



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

Name of the Centre:	Linden House
Centre ID:	OSV-0008441
Provider Name:	Cromey Ltd
Location of Centre:	Co. Kerry
Type of Inspection:	Unannounced
Date of Inspection:	05/03/2025 and 06/03/2025
Inspection ID:	MON-IPAS-1082

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

Linden House is an accommodation centre located in Killarney, Co Kerry. The centre has 40 bedrooms, 17 of which are based on the ground floor of the centre and the remaining bedrooms are on the first and second floors. At the time of the inspection the centre provided accommodation to 68 residents. The centre is located in a busy town with easy access to public transport links.

There is limited parking facilities on-site and access to the building is gained through the main reception. The building comprises resident bedrooms, a reception area, an office, a dining room, a television room and a resident kitchen. The centre has an external laundry room next to the main building and two cabins for communal space for the residents to relax, watch television or receive visitors.

The service is managed by a centre manager who reports to the director of services and is staffed by a director of operations, reception officer, night porters, general support staff and cleaning staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	68
---	----

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

The inspection was carried out during the following times:

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
05/03/2025	12:30hrs-19:00hrs	1	1
06/03/2025	08:40hrs-14:45hrs	1	1

What residents told us and what inspectors observed

During the inspection of Linden House accommodation centre, the inspectors found that residents were receiving a good standard of care and support from the management and staff team. Through conversations with a number of residents, a review of documentation, and observations made during the inspection, the inspectors noted that residents spoke positively about the support provided by staff members and the centre manager, expressing overall satisfaction with the quality of services. The inspectors observed that staff engaged respectfully with residents and promoted a supportive environment within the centre. While there were positive findings, improvements were required to ensure the service operated in compliance with national standards. These improvements included strengthening safeguarding practices, enhancing governance and management systems for improved oversight and accountability, further development of the reception officer role and supporting guidance documents and developing systems to facilitate greater service user consultation and engagement.

The inspection took place over the course of two days. The inspectors met with the centre manager, a representative of the service provider, the operations manager and an administrative manager who supported the inspection. The inspectors also met with a reception staff member and a domestic staff member. The inspectors had an introductory meeting with the management team and then completed a walk around of the buildings with the manager.

The primary function of the centre was to provide accommodation to international protection applicants. While the centre provided accommodation to people seeking international protection, the inspectors found that three residents had received refugee or subsidiary protection status and had received notice to seek private accommodation outside of the centre. Due to the lack of alternative accommodation available, this was not always possible.

At the time of inspection, the centre accommodated 68 residents across 40 bedrooms, providing accommodation for single males with a maximum of four occupants per room. Catering services were not provided in this centre; instead, the centre operated a points-based system. This is a debit-type card issued to residents within the international protection system in Ireland containing credits equivalent to a monetary value. This facilitated residents to purchase food and essential items from the service provider's food hall, with deliveries made three times a week.

The accommodation centre is located in Killarney, Co. Kerry, within walking distance of various local services and amenities. The main building included a reception area, a television room that also served as a meeting space for the reception officer, a dining room and a residents' kitchen. Beside the main building, there was an external laundry facility and a separate office cabin and recreational cabin. The kitchen had six fully equipped cooking stations, along with fridge and freezer storage for residents' use.

The entrance area of the main building of the centre was welcoming and was busy on both mornings. The inspectors observed residents coming and going, some returning from walks or shopping. Residents shared with the inspectors that they enjoyed living in Co. Kerry, appreciating the proximity of services and amenities. The reception area was where residents came for their post and to seek assistance from staff members. The inspectors observed some residents cooking in the kitchen and there was a sense of camaraderie among the residents. Throughout the inspection, the inspectors observed courteous and respectful interactions between staff members and residents.

The inspectors completed a walk around of the building and found that overall, it required a deep clean, particularly the kitchen where the floors were unclean and there were defective surfaces, such as chipped and cracked floor tiles and worktops. This meant that these surfaces were more difficult to sanitise. The floor and wall around the bins were also not clean. Despite room checks for cleanliness and other house keeping matters carried out by the provider, one room required significant cleaning and there was packaged food in the room which had expired. The inspectors entered the TV and dining room, both of which were very cold, and the dining room blinds remained closed. There was also a smell of damp. The radiators had not been working in the dining room, although it was observed to be recorded on the maintenance list for some time. Some residents informed the inspectors that they did not use the dining room as it was cold and the blinds could not be opened as they were broken. An inspector checked the blinds in question and found that they did not open. The plasterwork on the dining room walls on both sides of the window was coming away, the floor covering was stained and some chair seat covers were torn and worn.

The inspectors observed a number of different bedrooms in the centre with the consent of residents. While all of the rooms viewed met the minimum space requirements of the national standards, it was noted that in the case of those rooms where three people were sharing, living space was very limited.

A number of residents shared their opinions on the bathroom and laundry facilities. Most bedrooms had an en-suite bathroom, while a few had a dedicated bathroom located nearby for the sole use of the room's occupants. Overall, residents who spoke with the residents were satisfied with the bathroom facilities. They also spoke positively about the laundry services, which included five washing machines and dryers in the laundry room. Some residents noted that laundry detergents were costly to purchase through the points system and were not provided as part of the service. At the time of the inspection, the provider was in the process of completing a review of the cost of non-food items. Following the inspection, the provider presented evidence that this review had been completed and actioned, and inspectors verified this to be the case.

In order to fully understand the lived experience of residents, the inspectors made themselves available to residents over the course of the inspection. The inspectors met with 13 residents over the course of the two days and informed the inspectors that they were satisfied with the support they received and spoke highly of the centre manager. The residents who the inspectors spoke with stated that they felt safe in the centre and were happy living there.

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 inspection found that the service was being efficiently managed on a day-to-day basis by a dedicated management and staff team. Despite this, there were a number of key areas requiring attention, including risk management, reporting and recording systems, and internal audit processes for oversight and ongoing monitoring of service provision. Although the management team was committed to addressing these deficiencies, their understanding of the national standards remained limited. They had begun implementing systems and processes to resolve the identified deficiencies, but these measures required further implementation.

The day-to-day management of the centre by the manager was undertaken effectively. The centre manager reported to a company director and was supported by the operations manager who was available to them as necessary. As part of the management team there was a reception officer available to support residents, but some residents were not aware that this support was available to them.

Formal systems and processes for reporting, quality improvement and auditing needed strengthening. For example, there was no annual review completed for the centre. The service provider did not have a systematic monitoring and evaluation framework in place to track operational and strategic objectives. As a result, there had been no systems in place to identify actions to bring about continual improvements in work practices and to achieve optimal outcomes for residents in the centre.

There was a complaints policy and process in place. While most complaints had been documented by the staff team, more accurate records were required in line with requirements of the national standards. Some complaints were resolved informally; however, some outstanding complaints had not been resolved or escalated. There was no clear distinction between complaints and maintenance issues and in some cases, complaints had been recorded incorrectly as maintenance requests. Despite this, the provider had made the complaints officer details available on a notice board in the centre.

The service provider had a system in place to record and report on incidents which occurred in the centre. In addition, an incident review system was being developed whereby incidents would be reviewed at incident learning meetings. Incidents had not been reviewed for learning or skills development to empower staff to manage incidents effectively and prevent their reoccurrence.

The service provider had formal arrangements in place for residents' meetings to be held, and a suggestion box was available for residents to make suggestions on centre improvements anonymously, but there was limited evidence of their effectiveness. For

example, there was little evidence that suggestions made through the suggestion box were being acted on. Residents' meetings were taking place, but had limited attendance and the minutes showed persistent issues were not being adequately addressed. While residents who met with inspectors said they felt listened to, an improved engagement strategy would additionally inform staff practice to support residents.

The provider's risk management framework for the centre required further development to ensure that all risks were identified, assessed, monitored and had appropriate control measures in place. The service provider had completed a risk analysis of the service and developed a risk register but this was not comprehensive in nature. The risks outlined on the risk register mostly related to general facilities risk (such as health and safety) and not resident-specific risk. For example, the provider had not identified all potential risks in the service, such as specific mental health needs of residents. While some risks relating to individual residents had been assessed and control measures identified, the risk rating (the potential risk to residents) had not been completed and the control measures outlined needed to be strengthened. While the provider and staff team had carried out significant work to manage risk in the centre, the inspectors found that the service provider and centre management team did not have a comprehensive understanding of the risk assessment process.

In addition, the service provider had a contingency plan in place which was generic and not centre specific. It did not provide critical information on, for example, where residents would be relocated in the event of an unforeseen circumstance, such as flooding. Nonetheless, residents were informed about fire drills, and emergency protocols were outlined on notice boards in the centre. Fire evacuation routes and exits were clearly marked and there was appropriate fire detection, alarm and emergency lighting systems in the centre.

There was a recruitment policy in place for the centre which had been recently implemented. The inspectors reviewed personnel files and found that Garda Síochána (Irish police) vetting was in place for all staff members. International police checks had been obtained for all staff who required them. The service provider had a system in place to risk assess relevant information identified through vetting processes, where applicable.

From personnel files reviewed, the inspectors found that the service had a performance management and appraisal system in place; however, these meetings were not held consistently with every staff member. The service provider had also ensured that personnel files were held securely. The recruitment policy had recently been implemented and it outlined that in the future two references would be sought for all staff members prior to employment. In addition, the service provider had developed a supervision policy and was implementing this. Nevertheless, in practice, supervision focused on facilities management and not practice support as outlined in the provider's

policy. Also, the frequency of the supervision meetings was not in line with the time frame outlined in the providers policy.

The inspectors reviewed training records and found that staff members had received appropriate training and development opportunities to meet the needs of residents and to promote safeguarding in the centre. Training was provided to all staff including safeguarding of vulnerable adults and *Children First: National Guidance for the Protection and Welfare of Children* (2017).

On the day of inspection the inspectors reviewed the staff rota and observed practice, and found that there was an adequate number of skilled staff in the centre for the number of 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 service provider performed its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner which promoted their welfare and respects their dignity. The centre manager ensured residents received a good quality of care and support.

Judgment: Compliant

Standard 1.2

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

The service provider had effective leadership, governance and management arrangements in place and the staff team were clearly accountable for areas within the service. While the provider had established a process for notifying the relevant agencies and authorities of the occurrence of adverse events in the centre, a serious incident had not been reported to HIQA as required by policy and legislation.

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.

The service provider had a residents' charter in place, which was available to residents and was displayed prominently. This was available to residents in seven languages and was discussed during residents' induction meetings at the centre. It outlined how new residents were welcomed and how the provider met their needs in the centre. The residents' charter also included how each individual's dignity, equality and diversity was promoted and preserved and how all residents were treated with respect. There was information available on the complaints process, how the service provider sought the views of residents, the code of conduct, and about how residents' personal information was treated confidentially.

Judgment: Compliant

Standard 1.4

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

The service provider had implemented some systems for the oversight and monitoring of the quality of care and experience of adults living in the centre. The provider demonstrated an ability to self-identify some issues which required improvement and was committed to ensuring that arrangements were put in place to continue to evaluate and manage the safety and quality of the service. However, an annual review of the quality and safety of care delivered to residents had not been completed.

Judgment: Substantially Compliant

Standard 1.5

Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.

Residents' meetings and surveys had recently commenced and while this was a positive indication of active inclusion of residents in the delivery of services, it was still in the early stages of implementation. Residents who spoke with the inspectors said they had regular informal discussions with staff and that they felt listened to. Nonetheless, the

information gathered from the residents' surveys had not been reviewed and used to inform practice.
Judgment: Substantially Compliant
Standard 2.1
There are safe and effective recruitment practices in place for staff and management.
The provider had ensured that there were safe and effective recruitment practices in place for the staff and management teams. On review of documentation, the inspectors found that all staff had a Garda vetting disclosure, and staff members who had resided outside of the country for a period of six months or more had an international police check in place. A staff appraisal and supervision system had been implemented by the provider; however, it was in the early stages of implementation and both processes needed to be improved.
Judgment: Substantially Compliant
Standard 2.2
Staff have the required competencies to manage and deliver person-centred, effective and safe services to children and adults living in the centre.
The service provider had ensured there were appropriate numbers of staff employed in the centre with regard to the number and needs of residents and the size, layout and purpose of the service. The service provider had ensured that the staff team had the necessary experience and competencies to deliver person-centred support to residents and to meet their individual needs.
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.

<p>The provider had recently developed a system for the supervision of staff, but the practice taking place in the centre was not aligned with the provider's staff supervision policy. Staff members who the inspectors spoke with demonstrated a good understanding of their roles and responsibilities in promoting and safeguarding the welfare of all residents. These staff members said they felt supported by the centre managers.</p>
<p>Judgment: Substantially Compliant</p>
<p>Standard 2.4</p> <p>Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.</p>
<p>Staff members had received appropriate training and development opportunities to meet the needs of residents. Training was provided to all staff, including safeguarding of vulnerable adults and Children First.</p>
<p>Judgment: Compliant</p>
<p>Standard 3.1</p> <p>The service provider will carry out a regular risk analysis of the service and develop a risk register.</p>
<p>The risk management framework required further development to ensure that all risks were identified, assessed, monitored, and to ensure appropriate control measures were in place to provide a safe service. The service provider had a risk management policy in place and a risk register had recently been developed. For example, the risks outlined on the risk register mostly related to general facilities risk and not resident-specific risk.</p>
<p>Judgment: Partially Compliant</p>

Quality and Safety

Overall, this inspection found that the service provider and centre managers were dedicated to the delivery of a consistently good quality and safe service which met the needs of all residents. Residents were supported to live independent lives and were treated with respect and dignity. While residents informed the inspectors that they felt safe living in Linden House, improvements were required in relation to the notification of incidents to HIQA, the resourcing of the role of the reception officer, and the learning opportunities from incidents that may occur in the centre.

Through discussion with staff members and speaking with residents, the inspectors found that promoting the general welfare of residents was a core objective of the staff team. Residents were encouraged to be independent and autonomous while receiving the necessary supports to achieve this. It was evident from positive interactions between residents and centre staff and management that residents were treated with respect in the centre and their rights were considered. Nonetheless, areas of improvement were identified which would further promote their rights and welfare and enhance their quality of life and ensure compliance with the national standards.

The inspectors reviewed the procedure for allocating rooms to residents and it was noted that room allocation was primarily determined by residents' needs and guided by the provider's newly developed policy on the matter. Upon the arrival of residents, the centre manager and staff team made allocation decisions based on the information available to them at the time. They endeavoured to fulfil residents' needs by placing them in the most appropriate accommodation. The inspectors found that factors such as family links and health needs were taken into consideration, with residents who had specific health needs being given individual rooms, where possible. In cases where accommodation matching residents' needs was not possible on admission, the centre manager kept track of room vacancies and relocated residents to more suitable accommodation once it became available. The room allocation policy ensured that there were clear and transparent criteria considered when making decisions regarding residents' accommodation.

The inspectors found that the bedrooms in the accommodation centre were generally clean and well maintained. There was adequate storage and the bedrooms were appropriately furnished. However, one room required significant cleaning and there was packaged food in the room which had expired. There was sufficient parking available for staff members, residents and visitors.

Closed-circuit television (CCTV) (visual only, with no audio recording) was in place in the communal and external areas of the centre, and its use was informed by data protection legislation and the provider's policy. Security arrangements were in place and there was

adequate checks of people entering the building. There were no unnecessary restrictive practices in use in the centre.

There were adequate communal facilities for residents to use, including two separate cabins external to the accommodation building for socialising with other residents or relaxing. There was a communal dining room and a television room, both of which were cold. The dining room blinds were broken and there was a smell of damp in these rooms. There was a well-equipped laundry room with adequate number of washing machines and tumble dryers for the number of residents living in the centre. There was Wi-Fi available throughout the centre.

The centre had a large kitchen with six cookers and ovens. The kitchen was equipped with dishwashers, fridges and freezers although the kitchen was unclean. The service provider stated that residents had full access to the kitchen at all times and residents who spoke with the inspector said they had access to the kitchen throughout the night during Ramadan.

The centre was located on the outskirts of the town and had easy access to public transport links, and some residents had their own vehicles. Residents had access to shops, amenities and educational facilities within the local community.

At the time of inspection, residents were provided with bedding, towels and non-food items on arrival at the centre. Afterwards, non-food items were purchased by the residents from their weekly allowance on their pre-loaded debit cards. The management team informed the inspectors that toiletries including toothpaste, shampoo and shower gels were included as non-food items in the initial arrival pack. The debit card allowance had been increased previously to allow for the cost of toiletries and an extra set of bed linen, but while this had been implemented it had not been communicated to residents. In addition, there was no evidence that residents were consulted with regarding the types or varieties of non-food items provided in the centre. Following this inspection, the provider presented evidence it had reviewed the cost of non-food items. The inspectors verified that as a result of this review, residents were being provided with additional points for non-food items and also received a second set of bed linen.

Through discussion with staff and speaking with residents, the inspectors found that the general welfare of residents was being promoted in the centre. In the weeks preceding the inspection, some systems had been implemented to seek the opinion of residents and for residents to give feedback on their experiences of living in the centre. While the inspectors were informed by provider that residents' rights were promoted in the centre, there was no documentation to demonstrate that rights and entitlements were being discussed with residents.

Residents were supported and facilitated to maintain personal and family relationships, and residents were encouraged to receive visitors in the communal areas.

There was an adult safeguarding policy in place to protect vulnerable adult residents from the risks of abuse and harm. All staff members had received training in safeguarding vulnerable adults. The service provider had also identified a designated officer — who is a person nominated by an organisation to receive allegations of abuse or safeguarding concerns — whose contact information was highlighted on the notice board at reception. The service provider had ensured that adult safeguarding concerns were identified, although the inspectors found one serious safeguarding incident which had been recorded but had not been notified to HIQA despite this being a requirement of the regulations.

Improvements were necessary to ensure that incidents and adverse events were tracked and reviewed on a regular basis to ensure learning from such events was captured and used to improve the service. The operations manager said an internal incident report had been developed to identify issues that had arisen and the supports that were offered. The service provider was planning to review these reports at regular incident learning meetings to identify areas for service improvement. While the service provider had policies in place to manage and report incidents and a system to review and learn from such events, the inspectors found that the incident review system was not operating effectively. For one serious incident reviewed, it was indicated on the incident report form that there was no learning for staff members. When this was reviewed by the inspectors, it was found that there were several points of learning, such as further training for staff or completing a risk assessment. Also, this system did not indicate if any supports had been offered to residents following this serious incident.

Although the staff team made efforts to promptly and effectively address the specific needs of some residents in order to promote their safety and welfare, the service provider had not ensured that the team received adequate training to help them identify and meet these needs. The inspectors observed that staff support mostly occurred informally, lacking structured systems to aid staff or promote learning and quality improvement following incidents or accidents.

The service provider was aware of the need for health supports and there was a healthcare service available for residents. The service provider endeavoured to promote the health and wellbeing of residents, and links with local services were established and maintained where required. Since the reception officer had been employed, residents were referred to mental health services where necessary and information about support services was made available to residents. Some residents informed the inspectors that the reception officer was supportive, and it was evident that residents were benefitting from the support offered. A representative of the service provider informed the inspectors that the centre had good links with the local general practitioners (GPs) and residents could avail of these service as necessary. This meant that on arrival at the centre, residents had their healthcare needs met in a timely manner.

The service provider had established a policy to identify, communicate and address existing and emerging reception needs and had also identified a staff member as having the required skills and experience to fulfil the role of reception officer. While the appointed reception officer possessed the necessary qualifications and was part of the senior management team, further resourcing of the availability of this function was necessary. The standards set out that service provider makes available a dedicated reception officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies. At the time of the inspection, the reception officer worked on site one day each week. Therefore, residents only had limited access to this resource.

Although the provider had a special reception needs policy in place, they had yet to develop a work plan for the reception officer. The management team informed the inspectors that this document was being developed. The inspectors were informed that vulnerability assessments were being completed but records were unavailable to the inspectors at the time of the inspection. The operations manager informed the inspectors that the reception officer had identified special reception needs and provided support to residents. This information was not available to the inspectors or senior management during periods when the reception officer was not on duty. Given that the reception officer worked one day per week, this limited management oversight of special reception needs. The service provider committed to reviewing the resourcing of this role.

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 provider had recently developed a policy and procedures for allocation of rooms to residents. Rooms were allocated having regard to the needs of the residents including health conditions, familial links, cultural, linguistic and religious backgrounds. Residents with whom the inspectors spoke said they were happy with this approach and that the provider was accommodating where possible.

Judgment: Compliant

Standard 4.2

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

The service provider had ensured that the accommodation for residents was of a good standard and that residents had sufficient space in line with the requirements of the national standards. The buildings in general were homely and well maintained. Some improvements were required in the areas of cleaning and maintenance. The dining room was cold and both the kitchen and dining room had defective floor and wall surfaces and were not clean.

Judgment: Substantially 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.

There was a laundry room adjacent to the accommodation building which was found to be clean and well maintained and contained adequate number of washing machines and tumble dryers for the number of residents living in the centre. All equipment was observed to be in full working order.

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.

<p>The inspectors found that the service provider had implemented suitable security measures within the centre which were deemed proportionate and adequate and which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre only and was monitored in line with the service provider's policy.</p>
<p>Judgment: Compliant</p>
<p>Standard 4.9</p> <p>The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.</p>
<p>The service provider had not made available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing. Residents did receive a set of bed linen and towels on arrival at the centre, but they had to purchase toiletries and washing powder from their weekly points allowance. While the residents points allowance had been increased for residents to purchase these items, the additional points were not sufficient for residents to purchase adequate toiletries and sundries. Residents were provided with the necessary utensils and equipment in the kitchen to allow them to live independently.</p>
<p>Judgment: Partially Compliant</p>
<p>Standard 5.1</p> <p>Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.</p>
<p>The centre provided self-catering facilities for residents where they could cook foods of choice and culturally sensitive meals. There were storage facilities available for residents' food in their bedrooms and the kitchen was equipped with ovens, cookers, refrigerators, hot water and space for preparing meals. The dining facilities were in need of upgrade and the kitchen required a deep clean.</p>
<p>Judgment: Substantially Compliant</p>

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 provider had developed an online food ordering system where the residents could order their groceries and they would be delivered to their accommodation from the provider's off-site shop. At the time of inspection the service provider had not ensured that there was a variety of foods, which accommodated cultural and religious practices available. It was noted by inspectors that in advance of a religious celebration that some residents could not avail of foods from their culture.

Judgment: Substantially Compliant

Standard 6.1

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

The inspectors found that the provider promoted the rights of residents and were treated with dignity, respect and kindness by the staff team employed in the centre. The staff team provided person-centred supports according to the needs of the residents. Equality was promoted in the centre in terms of religious beliefs, gender and age.

Judgment: Compliant

Standard 7.1

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

Residents were supported to develop and maintain personal relationships and they could invite family and friends to visit them in communal areas. The family unit was respected and privacy and dignity were promoted by the service provider and staff team.

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.

The service provider ensured that residents had access to local recreational, educational and health and social services. Residents had easy access to local bus and rail links. External agencies and NGOs attended the centre to offer support and advice around education, training, employment and local services.

Judgment: Compliant

Standard 8.1

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

The service provider had policies and procedures in place to protect all residents from all forms of abuse and harm. The inspectors reviewed incident records for the centre and noted that there was an effective recording system in place relation to safeguarding issues.

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.

There was a system in place to record all incidents and serious events which occurred in the centre. The incident learning and review system was not comprehensive and for some incidents did not indicate learning such as training or the completion of a risk assessment.

Judgment: Substantially 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 and proportionate to the needs of the residents. Residents were provided with information and assistance to access supports for their physical and mental health. The service provider had engaged with community healthcare services, general practitioners and local NGOs to support resident's needs.

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.

The provider ensured that any special reception needs notified to it informed the provision of accommodation and delivery of supports and services for residents. Residents received information and referrals to relevant external supports and services as necessary. It was noted that the provider was generally not informed of special reception needs in advance of resident admissions.

Judgment: Compliant

Standard 10.2

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

The reception officer was enabled to identify and respond to emerging and identified needs for residents. However, while there was evidence that staff supported residents with specific needs, at the time of inspection there was no evidence that the staff members knew how to identify and respond to special reception needs. When the inspectors asked staff members about special reception needs they were unclear as to what the inspectors meant and thought special reception needs referred solely to residents with disabilities.

Judgment: Substantially 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 did have a policy in place to identify, address and respond to existing and emerging special reception needs. While the inspectors were informed that the reception officer was proactive in identifying the special reception needs of residents, records relating to the identification, communication and addressing needs of residents were unavailable to the inspectors for review at the time of the inspection.

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 recruited a reception officer who held the appropriate qualifications and were part of the senior management team. The reception officer was suitably trained to support all residents especially those people with special reception needs both inside the accommodation centre and with outside agencies and was the principal point of contact for residents, staff and management. However, the post-holder worked one day per week.

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	Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
Standard 1.5	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.2	Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.2	Substantially Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant

Standard 4.9	Partially Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Substantially Compliant
Standard 5.2	Substantially 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	Compliant
Standard 8.3	Substantially 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	Substantially Compliant
Standard 10.4	Compliant

Compliance Plan for Linden House

Inspection ID: MON-IPAS-1082

Date of inspection: 05 and 06 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
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Since the last inspection, Management within the centre is reporting incidents within the specified time frame and is committed to embracing the HIQA standards implementation in practice within the centre. The Quality and Compliance Manager is supporting the management in the centre to ensure all relevant incidents are reported to HIQA within the specified timeframe and all interventions are exhausted to ensure all residents within the centre remain safe and content in their environment. All staff is aware and informed of the reporting structure within the centre and all incidents of concern are reported to the Senior Management and the Quality and Compliance Manager.</p> <p>All staff has received training in the Safeguarding of Vulnerable Adults and Children First: National Guidance for the protection and welfare of children (2017). The management within the centre monitor the compliance of the training matrix and HR compliance as per policy and procedures to ensure robust oversight and governance within the centre.</p> <p>A new incident form has been devised and is used to record all incidents and includes the learning from each incident and how the learning is disseminated among staff working within the centre. A complaints policy has been developed and a new complaints form is being developed due to be implemented in practice in May 2025.</p>	

3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A full review of risk management within the centre has been completed in April 2025. The risk management framework has been revised and developed to ensure a robust systematic approach to risk management is implemented in practice. For example, the risk registers for both general and resident risk have been revised and a new risk rating matrix and register has been initiated for general risk management. Resident risk management has been comprehensively reviewed and new records have been devised in regard to the resident risk register, individual resident risk assessments, resident risk profiles and logs of resident at risk.</p> <p>The role and function of the Reception Officer has been reviewed and a new system implemented in regard to the role of the reception officer and the records to be completed in relation to residents at risk is comprehensive and robust.</p> <p>A centre-specific Contingency Plan has been further developed to include detailed procedures for responding to unforeseen circumstances including resident relocation plans with alternative accommodation identified.</p> <p>The centre manager attends training once a week along with all the other centre managers with the Quality and Compliance Manager. The risk management framework has been a priority over the last number of months. The centre managers share their learnings from incidents and experiences within their facilities to further develop a culture of safety awareness within all centres. Meetings are held once weekly between the centre manager and the reception officer to ensure there is robust oversight and governance in regard to resident needs and resident risk management. We will endeavour to continue to implement the Quality Improvement Plan 2025 and continue to further develop the quality standards within the centre throughout 2025.</p>	
4.9	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A clear policy and procedure for the provision of non-food items is in place, ensuring as far as possible that it is aligned with the needs of residents and promotes their personal hygiene, comfort, dignity, health and well-being. We ensure that the policy is effectively communicated to all residents, including information on the types and quantities of non-food items and how they can be accessed. All new residents receive an arrival pack with all necessary non-food items.</p> <p>The points allowance allocated to residents for non-food items has been significantly increased in recent months to allow for the purchase of non-food items. New residents now automatically receive an additional set of bed clothes, and the</p>	

requirement for these items to be ordered through the Foodhall system is no longer required.

Resident satisfaction with the provision of non-food items is, and will continue to be, measured through surveys and other feedback mechanisms. All of their feedback is taken into account and passed on to the Foodhall Manager, so that it can be considered when making decisions about purchasing/returning ordered goods. The availability and accessibility of non-food items will be monitored through regular stock checks and audits. The policy and procedure for non-food items will be reviewed and updated regularly, based on resident feedback and best practices.

An adequate supply of non-food items is ensured for all residents at all times, and supplies are monitored and replenished as necessary.

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 1.2	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	01/04/2025
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	01/05/2025
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.	Partially Compliant	Orange	01/04/2025

