



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

Name of the Centre:	Globe House
Centre ID OSV:	OSV-0008432
Provider Name:	Bridgestock Care Ltd
Location of Centre:	County Sligo
Type of Inspection:	Announced
Date of Inspection:	20/02/2024 – 21/02/2024
Inspection ID:	MON-IPAS-1012

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

Globe House is an accommodation centre located on the outskirts of Sligo Town. The building has 88 bedrooms, 17 of which are designated to accommodate families. At the time of the inspection, the centre provided accommodation to 163 residents which included 24 children and 139 adults. The centre is located in close proximity to local schools, crèches, pre-schools, shops, transport links, health and social services.

The centre comprises three buildings. An administration building has a reception area, staff and security offices, a residents shop, communal kitchen, a large communal dining room, a large communal activities room, a library and study space, an office for the reception officer, a counselling room and four bedrooms that accommodated single males. The administration building is connected to accommodation for single females and families. There is a stand-alone building located towards the back of the campus which accommodates single males. The centre has an external laundry room and a separate building which was used for religious practice by the residents. There is also a playground on site for children.

The service is managed by a centre manager who reports to a regional manager. In addition there is a deputy centre manager, two duty managers, and general support staff including maintenance, cleaning, and kitchen and shop staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	163
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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	Inspector	Role
20/02/2024	09:45 – 17:50	Pauline Clarke	Lead Inspector
20/02/2024	10:00 – 17:50	Amy McGrath	Support Inspector
20/02/2024	09:45 – 15:30	Bronagh Gibson	Support Inspector
21/02/2024	08:20 – 14:45	Pauline Clarke	Lead Inspector
21/02/2024	08:10 – 14:45	Amy McGrath	Support Inspector

What residents told us and what inspectors observed

From speaking to residents and through observations made during the inspection, the inspectors found that residents were generally well supported while living in Globe House. The inspectors observed a culture of person-centred support where residents were treated with kindness, care and respect. Staff working in the centre supported residents to integrate into the local community and the majority of residents said they felt safe, heard and listened to by staff. While there were improvements to be made in relation to the recording, risk management and safeguarding systems in place, it was evident that the service provider and centre management and staff team were motivated to ensure that they were providing a good quality and safe service to residents.

The inspection took place over the course of two days. During this time, the inspectors spoke to 23 adult residents and two children. Two questionnaires were also completed by residents. In addition, the inspectors spoke with the service providers, the centre management team and centre staff, including the onsite shop and kitchen staff.

Globe House was located on the outskirts of Sligo town within walking distance of local schools and services. The centre was spread across three buildings, two of which were adjoining. The administration building had a reception area, reception officer and staff offices, a large dining area, a large communal activities area, a library and study room and a counselling room. The communal kitchen and residents shop were also located in this building. There were four bedrooms for single males located on a hallway off the communal area, while single females and families were accommodated in an adjoining building. The majority of single males were accommodated in a separate building to the rear of the centre grounds. The laundry area and a space for religious practice were located in separate cabins on the centre grounds close, along with a children's playground.

The centre accommodated 163 residents at the time of the inspection across 88 bedrooms. Of that total figure, the centre had 17 rooms that were used to accommodate families. Where required, families were accommodated in adjoining rooms to ensure they had enough space. Prior to the inspection the service provider had reduced the occupancy of their other rooms to two single adults only. Residents told inspectors that this was an improved arrangement as it provided more space in each of the rooms.

On a walk around the centre buildings and grounds the inspectors observed that storage for strollers was made available in the entrance area of the family building. This allowed families to have more space in their bedrooms. Each floor of each building had a kitchenette area with a microwave, boiling water and a sink for residents to re-heat and prepare basic food for themselves and their family. In the family and single females' accommodation building where a room did not have en-suite facilities, a specific toilet and shower room was assigned to each room. Residents were provided with a key to their allocated shower room ensuring that it was only for their use.

The building where single men were accommodated had communal shower and toilet facilities. Each floor of the building had an area with five shower rooms including a toilet. These were not allocated to rooms, and were for use by residents on that floor. This building had a large communal kitchenette which included presses for storage and a fridge. It also had five basement bedrooms, four of which had en-suite facilities, and the fifth bedroom had an allocated shower room with a toilet. The inspectors observed residents' bicycles stored within the entrance and communal areas of the building and were told that the residents respect each other's property, as it was rare that any issues arose regarding the use or storage of the bicycles. The centre also had a ladies hairdressing room beside the communal space and a barber's room in the men's building that was used by residents. In addition there was a gym area under construction that was located next to a large communal activity area.

The inspectors observed pleasant interactions between staff and residents throughout the two-day inspection. Residents appeared comfortable in the company of staff members and the inspectors were told by residents that the staff team were helpful and supportive. The majority of residents said that they felt safe living in the centre and were happy to be living in Globe House. Residents who spoke with the inspectors said that they were given information about the services and supports in the local area.

Residents were happy with the variety of food available in the centre's shop. Where additional culturally appropriate foods were required, residents said they asked the shop staff and these were added to a list and ordered for them. The inspectors were told that the kitchen and cooking facilities were available outside of the displayed times if needed, and residents said that they were always able to book or use the kitchen facilities when they wanted to.

Due to the proximity of the centre to local schools and services, the centre did not operate a transport service. Inspectors observed that residents were given a map of Sligo town on arrival. This map was also on display in the communal dining area.

During a walk around of the centre, the inspectors found that the communal areas and bedrooms were in need of repair. Paint was found to be chipped and flaking in the communal activities room and in some of the bedrooms. While bedrooms were well furnished with nice bed linen, wardrobes, lockers and drawer units, beds did not have headboards leading to damage to paint on the walls. Inspectors also found that some residents were using extension cables to provide additional access to electrical sockets and these cables were drawn across the bedroom floors creating a potential health and safety risk.

Where residents had issues with their room or the person they were sharing with, the inspectors were informed that the centre management and staff listened to their concerns and addressed these issues. Where alternative rooms or beds were available, residents were facilitated to change room. In a situation where residents arrived to the centre together they were given the option to share a room if appropriate accommodation was available. In addition, two residents had requested bunk beds in their room as this provided increased floor space. This request was facilitated by the service provider.

The inspectors were told that the reception officer for the centre was helpful and supportive. Residents explained that the booking system to meet with the reception officer was working well, and the inspectors observed residents being provided with support, advice and information during the inspection.

Overall, residents felt safe and were content living in the centre. They felt that staff members and managers listened to what they had to say and issues or concerns were addressed in a timely manner. The observations 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 the first inspection of Globe House by HIQA. The inspection found that while the service was effectively managed on a day-to-day basis and had a committed management and staff team in place, improvements were required to further develop the governance systems and ensure good oversight and monitoring of the service provided. The inspectors found mixed levels of compliance with national standards due to a limited awareness and understanding on the part of the service provider of the requirements and expectations of legislation, policy and the standards. For example, the risk management, recording and governance arrangements of the service were some of the key areas requiring development.

Prior to the inspection, the service provider had held a meeting with all centres under their management and completed a review of their compliance with national standards. It was evident that this review had led to positive changes in relation to the development of a risk management framework, for example. However, further improvements were required to ensure that a comprehensive set of policies and procedures were put in place. In addition, the service provider needed to develop a service improvement plan specific to this centre.

The inspectors found that there was a culture of respect and kindness throughout the centre. The staff and management team were respectful in their interactions with residents and demonstrated a commitment to continual quality improvement. The service provider and centre manager were keen to learn from the inspection process in order to further develop the services provided in the centre to ensure the safety of their residents. While the service provider had commenced an internal audit process and maintained a list of improvements which had been completed in the centre, these actions required further development to ensure that there were detailed, sustainable systems in place to monitor and review the quality of the service provided. For example, it was difficult to understand what issues had arisen leading to the improvement actions taking place, or the timeframe within which these actions were to be completed.

Inspectors found that there was an organisational structure in place and managers were clear on their roles and areas of responsibility. Staff and managers were knowledgeable in relation to the reporting structure in the centre. The centre had a management team comprising two duty managers who reported to the deputy centre manager. The deputy centre manager reported to the centre manager. The senior operational manager had line management responsibility for the centre manager and the reception officer based in the centre. Both the centre manager and the deputy centre manager had completed training in leadership and management. The centre manager operated a daily assignment log system where all activities in the centre were recorded by staff on shift and reviewed by the centre manager. The service provider received an email copy of the

daily assignment log to provide them with oversight of the daily running of the centre. While this system provided a level of oversight of the management of the centre, improvements were required to ensure that incidents and events could be tracked over time.

Information was provided to residents on the complaints process and the centre had a complaints policy in place. At the time of the inspection, there had been no complaints made by residents in the centre. The service had a system in place to record and report on incidents that took place in the centre. While incidents involving adult residents were held in a central folder, incidents involving children were held in the child's individual file. As a result, there was no system in place to ensure that incidents which required contacting the Child and Family Agency (Tusla) duty social work department for information and advice were tracked centrally. There was a need on the part of the service provider to develop and implement effective management systems to ensure appropriate governance and oversight of incidents, serious incidents, complaints and safeguarding concerns.

The inspectors found that the centre management team had made significant efforts to hold regular residents meetings, however, it was reported that residents had not engaged with this forum. There were suggestion boxes available in the centre for children and adults. Residents told inspectors that they were aware that they could speak to staff members if they had any issues or difficulties. Residents told the inspectors that staff members were available to them and were helpful and supportive. The service provider together with the centre staff team had developed a residents' charter and it contained the information required by national standards. Residents were provided with a welcome pack on arrival and were given an induction to the centre by the centre manager and staff team.

Further improvements were required in relation to the risk management policy and risk register for the centre to ensure that all aspects of risk within the centre were appropriately captured and monitored. The centre had a detailed risk register in place which considered risks relating to health and safety, however, it had not considered other risks within the centre relating to the welfare and safety of residents. For example, risks relating to adult safeguarding had not been considered on the risk register. In addition, risks which had been identified on the child safeguarding statement had not been included on the centre's risk register. The inspectors found that the service provider had a system in place whereby incidents and risk assessments were reviewed by the organisations health and safety officer. This review system needed further development to ensure that a comprehensive analysis of all risks relating to the safety and welfare of residents were included within the risk management framework.

The centre was appropriately staffed at the time of the inspection. Staff were competent in their roles and respectful to residents. The inspectors found that the staff team knew

the residents and they responded to their concerns in a timely manner. The centre manager had completed regular team briefings to ensure that all staff members were aware of relevant information and updates. Further development of this meeting structure, to include team discussion and actions to be completed, would ensure increased management oversight of the service.

While staff members were clear on their reporting structures, regular formal written supervision was not being provided to staff members or centre managers. The human resources manager for the company told inspectors that they were in the process of developing and implementing a staff supervision process. The service provider operated a formal annual performance appraisal system for staff members to review their performance which had been in place for a number of years.

The inspectors found that the recruitment practices in the centre were safe and effective. Staff were required to have the appropriate Garda Síochána (police) vetting and international police checks, if required, completed prior to starting work in the centre. The service provider also completed Garda vetting for external support staff who were providing services within the centre. New entrants to the staff team completed a six-month probationary period followed by a review of their practice. Personnel files were stored centrally and managed by the human resources department of the company. Inspectors found that generally staff personnel files contained all documents required.

There was a strong culture of learning and development within the centre. Training records indicated that staff had completed an extensive range of training including working in a person-centred way, child protection, adult safeguarding, mental health awareness and diversity awareness. The human resources manager had oversight of the training completed by the staff team and annual training needs were identified through the staff appraisal system. All staff were provided with an employee handbook and the service had developed a code of conduct for staff working in the centre.

Standard 1.1

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

Improvement was required in the area of policy and service improvement plan development to ensure that the service provider had all of the required policies in place for the safe and effective delivery of services, particularly in relation to risk management and safeguarding.

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.

Inspectors found that there was a culture of respect and kindness throughout the centre. The centre had a clear organisational structure in place and managers were aware of their roles and areas of responsibility. There was a system in place to ensure management oversight of the daily activities in the centre. While the service provider received updates on a daily basis, improvements were required in order to develop and implement effective management systems that ensured appropriate governance and oversight of incidents, serious incidents, complaints and safeguarding concerns.

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.

The centre had a residents' charter in place which contained the information required by the national standards. Residents were provided with a welcome pack on arrival and were given an induction to the centre by the centre manager and staff team. The information provided to residents was available in different languages as required.

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.

While the service provider had commenced an internal audit process and maintained a list of improvements which had been completed in the centre, these actions required further development to ensure that there were detailed, consistent systems in place to monitor and review the quality of the service provided. In addition, improvements were required to ensure that residents feedback on the services provided is sought, recorded and considered.

Judgment: Partially Compliant
Standard 2.1
There are safe and effective recruitment practices in place for staff and management.
The recruitment practices in the centre were safe and effective. Staff had the appropriate Garda vetting prior to commencing employment and the necessary international police checks had been completed where they were required. The service provider also completed Garda vetting for support staff who were providing services within the centre. New entrants completed a six-month probationary period followed by a review of their practice.
Judgment: Compliant
Standard 2.3
Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.
Personnel files were well managed and contained the documents required by the national standards. Staff members took part in an annual appraisal of their practice. While the staff team were knowledgeable in relation to their roles and responsibilities, the service provider needed to establish a regular, formal supervision system for staff members.
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.
There was a strong culture of learning and development within the centre. Staff had completed training programmes on a wide selection of topics including working in a person-centred way, child protection, adult safeguarding, mental health awareness and diversity awareness. There was oversight of the training completed by the staff team and annual training needs were identified through the annual staff appraisal system.
Judgment: Compliant
Standard 3.1
The service provider will carry out a regular risk analysis of the service and develop a risk register.

Improvements were required in relation to the risk management policy and risk register to ensure that all aspects of risk within the centre were monitored and appropriately managed, including risks relating to the welfare and safety of residents. While there was a system in place whereby incidents and risk assessments were reviewed by the organisations health and safety officer, this system needed further development to ensure that a comprehensive analysis of all risks relating to the safety and welfare of residents were included within the risk management framework.

Judgment: Partially Compliant

Quality and Safety

The inspectors found that in general, the service provider was operating a service that was respectful of residents' needs and provided a safe place for residents to live. The centre managers and staff team were committed to ensuring residents could live independent lives while receiving additional support where required. However, improvements were needed in relation to policy development, recording systems and the maintenance of the premises.

The centre did not have a room allocation policy in place, but the service provider had developed an arrivals process document. This process outlined the availability of food, provision of keys, details regarding room checks and the assigning of rooms to residents. The centre manager told the inspectors that while there was no formal policy in place, the needs of residents including health, culture and knowledge of other residents were considered when allocating rooms. The inspectors found that individual rooms were allocated to residents where the resident had specific health needs. In addition, the centre manager maintained a log of all requests to move rooms. The inspectors found that these requests were facilitated wherever possible. At the time of the inspection, the room capacity for single residents had been reduced from three to two residents. Residents told inspectors that the change in room capacity had had a significant positive impact on their living arrangements.

The service provider ensured that family members were placed together. Where necessary, adjoining rooms were used to accommodate families and children. In situations where the needs of a family had changed, the service provider supported families to move to alternative rooms. Inspectors found that bedrooms were well furnished and residents had space to store their personal belongings. However, some beds observed by the inspectors did not have headboards fitted which resulted in walls requiring painting. Strollers were stored in a large entrance hall and additional storage had been made available to residents for the storage of larger, bulky items. Families had been provided with basic food preparation and storage facilities in their room including a fridge. Where a family room did not have en-suite facilities, a shower and toilet room was allocated to that family for their use. However, the inspectors found that rooms that were allocated to families were bedrooms which did not have a separate living room area. While the centre had large communal areas, these additional facilities were not an adequate alternative to providing the required private living space.

The centre was located within walking distance of schools, crèches and pre-school facilities. Study areas were available in the centre and parents were required to supervise children in this area. Some residents were not aware that these facilities were available. The service provider had computer and Wi-Fi facilities available in the centre for use by residents. Residents were supported by staff to access relevant education and training courses in the area. English language classes were also provided in the centre. Residents who had returned to education had access to laptops for the duration of their studies through a local community service.

The inspectors found that communal areas including the dining hall, kitchen and activities room were clean throughout. There was a cleaning schedule in place which included the replacement of cleaning equipment. The service provider had clear maintenance systems and arrangements in place with room and building checks completed on a regular basis. Inspectors found that while maintenance and repair works were completed in a timely manner, the buildings were in need of significant improvement in terms of painting works and flooring. For example, paint was peeling off some surfaces, wooden floors were damaged with large spaces evident between the boards and in some areas this damage was covered with duct tape. Inspectors observed that the walls in communal areas and bedrooms required painting. The centre manager told inspectors that the communal areas had been put out to tender for redecorating.

The centre had a laundry room that was found to be clean and well maintained with 14 washing machines and 14 tumble dryers. The laundry room was located in a porta cabin to the rear of the main building. While residents said that many of the machines were not in working order, the centre manager explained that some residents struggled with the use of the machines. The centre manager said that staff provided support and direction to residents on how to use the machines and repaired them when needed.

Residents told inspectors that they felt safe living in the centre. The security measures in the centre were proportionate and took account of residents' right to privacy and dignity. The security measures were informed by risk assessments completed by the service provider. The security staff were direct employees of the service provider and had received the appropriate training, Garda vetting and were licensed. The centre manager maintained a detailed log of tasks and security checks that were completed by the security staff on duty. While CCTV was used in communal areas throughout the centre, residents had access to a room with no CCTV that could be used for private meetings. In addition, the reception officer had their own private office which did not have CCTV so residents had privacy to discuss their concerns and needs.

The inspectors found that the service provider ensured residents were provided with appropriate non-food items including bedding, towels, contraception and personal hygiene and sanitary products. During observations of residents' bedrooms inspectors noted that staff members had put thought into providing bed linen that was of a good quality.

There was a well-equipped kitchen with 12 cooking stations that residents could book. While the kitchen had specific opening times, residents were able to use the kitchen area as required to facilitate those who were working. The centre manager said that children over 12 years of age were allowed to accompany their parents into the kitchen so that they could learn how to cook meals relevant to their culture. Where residents were unable, for a variety of reasons, to cook their meals, the centre staff provided support and assistance. Residents could use the points which they received on a card system to purchase food from the on-site shop where items were sold at cost price. Residents told inspectors that the shop had a good selection of items and they could ask the shop staff to buy in additional products when required. Inspectors found that the shop and centre staff were knowledgeable and accommodating in regards to the requirements of residents for religious celebrations.

The rights and diversity of residents were respected and promoted by centre staff and management. Staff members had received training in providing person-centred care. Inspectors observed conversations and interactions between staff and residents and found them to be kind and respectful. The centre staff team respected the rights of residents to live independent lives, while also providing advocacy support, information and advice where required. The centre staff team had ensured that all residents were registered to vote in the area. Residents told inspectors that they felt listened to by centre staff and it was evident that feedback from residents was welcomed and helped to inform service provision.

The inspectors found that residents were supported and facilitated to maintain personal and family relationships. Families were accommodated together in their own bedrooms and were supported to share cultural knowledge and cooking skills with their children. In addition, residents were enabled to bring visitors to the centre and had access to a private room to meet with them.

The service provider, through the centre management and staff team, had ensured that residents had access to local public services, healthcare, recreational and educational supports. The centre had developed strong working relationships with local community support services. For example, the centre had worked with local non-government organisations to provide laptops for residents returning to education and vouchers at Christmas to support parents with additional costs. The staff had also developed links with local sports clubs to ensure that adults and children living in the centre could access activities in their area. The centre provided residents with information on the local transport services. The location of the centre in Sligo town provided residents with access to local transport, recreational and social support services.

The inspectors found that the health and wellbeing of residents was promoted and residents were supported to access counselling and family support services where needed. The centre manager told inspectors that local statutory agencies held clinics in the centre to provide residents with relevant information. Parents were respected as the primary caregivers to their children and were provided with support regarding the supervision of their children if warranted. The centre had displayed information in the communal dining area about local services.

The inspectors found that the centre had an appropriate adult and child safeguarding statement. All staff had received training relevant to safeguarding and protection of children and adults as outlined in the national standards. The centre had appointed designated liaison persons and staff were aware of the potential concerns that could arise for residents in the centre. Inspectors found that concerns for children and adults were managed appropriately when they arose. The centre manager also had an appropriate system in place to ensure that the absence of residents from the centre was appropriately monitored. However, the service provider needed to ensure that such incidents were centrally recorded and tracked over time. For example, while records were held in individual residents' files when advice was sought from the Tusla duty social worker regarding a child welfare or protection concern, the centre management team did not have a recording system in place to ensure appropriate governance and oversight of these issues over time. In addition, while the service had a child protection policy in place, a policy to manage the identification and reporting of adult safeguarding concerns needed to be developed.

Inspectors found that staff members and managers in the centre were supportive of parents and proportionate in their responses to parents where concerns were identified, particularly in relation to the supervision of children. However, as discussed under standard 3.1, improvements were required to ensure that the service provider had appropriate systems in place to identify, assess and manage possible child protection and safeguarding risks.

The centre had a policy and process in place to report and notify incidents and serious concerns. While the service was in the process of developing systems to review or learn from incidents, improvements were required to ensure that such reviews considered all aspects of service delivery in order to continually improve the quality and safety of the services provided.

The staff team at the centre had engaged in appropriate training to support them to identify and address the needs of residents living in the centre. Staff members had also been provided with training to support self-care and wellbeing. Inspectors found that where special reception needs had been identified, support was provided to residents in a person-centred and respectful manner.

A reception officer had been appointed by the service provider at the time of the inspection. The reception officer was a member of the management team and appropriately qualified. Residents told inspectors that the reception officer was helpful, available and supportive. The reception officer was based in the centre on a full-time basis and had well established links with local support services. The service provider and centre manager told inspectors that monthly meetings were being scheduled between the service provider, the centre manager and the reception officer for governance and oversight. In addition, it was planned that the reception officer would attend team meetings to share relevant information with staff members. A policy had not been developed to support staff to identify, communicate and address existing and emerging special reception needs of residents. In addition, a system to record the supports and assessments completed by the reception officer with residents needed to be developed.

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 a process in place detailing the admission process for new arrivals to the centre. Efforts were made to allocate rooms on the basis of residents' needs, however, improvements were required to ensure that the service provider had a transparent room allocation policy in place.

Judgment: Substantially Compliant

Standard 4.2

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

While maintenance and repair works were completed in a timely manner, the buildings were in need of significant improvement in terms of painting works and flooring.

Judgment: Partially Compliant

Standard 4.4

The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.

The provider ensured that family members were placed together. However, families did not have living space that was private or separate to their sleeping quarters. Bedrooms were well furnished and additional storage space had been provided for families to store large items safely.

Judgment: Substantially 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.

Children had access to schools, crèches and pre-school facilities within the local area. Appropriate study spaces and materials had been made available to residents. Residents were supported to become involved in education and training in the area.

Judgment: Compliant

Standard 4.7

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

All communal areas were clean throughout. Inspectors found that residents were supported to maintain their independence in relation to completing their own laundry. Laundry equipment was well maintained and repaired as required.

Judgment: Compliant

Standard 4.8

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

The service provider had proportionate security measures in place and provided residents with a private space to have meeting as required.

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.

Inspectors found that the centre staff provided appropriate non-food items to residents including bedding and towels.

Judgment: Compliant

Standard 5.1

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

The centre provided appropriate food preparation and dining facilities which were available to residents. Additional support and advice on cooking and food preparation was provided to residents where required.

Judgment: Compliant

Standard 5.2

The service provider commits to meeting the catering needs and autonomy of residents which includes access to a varied diet that respects their cultural, religious, dietary, nutritional and medical requirements.

Residents had access to a well-resourced shop on site where requests could be made for additional products. Drinking water was freely available to residents. The centre ensured that there was flexibility regarding the opening times of the communal kitchen in order to meet the needs of residents.

Judgment: Compliant

Standard 6.1

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

The centre staff and managers ensured that the rights of residents were respected and promoted. Residents felt that they were listened to by the centre staff and managers. The inspectors found that residents felt comfortable taking to and sharing their concerns with the staff team.

Judgment: Compliant

Standard 7.1

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

The residents were supported and facilitated to develop and maintain personal and family relationships. Residents had access to a private space where they could have visitors. The centre staff had facilitated family celebrations within the centre.

Judgment: Compliant

Standard 7.2

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

The service provider ensured that residents were supported to access all necessary public services, recreational, education and social support services. The centre management and staff team had developed working relationships with support services in the area.

Judgment: Compliant

Standard 8.1

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

The inspectors found that the centre had an appropriate adult safeguarding statement in place and staff had received training relevant to safeguarding of adults as outlined in the national standards. However, a policy to manage the identification and reporting of adult safeguarding concerns needed to be developed. Improvements were required to ensure that the service provider had appropriate systems in place to identify, assess and manage possible safeguarding risks.

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.

The centre had appointed designated liaison persons and concerns for children were managed appropriately when they arose. Staff members had completed relevant child protection training. However, improvements were required to ensure that where child welfare or protection issues arose, such incidents were centrally recorded and tracked over time.

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.

While the service was in the process of developing systems to review or learn from incidents, improvements were required to ensure that such reviews considered all aspects of service delivery in order to continually improve the quality and safety of the services provided.

Judgment: Partially 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.

Staff in the centre had received training in person-centred care and were knowledgeable about the needs of the residents. The service provider promoted the health and wellbeing of residents and provided appropriate supports and services to residents as required.

Judgment: Compliant

Standard 10.2

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

The staff team at the centre had engaged in appropriate training to support them to identify and address the needs of residents living in the centre. Staff members had also been provided with training to support self-care and wellbeing. While staff and managers spoke with each other on a daily basis, there were no formal arrangements in place for the recording these discussions, sharing of learning, or the support of staff.

Judgment: Substantially Compliant

Standard 10.3

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

Appropriate support was provided to residents where special reception needs had been identified in a person centred and respectful manner. However, a policy had not been developed to support staff to identify, communicate and address existing and emerging special reception needs of residents, as required by the national standards. In addition, a system to record the supports and assessments completed by the reception officer with residents needed to be developed. In addition, the service needed to ensure there was a mechanism in place where the special reception needs of residents was monitored appropriately.

Judgment: Not 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.

An appropriately qualified and experienced reception officer had been appointed. The reception officer was based in the centre on a full-time basis and had well established links with local support services. The reception officer had strong links with local services and it was evident that residents were appropriately referred to health and social care services in accordance with their needs. The service provider needed to develop a policy and procedure manual to inform and guide the work of the reception officer in the centre.

Judgment: Partially Compliant

Appendix 1 – Summary table of standards considered in this report

This inspection was carried out to assess compliance with 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	Substantially Compliant
Standard 1.3	Compliant
Standard 1.4	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.2	Partially Compliant
Standard 4.4	Substantially Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant

Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Partially Compliant
Standard 8.2	Substantially Compliant
Standard 8.3	Partially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.2	Substantially Compliant
Standard 10.3	Not Compliant
Standard 10.4	Partially Compliant

Compliance Plan for Globe House

Inspection ID: MON-IPAS-1012

Date of inspection: 20/02/2024 – 21/02/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.1	Partially Compliant
Outline how you are going to come into compliance with this standard: <ul style="list-style-type: none"> • We are at present reviewing our documents control, policies and service improvement plan development to ensure that we have all the required policies in place for the safe and effective delivery of services, particularly in relation to risk management and safeguarding. We plan to have this review completed 31st August 2024 	
1.4	Partially Compliant
Outline how you are going to come into compliance with this standard: <ul style="list-style-type: none"> • We are reviewing our current residents meetings system in order to grow them more with the view of having more input from residents • In addition to our residents meetings we carry out weekly residents welfare checks to firstly check on the welfare of each resident and also to look for feedback on our service and any suggestion on improving the service for example trips to location such as Tayto Park/Westport House/Dublin Zoo and any on-site improvements/initiatives they would like to see • Residents are also reminded that any suggestion can be brought to the attention of the team and also through our suggestion boxes for both children and adults 	

- We also carry out our residents yearly survey which is done anonymously. The results of the survey are used to improve where needed our service and are we also feedback to our residents the results of each survey
- Each year our in house QMS qualified auditors will carry out a full review of our internal policies and procedures. Any actions noted will be reported back to senior management team
- Any actioned improvements or changes to our policies and procedures will be discuss with the centre team and changes made as necessary
- We will add the following to our current recording system for our list of improvements to include the date it was suggested, who brought it to our attention (team member/resident) what was the goal, what actions are needed to deliver, when was it delivered (if possible) and the outcome of the improvement
- We will review our current snap inspection system regarding maintenance issues

2.3	Partially Compliant
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- Outline how you are going to come into compliance with this standard:
- We have developed a supervision system for quarterly meetings with all staff to add support and identify any additional training each individual staff member may require. This new system will run in conjunction with our staff monthly meetings and our annual 1-2-1 Performance Management Reviews
 - Supervision meetings will be carried out from line manager – centre manager-centre management team and to all members of staff
 - The supervision meetings will be 2-way where each member of staff can share how their job is going and is there any improvements that can be added to our service and also to our operations
 - All members of staff will review the notes on the template and sign to confirm they are happy with it. A date for the next supervision meeting will be agreed at the end of the meeting
 - Each manager will receive training on carrying out these new supervision meetings

3.1	Partially Compliant
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- Outline how you are going to come into compliance with this standard:
- Our health & safety and compliance officer will carry out a full review of our current risk register, risk management plan and contingency plan to bring alignment to these
 - The review will also cover both the physical and welfare need of our residents and will look more deeply at one off incidents that would differ from the norm
 - Any outstanding risks will be reviewed and plans/actions put in place to mitigate them

<ul style="list-style-type: none"> Each month we will review the risk register at our management meetings and share any learning with all team members 	
4.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> Pre inspection we had sought quotations for painting and decorating works. An appropriately qualified contractor has now been commissioned to complete internal painting and decorating works in a planned and scheduled manner during the next quarter while causing as little disruption as possible to the daily lives and wellbeing of our residents Globe House is nearing the end of its natural life as a 'fit for purpose' accommodation centre and we have plans for a complete refurbishment and upgrade once the current contract ends. We are presently constructing new independent living units on the site adjacent to the centre which are due for completion in Q1 2025. Once completed our plan is to refurbish and upgrade the existing accommodation centre. Notwithstanding this, we will continue to repair and replace any damaged flooring as necessary and ensure that such works are included in our ongoing maintenance program 	
8.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> We will review our existing safeguarding policy to analyse any improvements to minimize any safeguarding risks These will be reviewed for learning purposes and will form part of our monthly meeting agenda As needed our staff will engage with the IPAS welfare team on any emerging needs of residents to ensure supports are available for residents that require them Supports and training are also supplied to each member of staff to deal with and encourage reporting of any emerging needs of our residents 	
8.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> We are reviewing our process concerning adverse events with the view of learning and improving and continually improving the service we provide The review will also cover both the physical and welfare need of our residents and will look more deeply at one off incidents that would differ from the norm Training is provided to all staff and the list of training is located in our Identifying Special Reception Needs and Vulnerability Assessment Policy Any additional training needs that may come to light during the quarterly monthly meetings, 1-2-1 Performance Management Reviews and general interactions with staff will be highlighted to our HR team 	

- At each monthly meeting all risks/issues will be added to the agenda and discuss with the team to improve our service and learning

10.3	Not Compliant
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Outline how you are going to come into compliance with this standard:

- Our policy on identifying special reception needs and vulnerabilities of our residents has been updated
- As needed our staff will engage with the IPAS welfare team on any emerging needs of residents to ensure supports are available for residents that require them
- Working collaboratively with our Reception Officer, we have developed a Recording System that records all interactions and catalogs the different sections of each residents needs
- The recording system will be reviewed monthly by the Centre Manager and Reception Officer and where applicable inform other members of the team of any special requirements that have been identified for our residents
- We are developing a Reception Officers Manual

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

- Working collaboratively with our Reception Officer, we have developed a Recording System that records all interactions and catalogs the different sections of each residents needs
- We are developing a Reception Officers Manual

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	31/08/2024
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.	Partially Compliant	Orange	30/05/2024
Standard 2.3	Staff are supported and supervised to carry out their duties to promote	Partially Compliant	Orange	17/06/2024

	and protect the welfare of all children and adults living in the centre.			
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	31/07/2024
Standard 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Partially Compliant	Orange	Painting 30th May 2024 Flooring 31st December 2024
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Partially Compliant	Orange	15/06/2024
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	30/05/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	10/04/2024
Standard 10.4	The service provider makes available a dedicated Reception Officer, who is suitably trained to support	Partially Compliant	Orange	30/06/2024

	all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.			
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