



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

Name of the Centre:	Ashbourne House
Centre ID:	OSV-0008413
Provider Name:	Barlow Properties
Location of Centre:	Glounthaune, Co. Cork
Type of Inspection:	Unannounced
Date of Inspection:	19/03/2025 and 20/03/2025
Inspection ID:	MON-IPAS-1084

Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a national¹ and international level² since that time. In response, the Irish Government took certain steps to remedy this situation.

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

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published a White Paper to End Direct Provision and to establish a new International Protection Support Service³. It was intended by Government at that time to end direct provision on phased basis by the end of 2024.

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

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent⁴ International Protection Accommodation Service centres against national standards on 9 January 2024.

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

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

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

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

About the Service

Ashbourne House is an accommodation centre located in Glounthaune, Co. Cork. The centre has 33 bedrooms and a gate lodge which has three bedrooms. At the time of the inspection, the centre provided accommodation for 92 residents, with a total capacity for 95 residents.

The centre is located within walking distance of Glounthaune village and Glounthaune train station, providing access for residents to Cork city centre.

The centres main building contains 19 bedrooms, while there are an additional 14 bedrooms in a second building adjacent to the main building, as well as the gate lodge at the entrance to the centre. Parking facilities are available onsite for residents, staff and visitors. The main building comprises a reception area, a sitting room, a children's study room, a large dining area and children's indoor place area, residents' kitchens and residents' bedrooms. There is a laundry room, bike storage facility and stroller storage room onsite also, as well as a playground for children and ample gardens for the residents to enjoy. There is an onsite childcare facility for children residing in the centre.

The centre is managed by a centre manager who reports to a general administrative manager, who at the time of the inspection also held the role of the Reception Officer for the centre. There is also a deputy manager and general support staff including domestic staff, night porters and maintenance staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	92
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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)
19/03/2025	10:30 – 18:30	1	1
20/03/2025	08:10 – 13:00	1	1

What residents told us and what inspectors observed

The inspectors found from speaking with residents and through observations made during the course of the inspection, that residents were generally happy and safe living in this centre. The staff team provided person-centred support and were focused on meeting the needs of residents. Residents who engaged with the inspectors communicated their satisfaction with the service provided to them and spoke highly of the staff and management teams in the centre.

The inspection took place over two days and during this time the inspectors met with four adults and three children living in the centre. The inspectors also had brief conversations with a number of other residents throughout that time. The inspectors also met with the centre manager, the deputy manager, the general administrative manager and the provider.

Accommodation was provided to 92 residents, 42 of whom were children. The centre had capacity for 95 residents, across thirty-three bedrooms and a self-contained gate lodge, which had three bedrooms. While the primary function of the centre was to provide accommodation to families and single females seeking international protection, of the 92 residents living in the centre at the time of the inspection, five (5.4%) had refugee status or had valid permission to remain in Ireland.

Upon arrival at the centre, the inspectors found the centre to be clean and well maintained. The centre was located on the outskirts of Cork city and was set within a well maintained garden of spring flowers and mature trees. The centre was within walking distance of a shop and local transport links. There was ample parking for both residents and staff. The main building comprised two storeys, including the reception area and staff office, a large living room with open fire, couches and a television for residents and communal space containing a large dining room with sufficient seating space for residents to enjoy their meals. There were two kitchens adjacent to the dining room, which contained all of the cooking equipment that residents required to prepare their meals. The communal space also contained a play area for children, which had age-appropriate toys for children to play with, as well as a television and couch where parents and children could relax. There were food storage facilities for residents in the communal space adjacent to the kitchens, which had been introduced since the previous inspection. Residents had access to fresh drinking water in the communal dining space. Bedrooms were located on the ground floor and first floor of the building. There was a room dedicated to homework club in the main building and the centre had an onsite crèche, which was operated by an external provider. Residents had access to a computer room and there was Wi-Fi throughout the centre.

There was a gate lodge at the entrance to the centre, which was home to one family. There was additional accommodation in an outbuilding, as well as a laundry which contained six washing machines and six dryers. There was a storage facility for resident's bicycles adjacent to the laundry, as well as a separate cabin for storage of buggies. The centre had a poly tunnel in the garden which residents could use to grow their own vegetables. There was a room designated for use as a clinic for medical appointments and inspectors were informed that a nurse and General Practitioner (GP) visited the centre regularly.

Residents purchased food and non-food items in a shop of their choice, using a pre-loaded electronic card. This arrangement facilitated choice and promoted independence, with residents choosing items based on their specific needs. Residents were provided with essential non-food items, such as towels and two sets of bed linen on arrival at the centre.

Feedback from residents was generally positive and those who spoke with the inspectors were happy with the facilities in the centre. Some residents said: "managers, people so good", "really supportive". The inspectors were told how the meetings with the reception officer were "very helpful" and that these meetings were scheduled for families each month, and more frequently if required. Residents said that they felt that they could raise concerns with staff members and gave examples of things they had raised, which had been resolved promptly and to their satisfaction. Some residents noted the issues they faced in terms of the proximity of their bedroom to the kitchen and how this posed a challenge for them in trying to prepare family meals whilst looking after their children. Some residents spoke of the lack of storage in their rooms, but had been made aware by the provider of the plans in place to address this.

Residents were supported by the staff team in relation to education, employment and engagement in various support services, and were complimentary of the help that they had received. The staff team organised events for residents such as coffee mornings, which brought residents together to socialise and to gather information from invited speakers.

In addition to speaking to residents about their experiences of living in the centre, the inspectors received two completed questionnaires, one from an adult and one from a child. The questionnaires asked for feedback on a number of areas including safeguarding and protection; complaints; residents' rights; staff supports and accommodation. The responses to the questionnaires were positive, with residents reporting that they felt safe and supported while living in the centre. Residents said that they were consulted with by staff about things that impact them in the centre and that staff were helpful towards them. Residents who responded to the questionnaire were happy with the accommodation they were provided with.

In summary, the inspection found many good areas of practice in this centre and it was evident that the management and staff teams were dedicated to promoting and protecting residents' rights. Residents had good relationships with staff members and reported that they felt safe and secure living in the centre.

The next two sections of the 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 Ashbourne House by HIQA. The service provider had put in place a staff team who were committed to supporting residents and providing them with a good quality service. The inspection found that there were many areas of good practice, however, there were some areas which required further improvement, including governance and the management of risk.

Some members of the management team demonstrated a good understanding of the national standards, legislation and regulations. The service provider had undertaken an annual review of the service in 2024, which self-assessed compliance under the ten themes of the national standards. The inspectors observed a quality improvement plan which was developed following the annual review, and although there were a number of actions listed and some actions had been documented as completed, the quality improvement plan lacked detail, actions were not time bound, and were not assigned to individuals for completion. In addition to this audit, the inspectors reviewed a copy of an internal audit undertaken by the service provider, as well as two quarterly internal audits undertaken by management, which addressed a number of areas of the national standards. These audits had action plans attached, however, not all actions were time bound and it was not clear who individual actions were assigned to for completion.

There was a clear governance structure in place for the centre and the centre manager was supported in their role by the general administrative manager. Job descriptions were clearly defined for staff, however, the inspectors found that in practice roles were less clearly defined. It was evident to the inspectors that resident wellbeing was prioritised and the inspectors observed positive interactions between staff and residents during the inspection.

The inspectors were informed by management of the formal reporting structures in place in the centre. All staff members received one-to-one supervision from the general manager. Staff meetings were taking place monthly and management meetings were taking place every two to three weeks.

A comprehensive residents' charter was in place in the centre. Consultation with residents was taking place. The reception officer had arranged a number of events for residents to gather at the centre. There was an open door policy in the centre and the inspectors observed residents coming to meet with staff to ask questions and have conversations throughout the inspection. Residents could also schedule appointments to meet with the reception officer at a time that suited them. There was a suggestion box in the main reception area where residents could raise concerns or queries if they

wished. The inspectors were informed that the residents were consulted through resident meetings and additionally, teenagers were consulted through meetings specific to their age demographic also. These meetings provided opportunity for the residents to highlight any issues that they were experiencing and discuss what life was like for them in the centre. Resident feedback was also considered as part of the annual review and the review undertaken by the service provider, demonstrating a commitment to address residents' needs.

There was a designated complaints officer in place for the centre and the management of formal and informal complaints was guided by a comprehensive complaints management policy. The inspectors observed complaints forms available for residents in the main reception area and residents could submit their complaints anonymously, if they so wished, in the suggestions box. Both verbal and written complaints were recorded in a complaints form and written complaints were included on a monthly complaints summary form which was sent to IPAS. While there was no overall log for both verbal and written complaints, there was good oversight of complaints and these were managed effectively and efficiently.

There was a system in place for the management of risks, which was supported by a comprehensive risk management policy. The inspectors did not find evidence of a risk analysis to support the development of the risk register. Risk assessments had been undertaken for a broad range of risks. All risk assessments had risk ratings applied and ratings were adjusted for controls. There was evidence that risks were being regularly reviewed. While all risk assessments included some control measures, not all control measures appropriate to support the comprehensive management of some risks were included. With regard to the assessment of individual residents' needs, individual needs had been risk assessed and were included on a separate risk register.

The service provider had adequate systems in place to manage the risk of fire. The inspectors viewed documentation indicating that a fire safety audit had been undertaken in November 2024. The service provider had a contingency plan in place in relation to fire and the inspectors observed fire safety documentation on display throughout the centre. Residents informed the inspectors that they had participated in fire drills and were aware of the procedure of evacuating safely in the event of a fire.

The service provider had ensured that all staff had up-to-date Garda vetting and international police checks had been obtained for staff members where relevant. There was a recruitment policy in place to guide the recruitment of staff. However, in the recruitment policy it was unclear whether references were sought verbally or in written format.

There were some examples of initiatives to support staff wellbeing including access to an employee assistance programme, one-to-one meetings with line management and staff debriefs following incidents.

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.

Knowledge of relevant legislation, regulations and national policy and understanding of responsibilities under the national standards varied among some members of the management team. An annual review and a number of audits had been undertaken to assess compliance with the national standards, however, quality improvement plans lacked the required detail to effectively guide staff in ensuring that actions were completed in a timely manner.

Judgment: Partially Compliant

Standard 1.2

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

The service provider had put in place a dedicated management team, who were committed to delivering a safe service to residents. While there were clearly defined written roles, as detailed in job descriptions, in practice the inspectors found that roles were less clearly defined. There was a complaints management system in place in the centre and management demonstrated good oversight of this.

Judgment: Substantially Compliant

Standard 1.3

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

There was a residents' charter in place in the centre. New residents to the centre were provided with a comprehensive induction programme on arrival.

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.

A quality assurance system to monitor the quality of service provided to residents had been further developed since the previous inspection, to ensure that feedback from residents was being obtained. Residents' meetings were taking place and a suggestion box was available to residents to provide feedback in this manner. It was evident that residents could raise concerns directly with staff and that concerns were dealt with effectively.

Judgment: Compliant

Standard 2.1

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

The service provider had received Garda vetting disclosure for all staff and international police checks had been obtained for all staff where relevant. There were written job descriptions and photo ID on file for all staff. The recruitment policy was not clear in relation to whether references for new staff members were sought verbally or in written format.

Judgment: Substantially Compliant

Standard 3.1

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

While there was a risk management framework in place for this service, it required further development to ensure that all risks identified had the appropriate control measures in place to provide a safe service. Some control measures did not reflect the level of risk outlined in the risk assessment. There was no evidence provided to the

inspectors of an in-depth risk analysis of the service to ensure that all potential risks were identified and included on the risk register.

Judgment: Substantially Compliant

Quality and Safety

Residents in the centre were well supported and had access to good facilities onsite. The inspectors observed interactions between staff members and residents throughout the inspection and it was evident that residents were treated with kindness and consideration and that residents' wellbeing was a priority. Residents told the inspectors that they felt safe living in the centre. Residents had access to a range of health and social care services and were supported in accessing these services. Although the accommodation provided was satisfactory in most cases, some residents' rights were impacted by the type of accommodation that they occupied.

The service provider had developed a clear process for allocation of rooms to residents, guided by a room allocation policy, which ensured that rooms were allocated based on family size or other identified need. The service provider supported residents to move to alternative accommodation within the centre, where available, if their needs changed. The inspectors observed a room change request form, which was completed in such circumstances. Rooms visited by the inspectors were of a satisfactory standard and were well maintained. The inspectors spoke with one family where the parents shared the room with three children, one of whom was a teenager. The inspectors were informed by the residents that management had been engaging with them regarding alternative accommodation options within the centre, but at the time of the inspection, a solution had not been identified. While families had access to good communal facilities within the centre and thirty-one of the thirty-six bedrooms in the centre were en-suite, the majority of residents did not have access to their own private living space. There were no unrelated residents sharing bedrooms in the centre.

The inspectors were informed that there was a maintenance log in place and the inspectors also observed records of maintenance issues reported by residents as complaints. It was evident from this documentation that any maintenance issues which were reported were resolved quickly and effectively for residents.

Bedrooms were clean and well maintained. While residents were provided with storage facilities in their bedrooms, many residents required additional storage, and in particular where bedroom space was occupied with baby equipment and children's toys. The inspectors were informed by the service provider that the onsite storage facility was full, but plans were in place to install an additional storage facility at the centre in the weeks following the inspection. There was a storage room adjacent to the laundry for residents' bicycles and a separate storage room for children's buggies.

The service provider ensured that the educational needs of residents were being met. Parents were supported to secure school places for their children and the centre had its

own crèche. Transport was provided to children to bring them to and from school. At the time of the inspection, all children had secured a school place locally. Adults were also supported to engage in training and education courses, such as nursing and security courses.

Residents had access to good facilities onsite. Indoor communal space included a homely living room with an open fire, where residents could relax and watch television. There were good facilities for children on site, with access to an indoor communal play area which had age-appropriate toys for the children to play with, as well as well-maintained gardens where residents could enjoy recreational activities outdoors. There was also an outdoor playground for children. There was a brightly decorated room where homework club was facilitated. Events were scheduled for children and the inspectors observed signage indicating that there would be a movie screening the following weekend. The communal spaces were clean and well maintained and provided a safe and inviting environment for residents to enjoy recreational activities with their families and friends.

Appropriate security measures were in place in the centre, with closed-circuit television (CCTV) in place in communal and external areas. Security staff were directly employed by the service provider and there was a 24-hour mobile phone number that residents could call if they required assistance.

Residents were allocated points on a weekly basis to purchase their groceries in a shop of their choosing. The inspectors were informed by management that residents had recently received an increase in their weekly points allowance for non-food items, and a stock of nappies and toiletries was always available onsite, should residents require additional items outside of their point allowance. Cleaning products were available to residents on request from management.

The rights of residents were respected and promoted by the staff team. The management team explained that as part of an induction process, residents were provided with information on their rights and entitlements and were supported by staff to engage in support services. Residents told the inspectors about some of the services they were engaging with, including medical services and community support services, to meet their needs. The inspectors also observed information on support services displayed on a notice board in the centre.

The centre had good links with community organisations and residents had access to a list of groups that they could engage with. The management team informed the inspectors that representatives from local support groups and community organisations were invited to information meetings which were held for residents in the centre once per month.

The residents who spoke with the inspectors and who completed the questionnaires said that they felt respected and that the centre was a dignified environment to live in. They reported that staff were helpful and supportive towards them and residents felt that they could ask staff for assistance if they needed it. The inspectors were informed by management that resident meetings were taking place in the centre and that meetings specifically for teenage residents were also taking place, which provided a means for teenagers to gather and to engage with each other within the centre. The inspectors were also told that past residents of the centre often came back for coffee mornings to meet with current residents and to provide peer support and guidance to them. The residents were supported to develop and maintain personal and family relationships and were facilitated to have visitors in communal spaces throughout the centre.

The service provider had appropriate measures in place to protect adults and children from abuse and neglect and to promote their safety and welfare. Safeguarding practices were guided by a comprehensive safeguarding vulnerable adults policy, a child protection policy, and a child safeguarding statement. These policies were comprehensive in guiding staff in effectively managing and reporting a safeguarding concern. The inspectors were informed that all staff had completed the appropriate training, that a system was in place for recording safeguarding concerns and that safeguarding plans were in place for residents where required. The inspectors spoke with some members of staff and it was evident that they were aware of their roles and responsibilities in relation to safeguarding vulnerable adults and children. At the time of the inspection, there was one open safeguarding concern at centre level, pertaining to a minor, which had been reported to the Child and Family Agency (TUSLA). The service provider had identified a designated officer (DO), as required by national safeguarding vulnerable adults policy, and designated liaison person (DLP), as required by national children's first policy, for the centre.

The service provider had a system in place for the recording and management of incidents in line with the centre's incident reporting management policy. There was a detailed incident log which supported effective oversight of incidents. The management had good oversight of incidents and there was a culture of learning from incidents in the centre, and the inspectors were informed that incidents were being discussed at learning and review meetings. This was a notable improvement in practice since the previous inspection by HIQA.

The service provider had a policy in place to guide the role of the reception officer in assessing residents' needs. At the time of the inspection the general administrative manager occupied the role of the reception officer two days per week in the centre. While the general administrative manager was suitably qualified to fulfil the role of the reception officer, the inspectors found this arrangement to be unsatisfactory given the

size of the centre. The inspectors were informed by the service provider that arrangements were being put in place to employ a reception officer for the centre, whose sole role would be to fulfil the duties of a reception officer only. The reception officer informed the inspectors that a register was in place for residents identified as having special reception needs and residents were supported in accessing services appropriate to their needs. Residents with whom the inspectors spoke, informed them that the reception officer had linked them with external services and that they were receiving good supports.

Standard 4.1

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

The service provider had a room allocation policy in place and accommodation was offered to residents based on their individual and family needs. The management team ensured that alternative onsite accommodation was offered to residents based on their changing needs, where available. There were clear guidelines in place to guide this process.

Judgment: Compliant

Standard 4.2

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

Accommodation provided to residents in this centre was of a satisfactory standard. The buildings were well maintained and the general environment was homely. There was insufficient storage for some residents' belongings, however, the service provider had arrangements in place to address this matter.

Judgment: Substantially Compliant

Standard 4.4

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

The service provider had ensured that family members were placed together in the centre, however, such arrangements did not always promote and protect the privacy and dignity of the family. Due to the nature of the accommodation provided in this centre, the majority of residents did not have access to their own private living space.

Judgment: Substantially Compliant

Standard 4.5

The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.

The service provider had ensured that there were appropriate and safe recreation facilities for children and adults in the centre. Children had access to indoor play space and an outdoor playground and there was access to indoor communal space and a well maintained garden for all residents to enjoy.

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.

Parents were supported to secure school places for their children and transport was provided to bring children to and from school. There was a dedicated space to facilitate homework club in the centre and children and young people had access to Wi-Fi and computers to support their educational needs. There was a crèche onsite for residents of the centre. At the time of the inspection, all children of school-going age were in full-time education.

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 communal facilities and accommodation in the centre were generally clean and well maintained. Residents had access to adequate 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 in place in the centre were appropriate and proportionate and residents reported that they felt safe living in the centre.

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 had reviewed and updated the points allocation system for non-food items since the previous inspection and residents were receiving additional points as part of their weekly allowance, in order to purchase items such as toiletries, nappies and baby food.

Judgment: Compliant

Standard 5.1

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

Residents had access to appropriate cooking and food storage facilities within the centre, to enable them to prepare their own meals. There was sufficient communal dining space adjacent to the kitchens, where residents could sit and enjoy their 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.

The centre was fully self-catered and residents were provided with a prepaid card to purchase their groceries in a shop of their choice. Residents had access to drinking water in the communal dining area, at all times.

Judgment: Compliant

Standard 6.1

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

The residents were treated with dignity and respect by the staff in the centre. There was evidence that the supports provided to residents were person-centred and that where possible, the rights of residents were being promoted. Residents had access to a range of community and support services and staff supported residents to engage with services to meet their needs. However, as previously discussed, accommodation arrangements for some families did not promote residents rights, particularly privacy and dignity.

Judgment: Substantially Compliant

Standard 7.2

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

Residents had access to public transport adjacent to the centre, which facilitated them in accessing the city centre for recreational, health and social services. Not all residents were aware that they could request alternative modes of transport to meet their needs, for example, to attend maternity appointments or other medical appointments, for which public transport would pose difficulties under those circumstances.

Judgment: Substantially Compliant

Standard 8.1

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

Residents who spoke with the inspectors and who completed the questionnaire said that they felt safe living in the centre. Following a review of incidents, the inspectors found that there was a good system in place for recording and reporting safeguarding concerns. There were comprehensive safeguarding policies in place to guide staff in the management of both children's and vulnerable adult safeguarding concerns. There was an identified DLP and DO for the centre.

Judgment: Compliant

Standard 8.2

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

The service provider had a child protection policy and child safeguarding statement in place for the centre and staff were aware of their responsibilities to ensure children were safe and protected while residing in the centre. There was one child safeguarding concern open in the centre at the time of the inspection and this had been reported to TUSLA and was being managed appropriately by the staff team.

Judgment: Compliant

Standard 8.3

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

Incidents which had occurred in the centre were recorded and managed appropriately, in line with the centre's incident reporting management policy. The management had good oversight of incidents and a culture of learning from incidents was evident in the centre.

Judgment: Compliant

Standard 9.1

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

The service provider promoted the health, wellbeing and development of each resident and residents were supported to access the appropriate health and social care services to meet their individual needs. The centre staff had good connections with external health and social care services and residents provided examples to the inspectors of services that they were supported to engage with. The centre management had good knowledge of residents' welfare rights and were actively supporting residents to complete the required paperwork to receive their entitlements.

Judgment: Compliant

Standard 10.1

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

For the most part, the service provider was not made aware of the special reception needs of residents prior to their arrival to the centre. Despite this, staff were committed to providing support and assistance to residents where required.

Judgment: Compliant

Standard 10.4

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

The reception officer in post at the time of the inspection was suitably qualified to provide support to residents to meet their identified needs. However, this staff member also held the post of the general administrative manager across a number of centres. The inspectors found this arrangement to be unsatisfactory given the size of the centre and the needs of residents.

Judgment: Partially Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Partially Compliant
Standard 1.2	Substantially Compliant
Standard 1.3	Compliant
Standard 1.4	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Substantially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.2	Substantially Compliant
Standard 4.4	Substantially Compliant
Standard 4.5	Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant
Theme 5: Food, Catering and Cooking Facilities	

Standard 5.1	Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Substantially Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.2	Substantially Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Compliant
Standard 8.2	Compliant
Standard 8.3	Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.4	Partially Compliant

Compliance Plan for: Ashbourne House

Inspection ID: MON-IPAS-1084

Date of inspection: 19 and 20 March 2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.1	Partially Compliant
Outline how you are going to come into compliance with this standard: Quality improvement plans have been reviewed and now outline the direct persons responsible for the action. This will be included in all future annual reviews, quarterly audits and quality improvement plans. All actions will continue to have identified timeframes, and the management team will complete actions and sign them off within the identified timeframes. (Complete and ongoing).	
10.4	Partially Compliant
Outline how you are going to come into compliance with this standard: A recruitment campaign is active to allocate a reception officer for the service. This person is proposed to be appointed in quarter two 2025. This action will be complete by June 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 yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Partially Compliant	Orange	30/05/2025
Standard 10.4	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	30/06/2025

