families did not have space for sufficient numbers of dining chairs to seat the whole family at the table due to needing the space to store other items. Although there was only one example of a young child sharing a bed with a parent, the size of the beds and bedrooms were significantly smaller than the minimum space requirements defined within the national standards, and this impacted significantly on residents, and in particular on older children, as beds were not of a sufficient size or suitable for long-term living.

As part of the audit of accommodation undertaken by the centre manager, storage for residents' belongings was noted as an area for improvement. Space within the mobile homes was limited and it was noted by the inspectors that some families had to store bicycles and baby equipment in their living area, in the absence of an alternative storage space. Although the provider had sourced some storage for outside of mobile homes, many of these storage containers had been damaged during a recent storm. Management informed the inspectors that further plans were in place to address the need for additional storage for residents.

Residents had access to good quality facilities onsite. There were appropriate facilities for children, including outdoor play areas, a cinema room and games room with pool table and games console. The playgrounds, pitches and indoor communal spaces were clean and well maintained and provided a safe space for families to gather and engage in recreational activities.

The management team supported families in relation to their children's educational needs but spaces for children to study were limited. The staff team supported parents to find suitable school placements for their children and all children of school-going age who resided in the centre were engaged in education. However, the inspectors were informed by management and some families that particularly in the case of secondary school places, some children had to travel considerable distances to their school, due to a shortage of spaces in local schools. Some residents informed the inspectors that they found it difficult to study, due to the limitations of living in a mobile home. During the inspection, management committed to providing residents with a suitable communal space to study. Furthermore, although staff did their best to support residents in finding crèche spaces for their children, there was a shortage of places and not all children residing in the centre who wanted a crèche space received one.

Security measures onsite were appropriate and proportionate to the needs of the service. Closed-circuit television (CCTV) was in operation throughout the centre. Security staff were present onsite 24 hours per day, seven days per week. The inspectors met with security staff during the inspection and it was evident that

although they were not directly employed by the provider, they were a valued part of a dedicated team and were kind to residents and responsive to their needs. Management shared examples of where security staff went above and beyond their duties to support residents and through conversations with security staff, it was evident to the inspectors that they had a good awareness of residents' needs.

The centre had a well-stocked shop onsite and residents were allocated points on a weekly basis to purchase their groceries. Residents could complete a request form should they wish to purchase a product that was not available in the shop and the shop supervisor would then source the item. Residents were provided with nappies, wipes and sanitary products free of charge, however, they had to purchase other non-food items such as toiletries and cleaning products using their allocated weekly points. This was not in line with the requirements of the national standards. While the shop was open until 15:00hrs daily, there were arrangements in place which enabled residents to receive supplies outside of opening hours should they need to.

Residents' rights were respected and promoted by staff. The staff team were observed being kind and respectful towards residents and residents communicated to the inspectors that staff were very helpful and accommodating of their needs. Residents were provided with information on their rights and entitlements as part of the induction process and were supported by staff to engage in support services where required, including medical appointments, to meet their needs and preferences. Residents were facilitated in attending religious services and while there was no designated prayer room in the centre, the children's cinema room doubled up as a prayer room when required.

Staff members had strong links with community organisations and residents had access to a list of community supports that were available to them. Management had arranged for representatives from some community services to attend resident coffee mornings, providing opportunity for residents to engage with services. Residents were supported to engage in recreational and social activities including art classes and sports clubs and the inspectors noted advertisements for children's events which were to take place within the centre.

The majority of residents who spoke with the inspectors and who completed the questionnaires said that they felt respected and that the environment within the centre was dignified. Residents said that they felt listened to and that staff were easy to talk to. As previously stated, the type of accommodation provided to residents in this centre impacted on their rights and a number of residents commented that there was insufficient space for them to study or to store their belongings.

Residents were supported by staff to develop and maintain personal and family relationships. A visitor's policy had been developed since the previous inspection and

residents told the inspectors that they were facilitated to have visitors to their mobile homes between 10:00hrs and 22:00hrs each day, should they so wish. Residents were aware of the procedure for welcoming visitors to the centre and there was appropriate oversight of this by security staff.

The service provider had appropriate measures in place to protect adults and children from abuse and neglect and to promote their safety and welfare. Safeguarding practices were guided by a safeguarding vulnerable adults policy and an adult safeguarding statement, along with a child protection policy and accompanying child protection statement. These were comprehensive in guiding staff in effectively managing and reporting a safeguarding concern. Staff members were aware of their role and responsibilities in relation to safeguarding vulnerable adults and children. All staff with the exception of one staff member on long-term leave had completed the appropriate training and a system was in place for recording safeguarding concerns. Eight staff members had completed designated liaison person (DLP) training. There were no child protection concerns reported to the Child and Family Agency (TUSLA) since the previous inspection, however, staff and management were aware of their responsibilities and of the procedure to follow should any concerns arise.

For the most part, incidents occurring in the centre were appropriately recorded and managed in line with the centre's incident reporting management policy. The centre had a detailed incident log which supported the effective oversight of incidents which had occurred. Management had recently developed a form to support the standardised reporting of incidents by staff, which was due to be rolled out. The centre had developed an incident flowchart to guide staff in the identification and management of incidents, as well as a flowchart for the management of child safeguarding incidents.

There was evidence that incidents were assessed and actions arising were implemented, for example, a next of kin form was now being completed by each resident on arrival to the centre to ensure there was a point of contact for that resident should the need arise. As previously noted, the inspectors observed evidence of discussions with staff members in relation to incidents or near misses through the weekly and or monthly performance report meetings. Significant improvements had taken place in relation to recording and management of incidents in the centre. While it was evident that there was a high level of awareness among staff in relation to incidents that had occurred, not all incidents were recorded and associated action plans were not consistently documented, despite incidents being managed at the time.

The service provider had recently employed a dedicated reception officer who was appropriately qualified for the role. A draft policy had been developed to guide the role of the reception officer, however, this policy did not contain sufficient detail to guide the reception officer in the assessment of resident needs. It was evident that the staff

team were committed to supporting the needs of residents and they were referred to a range of specialist support services, when required.

The centre received limited information in relation to residents' special reception needs on their arrival to the centre. The reception officer was actively engaging with all residents and residents were complimentary of the support they had been offered by the reception officer and other staff members. The centre had developed an assessment tool which supported the reception officer in undertaking assessments of residents' needs. This template did not include all of the vulnerabilities as listed in the national standards to support the comprehensive assessment and identification of needs. The reception officer had recently taken up the role and while a small number of families had been identified as having special reception needs and there was evidence of documentation to support this, not all residents had their needs assessed.

Through the work of the reception officer in identifying residents' needs, staff were beginning to receive additional training to support them in identifying and responding to the emerging or identified special reception needs of residents.

Standard 4.1

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

The service provider had an accommodation allocation policy and there was clear documentation outlining the type of accommodation available within the centre. The centre manager regularly reviewed the resident register and where the needs of a family changed, the management team ensured alternative accommodation onsite was offered, when necessary. There were also clear guidelines in place for application to transfer residents to alternative accommodation in another centre, for example, in the case of medical need.

Judgment: Compliant

Standard 4.2

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

Although refurbishment works had been undertaken to upgrade mobile homes at the centre, the design and layout of the accommodation posed restrictions to normal family life for residents. Bedrooms did not meet the minimum size requirements outlined in the national standards and limited storage facilities meant that some residents had to compromise on seated dining space, for example, to store items belonging to their children.

Judgment: Not 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 in their own self-contained living space. However, the space within mobile homes was limited and posed challenges for families in engaging in normal daily activities within their home. There was limited space for some residents to stand or walk around a bed in the bedrooms, to store their belongings, and residents were limited by the design and size of the bathrooms. One resident shared a double bed with their child.

Judgment: Not Compliant

Standard 4.5

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

The service provider had ensured that there was appropriate and safe play and recreation facilities for children in the centre. Children had access to outdoor playgrounds and pitches and indoor communal spaces which were enable children and young people to engage in social activities with their families and friends.

Judgment: Compliant

Standard 4.6

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

Parents were supported to secure crèche and school spaces for their children and transport was provided to bring children to and from school. Due to the type of accommodation at this centre it was not possible for some children and young people to study in their own homes. The centre manager provided assurances to the inspectors that a dedicated space would be provided for this purpose which would not require pre-booking by residents.

Judgment: Partially Compliant

Standard 4.7

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

The accommodation and communal facilities at this centre were generally clean and well maintained. Residents had access to adequate washing and drying facilities.

Judgment: Compliant

Standard 4.8

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

Security measures in place at the centre were sufficient and proportionate to the needs of this centre. Residents reported that they felt safe living in the centre.

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.

There was a lack of clarity on the part of the service provider in relation to the provision of certain non-food items, however, there was a commitment to reviewing this after the inspection. Residents were not receiving all of the non-food items that they were entitled to, outside of the allocated points system. While nappies, wipes and feminine products were being supplied to residents, other items including toiletries and cleaning products had to be purchased using residents allocated weekly points.

Judgment: Partially 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 appropriate facilities and equipment within their own homes for preparation and cooking of meals.

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.

There was a suitably stocked shop onsite where residents were able to purchase groceries using their weekly allocated points. If residents required a food or non-food item that was not stocked in the shop, they could complete a request form and the shop supervisor made every effort to source that item for the resident.

Judgment: Compliant

Standard 6.1

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

The service provided by staff to residents was person-centred and the staff team worked hard to ensure that residents were aware of their rights. There was evidence which demonstrated that where possible, staff and management team members promoted the rights of individuals. Residents had access to a list of community and support services available to them and were supported by staff to engage with services to meet their needs. However, as previously noted, the privacy and dignity of some residents were negatively impacted by the type of accommodation provided in this centre.

Judgment: Partially Compliant

Standard 7.1

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

Residents were supported to develop and maintain personal and family relationships. Since the previous inspection by HIQA, the visitor policy had been updated and residents told the inspectors that they were now able to receive visitors to their mobile homes between the hours of 10:00-22:00. Events were organised by centre staff which facilitated residents in gathering together to enjoy a social event.

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 a bus service was available to residents from Monday to Saturday, excluding public holidays, which enabled residents to travel to school, to medical appointments or community activities in the surrounding areas. Outside of these hours, a taxi service was available to transport residents for essential appointments of services when required.

Judgment: Compliant

Standard 8.1

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

Residents who spoke with the inspectors and who completed the questionnaire said that they felt safe living in the centre. There was an appropriate safeguarding policy in place to guide staff in the management of both children and vulnerable adult safeguarding concerns. The provider had a system in place for recording safeguarding concerns and a number of staff had undertaken DLP training. All staff rostered at the time of the inspection had completed the appropriate safeguarding training, with one staff member due to complete training on return from leave.

Judgment: Substantially Compliant

Standard 8.2

The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.

The provider had a policy in place to guide staff in taking all reasonable steps to protect children in the centre from abuse and neglect. There was a system in place for recording and tracking of child safeguarding concerns. All staff had completed the relevant child safeguarding training. There were no new child safeguarding concerns since HIQA's previous inspection.

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.

Incidents which had occurred in the centre were recorded and managed appropriately, however, there was need for improvement in order to ensure that all incidents were recorded on the centres incident log, in line with the risk management policy. Considerable improvement had taken place in relation to implementing learning from incidents which were documented, and there were plans to enhance learning opportunities going forward.

Judgment: Substantially Compliant

Standard 9.1

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

The service provider was committed to ensuring that each resident received the necessary support to meet their individual needs. The centre management and staff team had made good connections with external health and social care services and residents were supported to engage in services when required. The service provider had developed a drugs and alcohol abuse policy, however, this was targeted towards staff members and not residents. There was an absence of detail to guide staff members in the event that an incident was identified involving a resident.

Judgment: Substantially 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 the special reception needs of residents prior to their arrival to the centre. Despite this, staff were committed to providing support and assistance to residents where required.

Judgment: Compliant

Standard 10.2

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

As previously discussed, additional training was required to support staff members in identifying and meeting residents' needs. Staff members had opportunities to discuss their roles with management through the weekly performance meetings and from conversations with staff members it was evident that they were supported in their role by management and colleagues.

Judgment: Substantially Compliant

Standard 10.3

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

While a draft policy had been developed to support the assessment and management of special reception needs, this policy required further development. Although some residents had identified special reception needs, not all residents had engaged in an assessment due to the recent recruitment of the reception officer.

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.

The service provider had appointed a suitably qualified reception officer, who had good links to local services and was committed to providing a high level of support to residents to meet their identified needs. The inspectors found that the reception officer was highly motivated and committed to ensuring residents living in the centre were appropriately supported where required.

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	Substantially Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.3	Substantially 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 4.2	Not Compliant
Standard 4.4	Not Compliant
Standard 4.5	Compliant
Standard 4.6	Partially Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant

Standard 4.9	Partially 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	Partially Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Substantially Compliant
Standard 8.2	Compliant
Standard 8.3	Substantially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Substantially 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	Compliant

Compliance Plan for Athlone Accommodation Centre

Inspection ID: MON-IPAS-1083

Date of inspection: 03 and 04 March 2025

Introduction and instruction

This document sets out the standards where it has been assessed that the provider or centre manager are not compliant with the *National Standards for accommodation offered to people in the protection process*.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which standards the provider or centre manager must take action on to comply. In this section the provider or centre manager must consider the overall standard when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all standards where it has been assessed the provider or centre manager is either partially compliant or not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Partially compliant:** A judgment of partially compliant means that on the basis of this inspection, the provider or centre manager met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for people using the service over time if not addressed.
- **Not compliant** - A judgment of not compliant means the provider or centre manager has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply.

Section 1

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each standard set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Standard	Judgment
3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Full review of the Risk register to ensure all risk is included on this register.</p> <p>Review of the risk assessments carried out to date and ensure all are included on the risk register.</p> <p>All staff to be included in risk aware in your work area and onsite in general to ensure any new risks are documented through risk assessments and inclusion on the risk register.</p> <p>Service continuity plans to be reviewed and finalised to ensure future events are looked at with a favourable outcome for residents and staff. A plan to be put in place and all staff debriefed on these continuity plans</p> <p>IOSH Training for risk completed by Reception officer in March 2025.</p> <p>Manager booked in to complete IOSH training in June 2025</p>	
4.2	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Request via quotes sent to IPAS for new improved quality beds with drawer storage underneath to improve the standard of living and assist with limited storage facilities. These beds are single size and double size.</p>	

<p>Bed space availability being sent to IPAS will highlight the family breakdown that can be accommodated / family profile and age will also be furnished to IPAS – example two adults and two children - must be under eight years of age.</p>	
4.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>New improved quality beds can be made available via IPAS to ensure improved standard of living.</p> <p>Request will be sent to IPAS for the smaller style mobile homes onsite to only accommodate two adults and one child which will provide more space in the bedroom.</p> <p>All residents to be offered single beds so parent and child have separate sleeping arrangements. Should a parent wish to share a bed with a young child then we will complete a derogation form with the resident. This form will also include a right for the resident to request separate sleeping beds going forward should they wish to do so.</p>	
4.6	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Study Hub in the learning centre onsite is now available to all students Monday to Friday from 5pm – 11pm.</p> <p>This study hub is an open space so there is no need to pre book.</p>	
4.9	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>From April residents will receive an allocation of non-food items i.e. toiletries and cleaning products free of charge. Residents are being provided with these items outside of the weekly points system. No points required for same.</p>	
6.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Review of the service to ensure the privacy and dignity of all residents is promoted and respected.</p> <p>The study hub is now available to all residents from 5pm to 11pm so study can be carried out at their behest.</p>	

Meeting rooms are available daily for residents to use as a private setting.

The reception officer office has been moved to the admin office section of the building.

This will allow this space to be now used for Residents improved experience onsite.

10.3

Partially Compliant

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

Procedure for Responding to Exceptionally Vulnerable Residents in Accommodation Centres has been developed and is now in place.

Reception officer policy and procedure is now in place.

Human rights statement for residents and staff has been developed and is now in place in Athlone AC.

Reception officer initial meeting template now created and in place. This template will be used on day one when new residents arrive to site to ensure special reception needs are identified in a timely manner for all new residents.

All new arrivals will meet with the Reception Officer within the 1st week of arriving so a vulnerability assessment can be developed specifically to suit the needs of each resident. This will be a follow on from the initial meeting on day one.

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	16/06/2025
Standard 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Not Compliant	Red	16/06/2025
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.	Not Compliant	Red	16/06/2025

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.	Partially Compliant	Orange	05/03/2025
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.	Partially Compliant	Orange	16/06/2025
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Partially Compliant	Orange	16/06/2025
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	16/06/2025

