



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

Name of the Centre:	St Patrick's Accommodation Centre
Centre ID:	OSV-0008451
Provider Name:	Tattonward Ltd.
Location of Centre:	Co. Monaghan
Type of Inspection:	Unannounced
Date of Inspection:	11/02/2025 and 12/02/2025
Inspection ID:	MON-IPAS-1078

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

St Patrick's Accommodation Centre is located on an 18-acre site, formerly agricultural land, on the outskirts of Monaghan town. The centre had a recorded capacity of 390 people, but at the time of inspection, it accommodated 354 residents. The centre provides accommodation to families, single males and females. In addition to living quarters, the centre comprised administration offices, a large dining room, communal kitchens, multi-function rooms, seven outdoor playgrounds, and green areas.

The centre has a dedicated bus service contracted to a private operator. Residents - travel to Monaghan town to access services such as schools, health centres, and shops.

The centre is staffed by a management team, administrative staff, security, maintenance, and catering staff.

The premises are privately owned, and Tattonward Limited 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:

Number of residents on the date of inspection:	354
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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)
11/02/2025	10:00hrs–18:00hrs	1	2
12/02/2025	08:30hrs–16:00hrs	1	1

What residents told us and what inspectors observed

Through conversations with residents, a review of documentation, and observations made during the inspection, the inspectors found that the residents of St Patrick's Accommodation Centre were receiving good quality support from the staff team and service provider. The staff team supported residents in integrating into the local community and treated them with kindness, care, and respect. Residents lived independently and, for the most part, were happy with their accommodation. However, the inspectors found areas for improvement such as the oversight and monitoring arrangements, the provision of non-food items, and residents' rights to privacy and dignity in the centre.

This was HIQA's third inspection of this centre, and it took place over two days. During this time, the inspectors met or spoke with 28 adult residents and 12 children in direct consultations. In addition, 11 resident questionnaires were completed and returned to the inspectors. The inspectors also spoke or met with a representative of the service provider, centre manager, administrator, reception officer, and housekeeping and maintenance staff.

The centre catered for families, couples, single females, and single males. There were 354 residents at the time of the inspection, 167 of whom were children. The centre had a mix of studio bedrooms, adjoining bedrooms for families, and modular family units. Other unrelated residents shared rooms with a maximum capacity of two or were allocated single rooms based on their special needs.

While the primary function of the centre was to provide accommodation to people seeking international protection, the inspectors found that 73 (21%) of the residents had received refugee 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.

On a walk around the accommodation centre, the inspectors observed that the service provider had implemented a renovation programme to enhance facilities and services for children since the last inspection. A children's study hub featuring seven pods had been constructed in the main building. According to the centre manager, the hub was designed in consultation with children. It was painted in a forest theme, creating a welcoming environment. A children's sensory room was also added to provide support to children with special needs. Additionally, a homework club had been introduced in the centre, and facilitated by volunteers from a local youth organisation.

The centre provided self-catering facilities for residents. Seven communal kitchen spaces in the centre were available to residents 24 hours a day. The inspectors observed one of the communal kitchens in the main building. It contained 10 cooking stations and was well-maintained and clean. The centre manager told the inspectors that residents could borrow cooking utensils, cutlery and crockery until they bought their own. However, residents living in modular houses which had self-contained private kitchens, had all the necessary food preparation facilities and utensils, and did not have to buy their own. This arrangement did not promote fairness and equal access to cooking utensils in the centre.

The inspectors were invited into several of the residents' living quarters. The inspectors saw mould in some bedrooms, which management was aware of and planned to address. One bedroom observed had a window on the ceiling and no blinds, and which meant that there was too much light getting into the room, and this made for uncomfortable living for the family. While all bedrooms were appropriately furnished, there were situations where children over the age of 10 shared bedrooms with their parents or siblings of a different gender. The inspectors found 17 families living in such arrangements in the centre, and this compromised their dignity and privacy. While the provider had risk assessed the issue, this did not make for comfortable living.

Residents were observed engaging in daily activities, interacting with each other, and engaging with staff in the administration building and other centre areas. 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 other facilities in the centre, including the two laundry rooms, a bright and spacious multi-purpose room, and multi-faith prayer rooms. All these rooms were sufficiently and appropriately furnished. In addition, a room was available for residents to meet staff and professionals in a private setting. All these rooms, including the common areas and toilet facilities, were very clean throughout, and cleaning schedules were displayed in the communal toilets.

The centre grounds provided ample space for children to play and opportunities for walks and recreation. There were several playgrounds on the campus for younger children and a large sports field for teenagers and adults. A gym and an outdoor exercise area were available and suitably equipped. There was also a large car parking space and a bike rack for residents and staff within the centre grounds. The inspectors observed some strollers for children, which were stored in the open and subject to weather conditions, and as a result, were damp. However, a storage facility was available in a large room for residents to secure these and all their belongings.

The inspectors received mixed feedback from residents about their experience living in the centre. All the residents engaged with reported feeling safe in the centre, and some emphasised that it was particularly a safe place for children. While many residents reported that staff were respectful and attentive to their concerns and needs, some residents felt otherwise, noting lack of effective responses to some of their issues. Some residents were complimentary of the service and accommodation while others felt their living arrangements, where they shared bedrooms with their children, were inappropriate. When asked about pests, residents who spoke with the inspectors reported fewer sightings of pests in their accommodation, and one resident showed inspectors a pest trap in their bedroom that had been recently installed by a pest control company. Some residents appreciated the ability to prepare meals that met their dietary, cultural and religious needs, with one resident noting that this made them “feel at home”.

The children who spoke with the inspectors stated they liked living in the centre and felt safe there. The children described the staff as friendly and supportive, but one child told inspectors that a bedroom they shared with a sibling was “too small.” Some children reported poor Wi-Fi connectivity in the main building.

In addition to speaking with residents about their experiences, the inspectors received 11 completed questionnaires. Overall, the feedback indicated that residents felt safe, protected, and respected, and they found the management team approachable and receptive to complaints for quality improvement. However, two residents indicated that they did not feel adequately supported to live a meaningful life in the centre, and some stated they were unaware of centre policies and procedures.

In summary, by observing daily life and interactions within the centre and engaging with its residents, the inspectors found that the centre was a supportive environment for residents to live. The provider had invested in facilities for residents and had taken appropriate steps to take control of a pest infestation in the centre, and this made for a pleasant and comfortable centre. While overcrowding persisted in some rooms in the centre, residents who engaged in this inspection said they felt safe and were generally happy with the service they received. The observations of the inspectors and the residents' views presented in this section of the report reflect the overall findings of the inspection.

The following two sections of the report present the findings of this inspection about the governance and management arrangements in place and how these arrangements impacted the quality and safety of the service delivered.

Capacity and capability

This was an unannounced inspection to monitor the implementation of the actions the service provider outlined that they would take in response to the findings of a previous inspection in May 2024 (MON-IPAS-1036).

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, staff supervision, staff training, and contingency planning.

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. Operational policies and procedures were developed and implemented and there was evidence that the staff team understood these. However, not all the required actions and systems were in place. For example, statutory notifications had not been submitted to HIQA as required by the regulations, and the arrangements around the provision of non-food items to residents were not in line with the requirements of the national standards.

Since the last inspection, there had been changes to the management team in the centre. A reception officer was recruited and, along with the administrator, took on additional responsibilities to support the centre manager. While the service provider had begun aligning the management structure with the needs of residents, it was unclear how the centre manager regularly assured them of service performance through regular reporting mechanisms. Although a representative of the provider was actively involved, frequently visiting and meeting with the centre manager, key decisions made from such meetings were not formally recorded. Additionally, the centre manager did not receive formal supervision, and there was no structured process for escalating risks internally. The lack of formal reporting and monitoring systems between the provider representative and centre manager resulted in reduced oversight of the services provided.

Notwithstanding, the oversight, monitoring, and accountability at the centre manager level had improved although further enhancements and developments were required. Management and staff meetings had been introduced and were held monthly, with recorded minutes, set agendas, and follow-ups on actions listed in records. This allowed for transparency and better tracking of decisions made in the centre. Record-keeping on supports provided to residents had also improved, and the reception

officer played a proactive role in meeting residents' needs, contributing to a safe, and comfortable environment. While the recording systems in use had improved, enhanced oversight was needed from the centre manager and service provider. Additionally, formal on-call manager availability arrangements were also required to cover for emergencies during out-of-hours periods.

There was a residents' charter in place but this lacked some details required by national standards, such as the complaints procedure for the centre. Despite this, residents received information on how to make complaints, and records were well-maintained. In the time since the last inspection, seven complaints were made, all of which were promptly addressed, with outcomes and complainant satisfaction recorded.

The service provider had implemented systems for overseeing and monitoring the quality of life and overall experiences of residents living in the centre, but improvements were required. An annual review for 2024 was in progress, and audits were ongoing. A quality improvement plan was in place but did not include timeframes for implementation and review. Resident engagement was well-established through monthly meetings and resident satisfaction surveys. It was evident that feedback from residents had influenced improvements in the centre, such as the design of the children's study room, for example. These efforts demonstrated a commitment to address residents' evolving needs and improve the quality and safety of the service.

Recruitment practices were safe but needed further improvement. The inspectors found that staff files contained all required documents and information, including job descriptions, records of induction and probation and annual staff appraisals. All staff had up-to-date Garda Vetting disclosures and international police checks had been obtained for staff who required this. There were systems in place to ensure volunteers and contracted staff had undergone Garda vetting. However, the recruitment policy lacked guidance for staff on how to manage positive disclosures from Garda vetting should they arise.

Staff supervision had commenced with staff members, guided by centre policy. Staff members engaged with during the inspection felt well supported by the management team and understood their responsibilities. However, the supervision policy required more detail on the process, and managers required supervision training to enhance the quality and consistency of this support. Performance appraisals were conducted with staff members, with a policy guiding this practice.

The provider supported staff in continually updating and maintaining their knowledge and skills. However, the inspectors found that all staff members had not completed training on adult safeguarding, but a plan was in place for them to complete this

shortly after the time of the inspection. While a training matrix was in place, it did not include information to show if someone had completed training or the gaps in training.

The inspectors found that substantial improvements had been made in the area of risk management. The risk management policy clearly outlined the procedures for identifying, assessing, and monitoring risk in the centre. There was a risk register that outlined known risks in the centre and included clear control measures to manage these risks. There was evidence of management oversight in the management of risks, and these risks were reviewed during staff meetings, enabling all staff to be aware of risks in the centre. Comprehensive individual risk assessments followed risks specific to residents. The inspectors reviewed a sample of these risks and found that they had been appropriately identified and assessed, and adequate measures were implemented to manage them.

Additionally, the provider had assessed risks concerning contingency planning, and detailed plans were in place that set out how the provider would ensure continuity of service in emergencies. However, the provider had not considered or included measures around possible staff shortages and alternative accommodation for residents in the event of any severe disruption of the service.

In summary, substantial improvements were made in the centre since the last inspection but 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 for full implementation. The inspectors found that the provider's governance arrangements had improved. Still, enhancements were required to ensure that all aspects of the service provided were appropriate to meet residents' needs and were effectively monitored. In addition, improvements around staff supervision, record-keeping, recruitment, and risk management systems were required to ensure a consistently safe and effective quality service was provided.

Standard 1.1

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

The service provider had improved their awareness and knowledge of their responsibilities regarding accommodation to people in the international protection process as outlined in the national standards and national policy. They were actively addressing deficits in service provision to ensure the living conditions and services provided to residents were in line with the requirements of the national standards. A suite of policies and procedures were in place to provide the necessary guidance.

However, some systems required further development to ensure compliance with national standards and policies. For example, statutory notifications regarding incidents that had occurred in the centre had not been submitted to HIQA and some policies such as the supervision policy required enhancement.

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.

The governance and management systems had improved and these ensured the delivery of a safe and person-centred service. The centre manager had developed formal quality assurance and reporting systems to support good oversight and monitoring of all aspects of service provision. There were clear lines of accountability at individual and team levels. However, while there were adequate accountability and reporting arrangements at the centre manager level, there were no formalised communication and oversight systems at a service provider level.

Judgment: Partially Compliant

Standard 1.3

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

The service provider had a residents' charter in place which was available to residents and was displayed prominently. While the charter described the services available to residents, resident-related policies and residents' rights, it did not clearly outline the complaints process as required by the national standards.

Judgment: Substantially Compliant

Standard 1.4

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

The provider had implemented a number of monitoring and evaluation initiatives to review the quality of the service provided to residents. There were clear recording systems and defined reporting arrangements that ensured monitoring systems were based on relevant and timely information. The annual report was in progress and audits for various areas of service provision had been completed. The provider had established consultation mechanisms with residents and there was evidence that that feedback from residents informed practice in the centre. While a quality improvement plan was in place it did not include timeframes for implementation and review.

Judgment: Substantially Compliant

Standard 2.1

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

Staff recruitment practices in the centre had improved. All staff and volunteers had been Garda vetted at the time of inspection, and international police clearances were in place for staff members who required them. However, the recruitment policy required enhancement to include systems to manage positive Garda vetting disclosures.

Judgment: Substantially Compliant

Standard 2.3

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

The staff and management teams reported that they were well supported in their roles. Staff supervision, supported by centre policy, had commenced. However, the supervision policy required enhancement to ensure more detail on the process so as to enhance quality and consistency. Formal performance appraisals were also in place for staff members.

Judgment: Substantially Compliant

Standard 2.4

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

The provider had ensured that the learning and development needs of the staff team had been considered but improvements were required. Staff had completed in training on some residents' existing support needs. While all staff had completed child protection training, no members of the staff team had completed training in adult safeguarding but a plan was in place to address this deficit. The recording of training required enhancement to include information to show if someone had actually completed training or the gaps in training.

Judgment: Substantially 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 risk management policy. A risk register was developed in line with the risk management policy; it outlined potential risks to the service and to residents, and contained detailed risk assessments and control measures. While there were risk assessments in place relating to the continuity of service provision in the event of an emergency, plans around possible staff shortages had not been included.

Judgment: Substantially Compliant

Quality and Safety

This inspection found that the governance and management arrangements had improved since the previous inspection, enhancing the safety and quality of the service provided to residents. The inspectors found that the provider had invested in facilities for residents, person-centred supports were delivered, and the staff team supported individuals and families to integrate and engage with the broader community. The provider had implemented measures to ensure residents' wellbeing, and health and rights were promoted and protected. However, improvements were required around the provision of non-food items, cooking utensils, recording of incidents, and the promotion of dignity and privacy for families in the centre.

The inspectors found that room allocation in the centre was based on the residents' identified needs and best interests, as well as their evolving needs. For example, the inspectors found that a couple were relocated to more suitable living quarters after having a baby. Families were accommodated together, and single rooms were prioritised for residents with special reception needs. This practice was guided by a room allocation policy which outlined the criteria for room allocation at the time of admission and on an ongoing basis.

While families were accommodated together, the privacy and dignity of some families were not adequately protected. The inspectors found some rooms with mould in the bathrooms. Significantly, 17 families had children aged 10 years and above sharing bedrooms with parents or siblings of a different gender. These arrangements were not in line with the requirements of the Housing Act of 1966. Although the provider had risk assessed these situations and had plans to move some of these families to more suitable accommodation within the centre, these living arrangements impacted the dignity and privacy of these residents.

The service provider actively supported the educational and recreational needs of children in the centre. For example, the provider had established child-friendly spaces for play and schoolwork, such as playgrounds, a homework club, a study hub, and a sensory room for children with additional needs. The provider ensured that transport was available for children to attend crèches and schools in the local area. Although two children were not enrolled in school at the time of the inspection, the provider had sought support from local support organisations. However, while the centre manager told inspectors that communication had been made with the relevant educational welfare department at Tusla, there was no written evidence of this contact at the time of inspection.

The communal areas of the centre were clean, and cleaning schedules were in place for the communal bathrooms. The two laundry rooms were well-maintained and equipped

with 15 washing machines and 13 tumble dryers. Outdoor clothes-drying areas were available for residents living in the modular units.

Security measures at the centre were sufficient and appropriate, with CCTV monitoring external and communal areas. Residents had access to a private room without CCTV for meetings with visitors or professionals. Security staff were Garda vetted and held the necessary licences. Security risks were included in the centre's risk register, with controls in place.

The inspectors found that arrangements around the provision of non-food items in the centre did not comply with the requirements of the national standards and required review. While contraception and female sanitary products were provided; nappies, wipes, lotions, and toiletries were not. Additionally, residents received only one set of towels and bed linen upon arrival instead of the required two sets. Although the centre manager indicated that additional items could be requested, some residents were not adequately informed on how to make such requests.

The centre provided self-catering facilities in good working condition, and residents purchased grocery using an electronic card, which they could use in a local supermarket. While the provider was reviewing this to increase the choice for residents to buy from various shops in Monaghan town, increased consultation with residents was required to ensure that decisions made addressed their needs.

While the centre had self-catering facilities, the provision of cooking and storage facilities varied by accommodation type, and the inspectors found lack of fairness in access to cooking utensils, cutlery and crockery. Modular units had self-contained kitchens with all the necessary cooking utensils and fridges, while residents in other accommodations who used shared kitchens had to purchase cooking utensils, cutlery, crockery, and a fridge. While the centre manager told inspectors these residents could borrow until they bought their own equipment to cook meals, this created situations where residents could not have the necessary equipment to cook their meals and this did not support family life. This lack of equity and equality of approach in the provision of cooking facilities was acknowledged by the service provider representative, who agreed to review these arrangements.

The inspectors found that residents' rights were generally upheld and their welfare promoted, though improvements were needed in some areas. The support model in the centre encouraged independence and autonomy. Staff members had received training on protecting residents' rights. For example, the service provider had ensured staff were trained on data protection legislation, ensuring residents' information was securely and confidentially managed. Information on residents' rights was displayed in various languages, including age-appropriate content on children's rights. The inspectors observed pleasant interactions between residents and staff, and most residents felt

respected. The provider also facilitated religious observances with multi-faith prayer rooms provided in the centre. However, as highlighted previously, the privacy and dignity of families was compromised where children shared bedrooms with parents or older siblings, and there was lack of fairness in terms of access to cooking utensils, cutlery, and crockery.

The provider supported and facilitated residents' integration and engagement with the wider community, including collaboration with other agencies. For example, the provider organised a 'Friends of the Centre' group, which included local statutory services and community and voluntary groups. Meetings were held quarterly and recorded. Evidence showed that the centre manager advocated for residents to have timely access to services, such as medical and health services, medical assessments, and vaccinations.

The inspectors reviewed the safeguarding arrangements at the centre. Suitable measures were implemented to protect children and adults, and residents expressed to the inspectors that they felt safe. The provider had taken some steps to protect residents from known safeguarding risks. Some of these risks had been appropriately escalated, and safeguarding measures, including risk assessments, had been put in place where necessary. Child and adult safeguarding policies were in place, but while all staff had completed the Children First training, no staff members had undergone training regarding safeguarding vulnerable adults. Nevertheless, a plan was in place for staff to complete this training a week after the inspection.

The provider had systems in place to record and monitor incidents, complaints, safeguarding, and adverse events. Incidents were managed and recorded, with referrals and escalations directed to the relevant government services. However, notifications to HIQA had not been made when required by regulations. Furthermore, areas for improvement were required in tracking and documenting progress of situations and the frequency of welfare checks by centre staff. For instance, confirming whether a referral to Tusla had been made or if additional supports were necessary was essential for ensuring accurate and relevant information about incidents and accidents.

The centre promoted residents' health, well-being, and development through a person-centred, needs-based approach, supporting their autonomy in decision-making about health and welfare. The provider had established links with local healthcare and social support services. Support workers from various services regularly visited to meet with residents and provide information and advice.

A qualified and experienced reception officer was in place, supporting residents with special reception needs. Despite receiving limited information about new arrivals, the reception officer had completed 112 vulnerability assessments with residents' consent. In their four months in the role, the reception officer had built strong relationships with relevant statutory services, non-statutory agencies, and local support groups. The

reception officer proactively identified special reception needs, completed individual risk assessments and referred residents to appropriate services. The reception officer's work was guided by a manual and policy in line with national standards, and all staff received training to respond to residents' emerging and identified needs.

In summary, this inspection found that the governance and management arrangements had improved since the previous inspection, which had improved the safety and quality of the service provided to residents. Residents had choices in their daily lives, and their rights and independence were generally promoted. Community connections were established, and residents were supported in engaging with them, reporting good integration. While the accommodation was of good quality and the staff treated residents respectfully, there was a need to enhance the privacy and dignity of certain families in their living quarters and ensure a fair provision of cooking facilities 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.

The provider had ensured accommodation was allocated in a way that considered and met residents' known needs, and there was a fair and transparent approach to the allocation of rooms to residents.

Judgment: Compliant

Standard 4.4

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

The provider did not ensure that families' privacy and dignity were fully protected and promoted in the centre. While families were accommodated together and the family unit protected, some children shared bedrooms with parents or older siblings of different genders and this impacted the privacy and dignity of these families.

Judgment: Partially Compliant

Standard 4.6

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

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. There was evidence of engagement and consultation with children about the provision of recreational and multi-purpose spaces in the centre.

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 common areas within the centre were kept clean, and there were cleaning schedules in place to ensure this happened. There were appropriate and accessible laundry facilities available to residents. Laundry appliances were kept in a state of good repair and replaced where necessary in a timely manner. Outdoor clothes drying spaces areas were available.

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 provider had put in place sufficient, proportionate and appropriate security measures in the centre. CCTV was available in common areas, and guided by centre policy. Security risks were listed in the risk register and policies were in place for sharing information about residents.

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 provision of non-food items to residents was not in line with the requirements of the national standards. Upon arrival, residents received only one set of towels and bed linen. The service provider did not provide baby formula, wipes, and nappies as outlined in the national standards.

Judgment: Not Compliant

Standard 5.1

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

The provider ensured that residents had access to their own private kitchen, or to a communal kitchen, depending on the type of accommodation they were residing in. However, residents living in modular homes were provided with cooking utensils by the provider without any charge but residents living in the Annex building were required to purchase them.

Judgment: Partially Compliant

Standard 5.2

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

This centre was fully self-catered. Residents purchased their food using vouchers for a local supermarket, which meant they could shop independently for themselves and their families. Most residents said this system worked very well.

Judgment: Compliant

Standard 6.1

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

It was evident that the provider and centre manager made a considered effort to provide a service that respected residents, acknowledged their strengths, and supported them in their endeavours. Residents were provided with information and the necessary support to avail of the services and resources they were entitled to. However, there were instances where the human rights of residents were not actively considered, promoted or protected by the service provider. These included examples where equity and equality of approach in the provision of supplies were not ensured; and dignity and privacy were negatively impacted due to the configuration of sleeping accommodation.

Judgment: Partially Compliant

Standard 7.1

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

The service supported residents to develop and maintain their personal and family relationships. Residents could receive visitors in the centre, and there were spaces without CCTV for residents to have meetings, for example, with professionals or friends.

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 provider ensured residents could access relevant information about local services and facilities. The centre manager and staff 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.

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. The provider had facilitated the convening of a "Friends of the Centre" group, to promote community involvement with residents in the centre.

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 other appropriate services as required. Risk assessments were completed, support plans were implemented. While staff had not completed training in adult safeguarding at the time of the inspection, a plan was in place to have this completed shortly after the inspection.

Judgment: Substantially Compliant

Standard 8.2

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

A child protection policy and a child safety statement were in place, and designated liaison officers were appointed. Staff had all received training in child protection, including training for designated liaison persons. The staff team were aware of their responsibilities to ensure children were safeguarded, and child protection and welfare concerns were reported to Tusla in line with legislative requirements. However, there was a need to record follow ups made with Tusla to ensure that staff knew whether referrals were closed or if additional supports were required.

Judgment: Substantially Compliant

Standard 8.3

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

The inspectors found that significant adverse incidents were reported to the relevant government departments. The provider had developed a system to review and trend incidents regularly and to learn from them to improve the service continuously. While support and referrals for child protection concerns were appropriate, notifications to HIQA had not been made, where necessary, as required by the regulations.

Judgment: 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.

The inspectors found that arrangements in the centre ensured that each resident received the necessary support to meet their individual needs. The centre manager ensured that where suitable 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.

<p>The centre manager oversaw a defined admissions and induction process for all residents, allowing residents to share any specific needs. Staff had received training in a wide range of areas that equipped them with the knowledge and skills required to identify emerging needs and provide necessary support.</p>
<p>Judgment: Compliant</p>
<p>Standard 10.3</p> <p>The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.</p>
<p>The provider had developed a policy to guide staff on identifying, assessing, communicating, and addressing existing and emerging special reception needs. A reception officer manual was also in place.</p>
<p>Judgment: Compliant</p>
<p>Standard 10.4</p> <p>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.</p>
<p>A reception officer, with the required qualifications and experience, was employed in the centre to support residents with special reception needs. The reception officer had ensured that vulnerability assessments had been completed for a significant number of residents, and appropriate supports provided, where necessary.</p>
<p>Judgment: Compliant</p>

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Substantially Compliant
Standard 1.4	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Substantially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.4	Partially Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Not Compliant

Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Partially Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Partially Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Standard 7.3	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Substantially 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 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Compliant
Standard 10.4	Compliant

Compliance Plan for: St Patrick's Accommodation Centre.

Inspection ID: MON-IPAS-1078

Date of inspection: 11/02/2025 – 12/02/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>St Patrick's Accommodation Centre (St Patrick's) have an internal 'SP-006 Incident Management Policy and Procedure' in place which details the Services obligation to notify HIQA of the occurrence of certain events in line with the requirements of the European Communities (Reception Conditions) (Amendment) Regulations 2023.</p> <p>St Patrick's has engaged with a specialist external organization to support the Centre Manager and broader team develop a comprehensive understanding of the legal and policy frameworks that govern Service operations.</p> <ol style="list-style-type: none">1. Centre Manager and Reception Officer to receive formal training from external specialist organization 'on SP-006 Incident Management Policy and Procedure'. <p>Responsibility: Service Provider Representative Completed by: 31/05/2025</p> <ol style="list-style-type: none">2. Internal audit schedule to be updated to include a regular review of the Service's incident management process, which as per the Service's internal policy 'SP-006 Incident Management Policy and Procedure', requires a review by the Centre Manager of all incident reports to determine whether external reporting to HIQA is required. Audits will be carried out in line with the following: <ul style="list-style-type: none">➤ GAL-005 Monitoring Service Quality & Safety Policy and Procedure➤ GAL-006 Internal Audit Management Policy and Procedure	

Responsibility: Centre Manager Commenced by: 31/05/2025 3. Update roles and responsibilities section of 'GAL-042 Centre Manager Job Description' to include submitting notifications to HIQA following the occurrence of certain events. Responsibility: Service Provider Representative Completed by: 31/05/25	
1.2	Partially Compliant
Outline how you are going to come into compliance with this standard: St Patrick's have established governance arrangements which ensure accountability and oversight of the support provided to residents. In order to enhance the existing governance and management system and improve communication, the following shall be implemented: 1. Centre Manager Report template to be developed, this will be completed by the Centre Manager periodically and sent to the Service Provider Representative. The report will track the Services strategic and operational objectives and will be returned to the Centre Manager by the Service Provider Representatives with comments for follow up where appropriate. Responsibility: Centre Manager Commenced by: 16/05/2025 2. Internal audits are carried out to assess, evaluate and improve the provision of Services in a systematic way, audit reports to be shared with the Service Provider Representative, inclusive of corrective actions identified to address the findings. Responsibility: Centre Manager Commenced by: 16/05/2025	
4.4	Partially Compliant
Outline how you are going to come into compliance with this standard: All accommodation is allocated in line with 'AC-002 Allocation of Accommodation Policy and Procedure', a process which aims to allocate accommodation based on Resident's needs in a fair and transparent manner.	

The service endeavors to recognize, respect and safeguard all residents' right to dignity and privacy within the service.

1. Where a family's privacy and dignity is compromised due to their living arrangements, an individual risk assessment is to be completed which shall detail the existing controls in place to mitigate the risk and the identified actions reduce the risk further.

Responsibility: Centre Manager
Commenced by: 31/05/2025

2. Findings detailed within Inspection Report [MON-IPAS-1078] to be formally communicated by the Service Provider Representative to International Protection Accommodation Services (IPAS), with particular focus given to issues raised relating to the requirements of the Housing Act of 1966.

Responsibility: Service Provider Representative
Completed by: 31/05/2025

3. GAL-017 Management Team Meeting Agenda to be updated to include review of Resident Register, the objective of which will be to identify families for internal transfer to more appropriate accommodation within the Service. Where families are actively refusing to move into more appropriate accommodation within the Service, a record of this shall be maintained.

Responsibility: Centre Manager
Commenced by: 31/05/2025

4. The service shall continue to regularly consult with residents and seek their views, in particular where the operation and delivery of the service is potentially having implications for their privacy, dignity and sense of home. This information shall be used to improve services for all residents in line with 'GAL-009 IPAS Resident Involvement in the Service'.

Responsibility: Centre Manager
Commenced by: 31/05/2025

4.9	Not Compliant
Outline how you are going to come into compliance with this standard: The service will ensure the availability of sufficient and appropriate non-food items and personal products to support the personal hygiene, comfort, dignity, health, and wellbeing of all residents. In addition to the existing supports:	

1. The weekly allowance provided to residents will be reviewed and increased as and where necessary to ensure residents have adequate means to purchase mandated non-food items.
2. The service will also procure a selection of non-food items directly for redistribution to residents, ensuring consistent and equitable access to essential personal care and hygiene products.
3. A regular review of the level and appropriateness of items available will be conducted to confirm that the supports in place meet the evolving needs of residents.

Responsibility: Service Provider Representative

Commencement Date: 13/05/2025

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

The service commits to providing food preparation and dining facilities which meet the needs of Residents. St Patrick's, modular units are fitted with cooking and food storage facilities, while there are individual cooking stations available for Resident's whose accommodation does not include cooking equipment.

1. 'FCC-001 Food Safety and Dining Facilities Policy and Procedure' which details that adequate food preparation space, and a sufficient quantity of cooking utensils and equipment (which is culturally and religiously appropriate) is provided by the Service for Residents, to be formally communicated to all Residents in a format which is accessible to them. It shall be explained to Residents that essential cooking utensils and equipment are available for shared use within the centre however they can purchase such items for their own personal use if they so choose.

Responsibility: Centre Manager

Completed by: 16/05/25

2. The Service shall continue to regularly consult with Residents and seek their views in relation to the provision of cooking equipment and facilities. This information shall be used to improve Services for all Residents in line with 'GAL-009 Resident Involvement in the Service Policy and Procedure'.

Responsibility: Centre Manager

Commenced by: 16/05/25

6.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The Service, and its staff, are committed to upholding the rights of each Resident. Each Resident's right to be treated equally and as an individual is protected, respected and promoted by the Service in line with national legislation, international human rights standards and laws and the FREDA principles.</p> <ol style="list-style-type: none"> 1. As detailed in Standard 4.4 - Where a family's privacy and dignity are compromised due to their living arrangements, an individual risk assessment is to be completed which would detail the existing controls to mitigate the risk and the identified actions reduce the risk further. <p>Responsibility: Centre Manager Commenced by: 31/05/25</p> <ol style="list-style-type: none"> 2. As detailed in Standard 4.4 - Findings detailed within Inspection Report [MON-IPAS-1078] to be formally communicated by the Service Provider Representative to International Protection Accommodation Services (IPAS), with particular focus given to issues raised relating to the requirements of the Housing Act of 1966. <p>Responsibility: Service Provider Representative Completed by: 31/05/25</p> <ol style="list-style-type: none"> 3. As detailed in Standard 4.4 - GAL-017 Management Team Meeting Agenda to be updated to include review of Resident Register, the objective of which will be to identify families for internal transfer to more appropriate accommodation within the Service. Where families are actively refusing to move into more appropriate accommodation within the Service or otherwise, a record of this shall be maintained. <p>Responsibility: Centre Manager Commenced by: 31/05/25</p> <ol style="list-style-type: none"> 4. As detailed in Standard 5.1- 'FCC-001 Food Safety and Dining Facilities Policy and Procedure' which details that adequate food preparation space, and a sufficient quantity of cooking utensils and equipment (which is culturally and religiously appropriate) shall be made available to all Residents, to be formally communicated to all Residents in a format which is accessible to them. It shall be explained to Residents that essential cooking utensils and equipment are available for shared use within the centre however they can purchase such items for their own personal use if they so choose. <p>Responsibility: Centre Manager Completed by: 31/05/25</p>	

8.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The Service is committed to ensuring all adverse events, incidents, or potential incidents, occurring in the Service are identified, documented, rectified, reviewed, and appropriately communicated and that incidents or adverse events are reported to the relevant external party within the required timeframe where appropriate.</p> <ol style="list-style-type: none"> 1. As per Standard 1.1 - Centre Manager and Reception Officer to receive formal training from external specialist organization 'on SP-006 Incident Management Policy and Procedure'. <p>Responsibility: Service Provider Representative Completed by: 16/05/25</p> <ol style="list-style-type: none"> 2. As per Standard 1.1 – Internal audit schedule to be updated to include a regular review of the Service's incident management process, which as per the Service's internal policy 'SP-006 Incident Management Policy and Procedure', requires a review by the Centre Manager of all incident reports to determine whether external reporting to HIQA is required. Audits will be carried out in line with the following: <ul style="list-style-type: none"> ➤ GAL-005 Monitoring Service Quality & Safety Policy and Procedure ➤ GAL-006 Internal Audit Management Policy and Procedure <p>Responsibility: Centre Manager Commenced by: 16/05/25</p> <ol style="list-style-type: none"> 3. As per Standard 1.1 - Update roles and responsibilities section of 'GAL-042 Centre Manager Job Description' to include submitting notifications to HIQA following the occurrence of certain events. <p>Responsibility: Service Provider Representative Completed by: 16/05/25</p> <ol style="list-style-type: none"> 4. Risk of the Service not meeting their obligation to notify HIQA of the occurrence of certain events in line with the requirements of the European Communities (Reception Conditions) (Amendment) Regulations 2023 to be added to the Centre Risk Register which shall detail the existing controls in place to mitigate the risk and the identified actions reduce the risk further. <p>Responsibility: Reception Officer Completed by: 16/05/25</p>	

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Partially Compliant	Orange	31/05/2025
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	16/05/2025
Standard 4.4	The privacy and dignity of family units is protected	Partially Compliant	Orange	31/05/2025

	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.			
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.	Not Compliant	Red	30/04/2025
Standard 5.1	Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.	Partially Compliant	Orange	16/05/2025
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Partially Compliant	Orange	31/05/2025
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	16/05/2025

