



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

Name of the Centre:	Dominick Street Complex
Centre ID:	OSV- 0008426
Provider Name:	Keldesso Ltd
Location of Centre:	Co. Galway
Type of Inspection:	Unannounced
Date of Inspection:	17/02/2025 and 18/02/2025
Inspection ID:	MON-IPAS-1072

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

Dominick Street Complex is an accommodation centre located in Galway City. The accommodation centre comprises 35 family units including 30 apartments and five townhouses. The family units provide independent living facilities to families with a kitchen and living space, bathroom and separate bedrooms. The family units are fully equipped with kitchen appliances and laundry facilities. At the time of the inspection, there were 115 residents living in the centre, including 55 children.

Residents have access to three multi-purpose rooms and one larger communal room. The centre is located in the centre of the city in close proximity to local schools, crèches, pre-schools, shops, transport links and health and social services.

The service is managed by a centre manager who reports to the staff supervisor. In addition, there is a duty manager who also works as a reception officer, and a child and youth advocate worker who also works as a duty manager. The staff team includes security personnel, general assistants and cleaning staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	115
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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)
17/02/2025	11:00hrs-19:00hrs	1	1
18/02/2025	09:00hrs-13:00hrs	1	1

What residents told us and what inspectors observed

From speaking to residents and through observations made during the inspection, the inspectors found that residents felt safe living in Dominick Street and said that they were treated with kindness, care and respect by the staff team. Staff working in the centre supported residents to integrate into the local community. While the staff team endeavoured to provide a good quality service, improvements were required regarding the governance, risk management and safeguarding systems in the centre.

The inspection took place over two days. During this time, the inspectors spoke with 11 children and 28 adults living in the centre. In addition, resident questionnaires were completed by 11 adults. The inspectors also spoke with representatives of the service provider, the centre manager, the reception officer, the child and youth advocate, and security staff.

The centre provided accommodation to families, and there were 115 residents living there at the time of the inspection. While the centre provided accommodation to people seeking international protection, 36 (31.3%) residents have received refugee or subsidiary protection status.

Dominick Street provided accommodation to families in own door apartments and townhouses. The apartments were located at the main building, and were accessed through a communal, locked gateway. The townhouses were located a short distance away from the main centre, and each townhouse had their own private entrance. During a walk around the centre, the inspectors observed that residents had access to outdoor spaces that were clean and well maintained. Picnic benches were provided in the outdoor areas where residents could relax with family and friends. Bike racks were also provided for residents to store their bicycles safely. The staff members were pleasant and interacted in a respectful manner with residents. Residents were able to move freely through the centre.

The main centre provided a communal room and three multi-purpose rooms that residents could use for meetings, religious practice, and study or family gatherings. These rooms were appropriately decorated and furnished to address the needs of residents living in the centre. Information on residents' rights was displayed in these rooms. The inspectors were told that teenagers living in the centre had access to one of the rooms which was specifically decorated and equipped with a television and computer games suitable for this age group. Residents had access to a room that did not have CCTV which ensured they had a private space for meetings, separate to their living accommodation, if required.

The reception area to the centre was bright, welcoming and well maintained. Information on local activities and relevant supports and services were displayed throughout the reception area of the centre. During the inspection, some residents invited the inspectors into their apartments. Each unit had a kitchen and living area, bedrooms and bathroom facilities. Kitchens were well equipped with the necessary cooking utensils and appliances. Laundry facilities were available in all of the units.

Families had access to their own private living space within each apartment or townhouse. The inspectors found that in some of the apartments viewed, residents had limited storage space within their bedrooms. As discussed later in the report, in one of the apartments siblings of opposite genders over the age of 10 years were required to share a bedroom which had limited floor space. Some residents said that bedrooms had limited storage space, and inspectors observed larger items including suitcases and personal belongings stored about stairways.

Residents who spoke with the inspectors or completed the questionnaires shared that they felt safe and happy living in Dominick Street. Residents felt respected by the staff team. One resident told the inspectors that Dominick Street was "so much better than where we were before". Another family explained that "staff are kind and helpful". Residents described life in the centre as being "good" where they felt "safe and have no problems here". One resident told the inspectors that "we love it here".

The staff members working in the centre were described by residents as being kind, helpful, supportive and co-operative. One family explained that "anytime I go to the reception officer she helps us and gives us resolutions". Another resident told the inspectors that "staff are respectful and kind". Two children who spoke with the inspectors said that life in the centre was good and that they "have space to do homework". Residents who completed the questionnaires said that the staff team were approachable and welcomed feedback from residents.

The majority of residents who spoke with the inspectors or completed the questionnaires said that they felt adequately protected while living in the centre and were aware of how to raise a safeguarding or protection concern. However, some residents were not aware of who the designated liaison person was in the centre. Residents shared that they felt comfortable to raise a complaint and were aware of who the complaints officer was. In the main, residents believed that the services provided in the centre were delivered in a fair, transparent and person-centred manner.

The observations of the inspectors and views of residents outlined in this section are generally reflective of the overall findings of the report. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This inspection was carried out to assess compliance with the standards, and to monitor the provider's progress with the compliance plan submitted in response to the inspection (MON-IPAS-1027) carried out in May 2024. The service provider demonstrated limited progress made in relation to completing the actions identified in the previous compliance plan. The inspection found that governance, incident and risk management systems were not effective and did not allow for appropriate oversight of the services provided. Improvements in these systems were required to ensure the safety of residents and compliance with the national standards.

The service provider and management team had a limited knowledge of their responsibilities as outlined in the relevant legislation, regulations, national policies and standards. For example, the service provider had not completed a thorough risk analysis for the centre, including risks relating to residents. Risks identified during the inspection were not known to the service provider. There were a number of actions detailed in the compliance plan developed by the service provider in response to the previous inspection of the centre that had not been completed. This limited the service provider's ability to ensure that the services provided were consistently safe and effective, or to ensure that staff members were appropriately supported to carry out their roles.

The management and governance arrangements in place for the centre were not effective. Management roles and areas of responsibility were not clearly defined, and the management structure did not provide clear governance for the centre. For example, while there was an on-call system in place, the arrangements for this system were not fully implemented or understood by the staff team, as there were occasions where managers who were not on call had been contacted. There was no system in place to record welfare concerns that had arisen regarding residents, including children living in the centre, to support the staff team to monitor issues over time. Regular welfare checks were not undertaken, particularly in situations where concerns had been identified for a resident. The service provider had limited oversight or knowledge of concerns that existed in the centre regarding the welfare of residents, which resulted in vulnerable residents not being provided with the supports they required.

Oversight and monitoring systems in place in the centre were not fully effective. The inspectors found that weekly meetings were held with the staff team, managers and with the service provider. A review of these records found that the minutes of these meetings were limited in detail, and did not include risk, safeguarding, complaints or fire safety as standing agenda items. The centre management team completed weekly

reports for the service provider which included details of complaints and serious incidents. However, there was no evidence that risk, fire safety or safeguarding concerns were included in these assurance reports. A review of these documents found that there were no records of decisions made or follow up actions required. This limited the service provider's ability to maintain effective oversight of the centre and to ensure appropriate action was taken in response to identified risks.

There was no rolling auditing system in place to review the quality of the services provided or monitor compliance with the national standards. The management and staff team were keen to learn from the inspection process, and were responsive to the feedback provided. While there was an annual review of the service available in draft format, this review did not identify any actions required to drive quality improvement. There was no evidence that residents had been consulted with or involved in drafting the annual review. This impacted the ability of the service provider to ensure that the centre operated within a culture of continuous quality improvement, or to identify areas for improvement.

The inspectors observed a culture of respect and kindness towards residents amongst the management and staff team. While the service provider had committed to expanding consultation with residents following the previous inspection, residents' committee meetings had only been recommenced in the centre in January 2025. While the staff team were generally proactive in responding to the needs of residents, the systems in place to record key information relating to residents and their needs were not effective, and limited the ability of the management team to maintain appropriate oversight of resident's needs and safety, and to capture the supports they had ensured were in place for residents who needed them.

There was a system in place to manage both written and verbal complaints made by residents. A complaints log had been developed which included details of the complaint, resolution and feedback provided to the complainant. A review of the log found that complaints made were appropriately managed in a timely manner. However, the details of whether a complaint was closed or remained open were not consistently recorded. The written complaints procedure developed for the centre was limited in detail such as how complaints would be managed by the service provider, and required improvement to ensure residents were fully informed regarding the process. Residents had access to a complaints form to direct complaints to the relevant government department if required.

The inspectors found limited improvement in the area of risk management. The centre's risk management framework and policy did not facilitate oversight on the part of the service provider and management team, and did not guide staff members on how to identify, assess, or manage risks in the centre. While the service provider had

developed a risk register for the centre, they had not identified or assessed all risks evident in the centre, such as the lack of school placements, adult siblings sharing a bedroom with younger siblings of the opposite gender, or fire evacuation of residents with additional needs. In addition, incidents that had occurred in the centre involving individual residents had not been risk assessed. The inspectors found that risk ratings were inconsistent and an analysis of risk from the perspective of residents had not been completed. An urgent action was issued to the service provider following the inspection to ensure a comprehensive risk analysis was completed.

The service provider had a plan in place to ensure the continuity of the service in the event of unforeseen circumstances such as flooding, for example. However, fire drills had not been carried out in the 13 months preceding the inspection despite the centre's policy requiring fire drills to be completed on a six monthly basis. The majority of staff members had not completed the relevant fire safety training. The service provider completed a fire drill during the inspection at the request of the inspectors. The lack of regular fire drills and education for staff members and residents created a potential risk for the service which had not been considered prior to the completion of this inspection.

Recruitment practices in the centre required improvement. Written references for staff members were not available on the majority of staff files. While the service provider had a recruitment policy in place, it did not state the number and type of references required despite a requirement being outlined in the IPAS national child protection policy. Garda Síochána (police) vetting had been completed for all staff members. One staff member did not have the required international police checks available on their staff file.

Staff members did not receive the necessary supervision to support them to effectively carry out their individual roles. The standard of supervision provided needed to improve as it did not consider issues relating to residents, staff wellbeing or safeguarding, for example. While there was a supervision policy in place, it did not state the required frequency of supervision sessions. The inspectors found that some supervision records for staff members had been stored in a file with minutes of team meetings. This practice was not in line with the requirements of service provider's supervision policy and procedure, or good record keeping practices.

Following the previous inspection, the service provider committed to ensuring that staff members received the relevant training as required by the national standards. The inspectors found that while a training matrix had been completed, the service provider had not ensured that staff members were provided with the necessary training programmes which impacted their ability to provide person-centred, safe and effective services to residents. For example, 11 staff had not completed training in

domestic, sexual and gender based violence, and 13 staff members required training in mental health and suicide prevention. At the time of the inspection, there was no training plan in place to address these deficits. There was no system in place to maintain oversight of when training was completed, or when refresher training was required.

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 had a limited knowledge of their responsibilities as outlined in the national policies and standards. The compliance plan submitted by the service provider following the previous inspection of the centre had not been fully actioned. There were no systems in place to continuously review practice and ensure compliance with the national standards.

Judgment: Not 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.

Management and governance arrangements were not effective. Management roles and areas of responsibility were not clearly defined, and the management structure did not provide clear governance for the centre. The on-call system for the centre was not implemented effectively. At times there was a lack of clarity regarding staff roles and responsibilities as some staff members held dual roles within the centre. Recording systems required further development, including meeting minutes, incident records, maintenance logs and handover records.

Oversight and monitoring systems in place in the centre were not effective. Key meetings did not include risk, safeguarding, complaints or fire safety as standing agenda items. Weekly reports to the service provider did not provide a comprehensive overview of risk, fire safety or safeguarding concerns, or the actions required which limited the service provider's ability to maintain effective oversight of the centre.

There was a system in place which supported the staff team to manage complaints effectively. The details of whether a complaint was closed or remained open were not

consistently recorded. The complaints procedure required further development to ensure residents were fully informed regarding the management of complaints.

While the service provider had committed to expanding consultation with residents following the previous inspection, residents' committee meetings had only been recommenced in the centre in January 2025. The systems in place to record key information relating to residents and their needs were not effective.

Judgment: Not Compliant

Standard 1.3

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

A review of the residents' charter found that, despite this being identified as a deficit during the previous inspection, the charter did not contain the information required by the national standards. The residents' charter was not available in different languages but could be translated where required.

Judgment: Partially Compliant

Standard 1.4

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

There was no auditing system in place to review the quality of the services provided on an ongoing basis. While there was an annual review of the service available in draft format, it did not identify any actions required to drive quality improvement. There was no evidence that residents had been consulted with or involved in drafting the annual review.

Judgment: Partially Compliant

Standard 2.1

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

Recruitment practices in the centre required improvement. References for staff members were not available on the majority of staff files. While there was a recruitment

policy in place, it did not state the number and type of references required in line with the IPAS national child protection policy. One staff member did not have the required international police checks available on their staff file.

Judgment: Partially 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.

Staff members were not receiving the necessary supervision to support them to effectively carry out their individual roles. The standard of supervision provided was limited in scope. The supervision policy did not state the frequency of supervision sessions in line with the requirements of the national standards. Some staff supervision records had not been stored in line with the requirements of service provider's supervision policy and procedure, or good record keeping practices.

Judgment: Partially Compliant

Standard 2.4

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

A training matrix had been completed. Not all staff members had completed the mandatory training required by the national standards. There was no training plan in place to address these deficits. There was no system in place to maintain oversight of when training was completed, or when refresher training was required.

Judgment: Partially 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 and policy in place were not effective. The risk register for the centre did not identify or assess all risks evident in the centre. Incidents that had occurred in the centre involving residents had not been risk assessed. Risk ratings were

inconsistent and an analysis of risk from the perspective of residents had not been completed.

Fire drills had not been carried out on a six monthly basis as required. The majority of staff members had not completed the relevant fire safety training.

Judgment: Not Compliant

Quality and Safety

This inspection found that residents living in this centre were provided with good quality, homely accommodation. The staff team were kind in their approach and supported residents to integrate into the local community. However, improvements were required to ensure that incidents were managed appropriately and that the staff team had the necessary training and resources to enable them to identify residents' needs and ensure they were addressed. Families living in the centre were provided with their own independent apartment or townhouse. The staff team endeavoured to consider the needs of residents when allocating accommodation. For example, residents were provided with ground floor accommodation, when required, to meet their needs. A room allocation policy had been developed but it had limited detail regarding the factors to be considered when allocating accommodation to residents. It did not contain details regarding how residents could request a change of accommodation. The management team had implemented a new system to track requests made by residents within the centre, however this system did provide effective oversight of requests to change accommodation.

The accommodation provided was homely, accessible and allowed residents to live independently. Each apartment and townhouse had a kitchen and living area, with a dining table where families could share meals together. Laundry facilities were available within each unit. Families were accommodated together in units that had private living space in addition to the bedrooms. Children had sufficient space to play and develop. Children who were attending school had space to complete their homework.

Bedrooms were appropriately furnished but there was limited storage space for personal belongings. The inspectors observed large bulky items including suitcases stored over stairways. In one of the apartments viewed by the inspectors the minimum space requirement in a bedroom was not available, and the floor space available within that bedroom was not adequate. There was a situation where an adult sibling was sharing a bedroom with a younger sibling of a different gender. This practice was not in line with the sleeping protocols of the Housing Act 1966 or the centre's own room allocation policy, and had not been risk assessed by the service provider. The inspectors also found that in one situation, parents were not aware that a double bed could be made available to them. Despite weekly accommodation checks being carried out in the centre, these concerns had not been identified or responded to by the service provider.

The centre was generally well-maintained, and there was a cleaning schedule and maintenance programme in place. A review of the maintenance log found that there

were delays in repairs being completed. Weekly maintenance checks of each apartment and townhouse were completed by the staff team. However significant mould was observed in one of the apartments which had not been identified during the weekly checks. This was brought to the attention of the centre manager and was immediately addressed. The system in place to record maintenance issues that arose during the weekly checks was inconsistent and did not ensure that the service provider had adequate oversight of maintenance works required in the centre.

The educational development of children was prioritised. Parents were supported to source crèche and school placements for their children, many of which were within walking distance from the centre. Bus transport was available for children attending school, where required. The staff team liaised with relevant services and government departments where school placements were not available. Children had access to sufficient space to complete their homework within their own homes. The staff team had plans in place to restart the homework club in the centre. Residents had access to Wi-Fi but there were no computers available for residents to use within the centre.

Security measures were sufficient, proportionate and appropriate. Security personnel were onsite during the evening time, overnight and at weekends. Closed circuit television (CCTV) was in operation in external areas, communal spaces and some of the meeting rooms in the centre. The use of CCTV was informed by a centre policy. Private spaces where CCTV was not in operation were available in the main building where residents could meet with visitors.

Residents were able to prepare meals for themselves in their own accommodation. They were provided with all necessary cooking utensils, cutlery and crockery. Residents received a prepaid debit card that they could use in local shops to purchase groceries for their family. A wide range of shops and supermarkets were available to residents which ensured they had varied choice with regard to their grocery shopping.

While a welcome pack of non-food items was provided to residents by the service provider on arrival, the guidance for the provision of these items was unclear. For example, the guidance stated that while nappies and baby formula were provided on a weekly basis, other items such as toiletries could be made available to residents if they required them. The guidance document directed residents to contact local agencies should they need assistance with non-food items including baby food on a monthly basis. This practice did not comply with the requirements of the national standards. Some residents were not aware that the service provider was required to provide the non-food items, and they had been using their food allowance to purchase these items for their family. The centre management team agreed to address this for residents.

The staff team endeavoured to ensure that the rights of residents were respected and promoted. Residents had access to sufficient space for religious practice both in the centre and within the community. Information regarding the rights of adults and children was displayed throughout the centre. The staff members were respectful and endeavoured to provide person centred care and support.

Residents living in the centre were supported and facilitated to develop and maintain personal and family relationships. Children and adults were supported to have visitors to the centre, both in the communal spaces and within their private living accommodation. Visitors were required to sign in at the reception area. Families were accommodated together and had their own private space to share cultural knowledge with their children.

Due to the location of the centre, a regular transport service was not required. The location of the centre within Galway City centre enabled residents to access local healthcare, education and community services within walking distance. The staff team had developed links with local services and supported residents to access these services, where required. Information clinics were held in the centre by local agencies. The inspectors observed that information regarding support services was displayed throughout the centre and some of this information was available in different languages. Transport was provided to residents who needed to attend medical appointments. The staff members had a system in place to ensure that residents who had not been able to register with a doctor in the area could attend a medical clinic as required. The inspectors found evidence that the staff team advocated on behalf of residents where additional needs were identified.

The service provider had appropriate adult and child safeguarding statements and detailed policies in place. Parents were supported to provide age appropriate supervision to their children, and there was a system in place which allowed residents to mind each other's children on occasion. Residents told the inspectors that they felt safe living in the centre, and were aware of how to raise a safeguarding or child protection concern. Not all staff members had completed the Children First 2017 training or training in relation to safeguarding vulnerable adults. There had been no adult safeguarding or child protection or welfare concerns reported in the months preceding the inspection. There was a designated liaison person in place for the centre.

Incidents that arose within the centre were managed locally, and residents were issued with verbal or written warnings where they were deemed to be required. The centre manager maintained a record of these warnings. There was no policy or procedure in place to support the staff team in their use of verbal and written warnings to manage some categories of incidents. This resulted in a lack of transparency in how these warnings were administered. Incidents had occurred in the centre which had not been recorded on the centre's diary or central log. The inspectors were told that if an issue or incident arose during the day it would not be entered into the centre's diary, as it would be reported on the relevant incident report log. A review of this log found that although incidents had occurred, they were not recorded in the centre's log since 2022. This meant that there were incidents in the centre which the provider could not be assured were managed effectively, and curtailed their ability to ensure all incidents were captured, reviewed for trends, and informed learning. The service provider had a local policy and procedure in relation to the management and review of adverse events, but there was no evidence that this policy had been implemented.

Some of the staff team were qualified in the social care field. Staff members endeavoured to address the needs of residents. Residents told the inspectors that staff members were supportive and helpful. However, the service provider had not ensured that the staff team were provided with ongoing training to enable them to identify residents with special reception needs and vulnerabilities. This impacted the ability of the staff team to identify and respond appropriately to these residents. There were limited supports in place for staff or opportunities for staff members to share their experiences, and explore best practice or lessons learned within the team.

The service provider had developed a reception officer policy and procedure manual to guide staff on how to identify and address existing and emerging special reception needs. However, the policy did not outline the process to support staff in the ongoing assessment of special reception needs, and therefore was not effective.

At the time of the inspection, one vulnerability assessment had been completed. A review of this assessment found that it was not comprehensive and did not address the specific needs of the resident, actions to be completed or supports required.

During the course of the inspection, the service provider was issued with an immediate action to seek medical attention for a resident to ensure that their needs were addressed. While the management team responded appropriately following the intervention of the inspectors, the absence of a detailed assessments and support plan impacted the ability of the service provider to be assured that residents' needs were appropriately identified and addressed.

The provider had employed an appropriately qualified reception officer who was a member of the management team. The reception officer also held the role of duty manager which impacted their ability to adequately fulfil the role of reception officer in the centre. The reception officer had made contact with the department's welfare team for additional supports when required, however, the role was not sufficiently resourced to ensure that residents with special reception needs were appropriately identified and supported. At the time of the inspection, a trainee duty manager had been recruited with a plan for the reception officer to transition from the duty manager role in the weeks following the inspection.

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.

A room allocation policy had been developed but it had limited information regarding the factors to be considered when allocating accommodation, or the process where residents could request a change of accommodation. The service provider did not have a clear system in place to maintain oversight of requests to change accommodation.

Judgment: Substantially Compliant

Standard 4.2

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

There was limited storage space available in residents' bedrooms. In one of the apartments viewed by the inspectors, the minimum space requirement was not available, and the floor space available was not adequate. There were delays in repairs being completed. The system in place to record maintenance issues that arose during weekly maintenance checks was inconsistent and did not ensure that the service provider had adequate oversight of maintenance works required in the centre, including the presence of mould in one of the apartments.

Judgment: Partially Compliant

Standard 4.4

The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.

The sleeping arrangements for families were not always in line with the requirements of the sleeping protocols of the Housing Act 1966, and this impacted the privacy and dignity of these families. The service provider had not risk assessed this issue. In one apartment reviewed by the inspectors a double bed had not been made available to parents.

Judgment: Partially Compliant

Standard 4.6

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

The educational development of children was prioritised. Parents were supported to source crèche and school placements for their children. Bus transport was available to take children to and from school, where required. Where school placements were not available for children, the staff team liaised with relevant services and government departments to support the family. Children had sufficient space to complete their homework, and the homework club was due to recommence in the centre. The service provider had not made computers available for residents to use in the centre.

Judgment: Substantially Compliant

Standard 4.7

The service provider commits to providing an environment which is clean and respects, and promotes the independence of residents in relation to laundry and cleaning.

The centre was generally well-maintained, and there was a cleaning schedule in place. Residents had access to laundry facilities within their own homes.

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 service provider had appropriate and proportionate security measures in place which respected the privacy and dignity of residents. Closed circuit television (CCTV) was in operation in external areas, communal spaces and some of the meeting rooms in the centre. The use of CCTV was informed by a centre policy. Private spaces where CCTV was not in operation were available in the main centre where residents could meet with visitors.

Judgment: Compliant

Standard 4.9

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

The guidance for the provision of non-food items was unclear, in that it stated that items such as toiletries could be made available to residents if they required them. The guidance document directed residents to contact local agencies should they need assistance with non-food items including baby food on a monthly basis. Some residents were not aware that non-food items were available from the provider.

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.

Residents had kitchen and dining facilities available within their own accommodation. All necessary cooking utensils, cutlery and crockery had been made available.

Judgment: Compliant

Standard 5.2

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

The centre was fully self-catered and residents were provided with prepaid debit cards for use in local shops. Residents had access to a wide range of shops and supermarkets to ensure they had varied choice with regard to their grocery shopping.

Judgment: Compliant

Standard 6.1

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

The staff team endeavoured to ensure that the rights of residents were respected and promoted. Residents had access to sufficient space for religious practice, and information regarding the rights of adults and children was displayed throughout the centre. While the staff members were respectful and advocated for residents, their ability to provide person centred care was impacted by the lack of appropriate training and assessment of residents' needs.

Judgment: Substantially Compliant

Standard 7.1

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

Residents were supported and facilitated to develop and maintain personal and family relationships. Children and adults were facilitated to have visitors to the centre, both in the communal spaces and within their private living accommodation. Families were accommodated together and had their own private space to share cultural knowledge with their children.

Judgment: Compliant

Standard 7.2

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

Residents had access to local healthcare, education and community services within walking distance. Transport was provided to residents who needed to attend medical appointments.

Judgment: Compliant

Standard 8.1

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

The service provider had appropriate adult safeguarding statement and policy in place. Not all staff members had completed training in relation to safeguarding vulnerable adults. There was no system in place to record concerns that had arisen regarding residents living in the centre to support the staff team to monitor these concerns over time.

Judgment: Substantially Compliant

Standard 8.2

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

The service provider had a child safeguarding statement and detailed policies in place. There was a system in place which allowed residents to mind each other's children on occasion. Not all staff members had completed the Children First 2017 training. There was a designated liaison person in place for the centre, however there was no system in place to record concerns that had arisen regarding children living in the centre to support the staff team to monitor these concerns over time.

Judgment: Substantially 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.

The service provider had a local policy and procedure for the management and review of adverse events, there was no evidence that incidents had been reviewed in line with this policy. While there was an incident log in place, incidents that had occurred in the centre had not been recorded on the log. Incidents that occurred had been managed locally, however, there was no policy or procedure in place to support the staff team in their use of verbal and written warnings to manage incidents that had occurred in the centre.

Judgment: Partially Compliant

Standard 9.1

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

The staff team had developed links with local services and supported residents to access the necessary services in the area. Information clinics were held in the centre by local agencies. Residents were referred to support services in the area where appropriate. There was a system in place to ensure that residents who had not been able to register with a doctor in the area could attend a medical clinic as required. The inspectors found evidence where the staff team endeavoured to advocate on behalf of residents where residents' needs required additional support from services and their support network.

Judgment: Compliant

Standard 10.1

The service provider ensures that any special reception needs notified to them by the Department of Justice and Equality are incorporated into the provision of accommodation and associated services for the resident.

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

Judgment: Compliant

Standard 10.2

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

The service provider had not ensured that the staff team were provided with ongoing training to enable them to identify residents with special reception needs and vulnerabilities. This impacted the ability of the staff team to identify and respond appropriately to special reception needs. There were limited supports in place for staff, many of which were informal. There was little evidence that staff were supported to share their experiences, and explore best practice or lessons learned within the team.

Judgment: Not 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 developed a reception officer policy and procedure manual but this document did not outline the process to support staff in the assessment of special reception needs, and therefore was not effective. One vulnerability assessment had been completed, however it was not comprehensive and did not address the specific needs of the resident. The service provider was issued with an immediate action to ensure that the needs of the resident were addressed.

Judgment: Partially Compliant

Standard 10.4

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

The provider had employed an appropriately qualified reception officer who was a member of the management team. As the reception officer also held the role of duty manager, the role was not sufficiently resourced to ensure that residents with special reception needs were identified and supported. A trainee duty manager had been recruited with a plan for the reception officer to transition from the duty manager role in the weeks following the inspection.

Judgment: Partially 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	Not Compliant
Standard 1.2	Not Compliant
Standard 1.3	Partially Compliant
Standard 1.4	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Partially Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Partially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Not Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.2	Partially Compliant
Standard 4.4	Partially Compliant

Standard 4.6	Substantially 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	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Substantially Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Substantially Compliant
Standard 8.2	Substantially Compliant
Standard 8.3	Partially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Not Compliant
Standard 10.3	Partially Compliant
Standard 10.4	Partially Compliant

Compliance Plan for Dominick Street

Inspection ID: MON-IPAS-1072

Date of inspection: 17 and 18 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	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The previous compliance plan submitted will be fully actioned.</p> <p>The service provider will ensure that they and all staff employed in the Accommodation centre are familiar with and receive a copy of all relevant legislation, regulations and standards that are in place to protect vulnerable service users that they can revert back to on a daily basis.</p> <ul style="list-style-type: none"> • The National Standards • IPAS House Rules and contractual obligations • EU Regulations on standards for people seeking international protection in Ireland • Child Safeguarding/Protection/Welfare concerns including E-Learning and Children's First • Adult Safeguarding • DCEDIY Vulnerability Assessment opportunities • Relevant legislation and information for Dept of Social Protection, HSE, Dept of Justic Labour Market Access, GNIB 	

The service provider will commence regular reviews of its service to ensure it is compliant with the National Standards by means of oversighting, audits and service user feedback and input to ensure that our service continues to improve. The service provider will do this by means of bi-annual reviews of the service every 6 months, July and December. Both of these reviews will help with the formation of an end of year review on the service, and will enable us to document what we wish to achieve in the upcoming year.

We will continue to show transparency during inspections and welcome all feedback, recommendations and endeavor to implement them where necessary. The service provider will keep in mind a detailed improvement plan to ensure we are adhering to any changes necessary which include previous inspections.

The service provider is committed to responding to urgent changes involving monitoring, inspections and investigations. The service provider will take into consideration all feedback from inspections and will engage with inspectors for additional clarity on areas that they are unsure of.

The service provider will ensure that they continuously review all legislation, including new legislation, regularly to ensure that they are up to date with any amendments or changes and will share with staff and service users. We endeavor to do this by regularly checking for updates on relevant government websites.

The service provider will continue to provide all relevant and requested documentation to bodies such as DOJ, DCEDIY, HIQA – however, only information and documents that complies with GDPR or Data Protection Legislation as to maintaining the identities of all service users is of paramount importance as service users are vulnerable and therefore their identity for their own safety should never be disclosed unless requested or advised by DCEDIY to issue.

1.2	Not Compliant
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Outline how you are going to come into compliance with this standard:

- The service provider will create clear governance lines ensuring that all staff employed, and service users are aware of who is held accountable for specific roles and responsibilities. This includes reporting procedure, implementation of quality improvement plans
- The service provider will ensure that all management and staff are competent in their roles and understand who is responsible for each role.
- The service provide will ensure that the Centre Manger employed within the centre is competent and has the appropriate qualifications and tools necessary to manage their centre, taking into consideration the size of the centre. The centre

manager along with all staff have experience working in cross-cultural environments and have experience working with international protection applicants, vulnerable people and refugees.

- The centre manager along with all staff will be provided with the necessary training to equip them to understand and identify service users that may have a requirement for assistance to deal with mental health issues, medical information such as details for the HSE Social Inclusion Team which includes Emergency GP referrals, access to a Medical card whilst awaiting their own. In addition, all staff including management will have a knowledge on the social welfare and be familiar of relevant supports that service users can avail of both whilst seeking international protection and when they have received their status.
- The service provider will establish an appropriate internal management structure which includes dedicated and qualified staff in line with the size of the complex and needs of the residents. This structure is explained to both service users and staff can be easily accessed if necessary.
- Leadership and staff commitments to upskilling and improving the service is of paramount importance. The service provider will ensure that leadership is displayed at all levels and that feedback is welcomed
- Service provider will ensure that all staff continue to promote and strengthen a culture of quality, respect, safety and kindness and show their commitment in doing so
- Management systems to be regularly reviewed and amended where necessary to ensure a safe, appropriate, consistent, respectful and effectively monitored service.
- The service provider ensures that they adhere to General Data Protection Regulations 2016/2017 / Data Protection Acts 1988 – 2018 including any amendments and all relevant risk assessments.
- The service provider has implemented an adequate risk management framework and structure that assists with the identification, assessment and management of risk in the service. Risks are now included in weekly management and staff meetings, the centres risk register is constantly updated. There are systems in place to effectively manage risks – including child protection risks. Detailed minutes are taken at each meeting with actions & ownership given to team members. Follow up items addressed at the next meeting
- The service provider will implement a system that will record and monitor complaints and adverse events. Details will be logged on all investigations and subsequent action plans relating to the same that are identifiable by an overview

system. . Complaints will be addressed as a standing item in weekly management meetings

- The service provider will create and implement a new complaints procedure along with a non-retaliation policy, that all service users including children are familiar with the complaints procedure and are encouraged to use it, if necessary, without fear of retaliation.
- The service provider along with staff continuously explore new ways to share and update service users on any changes that may impact them and give as much notice to same as possible by providing this information in their desired languages.

Resident committee meetings have been scheduled every month, residents will be consulted on risks in the centre

The Weekly Centre report will be updated to include an overview of risks, fire safety and safeguarding concerns to be flagged to the service provider. Actions to mitigate these risks will also be included and tracked

The On-Call system in the centre will be reviewed and improved by creating clear instructions for staff to follow

1.3

Partially Compliant

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

The service provider used the National Standards to update the Residents charter that includes:

- a. How new arrivals are welcomed
- b. Identifies the name and role of staff in the accommodation centre
- c. How we meet the needs of children and adults in the centre including child protection
- d. How the individual dignity of each child and adult is preserved
- e. How we treat all service users including adults and children in the centre with respect
- f. Treatment of all personal information of the children and adults living in the accommodation centre with confidentiality
- g. How we consult with adult and children on an ongoing regular basis regarding their experience, welfare and feedback

- h. Clearly outlined how service users both children and adults can make a complaint without feeling as though retaliation from the service provider is possible. It is important to highlight, that all complaints are welcomed in order for us to improve the service that we are providing
- i. How we communicate effectively with the service users living in the centre on events and changes in their accommodation centre
- j. Provide information to families on routines in the accommodation centre and the service providers' expectations whilst they are residing in the accommodation centre

The residents charter is now available in various different languages but not limited to, English, Arabic, Georgian, Bangla, Pashto, Farsi, Somali and French which means it is available to all current residents. Where new arrivals come and require a new language, management will make documentation available to them in their preferred language

Staff will work with service users to develop and improve our method of welcoming new families in respect of paperwork and information provided and the manner in which we provide it.

We will further develop our data retention policy to ensure that service users are familiar with the information that we retain belonging to them and how they can obtain them in line with the freedom of information act, general data protection regulations 2016/2017 & data protection acts 1988 – 2018.

The service provided user will create and implement an up-to-date confidentiality policy that clearly indicates how we keep their information and identity confidential.

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

The service provider provides families with the opportunity to participate in the service and give feedback on areas of improvement. Residents Meetings & formation of committees allow the needs of service users to be heard, resident committee meetings have been scheduled every month. In addition, open door policy is in situ & we strongly encourage all service users / families to participate in feedback surveys and to engage in our suggestion box on any recommendations that they may have. Staff encourage participation and eagerly wish for this feedback to be able to advance the service for its users – staff continuously come

up with alternative ways and will continue to do so to try and gather participation from all service users.

The service provider will commence ongoing audits in the centre to assess, evaluate and improve the service in a systematic way – the main objective of these internal audits and assessments is to continuously improve in the type of support and services to meet the service users need and to adapt it in a way that is beneficial to them. Audits will be carried out every 12 months using the standards & HIQA self assessment framework

The service provider will begin to compile a quality review – that reviews the quality and safety of the service delivered to the service users. This quality review will be compiled in consultation with staff and all service users and will help with a quality improvement plan that the service provider can then action. This quality improvement plan can then be provided to HIQA or DCEDIY when requested.

The service provider will review the information in the leaving document to ensure it is up to date and informative for the service users as they transition from state accommodation to private accommodation, taking into consideration growing trends such as scam advertisements and who to contact if they feel something is amiss. The service provider strives to ensure that all families are all equipped with the relevant information needed to make them comfortable transitioning to private accommodation.

The service provider will develop a written description on how the accommodation centre adheres to their public sector duty. This written description will describe the model of care and support that is available and delivered, the standard of the accommodation & the services and facilities available and provided at the centre. This description will include the ongoing services provided on a day-to-day basis and must be reviewed and revised every 12 months to ensure we meet contractual obligations. Within this description we will list what we are doing as service provider to eliminate discrimination, detail how we promote equality of opportunity and treatment of service users and staff and how we protect the human rights of service users and staff.

2.1

Partially Compliant

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

The service provider will review the current recruitment policy to ensure it is in line with employment and equality (Irish and European Legislation). We will ensure that evidence based human resource approach is in situ that shows the recruitment and selection process.

The recruitment policy has been updated to require three references for all new staff

All staff are Garda Vetted in line with both IPAS contractual obligations & the National Standards. In addition to what is noted under standard 2.1 – International Police checks are done where possible. For certain staff members who have Refugee Status and legally cannot return home to obtain one where no embassy is accessible online or nearby, we will risk assess and ensure they are Garda Vetted. Some staff implicated by this are Afghanistan natives and may have issues when trying to secure the necessary documents.

The service provider ensures that there are appropriate and suitable job roles for all staff employed, are fully aware and understand their job role, responsibilities and accountability. These job roles will be provided to the residents, both on display in the centre and included in the residents' charter. All job roles will be amended to include and state that the staff member is responsible for establishing and maintaining relationships based on respect and dignity.

The service provider will amend the new recruitment policy to include all staff and volunteer into the introduction and orientation processes to ensure it is appropriate and effective when new staff commence working in the centre. A training supervisor will provide information on the roles, functions and daily routines within the centre for all service users and staff members.

The probationary period is of paramount importance, as it is the time by which service providers train and provide as much guidance and the necessary tools to achieve the high standard and best chance of success of the new hire. This will include the creation and implementation of training supervision plans which can be regularly reviewed and discussed during performance appraisals. These performance appraisals will also provide the opportunity for staff members to discuss any concerns/queries or suggestions, and we welcome feedback on the training supervision plan and its effectiveness from staff members at the end of their probationary period to further improve and develop it.

2.3

Partially Compliant

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

The service provider will update job descriptions and ensure that all staff and managers understand their roles and responsibilities and that this includes clear reporting lines / accountability and are aware of all policies and procedures to be always followed.

The service provider will ensure that the manager and staff are supported to exercise their personal, working and collective accountability for the provision of an effective and safe service and supports.

The service provider will review all potential risks to staff members, ensure that these include minimizing the risk of violence, bullying and harassment – where risks are identified, appropriate guidelines and procedures to followed such as Turn locks on reception and office door for staff protection in the event or violence.

The service provider will provide supervision and support plans to enable staff carry out their duties to promote and protect the welfare of all residents including children. The service provider will review regularly at meetings and on a quarterly basis or earlier if required. Supervision records will be stored in the personnel file

In line with support and supervision meetings appraisals occur on a biannual basis, written records will be kept and copy of appraisals shared with the staff member.

Personnel files to be reviewed and updated

Staff are aware of the protected disclosure policies (whistleblower) and who the relevant POC is

2.4

Partially Compliant

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

All centre staff will complete their mandatory training

The service provider will ensure that all staff are given the necessary training to provide a person-centred service and this is reflected on the training and development plan which will undergo a complete review. Staff are encourage to take further training to assist the staff to improve the living environment for the residents at the centre.

Needs Analysis and Training Matrix to be updated, reviewed and implemented.

Staff will be made aware of how to report abuse and the health and safety procedures in the accommodation centre, existing staff will undergo a refresher and a review of the orientation for all new staff to ensure that all reporting abuse procedures are clearly outlined and explained and that they are aware of all health and safety procedures, including signing off on the Health and Safety Procedures and the need for reporting breaches without delay.

The Service Providers ensure that all Policies and Procedures for service users and staff from DCEDIY are available and that staff are aware of them

1. Child Protection & Welfare Policy and Practice Document
2. Domestic, Sexual and Gender Based Violence and Harassment Policy
3. Complaints Procedure

The service provider will undertake further review of available online training courses (HSE Land, TUSLA, etc.) and will ensure that training will be provided but not limited to the following areas for all staff and management:

1. Child Protection
2. Domestic, sexual and gender-based violence and harassment including responding to and preventing FGM
3. Awareness and competency in equality, diversity and cultural competency
4. Sensitivity training on issues that impact on vulnerable groups
5. Mental Health awareness, including suicide prevention and awareness
6. Responding to possible needs of LGBTIQ
7. Responding to possible needs of victims of torture and trauma
8. Self-Awareness
9. Conflict resolution
10. Anti-bullying
11. Disability
12. Indicators of human trafficking
13. Self-care
14. First aid

3.1	Not Compliant
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Outline how you are going to come into compliance with this standard:

Fire drills have been carried out for the entire property. Management have confirmed that all residents have partaken in fire evacuations and are aware of the evacuation procedure. When new residents arrive to the centre management commit to showing them the fire evacuation procedure within 1 week

A complete review of the risk management policy and framework has been completed, with a complete review of the risk register and register assessment.

The risk ratings have been amended across the service for consistency using a risk matrix (1-5 for severity & likelihood).

The amended Risk Register and assessment now includes and has a layout as below;

1. Cover Page
2. Risk Register -
 - a. Type of risk
 - b. Page number
 - c. The identified risk
 - d. The area the risk applies
 - e. The Current risk rating
 - f. The last review date
3. Contingency Plan
4. Risk Assessments (include further mitigants required & a timeline to complete)
 - a. Resident Risks
 - b. Organisation Risks
 - c. Building Specific Risks (each area gets a page)
 - d. Static risks

There is a standing item in weekly management meetings to assess incidents add new risks to the Risk Register. A collaborative approach is taken to then update the risk register. Resident feedback will also be sought on risk reviews during resident committee meetings. A full risk register review will be undertaken every 6 months

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

The Service Provider will ensure Regulatory Compliance where possible and seek alternative solutions when it is not possible due to family configuration.

The Service Provider will ensure Minimum Space Requirements including ceiling height are fully complied with, where an accommodation unit becomes too small and we have the facility to relocate a family within the centre this will be carried out. Alternatively, if we do not have any other arrangement, we would notify IPAS directly to request more suitable accommodation on behalf of the family in line with Minimum Space Requirements.

The service provider ensures each family have adequate Space and fittings, sufficiently furnished and fitted out . to meet the needs of the residents.

Guidelines for the bedroom. In line with Department of Housing, Planning and Local Government Guidelines, and compliance with building regulations, the bedroom:

- (a) Facilitates the range of activities likely to be carried out;
- (b) Offers adequate floor area;
- (c) Is well-proportioned in terms of footprint outline;
- (d) Provides good-quality living environments for residents;
- (e) Adequately accommodates appropriate furniture and equipment while allowing free circulation within that area;
- (f) Receives sufficient natural light.

The service provider ensures high quality Wi-Fi is accessible throughout the centre. Information including notices about online safety are available to children, young people and parents. The service provider ensures that residents have adequate access to a telephone in a private setting.

The service provider maintains the accommodation centre in good structural and decorative repair, internally and externally, and any maintenance and repair works are carried out promptly and to a suitable standard. Residents are encouraged to log maintenance requirements as they occur. Management conduct weekly checks of the entire centre to identify any maintenance deficiencies or areas of improvement

The service provider has amended the maintenance procedure whilst the inspectors were onsite, to simplify the procedure for staff and residents, so the manager has a clear mechanism in place for residents to report and follow up on any maintenance and/or repair issues and for those issues to be addressed in a timely way. A maintenance book will be available at the reception for residents to report any maintenance issues. Ongoing maintenance issues will be flagged to the Service Provider.

Management will partner with service users who require additional storage space to assist them in identifying a solution where possible

4.4

Partially Compliant

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

The service provider accommodates family members together.

All families have access to their own private living space, which is in addition to sleeping quarters, and their own bathroom and kitchen spaces.

The family's sleeping quarters and living space is private own door and contains one and two bedrooms for family living, offering privacy and dignity for families. All accommodation units are fully compliance with the Building Regulations and Housing Act. Whereby the service provider has received a family dispersal that includes opposite sex teenagers, the service provider will make available gender appropriate accommodation which may include father and son in one room and mother and daughter in another room until more appropriate accommodation becomes available or IPAS transfer the family to more suitable accommodation in line with the Housing Act 1966.

Families are accommodated in own-door accommodation.

The service provider makes available a sufficient number of single or double beds in family sleeping quarters, as appropriate depending on the configuration of the apartment and the needs of the family

8.3

Partially Compliant

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

A new incident reporting policy has been implemented, it includes a cover page to catalogue the incident status. When incidents occur, management ensure a report is filled out in the required detail before carrying out a risk assessment. Incidents are flagged to the service provider and addressed as a standing item in weekly meetings.

Staff have been educated in IPAS house rules & the service provider will undertake a warning policy. All warnings are stored in the resident files and follow IPAS standards

The service provider has policies and procedures for the management to review and evaluate adverse events and to ensure adverse events are treated sensitively and confidentially. There are so many adverse events from medical, weather, food shortage, family bereavements etc, all adverse events are treated sensitively and in confidentially.

Adverse weather events procedures are in place for water shortage, electrical outage, food shortage and flooding. Staff are trained to deal with these events and who to contact to request support and assistance.

The service provider reports adverse events to the Department of Justice and Equality within a specified timeframe. When an adverse event occurs it is now risk assessed to help prevent future occurrences

The service provider ensures Residents are fully and openly informed as soon as possible after an adverse event affecting them has occurred, or becomes known, information and support are provided as needed. The service provider makes available to the resident updated, accurate information in an appropriate manner and format, as soon as it is available.

Emergency contacts are displayed and framed in the main building, along with the welcome booklet and a view to putting one on display in each property to include Emergency contacts relevant to service users. Emergency contact details for residents are securely stored in the resident files but can be used where needed

10.2

Not Compliant

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

The service provider will ensure staff have the awareness and recognition of special reception needs each staff member receives initial and ongoing specialized training and support to identify and respond to the special reception needs and vulnerability of residents. The service provider maintains a written record of staff training.

The service provider ensures Staff are debriefed in a timely manner after incidents or responding to residents in crises. Management will provide support to staff following stressful incidents

The service provider has measures in place to support and promote the self-care of staff who regularly deal with residents with special reception needs.

The service provider has measures in place to prevent work overload, burnout and vicarious trauma. The service provider makes available stress management training for staff and management.

The service provider has measures in place to encourage staff to share experiences, best practice and lessons learnt. The lessons learned are documented and used to improve the processes and delivery of supports and services within the accommodation centre. Learnings will be reflected on in staff meetings for team input.

The service provider Delivery of supports for people identified as requiring special reception needs is person-centred and provided in such a way as to affirm, promote and empower the person's strength and resilience.

10.3

Partially Compliant

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

The service provider ensures a fair and transparent mechanism is in place to adequately identify the special reception needs of residents that become apparent after dispersal.

The Reception Officer will conduct Vulnerability Assessments for each new arrival as well as carrying out ongoing reviews of existing residents in the centre. The Vulnerability Assessments will focus on the specific needs of each resident.

Staff are being supported in responding to special reception needs and how to respond to them.

The manager will liaise promptly, appropriately and effectively with the Department of Justice and Equality if:

(a) The accommodation centre is unable to accommodate or cater for the special reception needs of a resident.

(b) Supports and services are not available in the locality to meet the special reception needs of a resident; or

(c) Special arrangements or measures need to be taken to accommodate or cater for the special reception needs of a resident within the accommodation centre.

The special reception needs of residents are documented and stored in a confidential manner. With the consent of the service user, their requirements are shared with management and the wider team.

The Department of Justice and Equality should be kept informed of a resident's special reception needs.

The special reception needs of residents are responded to promptly and adequately, and referrals are made to relevant health and social care services, governmental agencies, statutory bodies or support organisations, as required.

The Reception Officer will continue to cooperate and collaborates with service providers, support organisations and statutory and non-statutory agencies to promote the health and development of residents with special reception needs and ensure their needs are met.

The service provider ensures a mechanism is in place to ensure residents with special reception needs are regularly monitored in conjunction with the reception officer.

Residents are encouraged to attend follow-up vulnerability assessments where necessary and to engage with vulnerability assessments at a later date if they wish to.

Arrangements are in place to assist and enable residents with special reception needs to access appropriate support and services, including childcare and transport supports.

10.4

Partially Compliant

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

The trainee Duty Manager has now completed their training. The Reception Officer no longer needs to cover some of that role and can dedicate all of her time to her duties.

The Reception Officer will receive regular external specialised training to identify and respond to residents with special reception needs. The service provider maintains a written record of training attendance.

The service provider will amend the Reception Officer Policy and Procedure Manual to include support for staff.

The Reception Officer will remain the principal point of contact for residents, staff and management for any issues concerning special reception needs and be supported by Duty managers and team in carrying out the role.

The Reception Officer will continue to maintain relationships and continue to be in regular contact with relevant State service providers, support organisations and

statutory and non-statutory agencies in the locality. Ensuring that services like Emergency GPs and PHN Clinics continue.

The Reception Officer will continue to provide information and advice on issues about special reception needs within the accommodation centre to residents and staff.

The Reception Officer supports other staff to ensure that they adequately identify, refer and respond, as appropriate, to the special reception needs of residents within the accommodation centre.

The manager is responsible for reporting to the Department of Justice and Equality, any special reception needs of residents that become apparent after dispersal. Where any changes to a resident's accommodation needs shall be communicated to and discussed with the resident in a timely and appropriate manner.

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.	Not Compliant	Red	16/05/2025
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.	Not Compliant	Red	16/05/2025
Standard 1.3	There is a residents' charter which accurately and	Partially Compliant	Orange	16/05/2025

	clearly describes the services available to children and adults living in the centre, including how and where the services are provided.			
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.	Partially Compliant	Orange	10/06/2025
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Partially Compliant	Orange	31/07/2025
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Partially Compliant	Orange	30/08/2025
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Partially Compliant	Orange	31/12/2025
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	28/03/2025
Standard 4.2	The service provider makes available accommodation	Partially Compliant	Orange	31/10/2025

	which is homely, accessible and sufficiently furnished.			
Standard 4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.	Partially Compliant	Orange	30/11/2025
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	30/09/2025
Standard 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Not Compliant	Red	16/05/2025
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	31/08/2025
Standard 10.4	The service provider makes available a dedicated Reception Officer, who is suitably trained to support	Partially Compliant	Orange	31/08/2025

	all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.			
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