



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

Name of the Centre:	Park Lodge
Centre ID:	OSV-0008447
Provider Name:	Onsite Facilities Management Ltd.
Location of Centre:	Co. Kerry
Type of Inspection:	Unannounced
Date of Inspection:	18/02/2025 and 19/02/2025
Inspection ID:	MON-IPAS-1079

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

Park Lodge is an accommodation centre located outside of the town of Killarney, Co. Kerry. The building has 23 bedrooms situated over two floors. There is a modest sized reception area on entry to the building, behind which are office facilities. The building also includes a dining area, a kitchen, a compact laundry room and a computer room. There is an additional building located beside the main building which holds exercise equipment and has seating and a lounge space.

Park Lodge accommodates single females in the international protection process. All residents share a room. At the time of this inspection the centre accommodated 51 residents. The centre is staffed by security staff, assistants, catering staff and a management team. The centre is located in close proximity to community amenities such as supermarkets, public transport and health centres.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	51
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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)
18/02/2025	10:30hrs-18.30hrs	1	1
19/02/2025	08:30 – 13:10	1	1

What residents told us and what the inspectors observed

During the inspection of Park Lodge, the inspectors found that residents were receiving a good standard of care and support from the local management and staff team. Residents who met with inspectors during the inspection process reported feeling satisfied with the quality of services were positive about the support they received from staff, the assistant manager, and the centre manager. The inspectors observed that staff engaged respectfully with residents and promoted a supportive environment within the centre. While these positive findings were noted, improvements were required to ensure the service operated in compliance with national standards. These improvements related to strengthening safeguarding practices, the recruitment of a reception officer with a clearly defined role and responsibilities, the development of supporting guidance documents for the reception officer function, and the need for enhanced governance and management systems for oversight, accountability and ongoing monitoring of the service.

On arrival at the centre, the inspectors entered a two-storey building through a reception area which was warm and homely. They were greeted by an acting assistant manager who directed them to a designated meeting and computer room to be used for the duration of the inspection. An introductory meeting was held with two assistant managers, followed by a walk-through of the buildings with the acting assistant manager.

The accommodation centre was located within walking distance of local services and transport links. The entrance to the centre was bright and clean and there was a large garden to the rear of the centre which was well maintained. The centre itself was described by the residents as a safe and secure place to live.

The centre had a contracted capacity of 68 beds but was accommodating 51 female residents at the time of the inspection. There were 22 bedrooms in Park Lodge and all residents shared a room with other residents. In most cases, there were three residents to each bedroom, with one room accommodating four people. The majority of bedrooms included en-suite facilities.

The primary function of the centre was to provide accommodation to international protection applicants and it catered for female residents. The resident group in the centre were from a number of different countries. While the centre provided accommodation to people seeking international protection, the inspectors found that nine residents had received refugee or subsidiary protection status and had received correspondence to seek private accommodation outside of the centre. However, some residents informed the inspectors that they were experiencing difficulty securing private rental accommodation.

Over the two-day inspection, the inspectors met with staff members working in various roles, including catering services and building maintenance. The inspectors also engaged with 11 of the 51 residents living at the centre. Residents were invited to share their experiences of Park Lodge through questionnaires provided by the the inspectors in seven different languages. Residents expressed their views on the service, with overall feedback being positive. Residents spoke positively about the assistant and centre manager, describing them as supportive, approachable, and helpful. One residents stated that 'nothing was too much trouble' for the centre manager and assistant manager.

The inspectors observed the catering and dining facilities at the centre during the inspection. The centre operated a fully catered service, which residents reported being satisfied with, although some expressed a preference to cook their own meals. The inspectors observed mealtimes in the dining hall, where breakfast, lunch, and dinner were served at set times each day, with a closed period afterward for cleaning purposes. A 14-day rotational menu was in place and displayed for residents, providing information to support informed meal choices, such as indicating that all meat products were Halal. While the inspectors found a good selection of hot food options available, there was a limited variety of culturally specific meals to cater to the diverse cultural backgrounds of residents, and a wider range of healthy options would benefit the residents.

Tea and coffee making facilities were available to the residents. There was also a toaster, microwave, fridge and freezer, air fryers and pannini makers available so that residents could make a snack outside of mealtimes and when the dining room was closed for cleaning.

Residents shared their views on laundry facilities. A laundry room was located at the rear of the building. This contained three washing machines and three dryers. Residents gave generally positive feedback about the laundry arrangements. At the time of inspection one washing machine was broken but three others were in working order.

The inspectors were invited by some residents to view their bedrooms and took the opportunity to measure a sample of the bedrooms to ensure there was adequate floor space. It was found that these rooms did not meet the requirements of the national standards and contained more beds than were suitable. An action from the previous inspection was to address the lack of storage in bedrooms and at the time of this inspection, the service provider had provided additional storage in each of the bedrooms.

The service provider had made a prayer room available to residents. The residents reported that they were happy with this and felt that their beliefs were respected as a result.

At the rear of the centre there was a well-maintained garden and an outdoor room equipped with gym facilities, a communal relaxation area with sofas and music and a covered outdoor space for residents to receive visitors or relax with others. Additionally, car parking facilities were provided for residents who owned vehicles.

To gain a comprehensive understanding of the residents' lived experiences, the inspectors made themselves available over the two-day inspection. They engaged with 11 residents, who expressed overall satisfaction with the support they received and reported being treated with respect. All residents the inspectors met with stated that they felt safe in the centre. Additionally, three residents completed questionnaires provided by the inspectors, with feedback being largely positive. Residents expressed happiness living in the centre but understandably, noted a preference for cooking their own meals to better accommodate their cultural and religious needs.

The centre did not offer transport services as residents had easy access to a nearby train station and local bus routes. Additionally, the centre was within walking distance of shops and restaurants, with leisure facilities also conveniently located nearby.

The reception area featured notice boards displaying information about various support services and external agencies. For instance, residents could access guidance on seeking training and employment opportunities. There was also information on filing complaints with the Ombudsman, along with details about housing agencies and support organisations. Additionally, the notice board provided essential information regarding residents' rights and entitlements.

In summary, through direct observation of daily life within the centre and meaningful engagement with residents, the inspectors found that the centre provided a good standard of support, with staff and managers readily accessible to residents. Interactions between staff and residents were positive, friendly, and respectful. However, improvements were needed, particularly in the oversight and monitoring of the centre. The local management team showed a strong commitment to delivering a high-quality service rooted in a human rights-based and person-centred approach. The inspectors' observations, along with residents' feedback, reflect the overall findings of the inspection.

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 efficiently managed and operated on a day-to-day basis by a dedicated local management and staff team. Key areas requiring attention included governance arrangements, reporting and recording systems, and internal audit processes for oversight and ongoing monitoring of service provision. Developed systems and processes were being implemented to some degree to resolve the identified deficits, but these measures required further work and monitoring for effectiveness by the provider.

The inspectors found that the service provider and centre management team did not have a comprehensive understanding of the legal and policy framework governing service operations, encompassing relevant legislation, national policy, and the national standards, which impacted on their effectiveness in fulfilling their roles. Nonetheless, there was a shared commitment across the local management team to improve their knowledge and establish systems and policies to achieve compliance with the national standards.

The service provider had a clear governance structure in place but lines of accountability needed to be strengthened for effectiveness. The centre was managed on a daily basis by a centre manager and assistant manager both of whom reported to a company director. While this structure existed it did not operate effectively for oversight and monitoring purposes. Formal systems and processes for reporting, quality improvement and auditing needed strengthening or were absent. For example, there was no annual review completed for the centre and no service user consultation overview. The service provider did not have a systematic monitoring and evaluation framework in place to track operational and strategic objectives. As a result, there were no systems in place to identify actions to bring about continuous improvements in work practices and to achieve optimal outcomes for residents in the centre.

There was a complaints policy and process in place but long-standing complaints remained unresolved. Complaints were well documented, and showed that the lack of internet access throughout that building remained an issue for the residents. The complaints officer's details were highlighted on the residents' noticeboard. There were residents meetings held and a suggestion box to seek the views of the residents.

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. However, in the interim, 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 resident meetings to be held and a suggestion box was available for residents to make suggestions on centre improvements anonymously. Other forms of engagement were conducted on an informal basis and needed to be recorded to ensure the views of residents were captured, heard and acted upon regardless of the pathway through which they were obtained. While the residents who met with inspectors said they felt listened to, an improved engagement strategy which encompassed all avenues available to hear what residents have to say would inform staff practice and future quality improvement initiatives.

The provider had prepared a residents' charter that clearly described the services available. This was available to residents in seven languages and was discussed during residents' induction meetings at the centre. This ensured that residents had accurate information regarding the services provided to them in the centre from the time of their arrival.

The centre's risk management framework 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. The provider had not identified all potential risks in the service such as medical needs of residents. Risks relating to individual residents had been assessed and control measures were identified, but risks related to mental health concerns which required the support of a reception office as an operational control could not be reduced, as there was no reception officer for the centre.

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. 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 was recently implemented. This required amendment to ensure three references were obtained for potential employees going forward in line with the national child protection policy. The inspectors reviewed personnel files and found that garda vetting was in place for all staff members. International police checks were obtained for all staff who required one. The service provider had a system in place to risk assess positive disclosures identified through vetting processes, where applicable.

Personnel files reviewed by inspectors were held securely. Records showed that the provider did not have a performance management and appraisal system in place. The

service provider had developed a supervision policy for implementation but in practice, supervision had only occurred on one occasion for one staff member. This was a good example of where immediate practice improvements could be made once it has been identified through an effective monitoring system such as practice audits.

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's First. A training needs analysis had not been completed by the provider and as a result, there was no future training plan in place which was informed by need.

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 management team did not have a full understanding of the relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre. While residents were treated with respect in the centre, the management team were not aware of their responsibilities in terms of reporting safeguarding incidents to HIQA. In accordance with Standard 8:3, the provider had established a process to ensure that adverse events were reported to the relevant body. However, this process was not followed, and an incident was not reported to HIQA as required by policy and legislation.

The management team had received training in areas such as safeguarding of vulnerable adults but this was not evident in their review and learning from the incident.

Judgment: Partially Compliant

Standard 1.2

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

The service provider had management and governance arrangements in place which specified roles and detailed responsibilities for areas of service provision. However, the service provider had limited involvement or presence in the centre to ensure good oversight. There was an absence of appropriate leadership at the service provider levels and there were no formal quality assurance and reporting systems in place to support effective governance, oversight and monitoring of all aspects of service provision.

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. It outlined how new residents were welcomed, the name and role of staff members in the accommodation centre, and how the centre met the needs of residents 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 the residents, the code of conduct, and about how residents' personal information would be 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 facilitated service user meetings where residents could give feedback and inform the delivery and planning of the service and had put a suggestion box in place but this was not monitored to evidence progress regarding suggestions made. The service provider had not completed an annual review of the quality of experience of the residents nor had they developed a quality improvement plan.

Judgment: Partially 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 were held regularly and residents informed the inspectors that they had regular informal discussions with the centre manager and assistant manager and felt listened to.

Judgment: Compliant

Standard 2.1

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

On a review of documentation, the inspectors found that all staff members had a valid Garda vetting disclosure and all staff members who had resided outside of the country for a period of six months or more had an international police check in place. The provider had not implemented a staff appraisal system and while they had developed a staff supervision process it was not fully operational yet.

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 the 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 meet the individual needs of residents.

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 supervision of staff, however, the practice taking place in the centre was not aligned with the policy. The inspectors noted that staff members demonstrated a good understanding of their roles and responsibilities in promoting and safeguarding the welfare of all residents. Staff members spoken with 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.

Training was provided to all staff including safeguarding of vulnerable adults and Children's First however a training needs analysis was required to be completed. Some members of the management team had received training in areas such as indicators of human trafficking and conflict resolution, however, these trainings had not been completed by other members of the staff team.

Judgment: Substantially Compliant

Standard 3.1

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

The risk management framework required further development to ensure that all risks were identified, assessed, monitored and appropriate control measures put in place to provide a safe service. The service provider did have a risk register in place but the provider had not completed an in-depth risk analysis of the service and as a result, risks such as absence of a reception officer had not been escalated.

Judgment: Partially Compliant

Quality and Safety

The inspection found that although improvements were needed in terms of governance and management, the centre's management team was committed to delivering a safe service that met the needs of all residents. Residents were supported to live independently, treated with fairness and respect, and reported feeling safe at Park Lodge. Areas for improvement identified during the inspection included the recruitment of a reception officer, clearer guidance on the role of the reception officer, improvement to recording systems, and the provision of appropriate space within resident bedrooms.

The inspectors reviewed the procedure for allocating rooms to residents at the centre and found that it was primarily determined by residents' needs and guided by the provider's policy on room allocation. Upon the arrival of residents, the centre manager and staff team made allocation decisions based on the information available to them at that time. The inspectors found that factors such as family links and health needs were taken into consideration, and residents who had specific health needs were prioritised for an individual room as someone moved out of the centre. In cases where immediate accommodation matching the residents' needs wasn't possible upon admission, the centre manager kept track of room vacancies and relocated residents to more suitable accommodations once available. The room allocation policy ensured that there were clear and transparent criteria considered when making decisions regarding resident accommodation.

Bedrooms in the accommodation centre were clean and well maintained. There was adequate storage provided and the rooms were appropriately furnished. However, the bedrooms did not meet the minimum space requirements as outlined in the national standards and there was limited floor space for residents to move through which did not provide a good quality living environment. The bedrooms did not have internet access in them and residents had highlighted this repeatedly. Due to the lack of space and poor internet access, residents held private telephone conversations in the reception area or corridors. This did not align with the providers policy on privacy and dignity.

The provider had good recreational space for residents and had an outdoor area with seating, table tennis facilities, and a garden room with gym and relaxation area with sofas and music system. There was a large garden which was well maintained.

Closed-circuit television (CCTV) (visual) was in place in the communal and external areas of the centre and its use was informed by data protection legislation and centre policy. Security arrangements were in place and there was adequate checks of visitors entering the building. There were no unnecessary restrictive practices in the centre.

The service provider was aware of the need for health supports and endeavoured to promote the health and wellbeing of residents. Links with local services were established and maintained where required. Residents were referred to the appropriate support services where necessary and information about support services was readily available. The assistant manager explained that the centre had good links with the local general practitioners and residents could avail of this service as necessary.

The inspectors reviewed the catering arrangements at the centre. While some residents were happy with the food, most expressed a preference for the option to prepare and cook their own meals which was understandable. Residents did have access to a toaster, microwave, fridge and freezer to make snacks outside of designated meal times.

The dining and kitchen facilities at the centre were clean and hygienic and meals provided were appropriately cooked, there were limited healthy options available and a lot of food was deep fried. The inspectors also noted that the meal options observed on the first day of inspection had no accompanying meal plan. The catering manager committed to addressing this issue and a corrective plan was in place on the second day of inspection.

The issue of insufficient laundry facilities was raised on the last inspection and this had since been addressed through the provision of additional washing machines and dryers. There was now a well-equipped laundry room with an adequate number of washing machines and tumble dryers for the number of residents living in the centre. One washing machine was broken at the time of inspection and required to be repaired or removed.

Upon arrival at the centre, residents were provided with bedding, towels, and essential non-food items. The assistant manager clarified that the arrival pack included toiletries such as toothpaste, shampoo, and shower gel, which were subsequently supplied on a monthly basis.

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

There was an adult safeguarding policy in place to protect vulnerable adult residents from the risks of abuse and harm in line with relevant legislation and guidance. All staff members had received training in safeguarding vulnerable adults and the service provider had identified a designated officer for the service, whose contact information was highlighted on the notice board at reception. The service provider had ensured that adult safeguarding concerns were identified, although they were not reported in line with national policy and legislation. The inspectors found one serious safeguarding incident which had been recorded locally but not notified to HIQA despite this being a requirement of the regulations.

Improvements were required to ensure that incidents and adverse events were notified, tracked, and reviewed regularly, allowing learning from such events to be captured and applied to improve the service. While the service provider had policies in place for the management and reporting of incidents, a system to review and learn from such events was not yet in place. Although the staff team made efforts to address residents' needs promptly and effectively, the inspectors observed that staff support occurred informally, and formal systems to guide staff or promote learning and quality improvement following the occurrence of incidents or accidents had not been implemented yet.

There was no reception officer in place in the centre at the time of the inspection. The centre manager had assumed some areas of responsibility of the reception officer in the interim and had identified residents requiring support. However, there was no formal recording systems to track and monitor the supports required or special reception needs which emerged over time and required reporting on to the relevant government department. While individual files were held on residents, there were limited details recorded regarding the support offered to residents. This was a missed opportunity to capture the work being carried out, and for the provider to be assured of centre practices in relation to supports to residents and appropriate reporting on to the relevant government department on emerging special reception needs. The inspectors found that there was no substance misuse statement or policy in the centre.

Through discussion with staff members and speaking with residents, the inspectors found that promoting the general welfare of residents was central to 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 management that the residents were treated with respect in the centre and their rights were considered, but areas of improvement were identified which would further promote their rights and welfare and enhance their quality of life.

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 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, however, residents did not have sufficient space as per the requirements of the national standards. The buildings in general were homely, clean and well maintained.

Judgment: Partially 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 in the centre which was found to be clean and well maintained. Since the last inspection the number of washing machines and dryers for the number of residents living in the centre was increased. All equipment was observed to be in working order and there was appropriate access to cleaning materials and laundry detergent.

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 and was monitored in line with the service provider's policy. The inspectors reviewed the policy and it included measures ensure the right to privacy and dignity of residents is protected.

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.

Residents were provided with non-food items such as toiletries however there was limited engagement or consultation with residents on the types or varieties of non-food items provided.

Judgment: Substantially 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 offered a fully catered service while also providing facilities for residents to prepare snacks outside of meal times. The service provider had improved the menus since the last inspection to better accommodate residents' cultural and religious dietary needs, with a broader selection of vegan and vegetarian options

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 service provider offered a fully catered service to residents, however, they explained that they would prefer the option to cook for themselves in line with their cultural and religious beliefs. Since the last inspection the provider had improved the facilities to allow for residents to be able to make snacks. The catered dining facilities were appropriately equipped and maintained to meet the needs of residents.

Judgment: Substantially Compliant

Standard 6.1

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

The inspectors observed that residents were treated with respect and the staff team were very supportive, they provided person-centred support based on individual needs. The centre promoted equality, ensuring inclusivity across religious beliefs, gender, and age. Additionally, a dedicated space was made available for residents to practice their religion and pray.

Judgment: Compliant

Standard 7.1

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

Residents were encouraged and supported to build and maintain personal relationships. They had the opportunity to invite family and friends to visit the centre, where they could meet in shared common areas.

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 facilitated residents' access to local recreational, educational, health, and social services. Residents had convenient access to local bus and rail networks. Additionally, external agencies and non-governmental organisations (NGOs) visited the centre to provide support and guidance on education, training, employment, and community 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 a recording system in place relating to safeguarding issues. However, the providers own policy stated that the relevant bodies were required to be notified and one incident had not been notified to HIQA.

Judgment: Not 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. However, the inspectors found one safeguarding incident which had not been notified to HIQA as per the requirements of the centre policy and the regulations.

Judgment: Not 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 actively supported the health, well-being, and development of each resident. The local management team delivered person-centred care tailored to meet residents' individual needs appropriately and proportionately. Residents received information and assistance to access physical and mental health supports. Additionally, the service provider collaborated with community healthcare services, including a general practitioner, to ensure comprehensive support for residents.

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 them informed the provision of accommodation and the delivery of supports and services for residents.
Judgment: Substantially Compliant
Standard 10.2 All staff are enabled to identify and respond to emerging and identified needs for residents.
The service provider had not ensured that the staff team had received the appropriate training to support them to identify and respond to the needs of residents. At the time of the inspection the support provided to staff took place on an informal basis.
Judgment: Partially Compliant
Standard 10.3 The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.
The service provider had a policy in place to identify, address and respond to existing and emerging special reception needs. However in the absence of a reception officer and vulnerability assessments the policy was only effective for the purpose of staff identifying special reception needs.
Judgment: Not 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 did not currently have a reception officer. A reception officer was required in order to support all residents' especially those people with special reception needs and to be the principal point of contact for residents, staff and management.
Judgment: Not Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Partially Compliant
Standard 1.5	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.2	Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.2	Partially Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant

Standard 4.9	Substantially Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	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	Not Compliant
Standard 8.3	Not Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Substantially Compliant
Standard 10.2	Partially Compliant
Standard 10.3	Not Compliant
Standard 10.4	Not Compliant

Compliance Plan for Park Lodge

Inspection ID: MON-IPAS-1079

Date of inspection: 18 and 19 February 2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The Management Team has completed (from the end of April) refresher training in Safeguarding Vulnerable Adults. This training included specific reference to the relevant legislation, including the Health Act 2007, Children First Act 2015, and Adult Safeguarding Policy 2019, as well as national policies, procedures, and standards.</p> <p>Going forward, all safeguarding incidents will be reported promptly to HIQA. Additionally, a structured review process will be implemented to ensure that learning from each incident is captured and used to inform ongoing service improvement and staff develop.</p> <p>This compliance plan response from the provider did not adequately assure the Health Information and Quality Authority that the actions will result in compliance with the standards.</p>	

1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Specialised software implemented, management meetings recorded.</p> <p>While the service provider has established defined roles and responsibilities within its governance structure, it is acknowledged that improvements are needed to ensure more effective oversight and leadership. To address these gaps, the following solutions will be implemented:</p> <ol style="list-style-type: none"> 1. Enhanced Provider Oversight: The service provider will implement a schedule of regular, documented visits to the centre by senior management. These visits will focus on engaging with staff and residents, reviewing service performance, and ensuring standards are consistently met. 2. Strengthening Leadership Presence: A dedicated senior leader will be appointed as the provider's representative with oversight of the centre. This role will ensure consistent communication, guidance, and support to the local management team, and reinforce accountability at all levels. 3. Introduction of Formal Quality Assurance Systems: A structured quality assurance system will be introduced, including regular internal audits, reviews of care records, incident analysis, and staff supervision records. Outcomes will be used to identify trends, support learning, and inform improvements. 4. Implementation of a Governance Reporting Structure: A formal governance report will be completed monthly by the centre manager and submitted to the service provider. This will include data on incidents, complaints, feedback, staffing, and compliance. Findings will be reviewed by the provider to ensure appropriate follow-up actions are taken. 5. Review and Monitoring Framework: A continuous improvement framework will be developed, incorporating feedback from residents and staff, performance indicators, and audit outcomes. This will support ongoing monitoring and development of the service. <p>These actions will ensure that effective governance, leadership presence, and robust quality assurance mechanisms are embedded within the service to support consistent, high-quality care.</p>	

1.4	Partially Compliant
Outline how you are going to come into compliance with this standard:	
<p>Response and Proposed Solutions:</p> <p>The service provider acknowledges the importance of continuously improving the quality of care and resident experience within the centre. To address the identified gaps, the following actions will be implemented:</p> <ol style="list-style-type: none"> 1. Monitoring of the Suggestion Box: A designated staff member will be assigned to review the contents of the suggestion box on a monthly basis. All feedback will be logged, and a summary of suggestions and corresponding actions taken will be discussed during team meetings and shared with residents, ensuring transparency and accountability. 2. Annual Review of Quality of Experience: An annual review process will be introduced to assess the quality of care and experience of residents. This review will incorporate feedback from residents, families, and staff, and will include analysis of key quality indicators. The findings will inform service planning and be made available in a user-friendly report format. 3. Development of a Quality Improvement Plan: A comprehensive Quality Improvement Plan (QIP) will be developed and updated annually. This plan will outline specific, measurable actions aimed at enhancing the quality of service, based on feedback from residents and the outcomes of audits and reviews. Progress on the QIP will be reviewed quarterly by management. 4. Strengthening Service User Engagement: Service user meetings will be held at least quarterly, with clear minutes and action points recorded. Resident feedback will be actively used to shape decisions and service developments, with outcomes communicated to all residents in an accessible manner. <p>These steps will ensure that resident feedback is valued and acted upon, and that continuous improvement becomes an embedded part of the service culture.</p>	
3.1	Partially Compliant
Outline how you are going to come into compliance with this standard:	
<p>The service provider acknowledges the importance of a comprehensive and proactive risk management framework to ensure a safe and responsive service. While a risk register is in place, the current system requires further development. The following actions will be taken:</p> <ol style="list-style-type: none"> 1. Comprehensive Risk Assessment: A full, in-depth risk analysis of the service will be undertaken to identify all 	

potential risks, including operational, staffing, health and safety, and environmental factors. This will include assessment of both current and emerging risks, such as the absence of a reception officer and its impact on security and access control.

2. Risk Register Enhancement:

The existing risk register will be reviewed and updated to ensure it captures all identified risks, their likelihood and impact, and the status of control measures. Each risk will be assigned a risk owner responsible for monitoring and managing it.

3. Implementation of Control Measures:

Appropriate and proportionate control measures will be developed and implemented for each identified risk. This may include interim solutions (e.g., temporary reception cover or access protocols) and longer-term staffing or policy changes.

4. Escalation and Monitoring Process:

A formal risk escalation process will be established to ensure that significant or unresolved risks are promptly reported to senior management and addressed in a timely manner. Regular risk review meetings will be held as part of governance oversight.

5. Staff Training on Risk Management:

All relevant staff will receive updated training on the service's risk management framework, including how to identify, report, and respond to risks effectively in their daily practice.

By strengthening the risk management framework, the service provider will ensure a more robust, transparent, and responsive system is in place to safeguard residents, staff, and the overall quality of the service.

4.2	Partially Compliant
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<p>Outline how you are going to come into compliance with this standard:</p> <p>The management team continues to advocate strongly for a reduction in occupancy levels to ensure compliance with safety and quality standards and to promote residents' wellbeing. We have submitted formal representations requesting a review of current capacity levels and will continue to liaise regularly with IPAS to seek a sustainable resolution to the issue.</p> <p>This compliance plan response from the provider did not adequately assure the Health Information and Quality Authority that the actions will result in compliance with the standards.</p>

8.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The Management Team has completed a structured refresher training programme on Safeguarding Vulnerable Adults, which includes detailed modules on relevant legislation (e.g., National Safeguarding Policy, Health Act 2007) and specific responsibilities regarding the identification, response, and mandatory reporting of safeguarding</p> <p>All safeguarding incidents will be documented, reviewed at senior management level, and reported to HIQA as per regulatory requirements.</p>	
8.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The Management Team has completed a structured refresher training programme on Safeguarding Vulnerable Adults, which includes detailed modules on relevant legislation (e.g., National Safeguarding Policy, Health Act 2007) and specific responsibilities regarding the identification, response, and mandatory reporting of safeguarding</p> <p>All safeguarding incidents will be documented, reviewed at senior management level, and reported to HIQA as per regulatory requirements.</p>	
10.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>In addition to previous training completed, staff have recently completed disability awareness training & LGBTQIA+ training. Staff Training is ongoing.</p> <p>Management have recently completed & documented appraisal meetings with all staff to ensure they are supported formally.</p>	
10.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The requirement for the formal role of a reception officer has been acknowledged and recruitment is currently ongoing. The post has been advertised, and interviews are scheduled to take place shortly. The proposed appointment date for the reception officer is 30th June 2025, at which point the successful candidate will commence duties and be active in the role.</p>	

10.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The requirement for the formal role of a reception officer has been acknowledged and recruitment is currently ongoing. The post has been advertised, and interviews are scheduled to take place shortly. The proposed appointment date for the reception officer is 30th June 2025, at which point the successful candidate will commence duties and be active in the role.</p>	

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Partially Compliant	Orange	June 2025
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	June 2025
Standard 1.4	The service provider monitors and reviews the quality of care and experience of children and adults living in the centre	Partially Compliant	Orange	June 2025

	and this is improved on an ongoing basis.			
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	June 2025
Standard 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Partially Compliant	Orange	June 2025
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Not Compliant	Red	24/05/2025
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Not Compliant	Red	24/05/2025
Standard 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Partially Compliant	Orange	Dec 2025
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	24/05/2025
Standard 10.4	The service provider makes	Not Compliant	Red	24/05/2025

	<p>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>			
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