



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

Name of the Centre:	Birchwood House
Centre ID:	OSV-0008420
Provider Name:	Stompool Investments Ltd.
Location of Centre:	Co. Waterford
Type of Inspection:	Unannounced
Date of Inspection:	28/01/2025 and 29/01/2025
Inspection ID:	MON-IPAS-1075

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

Birchwood House is an accommodation centre located on the outskirts of Waterford City. The centre has capacity to accommodate up to 145 people; including families, and single men and women. At the time of inspection there were 127 people living in Birchwood House.

The centre comprises two large buildings in which accommodation is provided, and a number of smaller ancillary buildings, such as a kitchen and dining room, and a small gym.

The main building contains a reception area, staff offices, some meeting rooms and a large communal room. Single men are accommodated in this building while single females and families are accommodated in a second large building. There are a number of small lounge areas and a large family common room in this building, and a kitchenette on each of the three floors.

There is a registered preschool and afterschool club on the premises. The space between the two main buildings includes a basketball court, a playground and a small sensory garden.

Birchwood House is managed by a centre manager, who reports to a director of the service. They are supported in the role by a business administration manager and a staff team including a reception officer, housekeeping staff, night staff, duty managers and maintenance staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	127
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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)
28/01/2025	10:45hrs–19:15hrs	1	1
29/01/2025	08:15hrs–15:15hrs	1	1

What residents told us and what inspectors observed

From speaking with residents and through the observations made during the inspection, the inspectors found that residents were for the most part, happy and safe living in the centre. The staff team provided person-centred support and were committed to meeting the needs of and supporting the residents living in the centre. Residents had access to good facilities and were encouraged to integrate in to the local community.

The inspection took place over two days. During this time, the inspectors spoke with four children and 14 adults living in the centre. In addition, resident questionnaires were completed by seven adults. The inspectors also spoke with the centre manager, the business administration manager and other members of the staff team including a duty manager, the reception officer and a maintenance worker.

Birchwood house provided accommodation to families, single males and single females. The accommodation was spread across two buildings, one allocated to single men while single females and families were accommodated in another building to the rear of the centre. In total there were 33 family units, 27 single rooms and a further 9 shared bedrooms where up to three unrelated residents were accommodated together. All of the families had an en-suite or a dedicated bathroom while some of the single residents shared bathrooms.

While the primary function of the centre was to provide accommodation to people seeking international protection, the inspectors found that 54 (42%) 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 found that the centre was clean and well maintained. The main centre had a reception room and a staff office where residents could seek support from staff on a 24-hour basis, seven days a week. Single males were accommodated in this building and they had access to communal cooking and dining facilities, a large communal room, a computer and a games room. These rooms were nice, comfortable spaces for residents to relax and socialise together. There was maintenance work underway in the kitchen area to repair significant damage to cabinets but despite this, the inspectors observed that there was adequate kitchen equipment available and there was sufficient dining space for residents.

Similarly, the second building where families and single females were accommodated was clean and well-maintained. The building contained two communal rooms on the ground floor, a laundry room and sufficient space for residents to store strollers. There was a small kitchenette on each floor which had basic food preparation facilities. The main kitchen and dining facilities allocated to families was in a standalone unit between the two main buildings. The location of these facilities, which overlooked a playground and open play area, allowed parents to supervise their children playing while they cooked their meals. The kitchen was well-equipped and contained all of the equipment and utensils which residents required. Some residents told the inspectors that the kitchen facilities were quite a distance to walk and reported that they were happy they had access to the kitchenettes to make drinks or to reheat food. Residents with young children, in particular, were grateful for this facility.

Since the previous inspection of the centre, the service provider had closed the onsite shop and provided residents with an electronic card to buy their own groceries and non-food items in a range of local shops and supermarkets. While the majority of residents were satisfied with the new arrangements and enjoyed the flexibility the new system provided, a small number of residents complained that the new approach did not meet their needs and that they had not been consulted with regarding this change.

The facilities in the centre for children were well developed and met the needs of the younger population living in the centre. There was a registered preschool and homework club on the grounds of the centre. The inspectors observed a friendly atmosphere while four children attended the homework club during the inspection. Children were playing board games with staff members while others were completing their homework. There was a well-equipped playground, a sensory garden and a large outdoor play area for children to play games, football and basketball. The inspectors observed children playing football and enjoying the playground. There were bicycle stands to store residents' bicycles and scooters.

Residents who spoke with the inspectors were happy with the facilities in the centre and many talked about how they liked the communal spaces. The inspectors observed comfortable seating areas in the communal rooms which had partition walls for additional privacy when required. Residents had access to a gym and there were seating areas outside to allow residents to enjoy the peaceful outdoor spaces. There was a poly tunnel where residents could grow their own vegetables.

Overall, the feedback from residents was very positive. Residents who spoke with the inspectors said they felt happy and safe living in the centre. When asked about their experience living in the centre, some residents said; "it's perfect", "I'm very happy here", "it's peaceful", "it's always quiet" and "the centre is the best". The majority of residents said they were treated with respect and felt comfortable talking to staff. A very small number of residents said they did not want to raise complaints with staff but all of the residents identified specific staff members they could access for support. One resident told the inspectors that staff members, "always check in on us" while another said that "staff are nice and helpful".

Residents gave examples of the support they had received from the staff team in relation to education, employment and they were happy with the information they received about various supports and services. In addition, residents told the inspectors that the staff team organised lots of group activities and parties for the children. One resident told the inspectors that they received a Christmas present and this had a really positive impact on them.

For the most part, the residents who met with the inspectors were happy with their accommodation but some complained about the cleanliness of the communal bathrooms, despite regular cleaning by centre staff. The inspectors observed these bathrooms and found them to be clean on the day of the inspection. Storage facilities were available in bedrooms and additional storage areas were made available for residents who had large quantities of belongings. However, some residents choose not to use this facility and stored some belongings in the corridors outside their rooms. This did not pose a health, safety or fire risk but it impacted on the appearance of the centre.

In addition to speaking with residents about their experiences, the inspectors received seven 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 feedback from these residents was mixed. Four of the seven respondents indicated that they felt happy living in the centre, while three did not and of these, two indicated that they did not feel adequately protected. A majority of residents reported that they were comfortable raising a complaint and that their feedback was welcomed to inform quality improvement initiatives. Similarly a majority of respondents felt listened to and indicated that staff were kind and respectful towards them.

In summary, this inspection found many good areas of practice and there was a focus on promoting and protecting resident's human rights. For the most part, residents were happy, safe and reported good relationships with staff but a small number of residents were not comfortable raising issues with the staff team.

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 Birchwood House by HIQA. The inspection found that the service was effectively managed on a day-to-day basis by a committed and dedicated management team, who were continuously striving for compliance and quality improvement. There were good oversight and monitoring systems in place but the effectiveness of these was impacted by limited record keeping in some areas of practice. There were some standards in which improvements were necessary, particularly in relation to risk and incident management.

This inspection found that the management team had a good understanding of the national standards, legislation and regulations. The service provider had carried out an analysis of their compliance with the national standards which had identified actions to inform a quality improvement plan. In addition, the staff team had implemented changes based on their learning from the findings of HIQA inspection reports. There was a suite of policies and procedures to guide practice but some policies required review to ensure there was sufficient guidance to inform staff practice in areas such as adult safeguarding and the management of informal complaints. The service provider had ensured that notifications were submitted to HIQA in line with the requirements of the regulations.

There was a clear governance structure in place but records to demonstrate oversight at a senior management level required improvement. The centre manager and the business administration manager reported directly to the director of the service and both members of the management team worked closely to ensure adequate oversight and governance of the centre. The director of the service received copies of audits and internal reviews and whilst it was reported that the director participated in the review of some incidents, for example, records of these meetings were not consistently maintained. The management team were dedicated and committed and they had fostered and maintained a positive culture within the centre.

Monitoring and oversight systems were well-developed but the effectiveness of these systems were impacted due to a lack of centralised recording systems. This inspection found that there was a consistent auditing programme in place to ensure key aspects of the service were reviewed and monitored. Despite this good practice, record keeping practices varied considerably. There were detailed records of interventions and support completed by the reception officer and while other staff recorded some key data in a daily diary, there was no consistent approach to recording welfare concerns, complaints or the follow up action taken following an incident occurring in the centre. The lack of a centralised recording system meant that managers could not have the appropriate

oversight or trend the information to ensure that all issues had been appropriately managed, with risks assessed.

At centre manager level, there were some reporting and monitoring mechanisms in place but the records relating to this were not adequate. The centre management team had systems in place to hold the staff team to account for their practice through daily meetings and handovers. Although the centre manager was fully briefed on all aspects of the service, records of the discussions or actions required were not always documented. Team meetings were held sporadically and it was evident that significant events, safeguarding concerns and complaints were discussed.

A quality assurance system was developed to monitor the quality of care provided to residents but it required further development. An annual review of the service was completed and a member of the senior management team completed regular audits. This was positive progress and ensured senior managers were briefed on a regular basis about the quality and safety of care in the centre and this process had identified actions for continuous improvement. Despite this, consultation with residents to inform these processes was not optimal. The management team had issued a residents survey to seek their views but participation was limited and therefore these findings were not reflective of the majority of residents.

A residents' committee was established and regular meetings took place with minutes recorded. Residents had the opportunity to discuss events and access to facilities within in the centre and while staff members valued these meetings, they reported that they did not always get the opportunity to discuss any complaints or safeguarding concerns that residents might have, for example. For the most part residents reported that they were comfortable and happy to address their concerns with a member of the staff team but as noted previously in the report, others were not, which required consideration by the service provider.

The management of complaints required improvement. The management team maintained records of formal complaints about the service but informal complaints were not consistently recorded and noted in various documents such as a daily diary and supervision records. There was no centralised complaints log to capture all complaints and therefore it was difficult for the management team to track or trend the issues arising or to ensure any learnings informed a quality improvement plan. Not all residents were aware of who the complaints officer was and had not viewed a copy of the complaints policy.

There was a risk management system in place but not all risks present in the centre at the time of the inspection had been appropriately assessed. There was a risk management policy, a risk register and numerous completed risk assessments. There was a process in place to ensure risks were regularly reviewed but not all incidents

that had occurred in the centre had been assessed. For example, the risk assessment relating to aggression and violence was not updated following a serious incident in the centre. The controls listed were not sufficient to minimise the risk and had not considered the limitations of the centre's closed-circuit television (CCTV) system, alcohol use, property damage or the potential for household items to be used as weapons. While risks relating to substance misuse were individualised, the centre had not considered risks relating to occasional substance misuse. Furthermore, some control measures were inadequate, such as the policy listed to guide practice in relation to domestic and gender-based violence did not contain relevant information for this area of concern.

The service provider had adequate systems in place to manage the risk of fire. Records were maintained of all fire safety checks and regular fire drills had taken place. Residents met with during the course of the inspection were aware of the process to follow in the event of a fire.

Recruitment practices were satisfactory. The service provider had recruited a dedicated and committed staff team who had up-to-date Garda vetting disclosures, and international police checks had been obtained for staff who required them. There were no new staff members employed since the previous inspection of the centre. All of the staff files reviewed contained all of the required information including a job description, the commencement date of employment and evidence of their identity.

Formal supervision was provided to the staff team. Staff members were well supported in their roles and had engaged in two supervision sessions since the last inspection of the service. Records were maintained of these sessions, but actions were not consistently recorded to ensure issues identified were followed up upon. Staff members who spoke with the inspectors said they were satisfied with the support they received from the management team. All staff members had a performance appraisal in 2023 and the centre manager had plans in place to complete an end of year appraisal with all staff for 2024.

The learning and development needs of the staff team were prioritised, though not all staff members had completed all of the mandatory training required by the national standards. The staff team had completed training in *Children First: National Guidance for the Protection and Welfare of Children (2017)*, domestic and gender-based violence, and responding to specific needs of vulnerable groups. In addition, all staff had completed training in adult safeguarding. Some, but not all of the staff team had completed training in responding to the needs of victims of torture and trauma, indicators of human trafficking and special reception needs. The management team was actively seeking further training for the team but had not completed a training needs analysis.

Overall, it was found that the service provider had the capacity and capability to provide a service that was safe and effective and met residents' needs. Governance and monitoring systems were well developed but further improvements were required, particularly in relation to records and risk management. While not all standards were found to be fully complaint, the service provider was continuously working on improving the quality of the service provided and the lived experience of the 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 thorough knowledge of the standards, regulations and national policy. They had self-assessed their compliance with the national standards and incorporated any actions required into a quality improvement plan for the service. The service provider had developed a comprehensive set of policies and procedures which the staff team understood but the centre's safeguarding policy did not provide sufficient guidance.

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 centre was managed by a competent management team who maintained a positive culture and a safe service. While monitoring and oversight systems were developed, the record keeping systems varied considerably. There was a lack of a centralised recording system which meant that welfare concerns, informal complaints or follow up action taken in response to incidents were not consistently recorded. There was no centralised complaints log to capture all complaints about the service and records were not consistently maintained to reflect the action taken in response to informal complaints.

Judgment: Partially Compliant

Standard 1.3

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

There was a residents' 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.

Auditing systems were well-developed and there was a commitment to drive continuous improvements in service delivery which was informed by a quality improvement plan. While an annual review of the centre was completed, the processes in place to consult with residents, to ensure their experience informed the review of service delivery, were not optimal.

Judgment: Substantially Compliant

Standard 2.1

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

Recruitment practice were safe and the service provider had received a Garda vetting disclosure for all staff members employed in the centre and international police checks were obtained for staff who required them. Each staff member had a written job description.

Judgment: Compliant

Standard 2.3

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

The staff team were appropriately supported and engaged in regular supervision with their line manager. Records were maintained of these sessions but actions arising from these meetings were not consistently recorded. The staff team had engaged in a performance appraisal and the centre manager was in the process of scheduling a further appraisal.

Judgment: Substantially Compliant

Standard 2.4

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

The 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 staff team.

Judgment: Substantially Compliant

Standard 3.1

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

There was a risk management policy and a suite of risk assessments completed. Despite this, this inspection found a number of risks which had not been thoroughly assessed and the control measures in place for other risks were not adequate.

Judgment: Partially Compliant

Quality and Safety

This inspection found that the residents had access to good supports from a committed and dedicated staff team. Overall, the standard of the accommodation was adequate and residents had access to comfortable facilities in the centre, but the configuration of the accommodation impacted on the privacy and dignity of some residents. There was a qualified reception officer who ensured that residents were well supported and had their needs met. Residents felt safe living in the service but risks associated with incidents that had occurred had not been thoroughly assessed to inform changes to practice.

The service provider had developed a process and criteria for the allocation of accommodation in the centre. The centre manager informed the inspectors that contact was made with the relevant government department when accommodation in the centre was not suitable to meet the needs of the residents. The management team facilitated residents to change rooms for various reasons, when requested but there was no system in place to record requests made by individuals to move rooms.

There were some improvements in how residents' privacy and dignity was maintained since the last inspection, but some deficits remained. The inspectors found that the quality of the accommodation provided was satisfactory and the service provider ensured refurbishment works were carried out to provide all families with their own private bathrooms. Families had access to good quality facilities and communal spaces within the centre, but they did not have access to their own private living space. Furthermore, parents were required to share bedrooms with their children due to the configuration of the accommodation offered. In most cases, the children were under 10 years of age, but in two cases children aged over ten years shared with a parent. In another case, the family decided to change one of their allocated bedrooms in to a living space and as a result there were three siblings who shared a bedroom, two of whom were teenagers.

Single males and females were accommodated in single or shared rooms, some of whom, shared communal bathroom facilities. For those residents who shared accommodation with unrelated residents, their privacy and dignity was impacted, particularly as they had to share bathroom facilities. Some residents expressed dissatisfaction regarding the cleaning of the bathroom facilities, but these were found to be clean on the day of the inspection and appropriate schedules in place to ensure routine cleaning and checks were carried out.

The centre was clean and well-maintained throughout and there were appropriate cleaning schedules in place and maintenance issues were addressed in a timely

manner. The inspectors observed damage to kitchen units in one of the communal kitchens but these concerns were being resolved during the inspection.

There was adequate storage space provided in each of the bedrooms but some residents had accumulated a large amount of belongings and whilst there was additional storage space available, some residents chose not to use this. The meant that some residents stored some belongings in the corridors of the centre. The management team assessed this risk from a fire safety perspective and whilst the belongings did not obstruct exits, they did impact on the general appearance of the corridors.

The service provider ensured there were appropriate and adequate play and recreation facilities for children and children's educational needs were met. There was a sensory garden, a play-ground and well-maintained outdoor play areas with sufficient equipment for children to play with. There was a preschool and homework club on site which was registered by an external agency. Parents were supported to source school placements nearby and children told the inspectors about various recreational activities they attended in the local community.

Security measures in the centre required review. CCTV was in operation in external and communal areas of the centre and its use was informed by a centre policy. However, a recent incident highlighted limitations in the coverage of CCTV in some communal areas. The management team told the inspectors that they were actively working on this deficit at the time of the inspection. Staff were onsite 24 hours a day to ensure the safety of all residents but as noted previously there were some incidents that occurred which had impacted the safety of residents. These related to breaches of house rules with regard to visiting and resident gatherings and the security measures in place had not been assessed to identify if any changes to practice or procedures were required.

Residents cooked their own meals and had access to two communal kitchens which they shared with other residents. Both kitchens were well equipped and had adequate dining facilities. Some residents told the inspectors that they had purchased a fridge for their room due to the space limitations in the communal fridge. The inspectors observed that there was sufficient storage areas for dried goods but the communal fridge was full on the day of the inspection.

Residents received a prepaid card that was topped up on a weekly basis to allow them purchase their own groceries and non-food items. They had access to a wide range of shops and supermarkets to ensure they had varied choice with regard to their grocery shopping. This had been a significant change since the previous inspection of the centre.

The rights of residents were respected and promoted by the staff team. The staff team were kind and respectful towards residents and the inspectors observed many pleasant interactions and conversations between residents and staff members during the inspection. The residents were supported to live a meaningful and good quality life and had access to a range of recreational and social activities within the centre and the community. Information was provided to residents regarding their rights, support services and activities in the area. The service provider had developed systems to enhance consultation with residents, through residents' committee meetings and a suggestion box. The majority of residents who spoke with the inspectors and who completed the questionnaires said that they felt respected and listened to while living in the centre but a small number of residents did not. The participation of residents in the annual review of the service was minimal and required further consideration by the service provider. As previously stated, the allocation of bedrooms, in some cases, impacted on the privacy and dignity of these residents.

Residents were supported and facilitated to develop and maintain personal and family relationships. There was a visitor's policy which outlined that residents could meet with visitors in communal areas of the centre, which were bright, spacious and had partitions for additional privacy. Despite this, there were occasions when the visitor's policy was not followed by residents and the associated risks had not been identified or assessed.

Safeguarding practices were developed but guidance for the staff team was not adequate and a centralised system to record welfare concerns had not been put in place. There was a child protection and safeguarding vulnerable adults policy in place but there was no guidance for the team in relation to the development or implementation of safeguarding plans when they were required. The impact of this was that there were occasions when safeguarding plans were required following incidents in the centre but they were not implemented. The staff team were appropriately trained and were aware of their roles and responsibilities in relation to safeguarding vulnerable adults and children. Despite good practices in the centre to ensure all residents were safe, the staff team did not consistently record all welfare concerns and there was no tracking system developed to maintain oversight of all safeguarding related issues.

There were good practices in place to ensure children were safeguarded and protected but childminding arrangements were informal. The inspectors found that there was a child safeguarding statement which had considered possible risks for children living in the centre. There were two appropriately trained designated liaison persons identified and while there were no child protection concerns reported to the

Child and Family Agency (Tusla), the staff and management team were aware of their legal responsibilities and responded appropriately when concerns arose.

Parents living in the centre were well supported in relation to their children's needs, particularly when they had additional needs. There were informal arrangements in place to allow residents to provide childminding supports for other residents and as a result the staff team were not always aware when this occurred in the centre. During the course of the inspection, the management team devised a policy and formalised practices whereby parents, going forward, had to complete a form to indicate who was nominated to mind their child in their absence.

Incidents were managed and reported as they occurred but the incident review process was not comprehensive. Despite this, the inspectors found that this was a safe centre where the team proactively addressed issues of concerns and managed the immediate safety of residents. While the number of incidents occurring was minimal, a serious incident had occurred and the inspectors found that despite a review of the incident, key learnings were not identified. Not all aspects of the incident were appropriately reported and the review process had not identified learnings or additional controls required to prevent a reoccurrence. It was evident that the management team had discussed the incidents but records to evidence the follow up action taken were limited. This meant that it was not evident that additional risks were identified or assessed and it was not recorded if the concerns were discussed with the residents involved.

The service provider promoted the health, wellbeing and development of each resident. Residents were provided with access to a general practitioner while they were waiting to receive a medical card. Information was provided to residents on local health and social care services and on social and recreational activities, for example. The staff team understood the residents' needs and ensured that residents received an individualised approach tailored to their specific needs. Residents' right to choose the level of intervention required for their health and wellbeing was respected, when this was in the resident's best interests.

There was a dedicated and appropriately qualified reception officer employed in the centre. This role was guided by a reception officer policy and procedure manual and the reception officer had engaged in a detailed training session regarding the identification, assessment and response to special reception needs. The centre received limited information about new arrivals to the centre. The service provider had developed an assessment tool to guide the assessment of residents' needs. This was recently devised and had not been utilised at the time of the inspection. However, the

management team explained that the reception officer would use this tool going forward.

The reception officer had developed relationships with the residents and records demonstrated that residents benefited from this professional and consistent support. Residents with identified special reception needs had a care plan that clearly documented their needs and the supports in place. The reception officer maintained detailed records of their interactions with all residents and while it was evident that the residents were supported in relation to a wide range of needs, it was not consistently recorded when residents were referred to health and social care services.

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 endeavoured to ensure that accommodation was allocated in a fair and transparent manner and while they ensured that room changes were facilitated when possible, residents' requests to change rooms were not formally recorded.

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 privacy and dignity of the family unit was not fully promoted or protected in the accommodation centre. The inspectors found that the families did not have their own private living space. In addition, the sleeping arrangements for some families did not promote their rights, as parents shared bedrooms with their children due to the limiting configuration of some of the accommodation provided in the centre. The service provider had not risk assessed this issue.

Judgment: Partially Compliant

Standard 4.6

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

Adequate facilities were available to support the educational development of children and young people living in the centre. While not all children had a space to study or complete their homework in their home, they had access to a registered homework club on site. Children also had access to a registered preschool on site and parents were supported to source school placements in the locality.

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 ensured that the accommodation was clean and well-maintained. Laundry facilities were of good quality. Residents had access to ten washing machines and dryers spread across two laundry rooms. The service provider was creative in providing hanging rails to dry clothes and outdoor clothes lines were available to minimise the need to dry clothes in their rooms or in the corridors.

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.

There were reasonable and proportionate security measures in place and there were night staff employed to supervise the centre overnight. There was CCTV in most communal areas, and while there was a policy regarding CCTV, its limitations and the security arrangements, had not been risk assessed, in light of recent incidents. This deficit was addressed previously in the report.

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 centre provided residents with a prepaid card to buy all non-food items in local shops. Residents were satisfied that they received a sufficient allowance to buy the toiletries and cleaning products they required.

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 good quality communal kitchen and dining areas with sufficient cooking equipment and utensils to prepare their meals. There were also a number of smaller kitchenettes located in the building occupied by women and families. Maintenance work was ongoing in one of the kitchens to improve its appearance and functionality following damage to cabinets.

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 buy their own groceries. This arrangement met the needs of most of the resident living in the centre.

Judgment: Compliant

Standard 6.1

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

The rights and diversity of residents were mostly respected, safeguarded and promoted by the staff team. As mentioned previously, some adult residents had to share bedrooms with their children and this impacted on their privacy and dignity, while other single residents had to share bathroom facilities. This deficit was addressed previously in the report. Residents had sufficient information about their rights and they had many opportunities to meet with the staff and management team.

Judgment: Compliant

Standard 7.1

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

The residents were supported and facilitated to develop and maintain personal and family relationships. The right to privacy was promoted as residents could welcome visitors to the centre and had dedicated spaces to meet with them in private.

Judgment: Compliant

Standard 7.2

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

Residents had access to information about public services, local amenities and support services and they were well-integrated within their local community. They were encouraged to engage in social, leisure and cultural activities and events. Due to the location of the centre, residents had access to public transport and therefore no transport facility was required by the service provider.

Judgment: Compliant

Standard 8.1

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

The staff team ensured the residents were safe and protected but there was no centralised system to record welfare concerns. The safeguarding policies lacked guidance for the team in relation to the development or implementation of safeguarding plans when they were required. As a result, formal safeguarding plans were not developed when required. There was no tracking system developed to maintain oversight of all safeguarding related issues.

Judgment: Partially Compliant

Standard 8.2

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

The staff team were aware of their responsibilities to ensure children were safe and protected in line with Children First and parents were supported to understand their responsibilities in relation to safeguarding. Residents supported each other by caring for each other's children, when the need arose, but there was no childminding policy or system to ensure staff were aware of childminding arrangements in the centre. The service provider developed a policy and template to rectify this during the inspection.

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 did not occur frequently in the centre and the immediate safety of residents was ensured when they occurred. However, the incident review process was not comprehensive and had not identified risks associated with the incidents which had occurred and had not identified gaps in their reporting procedures.

Judgment: Partially Compliant

Standard 9.1

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

The service provider promoted the health, wellbeing and development of each resident. The staff team provided person-centred support that was appropriate to the needs of residents. The service provider had engaged with community, healthcare and support services to ensure the needs of residents were addressed.

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 provider was not made aware of any special reception needs in advance of an admission to the centre. Despite this, the staff team endeavoured to provide the required support, accommodation and assistance to residents when they became aware of their needs.

Judgment: Compliant

Standard 10.2

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

Staff had received training in a variety of areas to support them in identifying and meeting residents' needs. 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 had a policy to guide staff members on how to identify and address existing and emerging special reception needs. In addition, there was an assessment process in place to identify such needs. There was appropriate oversight of residents with special reception needs but it was not consistently recorded when residents with special reception needs were referred to external supports or services.

Judgment: Substantially 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 service provider had appointed a suitably qualified reception officer for the centre. They had established links with local services in the area and provided good quality supports to meet the needs of residents. The policy and procedure manual had been developed to guide the work of the reception officer.

Judgment: 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	Substantially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.4	Partially 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	Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Partially Compliant
Standard 8.2	Compliant
Standard 8.3	Partially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Substantially Compliant
Standard 10.4	Compliant

Compliance Plan for Birchwood House

Inspection ID: MON-IPAS-1075

Date of inspection: 28 and 29 January 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
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A weekly log is now in place that monitors welfare concerns, informal complaints and incidents. This includes review of the previous weeks day and night notes and handovers (complete and ongoing).</p> <p>There is now a centralized complaints log and the local complaints form will be utilized in line with the complaints policy in place (complete and ongoing)</p> <p>A team meeting date has been put in place for 25/3/25 to discuss all the actions with the team and will identify each person responsibility to oversee staff are clearly accountable for all areas in the service in line with 1.2 (25/3/25)</p>	
3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A full risk register was in place on the day of the inspection. Individual risks were also in place on the day of the inspection. All control measures have been reviewed and are identified as adequate in line with the centers operations(complete)</p> <p>All incidents have since been reviewed and have been risk assessed in line with the details of the incidents to ensure all areas such as CCTV and use of alcohol have been risk assessed (complete).</p>	

Ongoing risk reviews will be conducted in line with any incidents that occur in the future (ongoing)	
4.4	Partially Compliant
Outline how you are going to come into compliance with this standard: This area is now fully risk assessed and control measures highlight how the privacy and dignity of all residents and families is promoted in the Centre (complete)	
8.1	Partially Compliant
Outline how you are going to come into compliance with this standard: A centralized system is now in place that records welfare concerns. The safeguarding policy has been updated to reflect the use of safeguarding plans in line with safeguarding in the Centre. Tracking systems are in place ensure thorough oversight of any incidents that fall under the safeguarding or welfare category (complete and ongoing)	
8.3	Partially Compliant
Outline how you are going to come into compliance with this standard: All incidents were reviewed in line with the incident management policy (complete and ongoing) All related risks to incidents that have occurred are now supported with adequate risk assessments and controls to avoid reoccurrence (complete and ongoing) Weekly reports are in place to escalate any incidents to ensure adequate risk management procedures are in place (complete and ongoing).	

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 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	03/06/2025
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	03/06/2025
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	Partially Compliant	Orange	03/06/2025

	the best interests of the child.			
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Partially Compliant	Orange	03/06/2025
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	03/06/2025