



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

Name of the Centre:	St Patrick's Accommodation Centre
Centre ID OSV:	OSV-0008451
Provider Name:	Tattonward Limited
Location of Centre:	Monaghan
Type of Inspection:	Announced
Date of Inspection:	23/01/2024 and 24/01/2024
Inspection ID:	MON-IPAS-1003

## 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.

---

<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

St Patrick's Accommodation Centre is located on an 18-acre site, which was formerly agricultural land, on the outskirts of Monaghan town. The centre had a recorded capacity of 380 people. At the time of inspection, it accommodated 338 residents, 155 of whom were children. The centre catered for families, single males and females. In addition to living quarters, the centre comprised administration offices, a large dining room, communal kitchens, multi-function rooms, and seven outdoor playgrounds and green areas. The centre had a dedicated bus service contracted to a private operator for residents to travel to Monaghan town to access services such as schools, health centres and shops.

The centre was staffed by a management team, administrative staff, security, maintenance and catering staff. The premises were privately owned, and Tattonward Limited provided 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>	338
---	-----

## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**The inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
23 January 2024	10:00 – 17:30	Godfrey Mushongera	Lead Inspector
23 January 2024	10:00 – 17:30	Pauline Clarke	Support Inspector
23 January 2024	10:00 – 17:30	Thomas Hogan	Support Inspector
24 January 2024	09:30 – 16:40	Godfrey Mushongera	Lead Inspector
24 January 2024	09:30 – 16:40	Pauline Clarke	Support Inspector
24 January 2024	09:30 – 16:40	Thomas Hogan	Support Inspector

## What residents told us and what inspectors observed

The inspectors found, from speaking with residents and from what was observed over the course of the inspection, that the residents were generally well supported and the service provider demonstrated significant efforts in integrating residents into the local community and facilitating access to support services. While residents generally expressed satisfaction with the service and supports provided, this inspection identified non-compliance with several of the national standards. As a result, there was a need for improvement across a number of key areas to ensure the delivery of safe and good quality services. For example, there was insufficient consultation with residents, limited oversight of the management of risk in the centre, and generally, the governance and management arrangements in place required development to ensure appropriate oversight of the service. There were ongoing issues related to pest control in the centre which resulted in the need for immediate action by the provider, and inspectors were assured before they left the premises that all necessary measures would be taken. This is discussed later in the report.

The inspectors met with residents, the service provider, management team and various staff members working in the centre, including catering, maintenance and security staff during this inspection.

The centre catered for families, couples, single females and single males. All residents had own-door accommodation, and at the time of the inspection, there were 25 studio bedrooms, adjoining bedrooms for families and 29 two-bed modular family units. A two storey main building housed the administrative offices, living quarters for residents, communal kitchens, and laundry facilities. Additionally, an annex building provided living quarters for residents, and several multi-purpose rooms were reserved for the gym, religious services, a TV room and a playroom for children. Children were allowed access to the TV room under adult supervision. There was also a room reserved for use by voluntary organisations when they visited residents in the centre.

On a walk-through the residential buildings, inspectors observed that common areas and toilets were well-maintained, but signs of some deterioration of the walls and painting were evident in the main and annex buildings. Fire safety equipment was visible throughout the buildings, and fire evacuation routes and exits were clearly marked. Wi-Fi coverage extended throughout, though limited spaces were allocated for residents to study.

Seven shared kitchens spaces were available for residents along with fridges in common areas. The main dining hall served residents with vulnerabilities and those unable to cook for themselves. The main kitchen was available to residents 24 hours a day.

On a walk around the accommodation centre, the inspectors observed residents walking to and from the administration offices and talking with managers and staff through a hatch window. The interactions with residents were observed as respectful and helpful, but engaging with residents through a hatch window was not ideal, especially in bad weather, and did not promote the dignity and well-being of the residents.

Notwithstanding, there was clear evidence of the centre staff supporting residents to access services in the community. For example, the inspectors observed how the staff team made arrangements for one resident, their children and their belongings to be brought to the hospital. Overall, there was a calm and relaxed atmosphere within the communal areas of the centre at the time of inspection.

There were a number of playgrounds on the campus for children and a sports field for teenagers and young adults. There were also large parking spaces for residents and staff within the centre grounds. The inspectors observed some buggies and strollers used for young 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 their belongings.

Over the course of the inspection, inspectors met with 31 adults and 15 children who lived in the centre. Residents were also invited to provide feedback on their experience by completing questionnaires available online in seven different languages. Four adult residents completed and submitted questionnaires. The questionnaires explored safeguarding and protection, feedback and complaints, managing the centre, food, catering, residents' rights, staff support, and accommodation. Overall, residents described varied experiences of the service, but on a positive note, the majority said that they felt safe living in the centre and were satisfied with the service they received. Residents commended the support they received from the local community, and they considered it an integral part of their overall experience. Some residents highlighted areas they would like to see improved, specifically noting a desire for enhanced laundry facilities and spaces for study and homework for children. A minority of residents who engaged in this inspection were of the view that staff members appeared busy, which they felt impacted on their availability to address residents' concerns.

Children met with during this inspection shared their experiences of growing up in the centre. They said that they liked the facilities and in particular, the football pitches. They talked about attending the local school and of their plans for the weekend and the upcoming mid-term break. All of the children who met with inspectors referred to the lack of an available or dedicated space where they could do their homework. One child told the inspectors that they had to lie on the floor in their bedroom to complete homework while another said that it was difficult sitting on a bed when doing this. Others told the inspectors that their wish would be to have their own bedroom so they would have space to play, do their homework and have some privacy.

By invite from residents, inspectors got to see some bedrooms in the centre. They were observed as clean and tidy and some of the residents had chosen to personalise their bedrooms with ornaments and photographs. The absence of heating control was evident, which meant that these rooms were very warm. Modular family units were found to be pleasant, accessible and adapted for people with disabilities. This showed evidence of good planning and design which was informed by the needs of the residents.

There was however, signs of over-crowding, and some of the children who spoke with the inspectors highlighted the limited living spaces, and explained that they shared a bed with other family members. The inspectors found that over-crowding in the centre impacted negatively on some residents by compromising their dignity, and well-being and did not meet the requirements of the national standards.

During the course of the inspection, inspectors observed the presence of pests across six family units, and residents in an additional 13 units reported experiencing infestations in their living quarters. This presented a risk to the health and wellbeing of residents and specifically, young children. The service provider was required to take immediate action on the day of the inspection to address this infestation and inspectors received verbal assurances from the provider representative that steps would be taken before inspectors left the centre. Inspectors issued an immediate action which required the service provider to find alternative accommodation within the centre for residents where required, and to complete a comprehensive survey of all buildings, units and bedrooms to assess the full extent of the infestation, and to remedy the situation. This is discussed further in the report.

While the primary function of the centre was to provide accommodation to people seeking international protection, the reality was that 106 (30%) residents had received refugee, subsidiary protection status, or humanitarian leave to remain. However, these residents could not move to more appropriate alternative accommodation in the community due to the lack of alternative accommodation options. As a result, these beds were not available to people in the protection process.

The service provider told inspectors that the centre was moving towards a model of independent living. This involved the installation of cooking facilities to allow for residents to prepare their own meals. In January 2024, the centre introduced a voucher system that allowed residents to buy food from shops in Monaghan Town. While the system was not fully functional at the time of the inspection and restricted to one store, the provider was planning on extending the voucher system to include all shops in the locality. Residents told inspectors that they welcomed this initiative and deemed it to be a significant improvement.

A bus service operated to and from Monaghan town ten times daily from Monday to Friday, with a reduced service over the weekend. There was an additional school bus service during the period of the school term. Residents said that they were satisfied with the transport arrangements in place.

The observations of the inspectors and the views of residents 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 in relation to the governance and management arrangements in place and how these arrangements impacted the quality and safety of the service delivered.

## Capacity and capability

Overall, the inspectors found that there was an absence of effective governance arrangements in place in the centre to ensure it operated in a consistently safe and effective way, and met the requirements of the national standards. The inspectors found that there was an absence of evidence to demonstrate oversight of the services provided. In addition, there was an inability on the part of the service provider to self-assess effectively and identify areas of non-compliance with the national standards or areas which required improvement.

The inspectors identified the need for improvement across a wide range of standards inspected against including the governance arrangements of the centre, risk management, safe and effective recruitment of staff, supervision of staff, record keeping, resident accommodation, resident rights, and safeguarding and protection.

There was a centre manager employed by the service provider who was supported in this role by a deputy centre manager. The centre manager was responsible for the day to day operations of the centre and reported to a director, who then reported to the company board. Administrative staff and staff from other operational services, such as catering, maintenance, and security, reported directly to the centre manager. Although a private firm provided security, the security officer told inspectors that they had a clear reporting responsibility to the centre manager. While this organisational structure was in place, it was unclear how the centre manager provided regular assurances to the service provider on the service performance. Inspectors found an absence of a formal, recorded management communication system, and this meant a lack of transparency in how decisions were made, who was responsible for any actions required, and if needed what actions were taken. Communication and decisions made at the local management level were typically verbal and unrecorded. There was an absence of effective reporting and accountability systems within this structure to ensure that all staff were clear about their roles, responsibilities, and lines of accountability.

There was no formal supervision arrangements in place for staff members, which would ensure ongoing accountability for their individual practice and provide an opportunity for staff development on an ongoing basis. In addition, there were no team meetings taking place. Policies were not in place for staff supervision, staff development, and performance management. There was also no evidence of a training needs analysis having been completed for the staff team which would inform what training was required.

While there was a risk register in the centre, inspectors found that the risk management systems were not developed and were ineffective in supporting the delivery of a consistently good quality and safe service which promoted the wellbeing of residents. The risks identified and recorded in the risk register were confined to maintenance issues and health and safety risks. There were no service-wide risks, particularly the centre's ability to meet residents' needs and welfare issues. Some risks known to managers were not recorded in the risk register. For example, pest control in the centre was not identified as

a risk or placed on the risk register, which in turn meant that the measures to control this risk and their effectiveness were not identified or reviewed.

The centre was appropriately resourced and sufficient numbers of staff members were employed to meet the number and needs of residents living there. However, there were no records or rosters of planned shifts for the centre manager and some other staff members. There was no way for staff and residents to know who was on shift each day or who to contact if a concern arose. In addition, there was no formal on-call manager arrangements for the centre. The centre manager explained to inspectors that they were always available outside of office hours in the case of an emergency.

While all staff were trained in core areas such as child protection and fire safety, no training needs analysis was undertaken against the requirements of the national standards and national policy, resulting in training deficits. For example, no staff members had received specialised training to identify and respond to residents with special reception needs. In addition, there was a lack of knowledge of policies set at a national level and applicable to accommodation centres. For example, the provider was unaware of the national policy for safeguarding vulnerable adults. As a result, managers and staff were not trained in this policy, and the systems for its implementation were not in place.

The inspectors found an overall absence of appropriate systems or arrangements to monitor or review the quality of the support being provided to residents. As required by the national standards, there was no annual review of the quality and safety of the service completed. There was also no auditing, quality improvement plans, or culture of striving for the continual improvement of the service. In addition, there was no written description of the centre in place as required.

There was limited engagement between the service provider and residents and there was no clear evidence that the centre was operated in consultation with those availing of its services. The centre manager told inspectors that they used to have a 'suggestion box' in the past, but this was found to be ineffective and subsequently it was removed. No alternative methods were implemented to gather feedback from residents. The service provider told inspectors that a residents' committee had just resumed in January 2024, but no minutes of meetings were kept. Some residents who met with the inspectors were unaware of a resident committee in the centre. The absence of meaningful consultation with residents limited the ability of the provider to monitor practice and assess how the centre was promoting the rights of all of the people who lived there.

There was a complaints policy and procedure in place, and a monthly compilation report was forwarded to the DCEDIY as required. A review of records of complaints found that the outcome of the process or whether residents were satisfied with those outcomes was not recorded. In some cases, there was no record of what corrective actions were taken, if any, in response to complaints which were upheld. The complaints policy did not outline procedures for dealing with a complaint by a resident against a member of staff. An

improved recording system would support the provider in maintaining better oversight of complaints and ensuring learning from complaints informed service improvements.

A review of staff records found that the service provider had not ensured that all staff members were vetted per the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, or that police checks had been conducted in countries where staff members had lived for more than six months. At the time of inspection, four staff members in the centre did not have Garda Vetting as required and there were no international police checks completed for four other staff members for the periods of their residence outside Ireland. In addition, there was no procedure in place to managing the outcome of the vetting process where potential risks were identified. The service provider was issued with an urgent compliance plan to ensure all staff were appropriately vetted. The service provider assured the inspectors following the inspection that vetting would be completed for all staff as a matter of urgency.

Overall, while the management and staff team endeavoured to provide a good service and most residents reported that they felt safe and had their basic needs met, there was limited oversight, lack of an effective risk and management systems, and poor governance arrangements in place which impacted the quality of service provided and resulted in some residents living in undignified conditions. It was evident that sustained improvements across several key areas were necessary to consistently comply with the requirements of the national standards.

### **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 was not aware of some of their responsibilities as set out in relevant legislation, regulations, and national policy. High levels of non-compliance with the national standards were identified during the course of the inspection and the service provider was issued urgent actions in response to risks identified by the inspectors.

Judgment: Not 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 absence of formalised leadership and governance and management arrangements which resulted in poor oversight of the support provided to residents. The service provider could not effectively self-identify risks, hazards, and areas that required improvement. As a result of the absence of effective management systems, the service provider was unable to assure themselves that the services provided were consistently safe or effective.

Judgment: Not 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.

While there was a resident charter in place, but it did not include a description of the services provided in the centre and was not in languages which some residents could understand. A welcome pack was available to residents but only in English and inaccessible to some residents using the service.

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.

Other than maintenance and health and safety checks, there were no mechanisms or arrangements to monitor and review the quality of service provided to residents. There was no auditing, quality improvement plans or culture of continually striving to improve the centre's services. Also, as required by the national standards, no annual review of the quality and safety of service was completed. In addition, there was no written description of the services provided in the centre.

Judgment: Not Compliant

### **Standard 2.1**

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

The inspectors found that the recruitment practices of the service provider were not safe or effective. There were no Garda Vetting checks completed for some staff and no police checks available for some other staff members employed in the centre who had periods of residence outside Ireland. In addition, the service provider did not have a policy for

managing the outcome of the vetting process where risks were identified. Some files reviewed had no job descriptions for the staff members or induction records for their current roles. In many cases, no application forms or work histories were recorded for staff members.

Judgment: Not 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 not in receipt of regular formal supervision from the centre managers as required by the national standards. There was an absence of policies on staff supervision, staff development, and performance management. Despite this, the inspectors found that staff members met with during the course of the inspection had a good understanding of their roles and responsibilities in promoting and protecting the welfare of all residents and felt supported by the managers.

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.

While staff members employed in the centre had completed some training, the inspectors found that this primarily related to areas such as child protection, fire safety, child trauma training, manual handling, HACCP, and health and safety. However, there were low levels of staff trained in areas such as mental health, domestic and gender-based violence, and no member of staff had attended training on first aid, human trafficking, disability, anti-bullying, conflict resolution, self-awareness, and person-centred service provision as required by the national standards. There were no records for training for contracted staff such as security and bus drivers and there was no record of a training needs analysis for staff.

Judgment: Partially Compliant

### **Standard 3.1**

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

The risk management system in place in the centre was found to be limited to health and safety and organisation or corporate-related risks, and did not consider risks or hazards related to residents. The inspectors found no risk analysis of the service completed to identify, assess, or control risks and hazards that may compromise the safety and wellbeing of residents and the quality of service provision. Although a risk register was in place, the inspectors identified risks that were not assessed, recorded or managed appropriately. There were no assigned owners allocated to some identified individual risks on the risk register. In addition, there was a lack of clarity as to the intended controls that were to be applied to manage some identified risks.

Judgment: Not Compliant

## Quality and Safety

Although there was evidence of good will on the part of the service provider, there was a need for significant improvement across a number of key areas to ensure that a consistently safe and good quality service was provided to residents, which was informed by a person-centred and human rights-based approach to practice.

The centre offered different types of accommodation including studio apartments, adjoining rooms for families and modular units. While the physical structure of the centre was reasonably good, there was evidence of overcrowding in many of the bedrooms. The impact of overcrowding meant that some adults and children shared beds. There was little room for storage of personal belongings in some living quarters. Some living conditions did promote the safety, privacy and dignity of residents. Risks associated with overcrowding had not been assessed by the service provider, and as a result, plans to reduced and or eradicate these risks were not in place. By way of an example, a family of five were living in small quarters and were expecting another baby soon. There was no space for a crib for a newborn and the service provider did not have a larger room to offer this family.

The common areas of the centre were generally clean and well-maintained. The centre's catering facilities and kitchen areas were clean, and good-quality food was provided in the main dining room. A review of records found that maintenance issues were reported appropriately and responded to in a timely way. Inspectors found that centre equipment was well maintained and serviced.

While the centre was well resourced from a staffing perspective and managers were qualified in their respective areas, there was no reception officer employed in the centre who would identify and ensure residents' emerging special reception needs were responded to, as required by the national standards. The service provider highlighted their difficulties in recruiting an appropriately qualified reception officer. The inspectors found that generally the special reception needs of residents were identified and responded to, however, there were no formal arrangements or policies in place to guide this process.

The centre manager demonstrated a good understanding of child safeguarding and protection, and the provider ensured that the majority of staff had received Children First training. However, the inspectors found that contracted staff, such as security staff, had not completed this training. A designated liaison person (DLP) was in place, and staff were aware of their role and responsibility to bring concerns to the DLP for the service. The name of the DLP was on display on posters around the centre. However, this was only in English and not in any other languages. A child safeguarding statement was in

place, as was a national policy on child protection and welfare. While the centre manager demonstrated a good level of knowledge of the requirements of the Children's First and how to make a report to the Child and Family Agency (Tusla) if needed, the centre did not maintain a central log of all reported concerns, which would be of benefit in terms of learning, trending and oversight of practice. In addition, there was no system in place to assess risks to individual children, where they were identified, which would enable the service provider to identify the potential for recurring risks in the centre. Where inspectors found incidents had occurred relating to the safeguarding of children, appropriate referrals had been made to Tusla by the centre.

Adult residents who met with the inspectors said that they felt safe living in the centre. However, the centre did not have an adult safeguarding policy, and the staff and managers were unaware of their responsibilities as outlined in national policy. Although there was some evidence that staff supported residents, generally, incidents of an adult safeguarding nature were not followed up on or managed in line with national policy. In addition, there was an absence of information on display in the centre regarding the safeguarding of vulnerable adults.

Through observation of some living quarters and meeting with residents, inspectors found that there were pest control issues in the centre. Centre records showed that this was ongoing for some time. As a result, the wellbeing, safety and dignity of some residents were not fully promoted or protected by the service provider. By way of an example, one child had been admitted to hospital as direct result of the presence of pests in their family accommodation. While measures had been taken by the service provider through contracting a pest control company, these measures were ineffective in the longer term. There was no system in place by the service provider to monitor this risk and to ensure a consistently safe and comfortable living environment was provided to residents at all times.

Multiple services were provided and accessed by residents in the centre. There were rooms dedicated to gym classes, religious services, and children's play. However, the inspectors found the children's playroom was not heated, had a hard floor, and was not child-friendly. There were seven outdoor play areas for children and a large sports field for teenagers and adults. There was a large lounge area for socialising and watching television and Wi-Fi was available throughout the centre, including bedrooms.

The inspectors found that the service provider facilitated residents with safe access to local recreational, medical, health, retail, and other services. The centre manager told inspectors that there used to be after-school supports in the centre, but this ceased during the COVID-19 pandemic, and children from the centre were instead facilitated to

attend after-school clubs in the surrounding community. This was working well at the time of inspection.

Residents who spoke with the inspectors acknowledged the open and welcoming atmosphere in the centre. Management and staff encouraged and welcomed family and friends of residents into the centre and supported their participation and regular involvement in residents' lives. For example, there were private kitchens dedicated to family gatherings and celebrations. Residents were encouraged to build relationships with local community members through engagement in social activities and leisure interests and this was a successful approach to integrating residents with the local community.

Residents had access to private and communal kitchens. There were shared kitchen spaces available to cook and prepare meals. There were also private kitchens on site, which residents could use for parties, family gatherings, and celebrations. The administration office had a booking system for residents to use these kitchens. While there were limited storage facilities in the shared kitchen spaces, residents were provided with fridges in their rooms. A large dining hall served hot meals to cater to vulnerable residents and those who could not cook for themselves and needed additional support. However, this facility was not accessible to all residents, for example, those with refugee or subsidiary status, which was frustrating for some residents. Alternative arrangements were not put in place for these residents, and in particular, those who required additional supports in relation to food preparation and cooking. There was sufficient space to eat in the private and communal dining rooms.

While families were accommodated together, there was an absence of a planned and transparent approach to allocating rooms at the centre. The service could not ensure that all admissions to the centre were considered and assessed against the centre's capacity and ability to meet the needs of each resident. For example, the inspectors met some residents with disabilities who lived in upstairs rooms. This was not risk assessed and the inspectors observed one individual experiencing difficulty on a stairwell to gain access to their first floor accommodation.

Overall, this inspection found that residents felt safe in the centre, were well integrated into the local community, and for the most part, had their basic needs met. The staff team endeavoured to provide as good a service as possible within the resources available. However, under-developed governance and management arrangements, lack of a reception officer, overcrowding in the centre and an inadequate response to ongoing pest control issues meant that the service provider could not be assured that the rights of residents were fully promoted at all times, that the diverse needs of residents were fully known and responded to, and to ensure that residents had a positive experience of living 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 absence of policies and procedures to ensure that room allocations were based on a clear, fair and transparent criteria. There was an absence of an escalation policy to ensure effective and prompt liaison with the DCEDIY where there were concerns about meeting people's needs. Due to overcrowding of the centre, there was limited capacity to move residents to another room if necessary.

Judgment: Not Compliant

### **Standard 4.3**

The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.

There were clear examples of overcrowding in the centre and these conditions were found to compromise the privacy, dignity and safety of some residents. This was evident in bedrooms which were cramped, had little space for required furniture and storage for belongings. In the case of some family units, the inspectors found that the minimum space required for each resident, as outlined in the national standards, was not available.

The widespread presence of pests in the centre presented risks to the health, wellbeing and dignity of residents including children. Inspectors required the service provider to take immediate action to ensure safe living arrangements for a family impacted significantly by the presence of pests and take urgent action to address the wider infestation problem in the centre.

Judgment: Not Compliant

### **Standard 4.4**

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

While children and their families were accommodated together and each family had access to their own private living space, in addition to sleeping quarters, there were, in some instances, cases of overcrowding and lack of space available for families to sleep in a comfortable and dignified manner.

Judgment: Substantially Compliant

**Standard 4.6**  
The service provider makes available, in the accommodation centre, adequate and dedicated facilities and materials to support the educational development of each child and young person.

There were off-site crèche, pre-school facilities and schools, and transport was available to bring children to these services in Monaghan Town. However, there were no dedicated spaces or rooms for children to complete homework or study. Family accommodation was observed to be limited in size and not in the best interest of the children and families. For example, there was very little, if any, space available for children to complete their homework and study in their living quarters.

Judgment: Partially Compliant

**Standard 4.7**  
The service provider commits to providing an environment which is clean and respects, and promotes the independence of residents in relation to laundry and cleaning.

The common areas of the centre were found to be clean on the day of inspection. The laundry rooms in the centre were also found to be clean and well maintained. All equipment was observed to be in working order and there was appropriate access to cleaning materials and laundry detergent. Resident bedrooms observed by inspectors were also clean, albeit cluttered. However, the number of washing machines and dryers did not reflect the size of the population residing in the centre, and this was reported to result in tension between residents over the use of these facilities.

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.

The inspectors found that the service provider had appropriate security measures in place in the centre which were proportionate. Closed-circuit television (visual) was in place in the communal areas, and its use was informed by data protection legislation and centre policy. Residents reported that they felt safe living in the centre.

Judgment: Compliant

### **Standard 5.1**

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

The centre provided both catered and self-catering options for residents. The service provider had ensured that residents had access to their own private kitchen, or to a communal kitchen. The catered option provided choice and culturally sensitive menus for residents. The communal dining area was appropriate for the number of residents in the centre and accessible to people with disabilities. There were storage facilities available for residents and snacks and drinking water was available outside of the times of catered meals.

Judgment: Compliant

### **Standard 5.2**

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

There was a rotating menu in place for residents and catered meals offered choice and were nutritious. Menus accommodated for special dietary requirements and kitchen staff demonstrated flexibility in their approach to meet the needs of residents and the communal dining room was open 24 hours a day. There was a comfortable dining room available for residents. There was an absence, however, of a formal mechanism for seeking ongoing feedback from residents on their dining experience.

Judgment: Compliant

### **Standard 7.1**

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

The service provider had ensured that supports were in place to facilitate residents to develop and maintain personal and family relationships. Residents had access to private spaces to receive visitors and residents had access to private kitchens to hold events in the centre to celebrate days or events of cultural or religious significance.

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.

There was clear evidence of the centre supporting residents to access public services, health services, education and community supports.

Judgment: Compliant

**Standard 8.1**

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

While there was a policy and procedures in place relating to the safeguarding of children, there were no such policies in place regarding adult safeguarding, and no staff members had attended training in adult safeguarding in line with the requirements of national policy. There was an absence of risk assessments or safeguarding plans in place for dealing with situations where the safety of residents may be compromised. However, it was evident that incidents involving adults were routinely recorded and reported to the DCEDIY and An Garda Síochana.

Judgment: Partially Compliant

**Standard 8.2**

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

There was a child safeguarding statement in place which had recently been reviewed. In addition, there was a national Child Protection and Welfare Policy in place (dated 2018). There was a named designated liaison person (DLP) in the centre who was aware of their responsibilities as per Children First guidelines. However, the provider could not be assured that all staff were aware of and trained in national policy and legislation related to protecting children. For example, there was no evidence that security staff had completed Children's First training and that they had been vetted by An Garda Síochána, in line with national policy. Although there was evidence that staff supporting residents to promote the welfare of their children, information on protecting children and reporting any concerns was not displayed around the centre.

Judgment: Partially Compliant

### **Standard 8.3**

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

While there was a system in place to report and notify all incidents and serious events in the centre, there was no central logging of these events, and no arrangements in place to learn from these incidents and events as part of continual quality improvement to enable effective learning and reduce the likelihood of reoccurrences.

Judgment: Not Compliant

### **Standard 10.2**

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

There was an absence of written procedures in the centre to identify and respond to special reception needs and vulnerabilities of residents. However, the centre manager took on responsibilities of a reception officer, albeit without the necessary qualifications. Despite the centre manager being alert to the emerging needs of residents in the centre, there was, however, no specific specialised training programme provided to staff members on carrying out needs assessments and responding to special reception needs of residents.

Judgment: Partially 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 not prepared or implemented a policy to identify, communicate and address existing and emerging special reception needs.

Judgment: Not Compliant

**Standard 10.4**

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

While the centre manager fulfilled many of the duties and tasks of the reception officer post, the service provider had not ensured that a reception officer with the required qualifications was employed in the centre.

Judgment: Not Compliant

## Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Not Compliant
Standard 1.2	Not Compliant
Standard 1.3	Substantially Compliant
Standard 1.4	Not Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Not Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Partially Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Not Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Not Compliant
Standard 4.3	Not Compliant
Standard 4.4	Substantially Compliant
Standard 4.6	Partially Compliant
Standard 4.7	Substantially Compliant
Standard 4.8	Compliant
<b>Theme 5: Food, Catering and Cooking Facilities</b>	

Standard 5.1	Compliant
Standard 5.2	Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.1	Compliant
Standard 7.2	Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Partially Compliant
Standard 8.2	Partially Compliant
Standard 8.3	Not Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.2	Partially Compliant
Standard 10.3	Not Compliant
Standard 10.4	Not Compliant

# Compliance Plan for: St Patrick's Accommodation Centre

Inspection ID: MON-IPAS-1003.

Date of inspection: 23 and 24 January 2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Standard	Judgment
1.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>- We will re-familiarise ourselves with all relevant legislation, regulations, national policies and standards in order to perform our functions better and to ensure we support and protect residents living at St. Patrick's. (31/3/24)</li> <li>- Management to provide a pack to all staff containing all relevant legislation, regulations, national standards and policies and conduct a workshop to highlight changes every six months.</li> <li>- Standard operating procedures will be implemented, reviewed and maintained (30/06/24)</li> </ul>	
1.2	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>- We will create a Management Guide so that management duties and tasks are clearly defined and outlined (31/05/24)</li> <li>- Management to self-assess performance and constantly appraise against national Standards and other relevant legislation and policies on a continual basis (30/04/24)</li> <li>- Management systems to be reviewed and updated periodically to ensure safe and effective services are provided (30/04/24) On going review every 6 months</li> </ul>	

1.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>- System to be introduced to monitor and review quality of service provided to residents (31/05/24)</li> <li>- Auditing and quality improvement plans to be introduced (30/06/24)</li> <li>- Annual review of quality and safety of service to be completed (30/06/24)</li> <li>- Written description of services provided in the centre to be created and added to Welcome Pack and Residents Charter (15/4/24)</li> <li>- Annual survey of all residents (adults and children) on their experience of living in St. Patrick's. Review and discuss findings with Resident's Committee. Implement required changes. (30/06/24)</li> </ul>	
2.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>- Recruitment Policy to be created to incorporate management of the outcome of the vetting process where risks are identified (15/4/24)</li> <li>- Garda Vetting process to be tightened and enforced accordingly in line with IPAS policies and procedures (31/03/24)</li> <li>- New staff files to include job descriptions, induction records, application forms and work histories and existing staff to include job descriptions and Work histories (30/04/24)</li> </ul>	
2.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>- Staff supervision, staff development and performance management policy to be produced and implemented (30/06/24)</li> <li>- Formal supervision system to be introduced and regular supervision to be given to each member of staff (30/06/24)</li> <li>- Staff Appraisal system to be developed and implemented (30/06/24)</li> </ul>	
2.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>- Training needs analysis to be undertaken and training plan produced and implemented (31/07/24)</li> <li>- All training undertaken to be recorded and certificates kept on file (30/08/24)</li> <li>- A discussion around training needs will form part of individual supervision sessions.</li> <li>- Job specific training will be identified and accessed where required. This will be on an ongoing basis.</li> </ul>	

3.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>- A new Risk Register has been created and will be regularly reviewed and monitored. Management will carry out a thorough review of the risk register and ensure that all risks relevant to the centre and the residents will be included in the risk register going forward.</li> <li>- A Risk Analysis of the service will be created to identify, assess and control risks and hazards that may compromise the safety and wellbeing of residents and the quality-of-service provision (31/03/24)</li> <li>- Incident Report has been developed and implemented (15/03/24)</li> <li>- A Health &amp; Safety register is to be created and utilized (30/04/24)</li> <li>- Following incidents, management will ensure that staff carry out reflective learning and that risk assessments are reviewed and updated accordingly to encourage a culture of shared learning amongst the team. A local protocol in relation to incidents and reflective learning will be developed and implemented. (30/06/24)</li> </ul>	
4.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>- A Room Allocation policy/procedure will be produced and implemented to ensure that room allocations are based on a clear, fair and transparent procedure (31/03/24)</li> <li>- An escalation policy will be created to ensure effective and prompt liaison with DCEDIY where there are concerns about meeting people's needs. (31/03/24)</li> <li>- IPAS are given full details of all accommodations on a weekly basis and this forms the basis of room allocations which IPAS direct management to make.</li> </ul>	
4.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>- We will monitor systems and procedures to ensure that the privacy, dignity and safety of each resident is protected and promoted. (30/04/24)</li> <li>- Pest Control – All affected accommodation will be treated and regularly inspected and full inspection records kept.</li> <li>- All residents are given a key to their accommodation. A lockable drawer/unit is provided.</li> <li>- All resident information is kept in a locked secure facility to which only the managers and administrator have access. This is also the case with all electronically stored information.</li> <li>- Management will ensure that porters, maintenance, cleaning and contracted staff continue to ensure that the physical environment promotes the safety, health and wellbeing of all our residents.</li> </ul>	

4.6	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>- Management to work with Resident’s Committee to establish a viable adult/parent supervision rota for homework/study and homework room to be made available to students. (31/05/24)</li> <li>- Free Wi-fi is available throughout the centre</li> <li>- We are upgrading our hub room to include Audio visual equipment which will allow resident engage with outside agencies etc.</li> </ul>	
8.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>- Adult Safeguarding policy to be produced, displayed and implemented (31/05/24)</li> <li>- The policy needs to address different categories of vulnerable residents such as trafficked persons, sex workers, older etc. (31/03/24)</li> <li>- All staff to attend Adult Safeguarding training (31/05/24)</li> <li>- Risk assessments/safety plans to be created for dealing with situations where the safety of residents may be compromised. (Target date:31/05/24)</li> <li>- A register for incidents has now been created and is in use</li> </ul>	
8.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>- All staff to complete Children First training (to include security staff and bus drivers (31/05/24 )</li> <li>- Child protection information including reporting information to be displayed around the centre (31/05/24 )</li> <li>- Details of our DLP have now been displayed in a range of languages throughout the centre. (Implemented March 1<sup>st</sup> 2024)</li> <li>- We have requested DLP training from IPAS for a number of years and have not been successful in this regard. We will continue to request DLP training and seek outside 3<sup>rd</sup> parties to deliver this training.</li> </ul>	
8.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>- A central logging system for incidents and serious events will be created and utilized to enable quality improvements and learning and to reduce the likelihood of reoccurrences (31/03/24)</li> <li>- A central logging system for incidents is in place</li> <li>- We will keep a complaint tracker in place and responses to compliant kept alongside.</li> </ul>	

10.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>- Written procedures to help identify and respond to special reception needs and vulnerabilities of residents will be created. (30/04/24)</li> <li>- IPAS have confirmed it no longer provides Vulnerability assessments in relation residents and has stopped providing these.</li> <li>- Specialized training to be arranged for carrying out needs assessments and responding to special reception needs of residents. (30/06/24)</li> </ul>	
10.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>- Produce a policy for the identification, communication and addressing of existing and emerging special reception needs. (31/03/24)</li> </ul>	
10.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>- Recruitment of a Reception Officer with the required qualifications (31/12/24)</li> <li>- If this is not possible we will explore the possibility of upskilling existing management to meet the criteria per the national standards.</li> </ul>	

## 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.	Not Compliant	Red	31/03/2023
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.	Not Compliant	Red	31/03/2024
Standard 1.4	The service provider monitors and reviews the	Not Compliant	Red	30/06/2024

	quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.			
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	15/04/2024
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Partially Compliant	Orange	30/06/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Partially Compliant	Orange	31/07/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	15/03/2024
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.	Not Compliant	Red	31/03/2024
Standard 4.3	The privacy, dignity and safety of each resident is	Not Compliant	Red	30/04/2024

	protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.			
Standard 4.5	The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.	Partially Compliant	Orange	30/07/2024
Standard 4.6	The service provider makes available, in the accommodation centre, adequate and dedicated facilities and materials to support the educational development of each child and young person.	Partially Compliant	Orange	31/05/2024
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Partially Compliant	Orange	31/05/2024
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.	Partially Compliant	Orange	31/05/2024
Standard 8.3	The service provider manages and reviews adverse events and	Not Compliant	Red	25/03/2024

	incidents in a timely manner and outcomes inform practice at all levels.			
Standard 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Partially Compliant	Orange	30/04/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	27/05/2024
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.	Not Compliant	Red	31/12/2024