



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

Name of the Centre:	Dublin Central Inn
Centre ID:	OSV-0008427
Provider Name:	Coziq Entreprises Limited
Location of Centre:	Co. Dublin
Type of Inspection:	Unannounced
Date of Inspection:	28/01/2025
Inspection ID:	MON-IPAS-1074

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

Dublin Central Inn is an accommodation centre located in Dublin City centre. The building contains 60 bedrooms, all of which have en-suite bathroom facilities. The total capacity of the centre is 120 people and at the time of the inspection it accommodated 109 residents. This included five rooms that were designated for use by families, and the rest of the rooms accommodated single adults.

The centre was operated in a four-storey building located on a busy street. The entrance to the building was located on the ground floor with direct street access, where a large reception was located. The remainder of the centre was located across the first, second and third floors of the building. There was a spacious dining area with storage facilities for residents and a pool table, and a communal kitchen area with cooking stations on the first floor. There was also a common area with comfortable seating and a study area, a laundry room, communal bathroom facilities and a small playground for children on this floor. The remainder of the first floor, and the second and third floor, comprised residents' bedrooms.

The centre was located in a busy metropolitan street with immediate access to bus and train transport and a range of shopping, leisure and public service facilities.

Dublin Central Inn is managed by a centre manager who reports to members of the executive team. There are eight staff members employed in the centre, including general support staff, an operations supervisor, housekeeping staff and maintenance personnel.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	109
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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)
28/01/2025	10:00hrs–16:45hrs	1	1

What residents told us and what inspectors observed

From conversations with residents, a review of documentation, and observations made during the inspection, the inspectors found that the service provided a generally positive living environment for the residents. This inspection found some improvements had been made by the service provider, which were informed by the findings from HIQA's previous inspection. The provider had developed systems and a suite of policies and implemented other actions outlined in their compliance plan to address findings from the previous inspection. However, despite these positive developments, the governance and management systems were in an early stage of being embedded in practice, and the risk management and record keeping systems needed to be developed further to ensure the provision of a continually safe and effective service.

This was an unannounced inspection of this centre, which took place over one day. The inspection was carried out to monitor the implementation of the compliance plan submitted by the service provider to HIQA, following an inspection carried out in March 2024 (MON-IPAS-1018), which found mixed levels of compliance with the national standards.

During this inspection, the inspectors spoke and engaged with nine residents. In addition, the inspectors spoke with the centre manager, duty manager, reception officer, and housekeepers. The centre catered for families, couples, and single residents, and there were 109 residents across 60 bedrooms at the time of the inspection.

The centre was located on a busy street in Dublin City centre. It was a large building with four floors surrounded by retail services such as shops, cafes and restaurants. A narrow hallway entrance with direct access from the street led to a reception area, which was partially enclosed by glass. On arrival at the centre, the inspectors were met by a duty manager at the reception area and brought upstairs to a staff office for an introduction meeting.

On a walk around the accommodation centre, the inspectors observed that the physical structures of the centre were in good condition, with no significant changes since the last inspection. Common areas and toilet facilities were clean, cleaning schedules were posted, and fire safety equipment and evacuation routes were clearly marked.

The communal areas were comfortable and welcoming. The staff office was located near the lounge area and a small enclosed playground for children. The lounge area contained a small library, two computers at two desks with chairs. A small table with a capacity for four people to sit and three double couches were also available. The inspectors observed some residents sitting on their own and some spending time with their visitors in the lounge area, and engaging in friendly conversations.

The centre provided catering facilities for residents to prepare and cook their own food. There were eight fully-equipped cooking stations, including two cooking stations reserved for the preparation and cooking of halal food. Two cookers and an extractor fan had had been installed in the kitchen since the previous inspection. The dining area was located next to the kitchen and included a tea and coffee station with complimentary supplies. Food storage facilities were available in the dining and kitchen areas for residents to store their food. Residents who engaged with the inspection process reported high satisfaction with the availability and quality of these facilities. However, the inspectors noted minor maintenance issues, such as damaged paint in the dining area and kitchen facilities which required cleaning. This and signs of age of the kitchen equipment, suggested that some additional cleaning and maintenance was necessary in this area.

The inspectors observed courteous and respectful interactions between residents and staff members throughout the inspection. Overall, there was a calm and relaxed atmosphere within the centre at the time of inspection.

The inspectors were invited to see some residents' bedrooms. All of the bedrooms had an en-suite bathroom with shower facilities, and were fitted with either one double or two single beds, a fitted wardrobe with a small safe, a table and a television. Five rooms accommodated families, with 14 children residing in the centre at the time of the inspection. The inspectors observed overcrowding in some of these family units, with parents and children sharing a room and compromising their dignity and privacy. The rest of the rooms in the centre were occupied by one or two single adults, with 14 rooms designated for single occupancy based on residents' needs.

Residents were complimentary of the laundry facilities in the centre, which featured four washing machines and three tumble dryers. Additionally, a small enclosed car park at the rear of the building provided a large storage container, freeing up space in their living quarters.

Over the course of the inspection, the inspectors met with nine residents, including three children, and an additional six completed questionnaires were returned. Feedback received was generally mixed in nature. Many residents were complimentary of the service and accommodation, noting that staff were respectful, attentive, and supportive of their concerns and needs. Some residents appreciated that management and staff were approachable and well-informed about their rights and the available service, although a small number indicated that they were unaware of certain centre policies, such as the complaints procedure. One parent emphasized the crucial role of staff support in ensuring their child received necessary healthcare, while another resident expressed a desire for improved overall staff support. Additionally, some residents with special reception needs pointed to inconsistencies in levels of support they received in the centre.

The children who spoke with the inspectors stated they liked living in the centre and felt safe there. They described staff members as friendly and some appreciated that their local school and a playground were within walking distance.

In addition to speaking with residents about their experiences, the inspectors received six completed questionnaires covering topics such as safeguarding and protection, management, feedback, complaints, catering, residents' rights, staff supports, and accommodation. Overall, the feedback was positive and complimentary of the centre. Residents felt safe, protected, and respected, and they found the management team approachable and receptive to suggestions for quality improvement. However, two residents noted that they did not feel adequately supported to live a meaningful life in the centre and some indicated a limited awareness of centre policies and procedures.

The observations of the inspectors and the views of residents outlined in this section are generally reflective of the overall findings of the inspection. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This was an unannounced inspection to monitor the implementation of the actions the provider said they would take in response to findings of a previous inspection in March 2024 (MON-IPAS-1018).

This inspection found that the provider had implemented actions from the compliance plan to address the governance and management arrangements in the service. Some of these actions were at the initial stages of being embedded into practice. While improvements were found, additional actions were required in areas such as the oversight and monitoring arrangements, risk management systems, staff supervision and record-keeping practices. Additionally, the process for reviewing and learning from incidents required further development.

This inspection found that the provider had an improved awareness of their responsibilities and begun implementing the required systems and processes to comply with the national standards. Operational policies and procedures were developed, promoting good practice. The service provider ensured that action was taken to address the non-compliances identified during the previous inspection of the service. However, not all the required actions and systems were in place at the time of this inspection. For example, there were no formal procedures for identifying and responding to residents' special reception needs, leading to inconsistent staff support, and ultimately leaving some residents feeling unsupported. In addition, statutory notifications were not submitted to HIOA as required by the regulations.

The inspectors found that the service provider had ensured a clear governance structure was in place in the centre, with a centre manager responsible for daily operations, supported by duty managers. There was management presence every day, but a formal on-call manager arrangement was needed outside normal working hours. The staff team promoted a culture of respect, quality, and kindness, and most residents felt treated with dignity and supported, ensuring high quality service.

The provider operated multiple accommodation centres and organised regular meetings between the executive team and centre managers to facilitate shared learning and communication. While this was good practice, there were no such meetings in place for the centre manager and staff team to meet on a formal basis to discuss operational issues, manage risk, and share information. The lack of recorded staff meetings left the provider unaware of what was working well or what constituted a risk in the centre.

The service provider had recording systems that required further development and expansion. They had developed a computerised system to centralise their systems and

storage of information and enhance service oversight and monitoring, but it was in the early stages of implementation and required expansion. While there was a system in place to record and report incidents, it lacked categorisation of incidents as either a complaint or safeguarding concern. Significantly, there were no records of any follow-up actions that were required. This limited the ability of the management team to have thorough oversight and to identify trends that could lead to changes in practice.

The provider had prepared a residents' charter that clearly described the services available to residents. Residents confirmed to inspectors that it had been made available to them. At the time of inspection, the charter had not been made available in languages other than English.

Although an effective quality assurance system was not yet in place, progress had been made in developing systems to monitor the quality of support provided to residents. Despite the absence of resident meetings, some auditing systems had been developed in a number of areas of practice, and feedback mechanisms, such as a suggestion box, were available to residents. The centre manager informed the inspectors of an open-door policy for residents to access the staff team. While these efforts demonstrated a commitment to addressing residents' evolving needs and improve the quality and safety of the service, there was a need to document residents' feedback and views to show how they informed the quality improvement of the centre.

A review of staffing records showed improved recruitment arrangements, with all staff Garda vetted. However, despite having a recruitment policy requiring risk assessments in situations where Garda vetting returned positive disclosures, no risk assessment was conducted for a staff member with such a disclosure. In addition, the policy lacked clarity on reference checks, stating only that the provider could seek two references without explicitly requiring them as part of vetting of potential employees. Consequently, there were no references for a staff member who commenced employment in the centre during the week of the inspection.

The service supported staff members to continually update and maintain their knowledge and skills. A record was kept of all training courses completed, and all staff members had completed mandatory training in areas such as child protection and adult safeguarding as required by the national standards and national policy. Many staff had also completed training in areas specific to residents' potential support needs. However, there were gaps in training on some residents' existing support needs, such as domestic violence training and conflict resolution.

Although a supervision policy was in place, supervision was set to commence in February 2025. The inspectors reviewed the supervision policy and found that it lacked details on the frequency of supervision meetings. Combined with the absence

of staff meetings and effective oversight, this meant that staff were not held to account for their individual and collective practices. Notwithstanding, staff reported feeling well-supported and comfortable escalating any concerns they had, where necessary.

The risk management system had improved since the last inspection but required further enhancement and development. Although a risk management policy was in place, the risk register did not reflect the risks identified over the course of this inspection, such as those related to domestic violence, child protection, and significant health issues. The provider's limited understanding that a risk assessment may be required following an incident meant that latent and associated risks had not been assessed and controls not identified. For example, risks relating to staff recruitment, adult safeguarding, domestic violence, substance misuse, and child protection had not been assessed as required by centre policy. This compromised residents' protection and safety, and did not assure the provider that the service was safe and effective.

In summary, there were improvements made in the centre since the last inspection and additional actions were required. While some actions were taken in line with the provider's compliance plan, others had yet to be taken or were in progress at the time of the inspection. The inspectors found that provider's governance arrangements were not yet adequate to ensure that all aspects of the service provided were appropriate to meet residents' needs and were effectively monitored. Substantial improvement to the centre's governance and management arrangements, staff supervision, record-keeping, monitoring, and risk management systems was required to ensure a consistently safe and effective good quality service was being provided.

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 had improved their awareness and knowledge of their responsibilities in relation to providing accommodation to people in the international protection process as outlined in the national standards and national policy. They provider had taken steps to develop appropriate policies and procedures, as well as systems to support residents. However, some of the systems were found to be in their infancy and required further development to fully embed into practice and to ensure they were effectively monitoring the quality and safety of the service and accurately recording relevant information.

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 was a clear governance structure in place, management presence every day, and most residents felt treated with dignity and respect. However, oversight, monitoring and recording systems required improvement. There were no documented staff meetings within the centre to discuss operational issues and to collectively hold staff to account. Recording of incidents were poor and lacked systems to ensure effective management oversight and identify trends that could lead to changes in staff practices.

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 available to residents which accurately described the services available to adults and children living in the centre. The provider had arrangements in place to ensure residents received a copy of the charter. At the time of inspection this document had yet to be translated into other languages.

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.

Arrangements to monitor the quality of the service provided to residents required improvement. The provider had conducted a comprehensive self-assessment and had worked on improvement initiatives that this informed, including developing audits in some areas of practices and a suite of policies. However, there were no effective consultation and feedback mechanisms in the centre to ensure resident participation or to ensure that their views were considered in decisions affecting them in the centre.

Judgment: Partially Compliant
Standard 2.1 There are safe and effective recruitment practices in place for staff and management.
<p>Staff recruitment practices in the centre had improved. While all staff were Garda vetted at the time of inspection, one staff member had no references on file. The recruitment policy required enhancement to include systems to manage positive Garda vetting disclosures and clarity on references.</p>
Judgment: Partially 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.
<p>There were no formal supervision arrangements in place at the time of inspection. However, staff were receiving support to carry out their duties, including access to various training opportunities.</p>
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.
<p>Staff had undergone extensive training, including areas such as child protection, adult safeguarding, intercultural awareness, and migrant health and wellbeing. While a plan had been prepared with the aim of completing all necessary training but at the time of the inspection there were gaps. There were gaps in training on some residents' existing support needs, such as domestic violence training and conflict resolution.</p>
Judgment: Substantially Compliant
Standard 3.1 The service provider will carry out a regular risk analysis of the service and develop a risk register.

A risk management policy had been developed and this enabled consistency around risk management. However, the risk register did not reflect all risks in the centre, such as domestic violence, significant health issues, and substance misuse. There was a need to align the incident management system to the new risk management system. There were some service contingency plans available, although these needed to be expanded to include the areas specified by the national standards, and included on the risk register.

Judgment: Partially Compliant

Quality and Safety

Residents living in Dublin Inn Central were provided with safe and a reasonably good quality accommodation and were enjoying a good quality of life and happy living in the centre. It was found that the governance and management arrangements had improved since the previous inspection which had contributed to an improvement to the safety and quality of the service provided to residents. The provider had good measures in place to ensure that the wellbeing and health of residents was promoted, and ensured that residents had autonomy and independence. However, improvements were required to ensure detailed and consistent recording of incidents that occurred in the centre.

There were arrangements in place to ensure that, where possible, accommodation was allocated in a way that considered and facilitated residents' known needs. For example, families were accommodated together, and there were single rooms prioritised for residents with special reception needs. The inspectors spoke to some residents about the process of allocations, and residents appeared satisfied with the procedures in place. While the service provider had developed an allocation policy which outlined the criteria for room allocation at the time of admission, the policy required enhancement to include the criteria considered for requests for room changes.

Although families were accommodated together, the provider did not adequately protect or promote their privacy and dignity. There was evidence of overcrowding in some family rooms, and other families had children sharing bedrooms with parents or siblings. This compromised the dignity, privacy and comfort of these families. At the time of the inspection, there were no plans to secure better accommodation for these families, and they had not been included on the risk register nor risk assessed.

Arrangements around the provision of non-food items in the centre did not align with the requirements of the national standards and required review. Residents received one set of towels and bed linen upon arrival. Although the centre manager told the inspectors that additional items could be requested, some residents were not adequately informed that such requests could be made. In addition, baby formula, female sanitary products, contraception, wipes, and nappies were not provided as required by the national standards. The centre manager gave assurances to the inspectors that these would be provided to residents from the day of the inspection.

The service provider had ensured that residents had access to a well-equipped and well-maintained communal kitchen. Residents received weekly vouchers to purchase food from local shops, enabling them to make choices and prepare culturally appropriate meals. Residents engaged with during the inspection expressed satisfaction with these

arrangements and the food preparation and dining facilities, though some showed signs of age. While residents generally found the food preparation facilities sufficient, the kitchen and dining areas required repainting and deep cleaning to improve the overall dining experience of residents.

The provider had considered the needs and best interests of children in the planning of service delivery. While space in the centre was limited, common areas had comfortable spaces for children to play or to do their homework. There were two computers in the lounge area for older children to use for study. Wi-Fi was available throughout the centre. While there was no open space available around the centre, due to its location in the city centre, the provider had renovated a small rooftop space adjacent to the lounge to provide a secure open-air playground for children. This contained brightly coloured and good quality equipment such as swings and slides.

The inspectors found that residents' rights were generally upheld and their welfare promoted, though some improvements were needed. The provider had ensured that a policy on rights was in place and this ensured that staff team were aware of the rights to be promoted and protected. The model of support provided to residents fostered independence and autonomy. Most residents felt respected and treated with dignity by staff members. However, the provider had not ensured the privacy and dignity of families in rooms where children shared bedrooms with their parents or siblings.

There were systems in place to ensure residents received necessary or useful information. For example, there were notice boards in communal areas with up-to-date information on local and national services in areas such as healthcare, legal aid, child protection and mental health support services. Staff members also communicated important information through a text message broadcasting system. For example, information about clinics held by external services or updates about maintenance issues.

Residents were facilitated to have family and friends visit the centre. There was clear guidance in place for residents regarding visits. While visitors could not be taken to residents' bedrooms, they were welcome in any communal area in the centre.

The inspectors reviewed the safeguarding arrangements in the centre. There were suitable measures in place to safeguard children and adults, and residents engaged with told the inspectors that they felt safe. Child and adult safeguarding policies were in place and all staff had received appropriate training, including training for designated liaison persons. While support and referrals for child protection concerns were appropriate, notifications to HIQA had not been made, where necessary, as required by the regulations. In addition, the safeguarding policy required further review to ensure it clearly outlined the procedures in place to identify, respond to and report adult

safeguarding risks. At the time of the inspection, there were no risk assessments or support plans in place for some residents identified to be at risk and vulnerable.

There were arrangements in place to record and report any significant incidents that occurred in the centre. Although the service provider handled and escalated incidents appropriately, the categorisation of incidents, and recording systems needed improvement to ensure detailed and consistent documentation of actions. This was necessary to make sure that relevant and accurate information about incidents and accidents was maintained. This would better enable the provider to effectively review incidents and facilitate learning, and enhance the quality of support for residents.

The inspectors found that the welfare and wellbeing of residents was promoted in the centre. The provider had developed links with healthcare and social support services in the community. Open days were facilitated in the centre, and on the day of the inspection, professionals from a government department were in the centre assisting residents to connect with or access relevant healthcare services and supports.

There was a dedicated reception officer employed in the centre following the previous inspection, but they were available onsite for just one day each week. In addition, a reception officer manual had not been developed, as required by national standards. While a special reception needs policy was in place, it lacked detail on identifying, assessing, communicating, and addressing these needs. The limited availability of the reception officer and lack of policy guidance for staff meant the provider was not aware of which residents, if any, had special reception needs other than those with medical and mental health needs identified by a relevant government department. Additionally, there were no records to show how the reception officer supported residents with special reception needs or linked with the appropriate services where required.

In summary, the accommodation centre was generally well-maintained, though some areas required attention. Residents had choices in their daily lives, and their rights and independence were promoted. Community connections were established, and residents were supported in engaging with them, reporting good integration. While the accommodation was of good quality and the staff treated residents respectfully, there was a need to enhance the privacy and dignity of certain families in their living quarters.

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.

<p>The provider had developed a criteria for room allocation and residents engaged with were generally satisfied with the allocation processes. While the provider considered the evolving needs of residents and moved them to different rooms when necessary, the room allocation policy required enhancement to include criteria considered for room change within the centre.</p>
<p>Judgment: Substantially Compliant</p>
<p>Standard 4.4</p> <p>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.</p>
<p>The provider did not ensure that the privacy and dignity of families was fully protected and promoted in the centre. While families were accommodated together and family unit protected, there were children sharing bedrooms with parents or older siblings in the centre. Risks associated with these living arrangements had not been identified and assessed by the provider.</p>
<p>Judgment: Partially Compliant</p>
<p>Standard 4.6</p> <p>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.</p>
<p>There was a small indoor space for children to play, which contained some board games and books. There was a modest-sized but well-equipped playground located on a balcony near the common lounge area. The provider had taken measures to ensure this was a safe and secure space for children to play. The provider supported parents to enrol their children in local schools and there was a small space available for study and homework which included two computers.</p>
<p>Judgment: Compliant</p>

Standard 4.7

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

There were adequate laundry facilities available to residents, with four washing machines and three tumble dryers provided. Residents consulted with largely said they were happy with the laundry facilities, with one person saying there were occasional times the laundry facilities were very busy which meant they had to delay washing their items. Residents purchased their own laundry detergents using the points system in place in the centre. While all common areas of the centre were found to be clean, the kitchen area was not clean at the time of inspection, and re-painting was required in the kitchen and dining areas.

Judgment: Substantially 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 provision of non-food items to residents was not in line with the requirements of the national standards. Residents received only one set of towels and bed linen upon arrival, and baby formula, female sanitary products, contraception, wipes, and nappies were not provided directly by the service provider as required by the national standards.

Judgment: Not Compliant

Standard 5.1

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

There were adequate and suitable food preparation and dining facilities available to residents. There were six fully-equipped cooking stations, including one designated for the preparation and cooking of Halal food. The provider had made secure storage available in the dining room for residents to store dried goods or cooking equipment to save space in their bedrooms. There was also a large walk-in cold room accessible through the kitchen for residents to store food. However, the kitchen and dining areas required cleaning and re-painting to enhance the dining experience of residents.

Judgment: Substantially 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.
This centre was fully self-catered. Residents purchased their own food using vouchers for a local supermarket. This meant residents could shop independently for themselves and their families. Most residents said this system worked very well. There was fresh drinking water available in the dining hall as well as equipment and provisions to make tea and coffee.
Judgment: Compliant
Standard 6.1 The rights and diversity of each resident are respected, safeguarded and promoted.
It was evident that a considered effort was made by the provider and centre manager to provide a service that respected residents, acknowledged their strengths and supported them in their personal endeavours. Residents were provided with information and the necessary support to avail of services and resources they were entitled to. However, there was a need to enhance privacy and dignity for families where children shared bedrooms with parents or older siblings.
Judgment: Substantially 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 provider had ensured residents had access to relevant information about local services and facilities. The centre manager and staff were supporting residents to avail of resources in the local area, such as health services and housing supports. There were notice boards throughout the centre that provided up-to-date information about a range of support services.

Judgment: Compliant

Standard 8.1

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

There were measures in place to safeguard adults who lived in the centre. All staff had received training in adult safeguarding. There was an adult safeguarding policy but this required further review to provide clearer guidance to staff as to their individual responsibilities in safeguarding vulnerable adults, and specific reporting pathways for adult safeguarding risks. While appropriate referrals were made, there were no risk assessments or support plans in place for these situations

Judgment: Partially 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 a child protection policy in place as well as a child safety statement. There was a designated liaison officer appointed. Staff had all received training in child protection and this included training for designated liaison persons. Staff spoken with knew how to raise concerns if necessary. While support and referrals for child protection concerns were appropriate, notifications to HIQA had not been made, where necessary, as required by the regulations.

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.

The inspectors found that significant adverse incidents were reported to the relevant government department. Improvement was required to ensure that all adverse events and incidents were consistently recorded in a manner that allowed them to be reviewed effectively. This was particularly important to ensure any self-evaluation of incident management was based on relevant and accurate information.

Judgment: Substantially Compliant
Standard 9.1 <p>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.</p>
<p>The inspectors found that arrangements in the centre ensured that each resident received the necessary support to meet their individual needs. The centre manager ensured that where suitable supports could not be provided in the centre, residents were assisted to avail of support from external services.</p>
Judgment: Compliant
Standard 10.1 <p>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.</p>
<p>In the event that the provider was notified of any special reception needs, it was found that they strived to meet them. For the most part, the provider was not made aware of any special reception needs in advance of resident admissions.</p>
Judgment: Compliant
Standard 10.2 <p>All staff are enabled to identify and respond to emerging and identified needs for residents.</p>
<p>The centre manager oversaw a defined admissions and induction process for all residents which provided an opportunity for residents to share any specific needs they may have. Staff had received training in a wide range of areas that equipped them with the knowledge and skills required to identify emerging needs and provide necessary support</p>
Judgment: Compliant

Standard 10.3

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

The provider had developed a special reception needs policy but this requirement enhancement to include detail to guide staff on how to identify, assess, communicate and address existing and emerging special reception needs. There were no records to show how residents with special reception needs were supported in the centre.

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 provider had made available a reception officer to support residents with special reception needs in the centre, however, the allocation of one day per week was insufficient to ensure that residents had vulnerability assessments completed and that needs arising from such assessments were met by the staff team.

Judgment: Partially 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	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Partially 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	Substantially Compliant
Standard 4.4	Partially Compliant
Standard 4.6	Compliant
Standard 4.7	Substantially Compliant
Standard 4.9	Not Compliant
Theme 5: Food, Catering and Cooking Facilities	

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

Compliance Plan for Dublin Central Inn

Inspection ID: MON-IPAS-1074

Date of inspection: 28 January 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
1.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Further work has been conducted on the management of compliance systems that have been in place. This involved further training and corrective coaching on our incident portal, risk register and a greater understanding of the flow of each process. This training was conducted with both managers of the centre on the 24th of February by the COO of the company.</p> <p>Our Health and Safety Manager is due to conduct further training with the safety committee over the coming 2 weeks.</p> <p>We have employed an HR Administrator and IT project specialist commencing 7th April to assist, through regular webinars and tweak monitoring and report systems to aid in the identified training needs of the centre. Our HR Administrator will also be assisting in our new 5s meeting structure through MSLOOP, giving us greater control over meetings and tracking their outcomes. Our 5s programme will cover key meetings, Staff, Safety, Safeguarding, Services, Supervision</p> <p>We have also employed a full-time reception officer to assess the overall compliance and governance of our services in relation to all residents' care. Our RO commences employment on the 24th of March and comes from a strong background in social care and community development.</p> <p>We plan to utilize these added resources to drive on with our new systems and to have them fully embedded into our practices. The addition of systems that are being</p>	

in creation will allow for a more streamlined approach to monitoring and recording and improve on the overall service afforded to our residents.	
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Accepting that although meetings are held by management at the centre, we struggle to keep records track and monitor the outcomes. Having reviewed our processes, we are implementing our new 5s meeting structure through MSLOOP, giving us greater control over meetings and tracking their outcomes. Our 5s programme will cover key meetings, Staff, Safety, Safeguarding, Services, Supervision.</p> <p>The system is set up to digital track meetings, notes and mentions in real-time and actions and tasks are assigned and notified to staff as the meetings happen. This will help in all areas of meeting governance and overall monitoring and tracking of outcomes insuring greater accountability.</p> <p>We acknowledge that this will involve a steep learning curve for our team, however we are putting in extra resources to assist in the speedy implementation of the system. The process has already commenced at group level to identify critical training points and will be rolled out to the centre management on March 25.</p> <p>Training on Incidents and identifying, what is an incident has been conducted with the general manager and a list of potential incidents have been identified, listed and are to be printed on poster form, to inform staff and help them understand the importance of reporting all incidents. Further training will continue to be conducted on risk assessment and mitigation plans drawn up for these and monitoring of the incident portal is in place.</p> <p>I would be confident that with the extra training and the help of print materials specific to incident reporting and with the added focus on monitoring the incident portal by our group H&S representative that compliance will increase in the immediate future.</p>	
1.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>This is an area that we have recently reviewed and identified as needing creative solutions. We have always managed the centre with an open-door policy, a committee of one's so-to-people. We have found this a particularly good way of giving residents a voice, however the documentation of these meetings and resulting actions have wavered.</p>	

<p>We are planning to conduct surveys directed at the individual. In previous trials, the input was low, however we have decided to review the form that these questionnaires take, looking at fewer questions more surveys, targeted at specific decisions. We hope that this method along with our open-door policy will harvest greater participation in residents' consideration when making decisions about the centre they live in and its environment.</p>	
2.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>References have been gathered for the staff members that did not have one on file. It has been reiterated to management that no staff member can be employed without the relevant references and vetting disclosures.</p> <p>The recruitment policy is under review with our HR team to include systems to manage positive garda vetting disclosures, to include a process where our Director HR /GLP will ensure a full risk assessment is conducted on any positive disclosures. This process of review will be completed by mid-April with subsequent training rolled out by end of April.</p>	
2.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The concept of staff supervision is ongoing with management been trained up on conducting supervision sessions. We have settled on a 15/20 min session approach conducted four times a year with each staff member.</p> <p>Key areas of Supervision have been identified with managers choosing three areas to be discussed at each session.</p> <p>The centres first sessions with the 3 senior staff commences end of March with a schedule put in place to carry out training with all staff 4 times a year or more in the event it is identified that supervision session is deemed appropriate if issues arise from incidents and a session is part of mitigation plans.</p> <p>We will update our policies regarding this and monitor sessions and actions taken using our MSLOOP system.</p> <p>We continue to conduct training separately to this with all staff and gaps in the volume of training in domestic violence and conflict resolution are currently being developed and will be rolled out early summer. We are also reviewing an LMS to assist with the tracking and monitoring of staff training. Our new system is due to be rolled out mid-summer.</p>	

3.1	Partially Compliant
Outline how you are going to come into compliance with this standard:	
<p>Further training is being conducted with staff with regards to identifying risks, recognizing potential hazards, and aligning incident reports with our risk management system. We have found that many of our risk assessments are too broad and will need to be tailored to specific hazards with mitigation plans in place. Recently training has focused on this. We will have our full-time reception officer commence at the end of March and have identified her key role in the initial stages as meeting the identified vulnerable residents on site and developing specific risk assessments and mitigation plans for these individuals. Secondly their role will be to review all safeguarding issues identified in our incident portal and to generate a plan around risk management of these incidents. Thirdly Our RO will provide training and support to all our team members around identifying vulnerabilities and assisting in implementation of mitigations plans arising from risk assessments.</p> <p>We have aligned our Incident Portal to our risk register now allowing users to link risk assessments generated from incidents to specific incidents with review sections added for monitoring by the safety committee and senior management.</p> <p>Contingency plans are currently reviewed by senior management and will be updated in the risk register. Those area of contingency plans that are within the NS will be added my Mid-April and staff will receive print media based on protocols developed from said process.</p>	
4.4	Partially Compliant
Outline how you are going to come into compliance with this standard:	
<p>A risk assessment will be conducted mid-March based on the sharing of bedrooms between parents and children. Once conducted any changes that are physically possible will be made and any updates required on relevant policies will be updated</p>	
4.9	Not Compliant
Outline how you are going to come into compliance with this standard:	
<p>This has been immediately rectified with all provisions detailed in National Standards 4.9 been put in place and all residents informed of the availability of these non-food items.</p>	
8.1	Partially Compliant
Outline how you are going to come into compliance with this standard:	

<p>With the increased hours on site of our new reception officer, Our RO along with our management team will provide clearer guidance to staff as to their individual responsibilities in safeguarding vulnerable adults, and specific reporting pathways for adult safeguarding risks. Our RO will be conducting training sessions with staff throughout the summer months. The staff ethernet portal has now been updated with scenario-based training and protocols to advise staff in real time what procedures, referrals and risk assessments are to be followed in over ten of the main safeguarding issues that may arise.</p>	
10.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Records for residents with special needs have been kept on our reception officer reporting portal by our part time RO, however these were not available on the day and did need further development to ensure that actions that need to be taken to address special reception needs were passed onto the management and staff.</p> <p>This is being addressed and will form part of the role of our new RO.</p>	
10.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The new reception officer commencing at the end of March will spend more time on site with both residents and service users. Our RO will also work closely with the individual NGO's and Services that frequent the centre.</p>	

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	30/04/2025
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	07/04/2025
Standard 1.4	The service provider monitors and reviews the	Partially Compliant	Orange	30/04/2025

	quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.			
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Partially Compliant	Orange	20/02/2025
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.	Partially Compliant	Orange	30/04/2025
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	30/04/2025
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.	Partially Compliant	Orange	30/04/2025
Standard 4.9	The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity,	Not Compliant	Red	30/04/2025

	health and wellbeing.			
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Partially Compliant	Orange	30/05/2025
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	30/05/2025
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.	Partially Compliant	Orange	24/03/2025