



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

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| Name of the Centre: | Millstreet Accommodation Centre |
| Centre ID:          | OSV-0008443                     |
| Provider Name:      | Cromey Ltd                      |
| Location of Centre: | Co. Cork                        |
| Type of Inspection: | Unannounced                     |
| Date of Inspection: | 26/03/2025 and 27/03/2025       |
| Inspection ID:      | MON-IPAS-1088                   |

## Context

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

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

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

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

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

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

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

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

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

## About the Service

Millstreet Accommodation Centre is located in Millstreet Co. Cork. The centre is situated on a scenic site of approximately 200 acres and comprises one main building and eight smaller buildings. An historical tower on site dates back to 1436. In the 1990s, it was developed as an accommodation centre to provide support to international protection applicants. The main building contained 80 bed spaces, the other eight buildings provided accommodation for a mix of family units and single rooms with en-suite or dedicated bathrooms.

The buildings had kitchen facilities throughout for the residents to cook and there was a dining room in the main building. There was a large laundry room with washers and dryers and a smaller laundry room in another building. In addition, there was a reception area, offices, a large study room, visitor room, and meeting rooms.

The centre is managed by a centre manager who reports to a director of services and is staffed by a director of operations, administrative manager, reception staff, general support staff and cleaning staff.

The following information outlines some additional data on this centre:

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| <b>Number of residents on the date of inspection:</b> | 260 |
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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) |
|------------|---------------------|-------------------|----------------------|
| 26/03/2025 | 10:45–18:30         | 1                 | 1                    |
| 27/03/2025 | 08:00–15:00         | 1                 | 2                    |

## What residents told us and what inspectors observed

During the inspection, the inspectors found that residents at Millstreet Accommodation Centre were receiving good support from the staff team and service provider. Through conversations with a number of residents, a review of documentation, and observations made during the inspection, the inspectors noted that residents expressed satisfaction with the service and assistance they received at the centre and spoke positively of the staff team, the centre manager and management team. While these positive findings were noted, improvements were required to ensure the service operated fully in compliance with national standards. These improvements included establishing internal structures and processes for the oversight and monitoring of the service and in developing a strategic and operational plan for the service.

The inspection took place over the course of two days. The inspectors met with the director of operations and the centre manager. The director of operations and administrative manager, also supported the inspection process. The inspectors had an introduction meeting with the management team and then completed a walk around of the buildings with the centre manager.

The primary function of the centre was to provide accommodation to international protection applicants. The residents in the centre were from a number of different countries. While the centre provided accommodation to people seeking international protection, the inspectors found that 42% of 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 260 residents across nine buildings, providing accommodation for families, single male and female residents. Catering services were not provided in this centre; instead, the centre operated a self-catered points-based system. This was a debit-type card issued to residents within the international protection system containing credits equivalent to a monetary value. This facilitated residents to purchase food and essential items from the service provider's off-site shop, with deliveries made five days a week.

Residents' views on the service were gathered by inspectors through various methods of consultation, including talking with residents, HIQA resident questionnaires, inspectors' observations and a review of documents during the inspection. The inspectors met with 14 adult residents and 21 children throughout the course of the inspection. Resident questionnaires were completed by five residents and the majority of them reported that they felt safe and happy living in the centre. Most of the residents said that they were pleased with the facilities and the accommodation. They said that the centre managers and staff were respectful and that they found them approachable.

The entrance area of the main building of the centre was observed as welcoming, and there was a receptionist available to the residents to offer assistance, guidance, and information as required. Throughout the inspection, the inspectors observed pleasant and respectful interactions between residents and staff members.

The centre was made up of nine buildings. The main building included offices, meeting rooms, a dining room, a sports hall, 37 bedrooms, and five separate family units. There were kitchenettes throughout the building with cupboards for storing food and areas for washing up. At the back of the main building, there was a large laundry room with 16 washing machines and dryers in this room. Bedrooms in the centre accommodated a maximum of two unrelated residents per room. Some rooms had an en-suite with a shower and toilet, while others had access to a bathroom on the same floor.

The other eight buildings were of a similar standard to the main building and provided residents with adequate bathroom and cooking facilities. Each building was equipped to meet residents' daily living needs in a comfortable way. Overall, the buildings were well maintained, clean, and presented in a homely and welcoming manner, contributing to a positive living environment.

During the inspection, internal maintenance and outdoor gardening works were being carried out. On the previous inspection, the inspectors had noted mould on the ceiling of a bathroom in one of the buildings; this issue had been addressed before the current inspection. However, on the previous inspection, the inspectors had identified that the windows on the upper floors of one building were not closing properly and others had broken window opening-stays. This posed potential safety risks, particularly for young children. These window issues had not been addressed in the time since the last inspection.

The grounds on which the centre is located were very well maintained, offering ample space for children to play, as well as opportunities for walks and recreation. There was a football pitch and a designated playground area for children, along with an indoor sports hall available for use during poor weather.

An additional laundry room was located in one of the smaller buildings within the centre, containing five washing machines and four tumble dryers. Residents were provided with bed linen and towels upon arrival, and there were adequate facilities available for laundering them as needed. A further set of bed linen and towels could be requested as required.

In-house healthcare services were available through a nurse and a general practitioner, and an after-school service for children was provided by a local non-governmental organisation (NGO). Residents used local facilities, like the pharmacy, and children regularly went to the local town to use an all-weather pitch, and the bus service offered by the provider facilitated this.

To gain a full understanding of the residents' lived experiences, the inspectors made themselves available to chat with residents throughout the course of the inspection. With residents' consent, the inspectors also observed a number of different bedrooms within the centre. Some residents engaged directly with the inspectors, and it was noted that, overall, they were very satisfied with the support they received. All residents who spoke with the inspectors reported feeling safe and content in the centre. The inspectors observed positive and respectful interactions between staff and residents during the two days of the inspection.

The next two sections of the report present the inspection findings in relation to governance and management of the centre, and how governance and management affected the quality and safety of the service being delivered.



## Capacity and capability

This inspection found that the service was being effectively managed on a day-to-day basis by a dedicated management team. Since the previous inspection in February 2024 (MON-IPAS-1009), the provider had made significant progress in its overall level of compliance with a number of the national standards. This progress meant that residents were benefitting from an improved quality of life in the centre. Despite this, at the time of inspection, some areas required further development. These areas included establishing internal audit processes for overseeing the service and for the ongoing monitoring of the service. Furthermore, the provider had committed to developing a strategic and operational plan for the service. The management team was committed to addressing these deficiencies, and had employed a quality manager to support this process.

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 part-time reception officer available to support residents. This role was being further resourced to increase the hours the that the reception officer function would be available to residents.

Formal systems and processes for reporting, quality improvement and auditing needed strengthening. For example, no annual review of the service had been completed. 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 the best outcomes for residents in the centre. Furthermore, strategic and operational plans for the service were not in place, although the provider presented evidence that they were aware of this deficiency and that it was under review.

There was an effective complaints policy and process in place at the centre. Complaints had been clearly documented, complainants were consulted, and issues were resolved in a timely manner. A recording system was used to support the service provider with good oversight of complaints, which helped inform ongoing service improvements. However, inspectors noted that there was no clear distinction between complaints and maintenance issues, and in some cases, complaints had been incorrectly recorded as maintenance requests. Nevertheless, the provider had made the contact details of the complaints officer readily available on a notice board within 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. At the time of

inspection, incidents had not been reviewed for learning or skills development to empower staff to manage such incidents effectively and prevent their reoccurrence.

The service provider had no formal arrangements in place for residents' meetings to be held, which would have been a positive forum by which to support quality improvement initiatives. Other forms of engagement were conducted on an informal basis and needed to be recorded to ensure the views of residents were being heard and acted on. In late 2024, a survey to seek the views of residents had been distributed to residents but only one had been returned. Residents did report that they had very positive relationships with the centre manager and spoke very positively about the staff team employed in the centre. While residents who met with inspectors said they felt listened to, an improved engagement strategy would additionally inform staff practice to support residents.

The service provider had a risk management policy and a critical incident policy in place 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 as required by the national standards. The risk register had two categories: one for resident-specific risk and one for general facilities risk (such as health and safety). While risks relating to individual residents had been assessed and control measures identified, in some cases the control measures outlined needed to be strengthened.

In addition, the service provider had a contingency plan in place which was centre specific. It provided critical information on, for example, where residents would be relocated in the event of an unforeseen circumstance, such as flooding. Residents were informed about fire 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. The inspectors reviewed records of fire drills and noted that these were being completed every three months. The inspectors spoke with a number of residents, all of whom knew where to go in the event of a fire.

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 did not include the completion of a personal development plan as stated in the provider's policy. The service provider had 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 before they were employed. In addition, the service provider had developed a supervision policy and was implementing this. Nevertheless, in practice, supervision focused on facilities management (such as health and safety) and not practice support for staff as outlined in the provider's 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 to meet the needs of the residents.

### **Standard 1.1**

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

The 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 respected their dignity. The centre manager and staff team 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. For example, the centre manager had the required skills and was competent in their role. However, the service provider did not have strategic and operational plans for the service which set clear objectives for the delivery of person-centred, safe and effective services and supports for children and adults.

Judgment: Substantially Compliant

### **Standard 1.3**

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

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 being 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 children and 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.

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| Judgment: Substantially Compliant   |
| <b>Standard 1.5</b><br>Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.  |
| The service provider had no formal arrangements in place for residents' meetings to be held. Nonetheless, residents who spoke with the inspectors said they had regular informal discussions with staff and that they felt listened to.   |
| Judgment: Substantially Compliant   |
| <b>Standard 2.1</b><br>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 aligned with the provider's policy. |
| Judgment: Substantially Compliant   |
| <b>Standard 2.2</b><br>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.

The provider had recently developed a system for supervising 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.

Judgment: Substantially Compliant

### **Standard 2.4**

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

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.

Judgment: Compliant

### **Standard 3.1**

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

The service provider had a risk management policy in place and a risk register had been developed. The risk management framework required further development to ensure that stronger control measures were in place to provide a safer service. For example, in one case, the control measures outlined did not include training in the area of the identified risk.

Judgment: Substantially Compliant

## Quality and Safety

Overall, the inspection found that the service provider and centre managers were committed to delivering a consistently high-quality and safe service that met the needs of all residents. Residents were being supported to live independently and were treated with respect and dignity. Since the previous inspection, the provider had significantly improved the transparency of the accommodation allocation process. While those residents who spoke with the inspectors said that they felt safe living in Millstreet Accommodation Centre, some improvements were needed to ensure learning by staff members from incidents and accidents. In addition, further resourcing of the reception officer role was required at the time of the inspection.

Through discussions with staff and residents, it was found that prioritising the overall wellbeing of residents was a key focus of the staff team. Residents were encouraged to maintain their independence while receiving the support needed to do so. Positive interactions observed on the day of inspection between residents and staff highlighted the respect with which residents were treated.

The inspectors reviewed the procedure for allocating rooms to residents at the centre 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. This meant that residents were fully aware of the process and understood the rationale for allocating accommodation.

The inspectors found that on the day of inspection, the bedrooms in the accommodation centre were generally clean and well maintained. The bedrooms were appropriately furnished and were comfortable. 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 and grounds. There was evidence of

the rights of residents being promoted; for example, there were no unnecessary restrictive practices in relation to accessing the premises for residents in use in the centre.

The provider offered adequate communal facilities for residents, including a dining room, a visitor or meeting room with seating, a study area, and a sports hall for children. Kitchenettes are located throughout the buildings and residents were observed using these during the inspection. Wi-Fi was available throughout the centre. Most areas were well-maintained and nicely decorated; however, some areas required repairs, such as defective windows in certain bedrooms. There were three well-equipped laundry rooms, containing 21 washing machines and 20 tumble dryers. Laundry detergents were available for purchase in the on-site shop using the points system.

The service provider was proactive in meeting the educational and recreational needs of residents. There was an after-school service for children and a study room for older children and college students. The after-school room was adequately equipped with educational resources and equipment to support the children's learning and development. The service provider was also very aware of the need for mental health supports and there was a psychological support service available for residents.

The centre had a regular bus service daily to the local town and a weekly service to Cork City was being provided. There was also access to public transport links from the local town, and some of the residents had their own vehicles. Residents had ready access to shops, amenities and educational facilities within the local community.

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. On 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. Some systems had been implemented such as a survey 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 the provider that residents' rights were promoted in the centre, there was no documentation to demonstrate that rights and entitlements were 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, while arrangements were in place for private meetings with visitors.

There was an adult safeguarding policy in place to protect vulnerable adult residents from the risk of abuse and harm in line with national guidance. All staff members had received training in safeguarding vulnerable adults. The service provider had also identified a designated officer — 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 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 confirmed that an incident learning review form had been developed to identify trends and learning. The service provider was planning to review these reports at regular incident learning meetings to identify areas for service improvement. At the time of inspection these meetings had not yet taken place.

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, links with local services were established and the provider offered in-house healthcare including a general practitioner and a nurse to support residents' needs. This meant that on arrival at the centre, residents had their healthcare needs met in a timely manner.

The centre employed part-time reception officer and they, or the centre manager, reported any special reception needs of the residents that became apparent to the relevant government department. The reception officer had developed a register of residents who they had identified as having special reception needs, and held these records securely. The reception officer had developed links with local services, and residents were referred to mental health services where necessary and information about support services was made available to residents.

The service provider had established a policy to identify, communicate and address existing and emerging reception needs. While the appointed part-time reception officer in post at the time of this inspection 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 the service provider makes available a dedicated reception officer, who is suitably trained to support all residents, especially those people with special reception needs both inside the accommodation centre and with outside agencies. At the time of the inspection, the part-time reception officer worked on site two days per week. Therefore, the 260 residents in this centre only had

limited access to this resource. The service provider committed to reviewing the resourcing of this role, and since the inspection had appointed a dedicated reception officer working four days a week.

Although the provider had a special reception needs policy in place, they had yet to develop a work plan for the reception officer role. The management team informed the inspectors that this document was being developed.

#### **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 accommodation to residents. Accommodation had been 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.

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, though some window latches and opening-stays on the upper floors of one building were defective, which posed a safety risk.

Judgment: Substantially Compliant

#### **Standard 4.5**

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

The children who lived in the centre had a dedicated playground area, a soccer pitch and a large indoor sports hall. Additionally, the grounds surrounding the centre were vast and provided ample space for recreation, walks and cycling bicycles. There was an afterschool club where children could go to do homework, artwork and which had age-appropriate toys and books for the children.

Judgment: Compliant

#### **Standard 4.6**

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

The service provider had supported the development by a local NGO of an after-school club where children could go to do homework, artwork and which had age-appropriate toys and books for the children. It was a child friendly, comfortable and inviting area and supported the educational development of each child and young person. There was also a study room with computers and access to Wi-Fi to meet the educational requirements of children and young people.

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.

There were three laundry rooms in the centre, which were found to be clean and well maintained, and contained adequate number of washers and dryers for the number of residents. Equipment was observed to be in 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.

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.

Judgment: Compliant

#### **Standard 4.9**

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

This inspection found good practice in relation to the provision of appropriate non-food items. Residents received an increased points allocation to purchase toiletries and other non-food items. Residents received two sets of bed linen and towels on arrival at the centre. Residents were provided with the necessary utensils and equipment in the individual kitchenettes to allow them to live independently.

Judgment: Compliant

#### **Standard 5.1**

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

The centre provided self-catering options for residents where they could cook foods of choice and culturally sensitive meals. There were storage facilities available for residents' food and kitchen facilities included ovens, cookers, microwaves, refrigerators, hot water and space for preparing meals.

Judgment: Compliant

#### **Standard 5.2**

The service provider commits to meeting the catering needs and autonomy of residents which includes access to a varied diet that respects their cultural, religious, dietary, nutritional and medical requirements.

The 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. Residents who spoke with the inspectors were happy with the food and the delivery system.

Judgment: 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 residents 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 being supported to develop and maintain personal relationships and they could invite family and friends to visit them in communal areas. Family units were being accommodated together, and their privacy and dignity were being 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.

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| <p>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.</p> |
| <p>Judgment: Compliant</p>  |
| <p><b>Standard 7.3</b></p> <p>The service provider supports and facilitates residents, including children and young people, to integrate and engage with the wider community, including through engagement with other agencies.</p>   |
| <p>The service provider had engaged with two local NGOs and supported them to set up offices within the centre and provide support to residents, including social inclusion, English language classes, computer classes, an integration programme, support with curriculum vitae and interview preparation.</p>               |
| <p>Judgment: Compliant</p>  |
| <p><b>Standard 8.1</b></p> <p>The service provider protects residents from abuse and neglect and promotes their safety and welfare.</p>   |
| <p>The service provider had 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.</p>  |
| <p>Judgment: Compliant</p>  |
| <p><b>Standard 8.2</b></p> <p>The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.</p>   |

There was a child protection policy and child safeguarding statement in place and staff had completed training in child protection. There was an appropriately trained designated liaison person – a person nominated by an organisation to receive allegations of abuse or safeguarding concerns – appointed. The staff team provided support and advice to parents when required and children had access to additional supports, if this was required.

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. While the provider was in the process of developing an incident learning and review system, it was in the early stages of implementation, and for some incidents did not indicate learning such as additional training for staff.

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, local NGOs and also provided in-house healthcare, including a general practitioner and a nurse to support residents' 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.

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| <p>The provider ensured that any special reception needs notified to it informed the provision of accommodation and delivery of supports and services for the residents. Residents received information and referrals to relevant external supports and services as necessary.</p>                     |
| <p>Judgment: Compliant</p>   |
| <p><b>Standard 10.2</b></p> <p>All staff are enabled to identify and respond to emerging and identified needs for residents.</p>   |
| <p>The service provider had a policy and training in place to support the reception officer function and staff to identify, address and respond to existing and emerging special reception needs.</p>  |
| <p>Judgment: Compliant</p>   |
| <p><b>Standard 10.3</b></p> <p>The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.</p>  |
| <p>The service provider had a policy in place to identify, address and respond to existing and emerging special reception needs. The part-time reception officer in post at the time of this inspection was proactive in identifying the special reception needs of residents on an ongoing basis.</p> |
| <p>Judgment: Compliant</p>   |
| <p><b>Standard 10.4</b></p> <p>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.</p>                          |



At the time of inspection, the service provider had appointed a part-time 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 two days per week at the time of inspection which was not sufficient to meet the needs of the number of residents living in the accommodation centre.

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                |
|---|-------------------------|
| <b>Dimension: Capacity and Capability</b>                       |                         |
| <b>Theme 1: Governance, Accountability and Leadership</b>       |                         |
| Standard 1.1  | Compliant               |
| Standard 1.2  | Substantially Compliant |
| Standard 1.3  | Compliant               |
| Standard 1.4  | Substantially Compliant |
| Standard 1.5  | Substantially Compliant |
| <b>Theme 2: Responsive Workforce</b>                            |                         |
| Standard 2.1  | Substantially Compliant |
| Standard 2.2  | Compliant               |
| Standard 2.3  | Substantially Compliant |
| Standard 2.4  | Compliant               |
| <b>Theme 3: Contingency Planning and Emergency Preparedness</b> |                         |
| Standard 3.1  | Substantially Compliant |
| <b>Dimension: Quality and Safety</b>                            |                         |
| <b>Theme 4: Accommodation</b>                                   |                         |
| Standard 4.1  | Compliant               |
| Standard 4.2  | Substantially Compliant |
| Standard 4.5  | Compliant               |
| Standard 4.6  | Compliant               |

|   |                         |
|---|-------------------------|
| Standard 4.7  | Compliant               |
| Standard 4.8  | Compliant               |
| Standard 4.9  | Compliant               |
| <b>Theme 5: Food, Catering and Cooking Facilities</b>                     |                         |
| Standard 5.1  | Compliant               |
| Standard 5.2  | Compliant               |
| <b>Theme 6: Person Centred Care and Support</b>                           |                         |
| Standard 6.1  | Compliant               |
| <b>Theme 7: Individual, Family and Community Life</b>                     |                         |
| Standard 7.1  | Compliant               |
| Standard 7.2  | Compliant               |
| Standard 7.3  | Compliant               |
| <b>Theme 8: Safeguarding and Protection</b>                               |                         |
| Standard 8.1  | Compliant               |
| Standard 8.2  | Compliant               |
| Standard 8.3  | Substantially Compliant |
| <b>Theme 9: Health, Wellbeing and Development</b>                         |                         |
| Standard 9.1  | Compliant               |
| <b>Theme 10: Identification, Assessment and Response to Special Needs</b> |                         |
| Standard 10.1   | Compliant               |
| Standard 10.2   | Compliant               |
| Standard 10.3   | Compliant               |
| Standard 10.4   | Substantially Compliant |