



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

Name of the Centre:	Carroll Village
Centre ID:	OSV-0008528
Provider Name:	ECCI Ireland
Location of Centre:	Co. Louth
Type of Inspection:	Unannounced
Date of Inspection:	19/03/2025 and 20/03/2025
Inspection ID:	MON-IPAS-1093

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

Carroll Village is an accommodation centre comprising 21 own-door apartments located in Dundalk, Co. Louth. The apartments are situated within a large apartment complex, in which the remainder are privately owned or rented. Residents each had their own key-card to enter the main building and a key for their respective apartments. The centre was contracted to accommodate 86 residents. At the time of the inspection there were 88 residents living in the centre.

The apartments each have two bedrooms, a small kitchen and dining room, a living area, a bathroom, and space for storage of personal items. In some of the larger apartments, one of the bedrooms has an additional en-suite bathroom.

The centre is managed by a centre manager who works from an office in the main building. There are also two meeting rooms available for resident use as well as a small store where residents received personal toiletries and cleaning supplies. The centre manager oversees a team of three staff, including a maintenance manager, a reception officer and a newly recruited duty manager.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	88
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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	10:10hrs-17:15hrs	1	1
20/03/2025	09:00hrs-16:10hrs	1	1

What residents told us and what inspectors observed

From speaking to residents and through observations made during the inspection, the inspectors found that the staff team endeavoured to support residents to integrate into the local community, while having a good quality of life during their time living in the centre. Residents felt safe living in Carroll Village and were treated with kindness, care and respect by the staff team. Residents said they felt heard and listened to by staff. While there were improvements required regarding the governance, risk management and safeguarding systems in place, it was evident that the service provider and staff team were committed to delivering good quality and safe services.

The inspection took place over two days. During this time, the inspectors spoke with 11 children and 10 adults living in the centre. In addition, resident questionnaires were completed by 27 adults. The inspectors also spoke with the general manager, the centre manager, the reception officer and the duty manager during the course of the inspection.

The centre provided accommodation to families, and there were 88 residents living there at the time of the inspection. While the centre provided accommodation to people seeking international protection, 26 (29.5%) residents had received refugee or subsidiary protection status.

Carroll Village provided own door accommodation to families across 21 apartments. The centre was located in Dundalk town, within walking distance of local services, schools and transport links. The apartments were located in two buildings that were maintained by an external company. Additional apartments in the two buildings were privately owned or rented and were not associated with the accommodation centre. There was a staff office and two meeting rooms which were located in the main apartment block.

During a walk around the centre, the inspectors observed that residents could move freely throughout the building and outdoor areas. The car park and communal areas were accessed through locked gates. Residents had key cards which enabled them to enter the communal car park and the apartment building. The inspectors observed that the internal communal hallways required maintenance as paintwork was marked and chipped in areas. Residents had access to limited outdoor space, which required some maintenance work but this was outside of the control of the provider as it was overseen by a property management company.

Residents were accommodated in two-bedroomed apartments. Each apartment had a well equipped kitchen, a living room area and laundry facilities. This allowed residents to cook for their families and do their laundry within the privacy of their own home. Residents were provided with a prepaid card for a local supermarket that was topped up weekly, which supported residents to maintain their independence.

The inspectors observed that generally the apartments were clean and well furnished, and study desks had been made available to families. Although in some apartments, the inspectors observed the presence of mould.

Parents and children had their own bedrooms but there were some situations where adult children were required to share bedrooms with younger children due to family size and the configuration of the accommodation. Some of the bedrooms did not meet the minimum space requirements outlined by the national standards, while other bedrooms had limited floor space. One family told the inspectors that they had requested bunk beds for their children to give them more floor space in the room. This practice impacted the privacy and dignity of these residents. One child told the inspectors that they felt they could not bring friends to their home as the space was too small. An adult sibling said that they had no privacy due to sharing a bedroom with their two younger siblings, and they had to go to another room in the apartment to get dressed.

The inspectors observed that storage space was inadequate in some apartments. In one apartment suitcases and wardrobes were stored in the dining room area, while in another apartment suitcases were stored on top of a wardrobe. Residents were not aware that additional storage was available to them in a container adjacent to the apartments.

Information regarding local support services and activities was displayed in the reception area where residents frequented. Residents told the inspectors that staff members shared information regarding courses and programmes including baby massage and community health programmes and supports. As one resident explained "staff are very, very helpful and will find out the information needed".

The inspectors were told by residents that they felt safe living in the centre. Life in the centre felt "normal" where some residents said they "don't feel different here" and at times "we forget we are asylum seekers". One resident told the inspectors that they "get a smile everyday" and that the staff team were "doing a fantastic job". Staff members were described as having "listening ears".

One family described the staff team as having “empathy, and they respect our opinions”. Residents said that the staff members were “very friendly and helpful” and life in the centre was described as being “wonderful”. Another family explained that the staff members were very kind and flexible. The staff team were described as being “like family” who treated residents with kindness and respect which enabled them to “feel free here”. The inspectors were told that “If you have a complaint they [staff] listen and try to help”.

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 the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This was the second inspection of Carroll Village accommodation centre. The purpose of the inspection was to assess compliance with the standards, and to monitor the provider's progress with the compliance plan submitted in response to the previous inspection of the centre (MON-IPAS-1039) which was carried out in June 2024. The service provider demonstrated that some progress had been made in relation to completing the actions identified in the previous compliance plan. This inspection found that the governance and risk management systems in place did not provide sufficient oversight of the services provided. Improvements in these systems were required to ensure the consistent safety of residents and compliance with the national standards.

Systems to review the implementation of and compliance with relevant standards, legislation and policies required further development. While the service provider had completed an initial self-assessment questionnaire to review compliance with the national standards in advance of the previous inspection, the actions from that assessment and current levels of compliance with the standards had not been updated. The service provider told the inspectors that a review of the self-assessment was scheduled to take place in June 2025.

The staff team were responsive to the monitoring process, but increased awareness of the standards and their implementation in practice was required to ensure the consistent safety of residents living in the centre and good quality services were delivered. For example, the rules for the centre required that visitors were signed in and out of the centre at the main office between 10:00 hrs and 22:00 hrs seven days per week. However, staff members were not available in the centre after 17:30 hrs on week days and there were no staff members on site at weekends. While residents were permitted to have visitors during these times, the service provider had no system in place to maintain oversight of visitors to the centre outside of office hours. In addition, the service provider had not ensured that all of the required notifications were submitted to HIQA in line with the requirements of the regulations, and some local policies did not provide adequate guidance to the staff team.

The service provider had a clearly defined management structure in place. The centre was managed on a daily basis by a centre manager, and a newly appointed duty manager had been recruited. There was an appropriately qualified reception officer in place who was part of the management team, and a maintenance manager was responsible for the upkeep of the apartments. The management team reported to the

director of operations for the service. The management team were clear on their roles and areas of responsibility.

The overall governance and oversight systems in place were not fully effective. For example, management meetings took place on a monthly basis but there was no clear agenda for these meetings. A review of meeting records found that while issues regarding residents' needs and maintenance issues were discussed, areas such as incidents, risk management, complaints, fire safety, safeguarding and child protection were not included as standing items at monthly management meetings. There was no review of the actions required from the previous meeting so the service provider could not be assured that follow up actions were completed.

The service provider was responsive to the needs of residents, and was eager to operate within a culture of quality improvement. However, formal systems and processes for auditing were not fully effective. Monthly maintenance audits were completed but the system in place to record the completion of these tasks was not consistently updated. While quarterly resident wellbeing audits were completed, the details recorded regarding residents' needs and the supports required were limited. The inspectors found that despite these audits being completed, there were situations where one family required a bed for a toddler and a second family required a baby monitor to support them in the care of a child with complex needs, but these issues had not been identified by the staff team. These issues were addressed immediately by the provider when brought to their attention by inspectors.

There was no annual review completed for the centre at the time of the inspection. The service provider had developed aims and objectives for the centre and had a limited action plan to guide improvements in the service. While the service provider told the inspectors that some of the actions had been informed by residents' feedback, they had missed the opportunity to develop an overall quality improvement plan for the centre. There was no system in place to track and trend complaints, incidents and safeguarding related concerns for learning.

The system in place to provide support to residents living in the centre at evenings and weekends was not effective, and guidelines were unclear. The management and staff team were available on site from Monday to Friday during normal office hours. The service provider operated a telephone support service whereby residents could make contact with the manager on call through a message or phone call outside of office hours. This system did not ensure the immediate safety of residents as messages which were sent to the on call manager during the night were not known or responded to until the following morning.

There was a detailed local complaints policy in place to manage both written and verbal complaints made by residents. Complaints were managed in a timely manner.

However, the complaints records used by the management team were not consistently completed to indicate that the complainant was informed of the outcome, or if the complaint was closed off. The inspectors found that some issues managed through the complaints process were maintenance issues rather than complaints. While complaints were recorded on individual records, the service provider did not maintain a central complaints log. This was a missed opportunity to ensure the service provider had adequate oversight and to identify any learnings or quality improvement initiatives arising from these complaints.

There were effective systems in place for engaging and consulting with residents. Residents' committee meetings were facilitated every second month by the management team. Residents were invited to provide feedback on their experience living in the centre during these meetings, including available activities, supports, maintenance issues, training opportunities and the pre-paid cards provided to residents. A detailed residents' survey was also completed and residents could provide feedback or discuss concerns with the staff team at any stage.

A residents' charter was available to residents in various languages. It was updated during the inspection to include relevant information required by the national standards. The residents' charter and welcome information was discussed with residents during their induction meetings at the centre. This ensured that residents had accurate information regarding the services provided to them in the centre from the time of their arrival. All residents who completed HIQA's questionnaire stated that they had received a copy of the residents' charter.

The risk management policy and framework did not provide assurance that all risks were identified, assessed, monitored, reviewed and had appropriate control measures in place. The risk management policy contained minimal details regarding the identification, management, review and escalation of risks in the centre. While a risk analysis of the service had been completed, the risk register developed was not comprehensive and it had not been reviewed on a regular basis. The provider had not identified all potential risks in the service including the safety of residents, the effectiveness of the on call system, overcrowding in bedrooms, the centre having a higher number of residents than their contract allowed and the lack of appropriate fire drills being completed. Risks relating to individual residents had not been assessed and therefore appropriate control measures had not been identified.

The service provider had a plan in place to ensure the continuity of the service in the event of unforeseen circumstances such as flooding, for example. However, fire drills for the centre as a whole had not been carried out in line with the requirements of local policy, which instructed that fire drills be completed on a six monthly basis, with one of these drills taking place after dark. While the service provider completed a fire

drill for residents in one of the centre buildings during the inspection, this did not include residents from the apartments in the second building. An urgent action was issued to the service provider to address risks identified regarding fire safety and evacuation of residents, and a satisfactory response was provided. The lack of regular fire drills for staff members and residents created a potential risk for the service which had not been considered prior to the completion of this inspection.

The recruitment practices in the centre were generally safe and effective. Personnel files were well maintained and job descriptions were available for staff members. Garda Síochána (Irish police) vetting was available for all staff, and international police checks were obtained where required. There was a recruitment policy in place but it did not include details regarding the requirement to complete Garda vetting and seek international police clearance for staff members. In addition, this policy did not provide guidance for the management of positive disclosures, and needed to be amended to ensure three references were obtained for potential employees going forward in line with the IPAS child protection policy.

The service provider had developed a supervision policy. Staff members felt well supported in their roles but formal supervision had not been provided in line with the requirements of the national standards. Staff appraisals had taken place for staff members. A review of the appraisals found that the details recorded were limited. While staff were required to complete a probationary period at the start of their employment, the service provider had not included guidance on performance management processes in either the recruitment or supervision policies available.

The learning and development needs of the staff team were prioritised. The staff team had completed training in *Children First: National Guidance for the Protection and Welfare of Children (2017)* but not all staff members had completed training in the safeguarding of vulnerable adults. A training needs analysis had not been completed, which impacted the service provider's ability to ensure that the training needs of the staff team were identified and appropriately addressed.

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.

Systems to review the implementation of, and compliance with relevant standards, legislation and policies were not fully effective. Actions from a previous self-assessment and current levels of compliance with the standards had not been reviewed or updated. The staff team were responsive to the monitoring process, but increased awareness of

the standards and their implementation in practice was required to ensure the safety of residents living in the centre. The service provider had not ensured that all of the required notifications were submitted to HIQA in line with the requirements of the regulations, and some local policies did not provide sufficient guidance to the staff team.

Judgment: Partially Compliant

Standard 1.2

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

The governance and oversight systems in place were not fully effective. Management meetings had no clear agenda and incidents, risk management, complaints, fire safety, safeguarding and child protection were not included as standing items. There was no review of the actions required from previous meetings, and there was no system in place to track and trend complaints, incidents and safeguarding related concerns. The system in place to provide support to residents living in the centre at evenings and weekends was not effective, and the guidelines regarding this process were unclear. Complaints records used by the management team were not consistently completed, and some issues managed through the complaints process were maintenance issues rather than complaints. A central log of complaints was not maintained, limiting the service provider's oversight of complaints in the centre.

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.

A residents' charter was available to residents in various languages. It was updated during the inspection to include relevant information required by the national standards. The residents' charter and welcome information was discussed with residents during their induction meetings at the centre. This ensured that residents had accurate information regarding the services provided to them in the centre from the time of their 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.

There were limited systems in place to identify actions to ensure continuous quality improvement. Formal systems and processes for auditing were ineffective in identifying areas of practice that required improvement to ensure the needs of residents were addressed. There was no annual review completed for the centre at the time of the inspection and the service provider had not developed an overall quality improvement plan for the centre clearly incorporating feedback from residents.

Judgment: Partially Compliant

Standard 2.1

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

The recruitment practices in the centre were generally safe and effective but there were deficits in the policies guiding practice in relation to obtaining Garda vetting and international police clearance for staff members, and the management of positive disclosures should this issue arise. The local policy did not align to the requirements of the IPAS child protection policy which required three references to be obtained for employees.

Judgment: Substantially Compliant

Standard 2.3

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

The staff team felt well supported but they were not in receipt of formal supervision. A review of the appraisals found that the details recorded were limited. While staff were required to complete a probationary period at the start of their employment, the service provider had not included guidance on performance management processes in either the recruitment or supervision policies available.

Judgment: Partially Compliant

Standard 2.4

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

The learning and development needs of the staff team were prioritised. The staff team had completed training in *Children First: National Guidance for the Protection and Welfare of Children (2017)* but not all staff members had completed training in the safeguarding of vulnerable adults. A training needs analysis had not been completed.

Judgment: Substantially Compliant

Standard 3.1

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

The risk management policy and framework did not provide assurance that all risks were identified, assessed, monitored, reviewed and had appropriate control measures in place. The risk management policy did not contain sufficient guidance and not all risks identified by the inspectors had been assessed.

Fire drills for the centre as a whole had not been carried out in line with the requirements of local policy. The lack of regular fire drills and education for staff members and residents created a potential risk for the service which had not been considered prior to the completion of this inspection.

Judgment: Not Compliant

Quality and Safety

This inspection found that residents living in this centre were provided with homely accommodation, where they felt independent, safe and listened to. The staff team were kind in their approach and advocated on behalf of residents, where required. However, improvements were required to ensure that the allocation of accommodation considered the needs of residents, including their right to privacy and dignity. The identification of special reception needs and safety planning for vulnerable residents required further development to support the staff team to safely identify and respond to the needs of residents.

Families living in Carroll Village were provided with their own independent apartments. For the most part, the standard of the accommodation was adequate. Each apartment had a kitchen area and laundry facilities which promoted residents' independence. The majority of the apartments viewed by the inspectors were well maintained but there was evidence of mould in five of the seven of the apartments viewed by the inspectors, and one apartment had broken furniture in the kitchen area. Storage space created a challenge in some of the apartments. While the service provider told the inspectors that additional storage was available, not all of the residents were aware that this was available to them.

The service provider had not developed a clear and transparent criteria to guide the allocation of accommodation in the centre, and there was no process in place whereby residents could request to change apartment. The inspectors were told that the allocation of accommodation was decided by the relevant government department when there was a vacant apartment available in the centre, and the service provider had little input into these decisions. While families were placed together, factors such as gender, age or vulnerabilities had not been considered by the service provider. At the time of the inspection the service provider had not made contact with the relevant department where issues arose regarding the allocation of accommodation, including overcrowding in bedrooms.

Families were accommodated together in units that had private living space in addition to bedrooms. During a walk around the centre, the inspectors found that two bedrooms did not meet the minimum space requirements as outlined in the national standards and there was limited floor space for residents to move through. There were situations where older siblings were sharing rooms with younger siblings of a different gender, which was not in line with the sleeping protocols of the Housing Act 1966. The service provider had not risk assessed this issue or identified it as a concern with the relevant department when residents arrived at the centre. This impacted the privacy and dignity of the residents and, in some situations, did not provide a good

quality living environment for some. In one apartment viewed by the inspectors, a bed had not been provided to a family for their toddler. When this was brought to the attention of the service provider during the inspection an appropriate bed was made available.

Residents told the inspectors that maintenance works were completed in a timely manner. A review of the maintenance system found that records were maintained in a number of various locations, and they were not consistently completed or updated. This limited the service provider's ability to ensure appropriate oversight of maintenance issues. While the communal areas were not the responsibility of the service provider to maintain, there was no system in place to escalate maintenance issues to the property management company such as the communal hallways which the inspectors identified as requiring painting. Monthly maintenance audits were completed by two staff members, but issues noted earlier in this report including broken furniture, the presence of mould and the provision of appropriate beds were not consistently identified or addressed.

The educational development of children and young people was prioritised by the staff team. All school age children had an educational placement. Parents were supported to source crèche and school placements for their children, all of which were within walking distance from the centre. Children had access to a homework club within the local community, and many of the young people and adults living in the centre were attending college courses. Residents told the inspectors that the staff members provided a lot of support with education including providing children with stationary for school and supporting adults to apply for college courses.

The service provider ensured that residents' right to privacy was protected, and the staff team were aware of their data protection responsibilities. Closed circuit television (CCTV) was in operation in external areas and communal spaces. The CCTV system was managed by the external property management company and the service provider could request access to the footage when required. Residents were facilitated to hold private meetings in their apartments and also in the centre's two meeting rooms where CCTV was not in operation. However, a detailed security risk assessment had not been completed for the service to ensure that appropriate security measures were in place, particularly at times when staff members were not available on site.

Residents were able to prepare meals for themselves in their own accommodation. They were provided with all necessary cooking utensils, cutlery and crockery. Residents received a prepaid card for a local supermarket which was topped up on a weekly basis. This allowed residents to purchase their own groceries. The service provider was consulting with residents regarding the provision of vouchers for additional shops to support residents to purchase culturally appropriate foods. An

appropriate supply of non-food items were made available to residents by the service provider. This was in addition to the prepaid vouchers, and included washing detergent, cleaning products, baby formula and nappies. The service provider also ensured that families were supplied with specialised baby formula, where required.

The rights and diversity of residents were generally respected, safeguarded and promoted by the staff team. The inspectors observed pleasant interactions and conversations between residents and the staff members, where residents were treated with care and kindness. Staff members were person centred in their approach and addressed residents' needs without delay. Residents who completed questionnaires and or spoke to the inspectors said that they felt staff members listened to them and valued their opinions. Residents were able to practice their religion within their own private living space and had access to centres for religious practice within walking distance in the town. However, as previously stated, the configuration of the accommodation meant that older siblings shared their bedrooms with younger siblings of the opposite gender which impacted their privacy and dignity.

Residents were well-integrated within their local community. The staff team had developed strong links with community organisations and information about community supports, health services, volunteer opportunities and social groups was displayed in the centre and provided to residents. Residents had opportunities to engage in a variety of social, recreational and cultural activities and events. Information regarding residents' rights was displayed throughout the centre. Residents who completed the questionnaires felt that the staff team were approachable and welcomed their feedback on the services provided.

The service provider supported residents to access local healthcare, education and community services, many of which were within walking distance of the centre. Information and vaccination clinics were held in the centre, and parenting support services attended the centre regularly to meet with residents. Referrals for residents to appropriate services were made based on the needs of residents. Due to the location of the centre a regular transport service was not required, but transport was provided to residents to attend medical appointments in emergency situations. The staff members had a system in place to ensure that residents who had not been able to register with a doctor in the area could attend a medical clinic as required.

Residents living in the centre were supported and facilitated to develop and maintain personal and family relationships. Children and adults were facilitated to have visitors to their private living accommodation. Families were accommodated together and had their own private space to share cultural knowledge with their children. However, as noted earlier in this report, the service provider did not have a system in place to maintain oversight of visitors to the centre during evening times or at weekends. The inspectors found evidence that the staff team advocated on behalf of residents, which included advocating for the reunification of some families living in the centre.

The service provider had a child safeguarding statement and policies in place for the management of adult safeguarding and child protection concerns. These policies contained limited detail regarding the management of allegations against staff members, or the steps to be taken when adult safeguarding issues arose. Parents were supported to provide age appropriate supervision to their children, and there was a system in place which allowed residents to mind each other's children on occasion. While all staff had completed the Children First 2017 training, not all staff had completed training in relation to safeguarding vulnerable adults. Appropriate designated liaison persons had been identified.

A review of records found that while the majority of child protection and welfare concerns were reported to the Child and Family Agency (Tusla) appropriately, an incident had occurred in the centre where the staff team had not reported or sought advice from the Tusla social work department. While actions were taken to address safety concerns for residents as they arose, these actions were not centrally recorded, risk assessed or monitored over time by centre staff. This impacted the ability of the staff team to ensure that they were consistently adhering to the control measures agreed within the team. Residents told the inspectors that they felt safe living in the centre, and were aware of how to raise safeguarding concerns with the staff team.

Incidents that occurred in the centre, such as breaches to house rules, were managed and reported appropriately in line with national policy. While there was a national critical incident policy in place, the service provider had not developed a local policy to support the management and staff team to review or evaluate adverse events. In addition, there was no system in place to track safeguarding concerns or incidents over time for trends or learning opportunities.

The service provider had employed an appropriately qualified reception officer who was a member of the management team. The reception officer also held the role of youth and advocacy officer. While the centre received limited information about new arrivals to the centre, the inspectors found that the reception officer knew the residents and had established effective working relationships with local schools, support groups and relevant organisations. For example, residents were provided with access to work related training to support them to gain employment in the area. The reception officer had made contact with the department to advocate on behalf of residents, or where situations arose which impacted the ability of the service to meet the residents' needs. The staff team were skilled and experienced, with access to the necessary training to support them in the identification of special reception needs. Residents who spoke with the inspectors and completed the questionnaires said they felt supported by the staff team. Supports were provided in a person centred manner that encouraged the development and opportunities available to residents.

At the time of the inspection, vulnerability assessments were being completed by the centre manager for residents following their arrival to the centre, and follow up quarterly wellbeing assessments were carried out by the reception officer. The inspectors sampled five residents' files and found that a vulnerability assessment was available on one of the files and quarterly wellbeing assessments were available on two files. While there were templates available for both assessments and the needs of residents were addressed when they became apparent, the assessments completed contained minimal information regarding the needs of residents. The staff team endeavoured to address residents' needs and provide the necessary supports and referrals to the appropriate services but there was limited evidence of the needs identified, or supports required recorded on the assessments that had been completed.

There was policy in place for identifying, communicating, and addressing special reception needs, and a reception officer manual had been developed. The policy did not contain information regarding the timeframe or process for completing an assessment of vulnerabilities or special reception needs, how this information would be shared between the centre manager and reception officer, nor did it contain details regarding the ongoing assessment and review of residents' needs. While the service provider had a wellbeing assessment template that was used by the reception officer as a welfare check with residents on a quarterly basis, there was no reference to or guidance on how to use this template in the policy or manual. Both the reception officer manual and associated policy did not fully provide the necessary guidance on how to identify and address special reception needs on an ongoing basis.

Standard 4.1

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

There was no policy or process in place to guide the allocation of accommodation in the centre, and there was no process in place whereby residents could request to change apartment. The service provider had not made contact with the relevant department where issues arose regarding the allocation of accommodation, including overcrowding in bedrooms.

Judgment: Not Compliant

Standard 4.2

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

Two of the bedrooms reviewed by the inspectors did not meet the minimum space requirements for the number of residents sharing the room, and there was limited floor space for residents to move through.

Maintenance issues were recorded in a number of various locations, and they were not consistently completed or updated, limiting the service provider's ability to have oversight that tasks were completed as required. There was no system in place to escalate maintenance issues to the property management company.

Judgment: Partially 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.

Families were accommodated together in units that had private living space in addition to the bedrooms. There were situations where older siblings were sharing rooms with younger siblings of a different gender, which was not in line with the sleeping protocols of the Housing Act 1966. The service provider had not risk assessed this issue. The

provision of an appropriate bed for a toddler had not been identified during the monthly maintenance audits completed on each apartment.
Judgment: Partially Compliant
Standard 4.6 The service provider makes available, in the accommodation centre, adequate and dedicated facilities and materials to support the educational development of each child and young person.
The educational development of children and young people was prioritised by the staff team. All school age children living in the centre had an educational placement, and a homework club was available locally. The staff members provided a lot of support with education including providing children with stationary for school and supporting adults to apply for college courses.
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.
Residents had access to appropriate laundry facilities and the necessary cleaning products.
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.
Residents' right to privacy was protected, and the staff team were aware of their data protection responsibilities. CCTV was in operation in external areas and communal spaces, and this was managed by the external property management company. A detailed security risk assessment had not been completed for the service to ensure that appropriate security measures were in place, particularly at times when staff members were not available on site.

Judgment: Substantially 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.
Non-food items were provided to residents by the service provider which included washing detergent, cleaning products, baby formula and nappies. The service provider also ensured that families were supplied with appropriate towels, bedding and specialised baby formula, where 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 were able to prepare meals in their own accommodation, and were provided with all necessary cooking utensils, cutlery and crockery.
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.
Residents received a prepaid card for a local supermarket which was topped up on a weekly basis. The service provider was consulting with residents regarding the provision of vouchers for additional local shops to support residents to purchase culturally appropriate foods.
Judgment: Compliant
Standard 6.1 The rights and diversity of each resident are respected, safeguarded and promoted.

<p>The rights and diversity of residents were respected, safeguarded and promoted by the staff team. Residents were treated with care and kindness, and they felt that staff members listened to them and valued their opinions. Residents were able to practice their religion within their own private living space. Information regarding residents' rights was displayed throughout the centre. Some of the bedroom configurations impacted residents' privacy and dignity but this has been addressed earlier in the report.</p>
<p>Judgment: Substantially Compliant</p>
<p>Standard 7.1</p> <p>The service provider supports and facilitates residents to develop and maintain personal and family relationships.</p>
<p>Residents were supported and facilitated to develop and maintain personal and family relationships. Residents were facilitated to welcome visitors to their own apartments and to the meetings rooms available. Families were accommodated together and had their own private space to share cultural knowledge with their children.</p>
<p>Judgment: Compliant</p>
<p>Standard 7.2</p> <p>The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport.</p>
<p>Residents were supported to integrate within their local community. Residents had opportunities to engage in a variety of social, recreational and cultural activities and events. Due to the location of the centre, a regular transport service was not required.</p>
<p>Judgment: Compliant</p>
<p>Standard 8.1</p> <p>The service provider protects residents from abuse and neglect and promotes their safety and welfare.</p>
<p>The service provider had an appropriate adult safeguarding policy in place. However, there was limited detail regarding the management of allegations regarding staff</p>

members. Not all staff had completed training in relation to safeguarding vulnerable adults, as addressed earlier in the report. Residents said they felt protected living in the centre.
Judgment: Substantially Compliant
Standard 8.2 The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.
While the majority of child protection and welfare concerns were reported to the Child and Family Agency (Tusla) appropriately, a situation had arisen in the centre where the staff team had not reported or sought advice from Tusla regarding an incident that occurred. Actions were taken to address safety concerns for residents as they arose but these actions were not centrally recorded, risk assessed or monitored over time.
Judgment: Partially Compliant
Standard 8.3 The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.
Incidents that occurred in the centre, such as breaches to house rules, were managed and reported appropriately in line with national policy. A local policy to support the management and staff team to review or evaluate adverse events had not been developed. In addition, there was no system in place to track safeguarding concerns or incidents over time for trends or learning opportunities.
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.
Residents had access to local healthcare, education and community services within walking distance of the centre. The staff team had developed links with local services and supported residents to access these services, where required.

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 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.
The staff team were skilled and experienced, with access to the necessary training to support them in their roles. There were limited formal opportunities for the staff team to review or share learning following incidents and to share best practice.
Judgment: Substantially Compliant
Standard 10.3 The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.
Vulnerability and quarterly wellbeing assessments completed contained minimal information regarding the needs of residents. The inspectors found that the staff team endeavoured to address residents' needs and provide the necessary supports but there was little detail recorded regarding the needs identified, or supports required on the assessments that had been completed. There was policy in place for identifying, communicating, and addressing special reception needs did not contain sufficient information to guide practice.
Judgment: Partially Compliant

Standard 10.4

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

There was an appropriately qualified reception officer in place who had established effective working relationships with local schools, support groups and relevant organisations. A reception officer manual had been developed, however, it did not fully outline the necessary guidance on how to identify and address special reception needs on an ongoing basis.

Judgment: Substantially 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	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Not Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Not Compliant
Standard 4.2	Partially Compliant
Standard 4.4	Partially Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Substantially 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 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Substantially Compliant
Standard 8.2	Partially 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	Substantially Compliant
Standard 10.3	Partially Compliant
Standard 10.4	Substantially Compliant

Compliance Plan for Carroll Village

Inspection ID: MON-IPAS-1093

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
<p>Outline how you are going to come into compliance with this standard:</p> <p>A full review of the service including the Self-Assessment Form will take place, be reviewed and updated, to ensure all actions from last years Self-Assessment Form have been implemented. This review will also include the implementation of and the compliance with relevant standards, legislation and policies moving forward. Staff training will take place to increase awareness of Standards and Implementation in practice which is required to ensure safety of residents living in the centre. Practical standard awareness training to be completed by September 2025. Staff training will take place to ensure that the required notifications, ie NV1 etc, will be submitted to HIQA in line with regulations. All staff have been trained and understand the 4 mandatory notifications and have signed for same. A Training Needs Analysis will be created for each employee.</p> <p>September 30th 2025</p>	

1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Further to the suggestion in the report, we note the requirement for a set agenda and these headings have been implemented and were used in our monthly management in April, and will be used for all future management meetings. Please note that all of the suggested headings were dealt with at the management meetings in April, and are appropriately actioned.</p> <p>Regarding residents complaints, and tracking complaints, a software package has been purchased and is being piloted at the moment via a QR code posted on the wall in each apartment. This will allow a central log of complaints to be made and will help to track and trend complaints allowing for better oversight of complaints in the centre by us the service provider. It also differentiates between maintenance issues and complaints as we have a separate QR code for maintenance issues. Printed hard copies are also available in the office in the event of a person not having a smart phone A spreadsheet will be developed separately for both complaints and maintenance issues.</p> <p>There will also be a spreadsheet detailing all incidents over a period of time , these central logs will assist management in day to day operations. A software package is also being used for tracking and tracing incidents over time. It will be decided in the coming months if this system is viable to use moving forward. Once complaints are logged on the spreadsheet and a trend appears, we will review the actions taken every 6 months to ensure that those actions are effective. This procedure will also apply to maintenance issues and complaints on site.</p> <p>The system in place to provide support to residents out of hours will be made clearer to ensure that Residents are fully aware of the guidelines and who and when they need to contact. Residents are being reminded of how to access management support out of hours , either by way of the out of hours telephone number or contacting the live-in Maintenance Manager. An information campaign by way of leaflets, notices on apartment doors detailing what number to contact is now in place. A door to door information session regarding these supports will also be undertaken.</p> <p>August 31st 2025</p>	

1.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>In order to identify actions to ensure continuous quality improvements, a software package has been purchased which allows residents to give formal feedback by way of the following headings, 1. A QR code for resident Feedback 2. A Qr code for complaints 3. A QR code to report maintenance issues. The service provider will now introduce an auditing system of this feedback, whereby the feedback will be used to identify areas of practice that require improvements to ensure the needs of residents are addressed in a better way. It is intended to track and trace trends arising from the areas covered by these QR codes. A pilot project on the effectiveness of this software package will be reviewed by end September 2025. An annual review of the service will take place as previously scheduled by November 2025. The HIQA Self Assessment Form will be used as the basis of this review. A Quality Improvement Plan will be created to include our Aims and Objectives, Self Assessment, Team Meetings, and Feedback from residents and will be put into an action plan. This will help determine what we are doing and what we can improve on. A visitors policy will be drawn up.</p> <p>November 30th.</p>	
2.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A review will take place of the Appraisal System to ensure that greater details are recorded and acted on. A new Appraisal Form will be drawn up which will garner more information from the staff member. This will assist in supporting the team and also in the formal supervision of the team. A review will take place of our existing recruitment and supervision policy which will assist in the guidance on performance management processes. Supervisory meetings with staff will be rostered to take place quarterly with a formal Supervisory Meeting to take place annually. The templates for these Supervisory meetings will be reviewed in order to acquire more feedback from staff.</p> <p>September 2025.</p>	

3.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Our Risk Register has been updated in order to address a number of additional areas of concern. Our Risk Register is now a live document that is adjusted as required.</p> <p>There will be a review of our Risk Management Policy and this will be revised following our review , this will allow us to measure risk more effectively.</p> <p>Safety of Residents is addressed throughout our Risk Register and we have carried out some Risk Assessments on some vulnerable residents where required. Quite a number of other risks have now been identified as per the report. Measures are being introduced to reduce and mitigate those risks. A risk assessment will be completed on any families that may increase in size over time. IPAS will be contacted about this risk of overcrowding and they will make a final decision.</p> <p>We as the service provider are assured that all residents can be evacuated from Carroll Village in the event of a fire or similar emergency for the following reasons.</p> <ul style="list-style-type: none"> *There are fully addressable Fire Alarm Panels operating and these are wired to all apartments in Carroll Village. There are detectors in all rooms and in all apartments. Serviced on a quarterly basis, by our Fire Protection Company. These service records are in our Fire Register and available to view. *In April 2023 we upgraded our Fire Protection and we installed additional sounders in every bedroom; these sounders operate by sound and light. We also installed additional break glass (call points) on the corridors. *There is an escape plan on the back of the front doors of each apartment, in a number of languages. *There is a means of escape (fire walk) done every day by our own staff, to ensure escape routes are kept clear. * A member of staff lives on site and assists where required. * Certified Staff training took place on 4th January 2024, and 15th April 2025. *There is a 24-hour Emergency Number that management can be contacted on for any reason including emergencies. * Dundalk Fire Station is located 1.4kms from Carroll Village. The station is manned 24 hours a day 	

* Firefighting equipment is fully serviced, certified, and ready for use when required. These service records are in our Fire Register and available to view.

* Emergency Lighting is serviced every quarter and Exit Signs, Running Men and Bulk heads are replaced as required. These service records are in our Fire Register and available to view.

* We detail below the Fire Training available to residents previously, and further dates completed in April 2025 and May 2025

*We have carried out Fire Evacuations, detailed below. Two evacuations have been carried out since our inspection on the 19th and 20th of March.

Fire Evacuations

4th January 2024	11.45am Main Block
6th June 2024	2.07 pm Aston Suite
30th October 2024	12.00pm Griffith Court
10th March 2025	12 Noon Main Block
19th March 2025	7.00pm Main Block
26th March 2025	7.10 pm Aston Suite *

*Our Fire Protection Company presented as an observer on the night of the 26th of March, Aston Suite. Reported back that residents knew where to go and what to do in the event of a fire, report available if required.

All residents are advised on arrival of the nearest Fire Escape and escape routes are highlighted on the front door of each apartment in a number of languages. All residents are advised where their assembly point is. There is an orientation meeting with all new residents on arrival held in their apartment. Residents are physically shown the escape routes at this time. Fire Exit signs and running men are illuminated at all times to help show the route.

Information Campaign on Fire Safety at Carroll Village.

On receipt of this Non-Compliance from HIQA, we have proactively spoken to all residents about Fire Safety. We have introduced an information awareness campaign. We have gone door to door to each apartment with a questionnaire, asking residents about what they would do in the event of an emergency such as a fire Evacuation. At

the same time, we have advised residents of best practice, where required translation was made available.

There is a very good level of understanding by residents of how to ensure their safety in the event of a fire. A copy of our questionnaire is on file and can be inspected at any time. At the time of writing all 21 apartments have completed the Questionnaire.

On Friday evening 21st of March at 7.00pm two of our staff members one who lives on site went door to door on the Aston Suite. We spoke to residents about evacuation procedures, and what to do in the event of a fire. A number of residents were walked through the escape routes. This was not a Fire Drill but an opportunity to walk residents down the stairs once again. We did advise residents there would be a fire Drill held some evening the following week, which was subsequently held on the 26th of March at 7.00pm.

Fire Training for Residents

All residents of Carroll Village were offered Fire Training on 4th January 2024. Quite a number of residents attended. Certificates from Master-Fire are on file and are available to view at any time. The following areas were covered.

1. Fire Safety, Fire Warden and Fire Evacuation Training.
2. Use of Fire Extinguishers.
3. Extinguishing a Fire (Photos attached of residents extinguishing Fires)

Further Fire Training for Residents

Further Fire Training Sessions for Residents and staff took place on Tuesday 15th April 2025. And the 24th of May. There was a particular emphasis on Fire Evacuation. There was a large turn-out of residents and all staff attended the training. There was a further fire training session on Saturday 24th May, 2025 for those residents who work Monday to Friday and it was well attended.

4.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>An extensive 11 page Room Allocation Policy has been drawn up and is now being implemented by ourselves in as far as possible moving forward. This Policy is available on request. IPAS will be contacted prior to the arrival of new residents and any risks identified will be escalated to IPAS.</p> <p>Where a family that already resides in Carroll Village increases in size, IPAS will be contacted and advised if they breach the 1966 Housing Act. A risk assessment will be carried out and welfare checks will be introduced in the event of the family remaining in their existing Accommodation. Where a more suitable apartment is available, they may be moved to that apartment.</p>	
4.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We have now gone from an occupancy of 88 to the contracted occupancy of 86 and are compliant now in that regard.</p> <p>A new maintenance recording system as suggested has been implemented by way of a QR code and spread sheet. This new system will ensure that it is easier to update tasks that are completed, allowing better oversight by the service provider.</p> <p>It is not within the remit of the service provider to manage the communal areas that are in the care of the Carroll Village Management Company. The role of the service provider in Carroll Village is to provide Independent apartment living based on individual eircodes, as per Schedule F in our contract with IPAS. The Department are fully aware that the communal areas are outside our brief. However, as the service provider has recently purchased two apartments, we will endeavour to make representations to the management company moving forward. Please note that the Board of Directors of the management company are democratically elected on a volunteer basis, (one apartment-one vote). Hence, our influence here would be very limited, but we will try to progress our influence. 30 September 2025</p>	
4.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>IPAS will be contacted in advance of new families locating here where older siblings are to share a room with younger siblings of a different gender, and this will be risk assessed. Regarding siblings sharing, we sent an email to IPAS asking for assistance</p>	

in an effort so we could come into compliance with this standard. We have taken on board their response, and we are currently performing fortnightly welfare checks and will complete a risk assessment. A risk assessment will be completed on any growing families to ascertain suitability of apartments moving forward.

The report mentioned that an appropriate bed had not been identified for a toddler. This matter has now been dealt with and a replacement bed was sourced the following day. The maintenance template will be changed to include a section to specifically mention beds and the suitability of beds. 30 September 2025

8.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A system is currently underway to ensure that all safety concerns will be centrally recorded by way of a spreadsheet and monitored over time and risk assessed over time. Further Risk Assessments are taking place at the moment. Childrens First Training is fully up to date. The Tusla Portal will be used for any child welfare concerns and the Duty Social Worker will be contacted by phone if any advice is needed. A spreadsheet for Child Protection concerns including the Portal case number will record all child welfare concerns and will assist in tracking and tracing these concerns This will be implemented by October 31st 2025.</p>	
8.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A local Policy will be developed to support management and staff to review and evaluate adverse events in conjunction with our existing Emergency Preparedness Plan by October 25. We will develop an additional spreadsheet where incidents will be recorded over time allowing easier reading of trends and to help facilitate learning opportunities of same.</p> <p>31 October 2025</p>	
10.3	Partially Compliant

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

The service provider undertakes a review of vulnerability and wellbeing assessments. The purpose of this review is to ascertain more information regarding the needs of residents. It is proposed that the new templates be drawn up for both vulnerability and wellbeing assessments, with a view to addressing residents needs in a more detailed and timely manner. It is hoped that this new template will garner more information from the residents which will assist in identifying needs and further supports as required. Our Special Needs Reception Policy will be reviewed on the basis that it did not contain sufficient information to guide practice. 31 October 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	30/09/2025
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	31/08/2025
Standard 1.4	The service provider monitors and reviews the	Partially Compliant	Orange	30/11/2025

	quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.			
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Partially Compliant	Orange	30/09/2025
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	16/05/2025
Standard 4.1	The service provider, in planning, designing and allocating accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.	Not Compliant	Red	16/05/2025
Standard 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Partially Compliant	Orange	30/09/2025
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	Partially Compliant	Orange	30/09/2025

	accommodation which respects and promotes family life and is informed by the best interests of the child.			
Standard 8.2	The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.	Partially Compliant	Orange	31/10/2025
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	31/10/2025
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	31/10/2025

