



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

Name of the Centre:	Slaney Court Apartments
Centre ID:	OSV-0008626
Provider Name:	Double Property Group
Location of Centre:	Co. Wicklow
Type of Inspection:	Unannounced
Date of Inspection:	11/03/2025 and 12/03/2025
Inspection ID:	MON-IPAS-1081

## 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 national<sup>1</sup> and international level<sup>2</sup> since that time. In response, the Irish Government took certain steps to remedy this situation.

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

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published a White Paper to End Direct Provision and to establish a new International Protection Support Service<sup>3</sup>. 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 permanent<sup>4</sup> International Protection Accommodation Service centres against national standards on 9 January 2024.

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

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

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

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

## About the Service

Slaney Court Apartment is an accommodation centre located in Baltinglass, County Wicklow. The complex comprised 19 family units located in three blocks of apartments and a separate three-bedroomed house. The family units all facilitate independent living with an open plan kitchen and living space, bathroom and separate bedrooms. At the time of the inspection, there were 76 residents living in the centre, including 31 children.

The centre further comprises an onsite office which contains a meeting room for residents to access during office opening hours. There is a playground for children, and residents have access to many amenities in the local community which are within walking distance of the centre.

The centre is managed by centre managers and a reception officer who reports to a quality and compliance manager of the service. The quality and compliance manager, in turn, reports to the director of the service.

The premises are privately owned, and Double Property Group provide the service on a contractual basis on behalf of the Department of Children, Equality, Disability, Integration and Youth.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	76
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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)
11/03/2025	10:00hrs – 17:30hrs	1	1
12/03/2025	09:30hrs – 17:00hrs	1	1

## What residents told us and what inspectors observed

The inspectors found, from speaking with residents and through observations made during the course of the inspection, that residents were generally happy, well supported and received services that met their needs, and promoted their safety. Residents were provided with safe and comfortable accommodation that enabled them to exercise their independence and autonomy. The staff team were person-centred in their approach and facilitated the integration of residents into the local community. While some areas required improvement to comply with the requirements of the national standards, the provider was actively implementing the relevant quality improvement initiatives.

This was HIQA's second inspection of this centre, and it took place over two days. During this time, the inspectors met or spoke with 17 adult residents and 11 children in direct consultations. In addition, 10 resident questionnaires were completed and returned to the inspectors. The inspectors also spoke or met with a company director, quality and compliance manager, centre managers, and reception officer.

The centre catered for families and accommodated 78 residents across 19 self-contained apartments in three blocks of apartments, and a separate three-bedroomed house. At the time of the inspection, there were 76 residents living in the centre, 31 of whom were children. While the primary function of the centre was to provide accommodation to people seeking international protection, the inspectors found that 34 (45%) of the residents had received refugee, subsidiary protection or leave to remain status. Due to the lack of alternative accommodation, they were unable to avail of more appropriate accommodation arrangements in the community.

Slaney Court accommodation centre is located in a small village in County Wicklow and was within walking distance from schools, public amenities and recreational facilities. There was on-street access to some apartments, and access to other apartments was through secure gates with electronic keypads. All residents had the key codes and their own electronic fobs to enter and exit the centre without any restrictions. While there was limited parking spaces for residents and staff within the centre, on-street parking was available. There was a staff office within the centre, and within it was a room open during office hours for residents to meet with visitors or professionals in private, and had computer equipment available for their use, if they wished.

On a walk around the accommodation centre, the inspectors found the centre's physical structure to be in good condition, with well-maintained communal areas. However, the inspectors noted paint peeling off the walls, balcony rails and on the walkways. Management had since put this work out to tender, with re-painting scheduled to commence in the summer. Additionally, the inspectors observed old and disused bicycles left on a bike rack in the car park. The centre managers told the inspectors that plans were underway for their disposal. Furthermore, some outdoor lighting, including fixtures outside certain apartments and on the exit staircase, required maintenance. Despite this, the centre was clean, safe and suitable for children and adults. Fire safety and evacuation procedures were in place to ensure the safety of all residents, including those with disabilities, in the event of a fire or an emergency.

The inspectors were invited into several of residents' living quarters, which were spacious and well furnished. With the exception of two families, each family had their own apartment, fostering independent living. Centre managers explained that these two small families, who were known to each other prior to their arrival, had chosen to share a three-bedroomed house in the centre. The apartments featured bedrooms, bathrooms, and open-plan living and kitchen areas. The apartments had ample space for children to play, develop and complete their school work. The accommodation had sufficient equipment and facilities for residents to live their daily lives, cook, complete their own laundry and store their clothes and belongings. Residents used a points system to purchase food from a wide variety of shops in the local area, and those engaged with were happy with this arrangement.

The inspectors found a homely, relaxed, and warm atmosphere in the centre at the time of the inspection. Residents were observed engaging in daily activities, interacting with each other, and engaging with staff in the office and in the car park within the centre. The inspectors observed courteous and respectful interactions between staff and residents, which made for a comfortable and safe centre for residents. Although many children lived in the centre, it remained generally quiet, with most activity occurring in the mornings and afternoons when children returned from school.

The inspectors observed that the service provider had implemented a renovation programme to enhance facilities and services for residents since the last inspection. A small football astro-turf pitch, a basketball hoop, and an outdoor exercise area had been constructed for children and adults. The inspectors observed children playing football on the astro-turf pitch in the afternoons. In addition, children had access to a small but well-maintained playground with slides and swings. Close to these facilities was a seating area with wooden benches for residents to use in fine weather.

To fully understand residents' experiences, the inspectors made themselves available to the residents over the course of the inspection. Residents' views on the service were gathered by the inspectors through direct consultation, inspector observations and a review of documents. The inspectors met with 17 adult residents and 11 children. An additional 10 residents completed a resident questionnaire and inspectors observed residents engaging with members of the staff team.

Residents who engaged with this inspection reported feeling safe in the centre. Some residents appreciated the ability to cook meals that met their dietary, cultural and religious needs. Residents told the inspectors they felt comfortable raising concerns with staff and were confident any issues would be addressed. One resident commended the staff team for their support in observing religious events and showed the inspectors a Ramadan gift pack they had received from them. While some residents said the staff team were slow to respond to maintenance issues on occasions, they were complimentary of the service, in general, and the accommodation and facilities provided. However, some residents expressed concerns to the inspectors about restrictive practices, including limitations on hosting family events such as birthday parties in their living quarters, and restrictions on bringing additional furniture or electrical appliances into their rooms.

The children who spoke with the inspectors stated they liked living in the centre, felt safe, and described the staff team as friendly and supportive. One child shared with the inspectors that he especially appreciated having a larger bedroom than he had before. The children described the staff team as "good" and "helpful", with one young person describing the services provided in the centre as "very good".

In addition to speaking with residents about their experiences, the inspectors received 10 completed questionnaires. Overall, the feedback indicated that residents felt safe, protected, and respected, and they found the staff team approachable and receptive to complaints and feedback. However, some residents indicated that they did not feel services of the centre were delivered in a fair and transparent manner, and some stated they experienced some restrictions while living in the centre.

In summary, careful observation of everyday activities and interactions within the centre, coupled with active engagement with the residents, made it clear that the centre provided a positive and supportive space where the staff team was readily available to residents. The provider had invested in facilities for residents and delivered a service that met their needs. While residents were complimentary of the accommodation and services provided, some areas of the building required attention, some practices in the centre required a review, and the service required enhanced management oversight. The observations of inspectors and the residents' views presented in this section of the report reflect the overall findings of the inspection.

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

## Capacity and capability

This was the second inspection of Slaney Court accommodation centre by HIQA. This was an unannounced inspection which was carried out as part of an ongoing monitoring programme and to observe the implementation of the actions the service provider outlined that they would take in response to the findings of a previous inspection in February 2024 (MON-IPAS-1010).

This inspection found that the provider had implemented some actions from the compliance plan to address the governance and management arrangements in the service. While improvements were found, further action was required in the areas of oversight and monitoring arrangements, recording, staff supervision, and risk management.

This inspection found that the provider had improved their awareness of their responsibilities and begun implementing the required systems and processes to comply with the regulations, national standards and national policy. Statutory notifications had been submitted to HIQA as required by the regulations. Operational policies and procedures were developed and implemented, and there was evidence that the staff team understood them. However, some policies and systems were at the early stage of development and implementation. For example, the service had commenced vulnerability assessments and but had not yet developed a manual for the reception officer.

The accommodation centre, privately operated by Double Property Group, was well-managed and had strong leadership and transparent decision-making. A clear governance structure ensured accountability, with four centre managers overseeing operations and one serving as the reception officer. The roles and responsibilities of the centre managers were clearly defined, and they rotated to provide cover during the week, and an effective formal on-call system was in place. The centre managers reported to a quality and compliance manager, who oversaw multiple centres and reported to the company director. Residents engaged with during the inspection knew how to contact a manager outside office hours, and this system was functioning well at the time of inspection.

The inspection found improvements in oversight, monitoring, and accountability systems, though further enhancements were needed. Regular staff meetings with recorded minutes, set agendas, and follow-ups had been introduced. The quality and compliance manager regularly visited the centre and submitted their findings in a management tracker to the director. The management tracker contained a broad range of topics, including complaints, incidents, safeguarding and maintenance. This

allowed for good oversight and monitoring of the service. However, improvements were required to ensure management oversight over the resident engagement log, and that all actions were recorded in the management tracker and followed up.

The inspectors found that the centre's residents' charter had been enhanced to include all the information required by the national standards. Residents received information on how to make complaints, and records were well-maintained. The inspectors reviewed these complaints, all of which were promptly addressed, with outcomes and complainant satisfaction recorded.

Although a formal quality assurance system was not yet in place, significant progress had been made in developing feedback mechanisms and systems to monitor the quality of support provided to residents. For example, residents could provide feedback through a variety of methods, such as, through a suggestion box, one-on-one discussions with staff, monthly resident meetings, and resident experience surveys. It was evident that feedback from residents had led to improvements in facilities in the centre, such as installing a basketball hoop, for example. While a formal quality improvement plan was still in development, the quality and compliance manager maintained a record of initiatives to improve the service. An audit policy had been developed, with audits conducted in areas such as room checks and policy development, reflecting a commitment to service improvement.

The provider had measures in place to ensure safe and effective recruitment of staff members. The provider had developed recruitment and Garda vetting policies, including managing positive vetting disclosures. The recruitment policy was implemented and adhered to for any subsequent staff recruitment. All staff had up-to-date Garda Vetting disclosures, and international police checks had been obtained for staff who required them.

While a staff supervision policy was in place, supervision had not been rolled out to the entire staff team, but scheduling for supervision had started. Staff members engaged with during the inspection felt well-supported by the management team and understood their responsibilities. Performance appraisals were conducted with staff members, with a policy guiding this practice. The commencement of regular supervision meetings would further support staff in achieving their development goals.

The inspectors found that the learning and development needs of the staff team were prioritised. The quality and compliance manager ensured that the team had comprehensive and varied training to support them in their roles and to meet the needs of the residents. Each staff member had also completed training in areas specific to their role, such as special reception needs, interpretation skills, and conflict

resolution. There was good oversight over the training needs of staff by the quality and compliance manager.

The inspectors found substantial improvements in risk management, though further enhancements were needed. The risk management policy provided clear procedures for identifying, assessing, managing, monitoring, and reporting risks at different levels. A risk register outlined known risks in the centre. Comprehensive individual risk assessments were completed for risks specific to residents, with staff meetings used to review and discuss risks collectively. Management oversight was evident, with the quality and compliance manager and director involved in monitoring risks. While risks were appropriately identified and managed, the inspectors noted that risk ratings needed review for accuracy, and details such as risk ownership and review timeframes were to be consistently recorded in the risk register.

The inspection found that the centre's critical incident policy effectively complemented the risk management framework, ensuring a cohesive approach. The inspectors found that this policy was effectively implemented, with good management oversight. Centre managers reviewed incidents during staff meetings, and some of these led to risk assessments and quality improvements in the centre. Additionally, the provider had detailed contingency plans to ensure service continuity in emergencies. Fire prevention measures, safety protocols, and evacuation procedures were well-established, strengthening the centre's overall risk management approach.

In summary, substantial improvements had been made in the centre since the last inspection, however, 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. The inspectors found that the provider's governance arrangements had improved. However, further improvements were needed to strengthen oversight and ensure the service consistently delivered safe and high-quality supports to residents.

### **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. The service provider had ensured that notifications were submitted to HIQA in line with the requirements of the regulations. They were actively addressing known deficits in the service and had addressed concerns noted in previous inspection reports. The provider had taken steps to develop appropriate policies and procedures to support residents. However, some of these systems were in their infancy and required further development to fully embed into practice. In addition, some policies such as the reception officer manual were not yet in place.

Judgment: Substantially Compliant

### **Standard 1.2**

The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.

There was an effective governance structure in place, clear lines of accountability and most residents felt treated with dignity and respect. While the provider had developed recording, monitoring and reporting systems to support good oversight of all aspects of service provision, enhanced oversight was required to ensure the delivery of a safe and quality service.

Judgment: Substantially Compliant

### **Standard 1.3**

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

There was a residents' charter 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.

Judgment: Compliant

#### **Standard 1.4**

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

The provider had implemented a number of monitoring initiatives to review the quality of the service provided to residents. There were defined reporting arrangements that ensured monitoring systems were based on relevant and timely information. Audits for some areas of service provision had been completed. The provider had established consultation mechanisms with residents and there was evidence that that feedback from residents had informed practice in the centre. While a formal quality improvement plan was not yet in place, the service had a list of improvement initiatives developed for the centre.

Judgment: Substantially Compliant

#### **Standard 2.1**

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

The service provider had ensured there were safe and effective recruitment practices in place. There was a recruitment policy available, and while some records were not available for staff who had been employed in the centre for an extended timeframe (for example, written references), the provider had identified this and made arrangements to ensure satisfactory records were maintained for any future appointments. The service provider had received a Garda Vetting disclosure for all staff members employed in the centre.

Judgment: Compliant

#### **Standard 2.3**

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

Staff members were receiving support to carry out their duties, with informal supervision provided by the quality and compliance officer, and the provider representative. However, there were no formal supervision arrangements in place at the time of inspection.

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.

The inspectors found that staff members were well-trained and engaged in continuous training and development that was overseen by a senior manager. Staff had received training in key areas, such as child protection and adult safeguarding. The centre managers had also undertaken training in a variety of areas, including areas specific to residents' potential vulnerabilities, for example, domestic and gender-based violence.

Judgment: Compliant

### **Standard 3.1**

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

The service provider had developed a comprehensive risk management policy. A risk register was developed in line with the risk management policy and complemented by the centre's critical incident policy. The risk register outlined potential risks to the service and to residents, and contained detailed risk assessments and control measures. However, risk ratings required review for accuracy. While risks were discussed in staff meetings, the risk register required consistent recording to ensure all details were accurate and up to date.

Judgment: Substantially Compliant

## Quality and Safety

This inspection found that the governance and management arrangements had strengthened since the previous inspection and this had contributed to an improvement in the safety and quality of the service provided to residents. Overall, the inspection found that residents were provided with safe and comfortable accommodation, and the provider had good measures in place to ensure that the wellbeing and health of residents was promoted. There was evidence of effective consultation with residents and mechanisms to gather feedback were developed. In the case of the majority of residents, their needs were being met through good access to support services, quality information and opportunities for social engagement and integration. Some improvement was required, however, to the premises, resident's rights, and recording of supports provided to residents with special reception needs.

There were arrangements in place to ensure that, where possible, accommodation was allocated in a way that considered and facilitated residents' known needs at the time of admission, as well as their evolving needs. For example, the inspectors found that a couple were relocated to more suitable living quarters in the centre after having a baby. While the service provider had developed a room allocation policy, it required enhancement to include the specific criteria considered for requests for room allocation and room change.

The provider protected and promoted the privacy and dignity of families in the centre. Families were accommodated together; except for two small families who shared a house, and each family had a self-contained apartment, sufficiently furnished to allow them live independently and promote family life. While residents were generally satisfied with their accommodation, they were not allowed to buy additional furniture and appliances for use in their apartments. However, the quality and compliance manager informed the inspectors that they were open to reviewing this in line with risk management framework in place in the centre.

The service provider actively supported the educational and recreational needs of children. For example, the provider had established an educational fund to cover extra tuition, educational assessments and the cost of the transition year. Children had access to crèche and school placements in the community, facilitated by the staff team. While there was no study area in the centre, children had ample space to complete their homework within their own living space. The provider had also invested in recreational facilities for children in the centre. For instance, a football astro-turf pitch had been constructed in the centre.

Residents had laundry facilities in their living quarters which allowed for independent living. Communal areas of the centre were clean and well maintained throughout. However, there were some maintenance issues which needed to be addressed, for example, lighting repairs, paint peeling off staircases, railings and walls. The centre

manager acknowledged the issues identified at the time of inspection and committed to addressing them.

Security measures were sufficient, proportionate and appropriate. Closed circuit television (CCTV) was in operation in external and communal areas of the centre and its use was informed by a centre policy. Outside their living quarters, residents had access to a room in the centre without CCTV to meet with visitors and professionals in private.

Residents were able to prepare meals for themselves in their own accommodation. They were provided with all necessary cooking utensils, cutlery and crockery. Residents received a prepaid voucher for local shops on a weekly basis to allow them purchase their own groceries. Residents had access to a wide range of shops and supermarkets to ensure they had varied choice with regard to their grocery shopping.

While arrangements around the provision of non-food items in the centre largely aligned with the requirements of the national standards, a review was required. All other personal non-food items, such as cleaning products and laundry detergents, were purchased by residents on the pre-paid card and refunded by the provider. However, a review these arrangements was required to ensure all non-food provisions, including basic toiletries were provided, in line with the requirements of the national standards.

The provider and the staff team respected and promoted residents' rights and diversity but improvements were required. Information on residents' rights and entitlements was displayed throughout the centre, and there were systems to consult with residents to gather their feedback. Residents told the inspectors that the staff responded and treated them with dignity and respect. The provider also supported religious observances, diversity and equality. As an example, the provider gave out gift packs to residents to celebrate the month of Ramadan, and vouchers to commemorate the International Women's Day. While residents could meet family, friends and visitors in their apartments, restrictions on family gatherings needed review to ensure they were proportionate to the identified risk.

There was clear evidence that the service provider supported and facilitated residents to engage with the wider community and local services. The provider ensured that residents had access to information about local services and facilities in the community. The inspectors found that the service continued to support residents integrate and develop a sense of belonging within the community. Residents were invited to take part in the upcoming Saint Patricks' Day parade in the town, which demonstrated the impact made by the provider to facilitate their integration into the local community.

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. The inspectors found that potential safeguarding or welfare issues were identified promptly, and reported as required. Child and adult safeguarding policies were in place and all staff members had received appropriate training, including training for designated liaison persons.

There were arrangements in place to record and report any significant incidents that occurred in the centre. The service provider had a policy in place with regard to incident management and the systems in place enabled the provider to effectively review incidents and facilitate learning. Where necessary, incidents were escalated to relevant third party agencies, including those required to be notified to HIQA.

The provider promoted residents' health, wellbeing and development through the staff team, using a rights-based approach that ensured residents' autonomy in this process. Residents were supported in accessing health services and transport was available to facilitate medical appointments outside the town. There were appropriate infection control measures in place in the centre, and the service provider had developed a substance misuse statement.

There was a dedicated reception officer employed and the provider had implemented measures to support and protect residents with special reception needs. For instance, a policy to identify, assess and address special reception needs was in place, all staff members had completed relevant training, and the reception officer had commenced vulnerability assessments. While this was positive progress, the reception officer had not implemented formal recording systems to track and monitor the progress of further assistance residents may require in this regard. In addition, there was no reception officer manual, and the template for vulnerability assessments required enhancement, however, the quality and compliance manager had self-identified these deficits and had plans in place to address them.

In summary, the accommodation centre was generally well-maintained, though some areas required attention. The provider had invested in a range of facilities for residents. 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 review arrangements around the provision of non-food items and some restrictive practices in the centre.

#### **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.

There was an allocations policy in place that set out the admissions procedure for the centre, however, additional information about the specific criteria used to inform decisions about admissions was required. The service provider endeavoured to meet the identified needs of adults and children in the allocation of accommodation. Families were provided with own-door accommodation which protected their privacy and promoted independence.

Judgment: Substantially 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 families were accommodated together and it was clear that the interests of the family were considered in the allocation of rooms.

Judgment: Compliant

**Standard 4.6**

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

The service supported children and young people to access educational supports and facilities. There were appropriate arrangements for children and young people to access school and pre-school off site, and had established an educational fund to support children in the centre. While there was no study room in the centre, children had ample space to complete their homework within their own living space. The provider had taken measures to ensure this was a safe and secure space for children to play.

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.

Generally, the centre was maintained in good condition and was clean and tidy throughout, although some outdoor areas needed attention. There were adequate laundry facilities available to residents, with washing machines available in each accommodation unit. Residents took responsibility for cleaning their own apartments.

Judgment: Substantially Compliant

#### **Standard 4.8**

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

Security measures were sufficient, proportionate and appropriate. CCTV was in operation and its use was appropriate and guided by a centre policy.

Judgment: Compliant

#### **Standard 4.9**

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

The provider had implemented a system whereby residents' points allocation was converted to a prepaid debit card to purchase non-food items, in addition to food items, from local supermarkets. While it was found that the provider had included an additional stipend to residents with small children to purchase nappies and other necessary hygiene products, the arrangement required further review to ensure that all necessary non-food items were provided in addition to provisions for food.

Judgment: Partially Compliant

#### **Standard 5.1**

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

A fully equipped kitchen was available in each of the apartments and provided private food preparation and cooking facilities for families. This arrangement facilitated independence and supported family life.

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 purchased their own food from local stores, using a debit card that was topped up on a weekly basis. This arrangement facilitated choice and independence for residents.

Judgment: Compliant

### **Standard 6.1**

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

The general welfare of and rights of residents were promoted and protected. The service provider had good systems in place to consult with residents, and these were utilised to improve service delivery. Residents were encouraged to be independent while receiving necessary support. They had access to a wealth of information about their rights, community and support services and also had access to advocacy supports. Residents exercised their right to choose their own daily activities and what food they prepared. However, there was a need to review restrictions around family gatherings in the centre to ensure the least restrictive option was taken, in line with the assessed risk.

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 ensured residents could access relevant information about local services and facilities. The centre manager and staff team supported residents in availing of resources in the local area, such as health services and housing support. Notice boards throughout the centre provided up-to-date information about various support services. Transport was available to facilitate medical appointments.

Judgment: Compliant

### **Standard 7.3**

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

The provider had facilitated and encouraged residents to integrate and engage with the local community. It was found that the centre manager and staff team were supporting residents to avail of resources in the local area and providing information about their rights and entitlements. It was evident that the centre had strong working relationships with support groups and services in the area. 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.

Adult and child safeguarding policies were in place and implemented. Residents felt safe, and it was evident that the staff team responded appropriately to safeguarding concerns as they presented. The inspectors found that incidents were managed well and reported to other appropriate services as required. Staff had received training in vulnerable adults safeguarding.

Judgment: Compliant

### **Standard 8.2**

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

There was a child protection policy in place as well as a child safety statement. Staff members had all received training in child protection and welfare. There was a designated liaison officer appointed who had received additional training in this area. Any potential child protection or welfare issue had been reported as required.

Judgment: Compliant

### **Standard 8.3**

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

The service provider had good systems in place for the recording, review and oversight of incidents that occurred in the centre. It was found that very few incidents were noted to have occurred, and those reported were managed in line with the centre's policy.

Judgment: Compliant

### **Standard 9.1**

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

The inspectors found that arrangements in the centre ensured that each resident received the necessary support to meet their individual needs. The centre managers ensured that where suitable support could not be provided, residents were assisted in availing of support from external services.

Judgment: Compliant

### **Standard 10.1**

The service provider ensures that any special reception needs notified to them by the Department of Justice and Equality are incorporated into the provision of accommodation and associated services for the resident.

In the event that the provider was notified of any special reception needs, it was found that they strove to meet them. For the most part, the provider was not made aware of any special reception needs in advance of resident admissions.

Judgment: Compliant

### **Standard 10.2**

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

Staff members 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.

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 policy to guide staff on identifying, assessing, communicating, and addressing existing and emerging special reception needs.

Judgment: Compliant

**Standard 10.4**

The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.

A reception officer, with the required qualifications and experience, was employed in the centre to support residents with special reception needs. While the reception officer had commenced vulnerability assessments and provided support where appropriate, they had not implemented formal recording systems to track and monitor the progress of further assistance residents may require in this regard. While a reception officer policy was in place, a procedure manual had not been developed to guide the work of the reception officer.

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
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Substantially Compliant
Standard 1.2	Substantially Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Substantially Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Substantially Compliant
Standard 4.4	Compliant
Standard 4.6	Compliant
Standard 4.7	Substantially Compliant
Standard 4.8	Compliant
Standard 4.9	Partially Compliant

<b>Theme 5: Food, Catering and Cooking Facilities</b>	
Standard 5.1	Compliant
Standard 5.2	Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Substantially Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.2	Compliant
Standard 7.3	Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Compliant
Standard 8.2	Compliant
Standard 8.3	Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Compliant
Standard 10.4	Partially Compliant

# Compliance Plan for: Slaney Court Apartments.

Inspection ID: MON-IPAS-1081.

Date of inspection: 11 and 12 March 2025.

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Standard	Judgment
2.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Prior to the inspection formal supervision arrangements were initiated to take place on the 28th of March. This supervision has now occurred as scheduled with a formal agenda and minutes regarding all discussions that took place. Follow up meetings have been scheduled to take place in July and quarterly thereafter. Staff members have been advised that this can be brought forward if the employee requires it sooner.</p>	
4.9	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The Service provider has implemented a system whereby residents' points allocation are converted to a prepaid debit card to purchase personal and food items in local supermarkets this allows residents to get value for money &amp; a wider product choice. The Service provider ensures that residents with small children receive an extra allowance to cover the cost of nappies &amp; formula.</p> <p>In relation to residents and hygiene products, female residents receive a refund when they purchase feminine hygiene products on the pre pay debit card. We have found this is the best method as it allows the resident to choose their preferred product.</p> <p>Following the HIQA inspection the Service Provider received correspondence to provide residents with an allocation to cover the cost of toiletries &amp; cleaning product.</p>	

The purchase policy has been updated to reflect this addition. Residents will receive an updated version of the purchase policy to ensure they are aware of the new procedure.

10.4

Partially Compliant

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

As mentioned in the report the reception officer had commenced vulnerability assessments and provided support where appropriate, formal recording systems to track and monitor the progress of further assistance that residents required have been implemented. A Reception officer policy and procedure has been developed to guide the work of the reception office and is currently in place.

## 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 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	28/03/2025
Standard 4.9	The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.	Partially Compliant	Orange	01/05/2025
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	Partially Compliant	Orange	02/04/2025

	accommodation centre and with outside agencies.			
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