



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

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| Name of the Centre: | Temple Accommodation Centre |
| Centre ID:          | OSV-0008452                 |
| Provider Name:      | Townbe ULC                  |
| Location of Centre: | Co. Westmeath               |
| Type of Inspection: | Unannounced                 |
| Date of Inspection: | 05/02/2025 and 06/02/2025   |
| Inspection ID:      | MON-IPAS-1076               |

## Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a national<sup>1</sup> and international level<sup>2</sup> since that time. In response, the Irish Government took certain steps to remedy this situation.

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

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published a White Paper to End Direct Provision and to establish a new International Protection Support Service<sup>3</sup>. It was intended by Government at that time to end direct provision on phased basis by the end of 2024.

This planned reform was based on average projections of 3,500 international protection applicants arriving into the country annually. However, the unprecedented increase in the number of people seeking international protection in Ireland in 2022 (13,319), and the additional influx of almost 70,000 people fleeing war in the Ukraine, resulted in a revised programme of reform and timeframe for implementation.

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent<sup>4</sup> International Protection Accommodation Service centres against national standards on 9 January 2024.

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

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

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

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

## About the Service

Temple accommodation centre is located in a rural location approximately nine kilometres from Moate in Co. Westmeath. The centre provides accommodation for families, single males and single females. There are 91 residents living in the accommodation provided in 37 en-suite bedrooms.

The centre comprises a large reception, dining area, a communal kitchen area with individual cooking stations and a snack area that is open 24 hours a day. There are meeting rooms where residents can meet with their family or friends, a library area and a salon where residents can meet to complete beauty courses. There is a gym and outdoor spaces to play sports, a gardening poly-tunnel and lounge areas. Children have access to a playroom and outdoor spaces including a well-equipped playground.

The centre is managed by a management team including a centre manager and three duty managers, and is staffed by housekeeping, maintenance and security staff.

The following information outlines some additional data on this centre:

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|---|----|
| <b>Number of residents on the date of inspection:</b> | 91 |
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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) |
|------------|---------------------|-------------------|----------------------|
| 05/02/2025 | 10:00hrs-18:15hrs   | 1                 | 1                    |
| 06/02/2025 | 08:20hrs-14:30hrs   | 1                 | 1                    |

## What residents told us and what inspectors observed

From speaking to residents and through observations made during the course of the inspection, the inspectors found that residents experienced a good quality of life while living in this centre. The service provider was providing a good quality service where residents felt safe and protected. Residents were well supported by the staff team and they were treated with kindness, care and respect. Residents' rights were, for the most part, protected and promoted but the transport arrangements were not meeting the needs of the residents.

The inspection took place over two days. During this time, the inspectors spoke with 24 adults and observed two young children living in the centre. In addition, resident questionnaires were completed by 12 adults. The inspectors also spoke with the managing director, a group operations manager, the centre manager and a duty manager. In addition, the inspectors spoke with a maintenance worker and security personnel.

Temple accommodation centre provided accommodation to families, single females and single males. The centre was a former hotel and the accommodation provided included 37 en-suite bedrooms for residents who had access to communal cooking, dining and living spaces. The reception area had a reception desk where residents could seek support from staff on a 24 hour basis, seven days a week. The configuration of the accommodation centre meant that parents shared a bedroom with their children and single residents shared their room with other unrelated residents. While this impacted on their rights to privacy and dignity, the standard of the accommodation was adequate and all residents had access to a range of communal and living spaces outside of their rooms. These included meeting rooms, a library, a living room, a gym, a beauty room and many comfortable communal spaces for residents to relax and socialise with each other.

While the primary function of the centre was to provide accommodation to people seeking international protection, the inspectors found that 13 (14%) of the residents had received refugee, subsidiary protection or leave to remain status. Due to the lack of alternative accommodation, they were unable to avail of more appropriate accommodation arrangements in the community.

On a walk around the centre, the inspectors observed that it was clean and well-maintained throughout. There were recreational facilities available for residents such as a table tennis and foosball table. There was an outdoor area for residents to play sports and they had the opportunity to grow their own vegetables, herbs and flowers in a gardening polytunnel. Photographs of residents engaging in various recreational activities were displayed in the reception area and there was a 'positive vibe' box at the reception desk for residents to read a positive note or affirmation to start or end their day.

The facilities in place for parents and children were sufficient and met their needs. The staff and management team offered parenting support sessions to single mothers who lived there on a weekly basis. They facilitated a play session with the children, while the mothers completed their laundry, batch cooked or tended to their own needs. These parents told the inspectors that this was very beneficial and they were happy with the support they received. In addition, a children's play area was installed in the communal dining area which had a monitor to ensure parents could supervise their children while they cooked their meals. There was a well-stocked playroom and an outdoor play area for children to enjoy.

Residents cooked for themselves in a well-equipped communal kitchen. There were seven cooking stations and ample dining spaces for residents to enjoy their meals. All residents were provided with the required cooking equipment, utensils and storage space for their food. The opening times of the kitchen had increased since the previous inspection and most residents were satisfied with the new arrangements.

The centre was located in a rural location and residents who did not have their own transport were dependent on the service providers' transport to leave the centre or to access services or amenities in the community. A bus service to a small town nearby was available twice daily from Monday to Thursday and once each Friday. In addition, residents had the opportunity to visit a larger town at the weekends. Residents told the inspectors that the times and the frequency of the bus service was not meeting their needs. For example, residents who did not have their own transport could not attend recreational activities or social clubs in the evenings and some residents said they could not engage in voluntary work, due to the times of the bus service. Other residents said they had to pay for taxis if they missed the bus.

The management team monitored the use of the bus service but they had not engaged in a consultation process with the residents to ascertain their views. Residents had access to bicycles to use on a nearby cycle track and there was also a storage area with charging points for electric bicycles and scooters but as the accommodation centre was nine kilometres from the nearest town, these modes of transport were not always suitable. A quarter of the residents had their own cars but those that did not were dissatisfied with the transport arrangements.

The staff team ensured residents had access to all of the information they required and supported them to understand this information by translating it into various languages. Residents received person-centred supports and the staff team prioritised resident wellbeing. Events to promote resident welfare and wellbeing took place monthly and photographs from recent events such as games and movies nights and a spa and relaxation evening were displayed in a monthly newsletter.

Notwithstanding the challenges with regard to transport, residents had access to adequate supports and services to meet their health and social care needs. However, some residents discussed the difficulties they faced in obtaining a medical card and some were unaware of the arrangements in place to obtain their prescriptions.

The feedback from residents about their experience living in the centre was mostly very positive. Residents said they felt safe living there and had access to lots of information and supports. They spoke about the measures in place to support them to integrate in to the local community and others attended English classes and events held in the centre. Some residents told inspectors about their positive experience recently during a power outage as a result of a storm. Residents explained that staff members created a party atmosphere, had pizzas delivered and got residents involved in various games. Residents told the inspectors that they had positive memories as a result of how it was managed. Some residents told the inspectors that they liked the location of the centre as it was "in the countryside" while others said the area was "too quiet".

Residents described the staff team as "nice and kind", "very respectful" and "very good". They described their first experience when they arrived to the centre and said "staff welcomed us well, gave us food, they did well". The inspectors observed many kind and caring interactions between staff members and residents. It was evident that residents were comfortable in the presence of staff and residents were observed interacting and engaging with each other in the communal and dining areas. The atmosphere was relaxed and pleasant.

In addition to speaking with residents about their experiences, the inspectors received 12 completed questionnaires from adult residents. The questionnaires asked for feedback on a number of areas including safeguarding and protection; feedback and complaints; residents' rights; staff supports and accommodation. The response to the questionnaires was similar to the feedback provided by residents who spoke with the inspectors. All of the residents who responded to the questionnaires said they felt safe and adequately protected living in the centre. Ten of the respondents said that management team were approachable, and that staff members were kind and respectful in their interactions. Nine of the residents reported that they felt listened to but not all respondents were aware of who the complaints officer was or had access to the providers policies in relation to safeguarding.

In summary, residents were safe and protected and they had access to sufficient supports from a committed and dedicated staff and management team. Residents had access to adequate facilities in the centre. There were good practices taking place in relation to the promotion of human rights, however, many residents were dissatisfied with the transport arrangements, which impacted the quality of life they experienced.



The observations of the inspectors and views of residents outlined in this section are generally reflective of the overall findings of the report. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

This was the second inspection of Temple Accommodation Centre. This inspection was carried out to assess compliance with the national standards, and to monitor the provider's progress with the compliance plan submitted in response to an inspection (MON-IPAS-1030) carried out in May 2024.

The inspectors found that the service provider had taken action to address the deficits identified during the previous inspection of the centre. Improvements in the governance and management arrangements were evident and this had a positive impact on the quality and safety of the service and the experience of residents living there. While improvements were found across a number of key areas, the service provider needed to develop their risk management system and to ensure they consulted with residents about all areas of service provision which impacted them.

This inspection found that the management team had a good understanding of the national standards, legislation and national policy and were developing the systems and processes to support ongoing compliance with the national standards. The management team were developing a quality improvement plan for the service and it was evident that they applied learning from previous HIQA inspection reports to support them in achieving full compliance with the standards in time. They had developed and implemented a suite of operational policies and procedures which were understood by the staff team. However, some local policies required review to ensure they provided adequate guidance in relation to safeguarding arrangements, the reception officer policy and procedure manual, and the recruitment policy. The service provider had not ensured that all of the required notifications were submitted to HIQA in line with the requirements of the regulations.

The governance arrangements had improved since the last inspection. The centre manager reported to the group operations manager who had overall responsibility for the centre. The service provider had recruited a senior management team to support the managing director and ultimately the staff team to deliver safe and effective services. This included a facilities manager, a financial controller, a group operations manager and human resources support. The benefit of this change in the governance

arrangements was already evident, for example, through improvements in monitoring and oversight systems and developments in the risk management system.

The provider had developed governance and oversight systems and they were actively implementing these in the centre. The centre management team reported to the senior management team on daily basis by submitting detailed handover documents. This included key data on the day-to-day operations such as health and safety and maintenance related issues, as well as resident and staff wellbeing and consultations with residents. The management team also reported on their progress to address risks, incidents, safeguarding concerns and welfare issues on a daily basis. The senior management team were developing a tracker system to maintain oversight of these issues and while it was in draft format at the time of the inspection, it was a comprehensive tool.

The management team ensured there was appropriate oversight of the service provided on a day-to-day basis. There was a manager available to the staff team and residents seven days a week. They completed daily and monthly checklists which covered health and safety, fire safety and the standard of the accommodation, for example. Detailed daily records were maintained and shared between relevant staff to ensure everybody was briefed on all aspects of service provision, on a need to know basis. Team meetings occurred weekly and it was evident that safeguarding related issues, feedback from residents and activities for the residents were routinely discussed.

There were good systems in place to consult with residents. Monthly residents meetings occurred which were guided by a set agenda. It was evident that residents were involved in planning events to promote their wellbeing. The minutes of resident meetings were posted publically in communal areas to ensure all residents had opportunities to review the discussions and decisions made. Despite good practices in this area, sufficient consultation had not taken place with regard to the transport arrangements provided to residents. While the residents had engaged in a survey in relation to public transport arrangements led by an external organisation, the management team had not obtained the residents views about the service provider's bus service.

Complaints were well managed but there was no centralised system to record all complaints about the centre. This inspection found that formal complaints were adequately managed and reported in line with national policy. Informal complaints were recorded in various documents and while they were dealt with as they arose, they were not captured on a centralised complaints log. This was a missed opportunity to ensure the service provider had adequate oversight and to identify any learnings or quality improvement initiatives arising from these complaints.

The management of risk was in a development phase at the time of the inspection. There was a risk register and accompanying risks assessments which covered a wide range of risks in the service. The senior management team were rolling out a new system to manage risk and had plans in place to support and train members of the staff team in the new approach. The inspectors identified some risks which had not been assessed including the risks relating to limited access to medical care while awaiting medical cards, transport arrangements and smoking in bedrooms.

There were appropriate systems in place to manage the risk of fire. There was appropriate fire safety equipment available which were serviced regularly. Residents had participated in fire drills and the staff team completed regular checks of the accommodation to ensure fire related risks were continuously managed. The service provider had the required policies in place to manage an unexpected emergency.

Recruitment practices had improved but were not guided by a comprehensive policy. Staff files reviewed contained most of the required information including job descriptions, records of induction, staff appraisals and identification. The recruitment policy did not specify how many references were required and the inspectors noted some staff had one reference on file but a staff member recently employed did not have any reference checks completed. The management team had discussed this gap but had not considered alternative options available in this scenario. All staff had up-to-date Garda vetting disclosures and international police checks had been obtained for staff who required them. In instances where an international police check could not be obtained, the risk was assessed, however, there was a lack of guidance in the recruitment policy to inform practice if a positive Garda vetting disclosure was returned.

A system to provide formal supervision to the staff team was developed. The service provider ensured that all staff had engaged in supervision with a member of the management team but this was not consistently completed within the timeframes stipulated in their supervision policy. The senior management team had plans in place to enhance the supervision process including training to ensure the process was beneficial for all staff members.

The learning and development needs of the staff team were prioritised. The staff team had completed training in *Children First: National Guidance for the Protection and Welfare of Children (2017)* and in the protection and welfare of vulnerable adults. Despite this, not all of the staff team had completed training in responding to the needs of victims of trauma and human trafficking or conflict resolution, for example. The management team were aware of the deficits and this was reflected on a centre training log.

Overall, it was found that the service provider had the capacity and capability to provide a service that was safe and effective. While not all standards were found to be fully compliant, the service provider had developed effective governance and monitoring systems and were committed to continuously improving the service provided to residents.

### **Standard 1.1**

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

The staff and management team had a good understanding of the standards, regulations and national policy. They were actively addressing known deficits in the service and had addressed concerns noted in previous inspection reports. The service provider had developed a set of policies and procedures which the staff team understood but some of these required review as they did not contain sufficient information. The service provider had not ensured that notifications were submitted to HIQA in line with the requirements of the regulations.

Judgment: Substantially Compliant

### **Standard 1.2**

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

The senior management team were in the process of enhancing their oversight systems. A system to track and trend complaints, incidents and safeguarding related concerns was in draft format at the time of the inspection. Complaints were well-managed but a consistent approach to the recording and tracking of informal complaints was not developed.

Judgment: Substantially Compliant

### **Standard 1.3**

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

There was a resident's charter in place which contained all of the required information.

Judgment: Compliant

### **Standard 1.4**

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

The service provider had not completed an annual review of the service but they were in the process of drafting a detailed quality improvement plan to inform further actions required to bring the centre in to full compliance, in time. Systems to consult with the residents were well-developed but the management team had not consulted directly with residents in relation to their views about the transport arrangements available.

Judgment: Partially Compliant

### **Standard 2.1**

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

Recruitment practices had improved but the recruitment policy did not outline how many references were required for new employees. One staff member was employed without a reference and while it was evident that the management team had discussed related challenges in this case, they had not recorded it was a risk assessment.

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.

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| <p>A system was developed to ensure the staff team were supervised but supervision sessions were not consistently held within the timeframes required by the service provider's policy. The senior management team had plans in place to enhance the supervision process to ensure it was an effective and beneficial for all staff members.</p> |
| <p>Judgment: Substantially Compliant</p>   |
| <p><b>Standard 2.4</b></p> <p>Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.</p>   |
| <p>The learning and development needs of the staff team were prioritised and some, but not all staff, had completed the mandatory training required by the national standards. The management team was proactively seeking additional training to continuously upskill the team.</p>   |
| <p>Judgment: Substantially Compliant</p>   |
| <p><b>Standard 3.1</b></p> <p>The service provider will carry out a regular risk analysis of the service and develop a risk register.</p>  |
| <p>The risk management system was in a development phase at the time of the inspection and the senior management team were supporting the local management team to enhance their overall management of risk. While there was a risk register and numerous risk assessments, not all risks evident in the centre had been assessed.</p>           |
| <p>Judgment: Partially Compliant</p>   |

## Quality and Safety

Residents in this centre had access to good supports from a committed and dedicated staff team and for the most part, had positive experiences living in this centre. The facilities in the centre were of good quality and ensured residents had opportunities to access spaces outside of their bedrooms which they shared with other residents. There was no qualified reception officer to assess the needs of residents and there were challenges for residents in accessing health and social care services and community activities due to challenges in relation to transport.

The allocation of accommodation was guided by a room allocation policy. While the service provider received limited information about residents before they arrived to the centre, there was adequate guidance in place to guide the staff team on the allocation of bedrooms and how residents should be welcomed, their orientation and the provisions they received. The management team considered residents' needs, when known, while allocating accommodation and they also facilitated residents to change rooms when this was requested or required to meet their needs.

For the most part, the standard of the accommodation was adequate. The majority of the accommodation observed by the inspectors was well-maintained but there was one bedroom that required painting and a second bedroom with an adjoining balcony area that needed to be cleaned. Residents, in most cases had sufficient storage but the inspectors observed one room where a resident had no bedside locker and there was insufficient storage space in the room for all of the resident's belongings. While there was additional storage spaces available to residents, some chose not to utilise this.

The allocation of accommodation did not always promote the privacy and dignity of residents due to the configuration of the accommodation provided. Single residents shared their bedrooms with up to three unrelated residents and in one case, four unrelated residents. While there were only a small number of families in the centre,

mothers were required to share a bedroom with their children. This had not presented as a difficulty for the residents involved, due to the age of their children.

On a walk around the building, the inspectors found that it was clean and well-maintained. The service provider had a cleaning schedule and maintenance programme in place, and any issues which were identified were addressed promptly.

The service provider ensured the residents' had access to adequate and accessible facilities including dedicated child-friendly play and recreation facilities. There were no children of school going age but the management team had introduced a range of measures to support the young children and their mothers. The management team introduced a new programme for single mothers whereby they facilitated a play session with the children, providing an opportunity for their mothers to complete tasks which otherwise would be difficult to complete while supervising a young child. There was a well-stocked playroom with many toys and games suitable to the ages of the children living there. There was an outdoor playground and large open spaces for children to play.

Adult residents had access to a range of facilities onsite to meet their social and recreational needs while in the centre. They had access to many communal spaces to read, relax or socialise with other residents.

Security measures were sufficient, proportionate and appropriate. Closed circuit television (CCTV) was in operation in external and communal areas and its use was informed by a centre policy. Staff were onsite 24 hours a day to ensure the safety of all residents and there was appropriate monitoring of CCTV.

Residents cooked their own meals in a communal kitchen. There were seven cooking stations and while some residents said it was busy, particularly in the evenings, the service provider had extended the opening times to meet the needs of residents who were working or studying. There was also a kitchenette where residents could prepare snacks and hot drinks when the kitchen was unavailable.

Residents received a prepaid card that was topped up on a weekly basis to allow them purchase their own groceries and non-food items. This system allowed the residents choice with regard to their grocery shopping. While allowances were provided for residents to purchase their own non-food items, not all residents were aware of their entitlement to two sets of bedlinen and had bought their own.



This inspection found that residents' rights were, for the most part, protected and promoted. The service provider had procedures and guidance in place with regard to diversity, inclusion and the use of interpreters. They also had a dignity and respect charter which guided the good practices by the staff team. Residents were treated with care and kindness and the staff team tended to residents needs without delay. Residents had opportunities to engage with the staff team individually and at resident meetings. Their views were valued and informed quality improvement initiatives. Despite this, as noted previously, the management team had not engaged with residents about their views on the bus service. Visitors were welcomed to visit residents in the centre and had appropriate space to meet with them in private. As previously stated, the configuration of the accommodation meant that residents shared their bedrooms with unrelated residents or with their children, which impacted on their privacy and dignity.

Residents were well-integrated within their local community. The staff team had developed strong links with community organisations and residents had information about community supports, English classes and social groups. They had opportunities to engage in a variety of social, recreational and cultural activities and events. Despite these good practices, the transport arrangements impacted on how residents could fully integrate within the community. A quarter of residents who lived in the centre had their own transport but up to 75% of the residents relied on both the centres transport and public transport to meet their everyday needs. The current arrangements meant that while residents could attend a college course in a nearby town, they could not participate in community activities or groups if they occurred in the evening time, for example.

Safeguarding practices ensured residents were safe and protected. The service provider had the appropriate policies and procedures in place to guide practice in relation to the safeguarding of children and adults. The staff team had completed training in Children First and adult safeguarding and they were aware of the procedures to follow when concerns arose. There was a system in place to ensure welfare concerns were addressed and monitored and the management team had thorough oversight of such concerns.

Incidents were well managed and appropriately responded to and reported in line with national policy. While the staff team had access to detailed policies and procedures, there was no procedure in place to guide staff on the development or implementation of safeguarding plans when these were required.

The service provider ensured there were good practices to promote the health, wellbeing and development of each resident but not all health related services were accessible to the residents. The management team advocated for residents and there

were good programmes and events in place to promote their wellbeing. The staff team facilitated events on a monthly basis and resident wellbeing was routinely discussed at staff and resident meetings. The management team liaised with local services to try to find solutions for residents who did not have access to a general practitioner and medical care while they were awaiting their medical cards. This was an ongoing piece of work and while these difficulties were outside the control of the service provider, they had not assessed the associated risks. Some residents reported difficulties accessing medical appointments due to limited transport and the inspectors noted that residents called emergency services on occasions when out-of-hours services may have been more appropriate. The service provider had not assessed these challenges or the associated risks.

The staff team received limited information about new arrivals to the centre and there was no reception officer in position to assess the needs of the residents. The service provider had previously recruited a reception officer but this position was currently vacant. There was an ongoing campaign to recruit a new reception officer and in the interim, residents had access to a supportive staff and management team who addressed their needs as they became aware of them.

The management team had identified some residents with special reception needs and made every effort to ensure they were referred to the services they required. Staff members had accompanied residents to appointments, if this was required and had ensured residents received support in line with their needs. They had identified single mothers as having special reception needs and introduced a range of measures to support them. The service provider had draft policies and procedures in place in relation to the role of the reception officer and the assessment of need and a plan in place to finalise these following the recruitment of a reception officer.

#### **Standard 4.1**

The service provider, in planning, designing and allocating accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.

The service provider ensured the allocation of accommodation was informed by the needs and best interests of residents, where possible, and alerted the relevant department when the accommodation was not suitable to meet individual needs. This process was guided by an appropriate policy and residents were facilitated to change their room, if this was in line with their wishes or needs.

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.

Parents and their children shared a bedroom with no access to their own private living space. The children living in the centre were very young and the service provider had put measures in place to minimise the potential negative impact on both the women and children, following an assessment of the risks.

Judgment: Compliant

#### **Standard 4.6**

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

There were no children that were of school going age but the service provider had dedicated facilities to support their development including a well-stocked playroom with adequate toys and resources for children to enjoy.

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.

The service provider had the appropriate schedules in place to ensure the centre was clean and well-maintained throughout. They were in the final stages of renovating a new laundry facility for the residents to ensure they had access to sufficient laundry facilities.

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.

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

Judgment: Compliant

#### **Standard 4.9**

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

The service provider ensured that residents received an additional allowance to purchase their own non-food items. Residents had access to two sets of bedlinen but as some residents were not aware of this provision, they had purchased their own.

Judgment: Substantially Compliant

#### **Standard 5.1**

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

Food preparation and dining facilities met the needs of the residents. The opening hours of the main kitchen were extended since the previous inspection and this allowed the residents to have more flexibility and ensured access to the kitchen at times that suited them.

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.

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| <p>The centre was fully self-catered and residents bought their own groceries using a prepaid electronic card which was topped up weekly. This allowed residents the opportunity to buy their own groceries from local shops and supermarkets. This arrangement met the needs of the residents.</p>  |
| <p>Judgment: Compliant</p>   |
| <p><b>Standard 6.1</b></p> <p>The rights and diversity of each resident are respected, safeguarded and promoted.</p>   |
| <p>There were many good practices which promoted and protected residents' rights. They had access to a wealth of information about their rights, community and support services and also had access to advocacy supports. The service provider had good systems in place to consult with residents but they had not sought their feedback with regard to the centre's transport. As mentioned previously some adult residents had to share bedrooms with their children and this impacted on their privacy and dignity. These deficits have been addressed previously in the report.</p> |
| <p>Judgment: Compliant</p>   |
| <p><b>Standard 7.1</b></p> <p>The service provider supports and facilitates residents to develop and maintain personal and family relationships.</p>   |
| <p>Residents were supported to develop and maintain personal relationships and they could invite family and friends to visit them.</p>   |
| <p>Judgment: Compliant</p>   |
| <p><b>Standard 7.2</b></p> <p>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.</p>   |

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| <p>The service provider ensured that residents had information about local recreational, educational and health and social services. External organisations and services were welcomed to the centre to meet with the residents to offer support and advice around education, training, employment and local services. While there were many services in the locality, they were not accessible to all residents, particularly those who did not drive, due to the times and frequency of bus service.</p> |
| <p>Judgment: Partially Compliant</p>   |
| <p><b>Standard 8.1</b></p> <p>The service provider protects residents from abuse and neglect and promotes their safety and welfare.</p>  |
| <p>The service provider had the appropriate child protection and adult safeguarding policies in place. All staff were trained in Children First and safeguarding vulnerable adults. Welfare concerns were well managed and monitored with appropriate supports put in place for residents who required this. The service provider was in the process of developing a tracker to maintain oversight of all safeguarding concerns.</p>   |
| <p>Judgment: Compliant</p>   |
| <p><b>Standard 8.2</b></p> <p>The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.</p>  |
| <p>The staff team were aware of their responsibilities to ensure children were safeguarded. Parents were supported to understand their responsibilities in relation to safeguarding. The service provider had identified challenges faced by single mothers and put appropriate supportive measures in this regard.</p>  |
| <p>Judgment: Compliant</p>   |
| <p><b>Standard 8.3</b></p> <p>The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.</p>   |
| <p>Incidents were well managed and appropriately responded to and reported in line with national policy. While the staff team had access to detailed policies and procedures,</p>  |

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| there was no procedure to guide staff on the development or implementation of safeguarding plans when these were required. This deficit was covered previously.  |
| Judgment: Compliant  |
| <b>Standard 9.1</b><br>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.   |
| There were good practices in place to promote the health, wellbeing and development of each resident but not all health related services were accessible to the residents which had not been assessed by the provider. This deficit was covered previously in the report.  |
| Judgment: Compliant  |
| <b>Standard 10.1</b><br>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.  |
| For the most part, the provider was not made aware of any special reception needs in advance of an admission to the centre. Despite this, residents with special reception needs or vulnerabilities were provided with the required assistance and support.  |
| Judgment: Compliant  |
| <b>Standard 10.2</b><br>All staff are enabled to identify and respond to emerging and identified needs for residents.  |
| Some, but not all of the staff team had completed the training required to identify and respond to special reception needs. This deficit was addressed previously. The staff team had opportunities to discuss their work with the management team and they were well supported regarding their wellbeing and self-care. |
| Judgment: Compliant  |

**Standard 10.3**

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

The service provider was in the process of recruiting a reception officer and while this role was vacant, when resident's needs were known, they were responded to and they were referred to the appropriate services. The service provider's policy to identify, communicate and address existing and emerging special reception needs was in draft format at the time of the inspection.

Judgment: Partially Compliant

**Standard 10.4**

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

At the time of inspection residents living in this centre did not have the support of an appropriately qualified reception officer. The provider had previously recruited a reception officer but the position was currently vacant and there was an ongoing recruitment process to fill this position.

Judgment: Not Compliant



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

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

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

|   |                     |
|---|---------------------|
| Standard 4.1  | Compliant           |
| Standard 4.4  | Compliant           |
| Standard 4.6  | Compliant           |
| Standard 4.7  | Compliant           |
| Standard 4.8  | Compliant           |
| Standard 4.9  | Compliant           |
| <b>Theme 5: Food, Catering and Cooking Facilities</b>                     |                     |
| Standard 5.1  | Compliant           |
| Standard 5.2  | Compliant           |
| <b>Theme 6: Person Centred Care and Support</b>                           |                     |
| Standard 6.1  | Compliant           |
| <b>Theme 7: Individual, Family and Community Life</b>                     |                     |
| Standard 7.1  | Compliant           |
| Standard 7.2  | Partially Compliant |
| <b>Theme 8: Safeguarding and Protection</b>                               |                     |
| Standard 8.1  | Compliant           |
| Standard 8.2  | Compliant           |
| Standard 8.3  | Compliant           |
| <b>Theme 9: Health, Wellbeing and Development</b>                         |                     |
| Standard 9.1  | Compliant           |
| <b>Theme 10: Identification, Assessment and Response to Special Needs</b> |                     |
| Standard 10.1   | Compliant           |
| Standard 10.2   | Compliant           |
| Standard 10.3   | Partially Compliant |

|               |               |
|---------------|---------------|
| Standard 10.4 | Not Compliant |
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## Compliance Plan for Temple Accommodation Centre

**Inspection ID:** MON-IPAS-1076

**Date of inspection:** 05 and 06 February 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            |
|---|---------------------|
| 1.4   | Partially Compliant |
| <p>Outline how you are going to come into compliance with this standard:</p> <p>Quality Improvement Plan is up and running. Location submitting monthly to leadership as part of governance and incorporates feedback from residents, staff and various stakeholders.</p> <p>The annual review of quality and safety of services will be completed in June 2025. It will incorporate involvement with staff and residents to promote continual improvements in our services and promote the best outcomes for residents living in the accommodation centre.</p> <p>Resident Consultation on transportation was completed on 13/02/25, exploring the change to bus timings. The results showed that over 25 of the residents (over a quarter) have their own car and in addition to this, they also car-pool with other residents to reduce their travel costs to/from work and college. 20 residents insisted</p> |                     |

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|--|---------------------|
| <p>on bus timetables remain as is. 8 requested earlier or later buses. The survey indicated we did not have a quorum to adjust timetables.</p> <p>We have made this part of our monthly resident consultation, and it will be part of our Annual Review of Quality and Safety of Services. It will be monitored closely for improvement opportunities.</p>   |                     |
| 3.1  | Partially Compliant |
| <p>Outline how you are going to come into compliance with this standard:</p> <p>All risks identified during the inspection have been added to the live risk register i.e. medical cards, transportation to appointments etc.</p> <p>Risk Register will be fully reviewed again by May 2025 for full overview and compliance against provision of quality and safe services.</p>  |                     |
| 7.2  | Partially Compliant |
| <p>Outline how you are going to come into compliance with this standard:</p> <p>Resident Consultation on transportation was completed on 13/02/25, exploring the change to bus timings. The results showed that over 25 of the residents (over a quarter) have their own car and in addition to this, they also car-pool with other residents to reduce their travel costs to/from work and college. 20 residents insisted on bus timetables remain as is and 8 requested earlier or later buses. The survey indicated we did not have a quorum to adjust timetables.</p> <p>We have made this part of our monthly resident consultations, and it will be part of our Annual Review of quality and safety of Services. It will be monitored closely for improvement opportunities.</p> <p>Should an event occur outside of our scheduled bus times which our residents express interest in, we will review the bus timings accordingly through consultation.</p> |                     |
| 10.3   | Partially Compliant |
| <p>Outline how you are going to come into compliance with this standard:</p> <p>An updated policy to identify, communicate &amp; address existing &amp; emerging reception needs will be rolled out by April 2025. This will be supported by Vulnerability</p>   |                     |

Assessments as well as a case plan management tool to ensure supports and services to residents in need are provided.

Reception officer in place and utilizing tracker to record support provided and completion of Vulnerability Assessments with residents. Vulnerability Assessments will be targeted to all new arrivals and by the end of June 2025, have offered to all residents in situ.

The reception officer in place will be able to support any emerging needs identified either directly by residents or by managers on site.

10.4

Not Compliant

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

Reception officer commenced employment at Temple Accommodation Centre on 11/03/2025

## 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 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 1.4    | The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.   | Partially Compliant | Orange      | 28/06/2025               |
| Standard 3.1    | The service provider will carry out a regular risk analysis of the service and develop a risk register.  | Partially Compliant | Orange      | 31/05/2025               |
| 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 | Partially Compliant | Orange      | 28/06/2025               |

|               |  |                     |        |            |
|---------------|--|---------------------|--------|------------|
|               | dedicated and adequate transport.  |                     |        |            |
| Standard 10.3 | The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.   | Partially Compliant | Orange | 28/06/2025 |
| Standard 10.4 | The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies. | Not Compliant       | Red    | 05/06/2025 |