



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

Name of the Centre:	Knockalisheen Accommodation Centre
Centre ID OSV:	OSV-0008440
Provider Name:	Aramark
Location of Centre:	County Clare
Type of Inspection:	Announced
Date of Inspection:	31/01/2024 and 01/02/2024
Inspection ID:	MON-IPAS-1006

## Context

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

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

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

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

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

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

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

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

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

## About the Service

Knockalisheen accommodation centre is located in a rural area in County Clare, approximately five kilometres from Limerick city. It is a purpose-built complex owned by the State, that has been in operation for over 20 years. The service is privately provided on a contractual basis on behalf of the Department of Children, Equality, Disability, Integration and Youth by Aramark.

The centre had capacity for 354 residents which had increased from 250, with the provision of 104 additional beds in tented accommodation. At the time of the inspection there were 278 residents living in the centre, 35 of which were children and a large proportion of the adult residents were males. Accommodation was spread across six accommodation blocks and 13 tents.

The centre further comprised a reception area, a large dining area and a social room, a meeting room to facilitate visits with family, friends or professionals. There was a gym, two playrooms, a prayer room and an educational room. The outdoor area had small playgrounds for children to play.

The centre was managed by a centre manager who was supported in this role by a management team which included a deputy centre manager, a receptionist and a social inclusion officer. The centre manager reported to a regional manager, who in turn reported to a managing director within Aramark. The service was staffed by catering, maintenance, security and cleaning staff.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	278
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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	Inspector	Role
31/01/2024	10:20 – 18:00	Una Coloe	Lead Inspector
31/01/2024	10:20 – 18:00	Pauline Clarke	Support Inspector
31/01/2024	10:20 – 18:00	Thomas Hogan	Support Inspector
01/02/2024	08:30 – 14:30	Una Coloe	Lead Inspector
01/02/2024	08:30 – 14:30	Pauline Clarke	Support Inspector
01/02/2024	08:30 – 14:30	Thomas Hogan	Support Inspector

## What residents told us and what inspectors observed

The inspectors found, from speaking with residents and what was observed during the course of the inspection, that there were significant deficits across all themes of the national standards. The service provider needed to develop appropriate systems to ensure residents consistently felt safe, protected and had their needs met and rights promoted while living in the centre. Inspectors observed unsuitable accommodation for some residents, limited consultation with residents and under-developed governance and oversight arrangements on the part of the service provider. These deficits led to varied and, in some cases, poor experiences by residents of living in the centre.

This inspection took place over two days. Inspectors met with the service provider representative, the centre manager, two members of the management team and staff working in the service, including catering staff and security personnel.

Knockalisheen accommodation centre was located on a large site in a rural location, approximately five kilometres from Limerick city. There was an administration building where residents entered and exited the centre. This was located close to a car park, which inspectors observed as having insufficient spaces for residents and staff. Inspectors observed residents being asked to move their cars in the early morning to facilitate parking for other people.

The centre comprised six accommodation blocks, two of which were specifically for women and families and the remaining four blocks of accommodation housed single males. In addition, there were 13 tents on the grounds of the centre which had capacity for eight single men per tent. While the centre was not operating at full capacity at the time of the inspection, inspectors found that further admissions to the centre would put significant pressure on resources and facilities. This would increasingly limit the provider's ability to promote the human rights of all individuals living there, particularly those placed in tents, and further limit the provider's ability to comply with national standards.

Inspectors completed a walk around the centre and found that while it was large and spacious, both the interior and exterior of the buildings required redecoration and general maintenance. Many communal areas of the centre needed a deep clean and a sustained and monitored cleaning schedule. In addition, inspectors identified health and safety risks and hazards which needed to be assessed and resolved. While living spaces were not reported to be overcrowded by residents, inspectors observed limited space in some rooms for children to play. Storage facilities had been provided to residents in the accommodation blocks but this was not adequate considering the quantity of belongings residents had. Inspectors observed bedrooms where personal belongings and suitcases were stored on the floor, or on top of wardrobes or lockers. Over half of the respondents to the questionnaires, circulated by inspectors, said they did not have sufficient space for storage of their personal belongings.

At the time of the inspection, there were 52 residents living in the tented part of the accommodation centre, and while they had access to communal showers and toilets close

by, these residents had to go across to the main administration building to have their other basic needs met. The conditions of their living area posed potential risks to their health, safety and welfare. Inspectors found that the residents' human rights, such as their right to privacy and dignity could not be promoted while in this part of the accommodation centre. Inspectors observed that these residents had no private space to change their clothing, no privacy screens between beds and no access to storage for their personal belongings. Inspectors observed residents' clothes and belongings on the floor of the tents. While the tents were warm on the day of the inspection, some residents told inspectors that their tent was often cold and noisy, making it difficult to sleep.

Inspectors viewed many of the facilities in use throughout the centre. There were outdoor playgrounds for children, and children and their parents had access to an indoor playroom and a mother and toddler room. There was a large social room, a gym with specified times for females only, a prayer room and a meeting room to facilitate visits with family, friends or professionals. There was a large dining area in the administration block which had a designated children's play area.

The centre provided a fully catered service and the quality of the food provided was good and there were choices available to residents for each meal. However, residents told inspectors that the catering system was not consistently meeting their needs and several were not satisfied with the food choices at meal times. The canteen and dining area was open for six and a half hours per day for mealtimes and residents could not access this space at other times. While hot and cold drinks were available throughout the day, if residents wanted food or snacks outside of mealtimes, they had to request it from catering staff, which did not promote their dignity. Adequate facilities were not provided for residents to cook in tandem with the catering option and as a result, some residents were cooking and storing food in their rooms.

Residents' views on the service were gathered by inspectors through various methods of consultation. Inspectors met with 45 residents including four children, and 30 resident questionnaires were completed. By invitation, inspectors met with some residents in their rooms, observed mealtimes in the dining area and interactions in communal spaces. Many residents who spoke with inspectors expressed dissatisfaction and had concerns or complaints about the service. These residents were of the view that their concerns were not always considered or responded to. Many residents said they did not always feel listened to and that their complaints had not been addressed or resolved. Some spoke about feeling unsafe at times, due to incidents occurring in the centre or not wanting to leave their room after dark.

Verbal feedback from residents was echoed in completed questionnaires. Half of the respondents stated that they felt unhappy and unsafe at times in the centre. In addition, over half of the respondents were of the view that their rights were not always promoted and said that they did not feel listened to. While inspectors observed the staff team responding to requests from residents at the reception desk, there was no system in place for meaningful consultation with the residents on the running of the service or their experiences of the service. This is discussed later in the report.

The centre was located in a rural area and the service was meeting its contractual obligations by providing a bus service to a nearby city, three times a day. Many residents said that the times of buses did not suit their needs and did not facilitate them getting, for example, to an educational course, and they told inspectors that they frequently paid for taxi services as a result.

Residents were provided with information on local support services and it was evident that non-governmental organisations regularly visited the centre to support people in relation to housing and advocacy needs. While residents were provided with some information about their rights, further consideration was required by the service provider on how the service was respecting and promoting residents' rights overall.

The observations of inspectors and the views of residents outlined in this section are generally reflective of 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 was the first inspection of Knockalisheen accommodation centre by HIQA. The inspection found that significant improvements were required to ensure the leadership, governance and management arrangements supported the delivery of a consistently safe and effective service. The inspection found deficits across numerous standards including governance and management systems, complaints, risk management, the safe recruitment of staff, residents' accommodation, promotion of residents' rights and safeguarding residents.

Good governance requires a knowledge and an understanding of the relevant legislation, national policy and national standards. While the management team had completed a review of their service to self-assess their levels of compliance with the national standards, this process was ineffective as it had not identified the deficits present in service provision. As a result, the service provider had not identified actions required to commence a quality improvement initiative. This demonstrated a lack of capacity to self-identify and respond to areas of non-compliance with the national standards or areas which required general improvement. There was limited understanding of the expectations of the service provider as outlined in the national standards. The service did not have all of the required policies and procedures that were applicable to accommodation centres and this meant that staff did not have the appropriate guidance to deliver safe and appropriate supports to residents. The centre manager acknowledged that further training was required to enhance their overall knowledge and understanding of the requirements of national standards.

The capacity of the centre had increased significantly since 2022 when 104 additional beds were provided by way of on-site tented accommodation. While the provider representative acknowledged the unsatisfactory nature of the expansion of the centre in this way, the use of tents was not risk assessed and therefore, any concerns the provider had were not subject to formal escalation at the appropriate level within or external to the centre's governance structure. Although there was evidence that the service provider was considering alternative and more suitable accommodation, there was no short or medium-term strategy to cease the use of this aspect of accommodation within the centre. While HIQA is aware of current challenges in sourcing appropriate accommodation for all people seeking international protection in Ireland, the provision of tented accommodation over a sustained period had a significant and unacceptable impact on people's basic human rights including their right to privacy and dignity and their general wellbeing.

Governance, management and monitoring systems were underdeveloped in the centre and required significant improvement to ensure the delivery of a good-quality, safe and person-centred service. This inspection found that the service provider had not implemented effective systems to govern the service well and there was a lack of formal

recorded management communication systems. As a result there was a lack of transparency on how decisions were made.

There was a clear organisational structure in place but the effectiveness of this structure was undermined by inadequate communication and assurance reporting systems, and systems which held people to account. The service was managed by a centre manager who was supported by a management team comprising a deputy centre manager, a social inclusion officer and a receptionist. The centre manager reported to a regional manager who reported to a managing director. While there were lines of accountability and authority, there was no formal reporting process or system to hold staff or managers to account for their practice. Team meetings or management meetings did not occur and while some communication was evident in a diary, this was not sufficient. Managers in the service told inspectors that much of the communication within the service was through unrecorded verbal discussions. The representative of the service provider stated that although management meetings were taking place and there was regular contact with the centre manager, these were not minuted. Inspectors were provided with the minutes of one management meeting but this was not sufficient to ensure consistent detailed oversight of service provision.

Quality assurance systems were not well developed. The management team had no consistent auditing programmes in place or systems to monitor and oversee the quality of the supports provided to people who lived there. Some external audits and monitoring had taken place but they did not identify risks found by the inspectors and where actions were identified, not all had been completed. For example, risks relating to electrical equipment had been identified in two separate audits, but this had not been assessed or resolved at the time of the inspection. While managers countersigned checks of cleaning records, fire checks and completed visual checks of the premises, this had not led to the identification of risks and deficits evident over the course of the inspection.

There were minimal records relating to complaints, issues of a safeguarding nature and incidents. Managers told inspectors that such issues were often managed informally and not recorded. This meant it was not possible for the management team to have oversight of all aspects of service provision and opportunities to continuously improve the service provided to residents were missed. By way of an example, it was not possible for a review of trending to be completed or areas for quality improvement to be identified in the absence of this information.

The system to manage risk required significant improvement. There was no risk management policy to guide the management of risk within the service. While there was a risk register and some risk assessments completed, numerous risks identified by inspectors had not been considered or assessed. These included risks to residents' health, safety and welfare, promotion of human rights and fire safety. Inspectors found

that completed risk assessments were not adequate and some control measures listed in these documents were not in place in practice. Risks specifically related to the tented area and the welfare of residents residing in them had not been assessed. Although there were pathways in place to escalate risk internally and externally, no such escalations happened. This led to sustained and unmanaged and latent risk in the service. Inspectors took the unusual steps of issuing an immediate action, requesting the service provider to complete a full analysis of all risks in the centre, including risks relating to residents.

The service had completed four fire drills in the 12 months prior to inspection, one of which included the tented area. Records referenced that residents were 'unresponsive' or 'slow' but did not give an overview of the length of time the evacuation took, difficulties encountered or follow-up action required. There was no evidence of a management response in relation to this.

There was no formal meaningful consultation with residents and the service was not operating through a person-centred or human rights-based approach. Many residents told inspectors that they felt unhappy, unsafe at times and did not feel listened to. The centre manager said that attempts to facilitate resident committee meetings had not been successful in the past, and alternatives were not considered or in place at the time of the inspection. This was a missed opportunity to incorporate the views and experience of residents into a quality improvement plan for service delivery. The provider representative provided inspectors with verbal assurance that the service would engage in a consultative process with all residents immediately following the inspection to gain an understanding of their experiences living there and to provide them with an opportunity to air their concerns.

Inspectors found that the complaints management system was ineffective as complaints were not formally recorded or responded to. While there was some evidence of staff responding to requests made by residents, there was no system to oversee the management of complaints.

The service was appropriately resourced from a staffing perspective to meet the needs of the current number of residents. There were sufficient staff on duty during business hours but staffing levels significantly decreased at evenings and during the weekend. The service had a training plan for staff which focused mainly on food safety, manual handling and operational cleaning. Inspectors found that managers did not have management training and 11 of the staff team did not have mandatory training in *Children First: National Guidance for the Protection and Welfare of Children* (2017). Two staff had completed equality, diversity and cultural competency training but additional training as required by the national standards had not been provided to any staff member. There was no reception officer for the centre, and while there was a staff member completing some aspects of the role, they did not have the necessary

qualification. As a result, there was an absence of a dedicated person to act as a principle point of contact for residents for concerns relating to special reception needs or vulnerabilities.

There was no formal staff supervision system in place to hold staff to account for their practice, to support their development or identify priority areas for training. The provider had developed a system to record performance management plans but this had not been implemented. Staff were supported through verbal informal discussions with management and there were no records of this support.

From a review of staff records, inspectors found that not all staff had Garda Síochána (police) vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Inspectors issued an urgent compliance plan to ensure all staff were vetted appropriately and sought written assurances that adequate supervision was in place for those staff carrying out their roles, who did not have the required Garda vetting.

A residents' charter was available to residents which had been reviewed prior to the inspection. This documented how residents were welcomed to the centre, staffing arrangements and the routines of the centre. There were several requirements as outlined on the national standards which had not been included.

This inspection found that the service had deficits across all ten themes of the national standards. The under-developed governance arrangements meant that deficits relating to risk management, record keeping, safeguarding and complaints management had not been identified by the service provider, and therefore went unaddressed. The systems to hold managers to account were not sufficient and significant efforts were required to ensure residents' rights were respected, promoted and upheld.

Overall, the absence of effective governance arrangements for this centre meant that the service was not operating in compliance with a substantial number of the national standards. The lack of effective monitoring and quality assurance mechanisms resulted in both known, but inadequately managed risks, and latent risks. The absence of meaningful consultation with residents meant that those with poor experiences of living in the centre were not identified or responded to in a timely manner.

The provider representative was receptive to the initial findings of the inspection and presented as committed to driving improvement across the service and addressing the deficits identified.

**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 did not fully understand the responsibilities set out in legislation and national policy, and high levels of non-compliance were identified across all themes of the national standards. An immediate action and urgent compliance plan was issued to the provider in response to risks and deficits identified during the course of the inspection.

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.

While there was a governance structure in place, there was a lack of formalised governance and management systems in place. As a result the service provider could not assure themselves that the services provided were consistently safe or effective. The service provider did not have systems in place to manage or oversee complaints, incidents and risks. Quality assurance and communication systems were inadequate, which resulted in limited oversight of the services and supports provided to residents.

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.

There was a residents' charter developed for the service but this required additional information to ensure it met the requirements of the national standards.

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.

The service provider had not developed systems to monitor and review the quality of care and the experience of residents in the centre. Consultation with residents regarding service provision or their experience was not prioritised and there was no annual review of the service, as required.

Judgment: Not Compliant

### **Standard 2.1**

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

Recruitment practices were not sufficiently safe or effective. Garda vetting was not in place for a number of staff and international police checks had not been carried out for some staff members who lived overseas for a period of six months or more, as required. Updated Garda vetting was required for other staff members and a policy had not been developed for managing the outcome of the vetting process where potential risks were identified. Inspectors issued an urgent compliance plan and requested the service provider to ensure appropriate supervision arrangements were in place for those staff members who did not have vetting while their application was being processed. Employment references were not available on a sample of staff files reviewed.

Judgment: Not 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.

While informal support was provided to the staff team, there was no formal, recorded supervision arrangements in place to oversee and support staff in their roles. The provider had developed a system to record performance management plans but this process had not commenced at the time of the inspection.

Judgment: Not Compliant

### **Standard 2.4**

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

The service had a training plan for staff which focused mainly on operations within the centre including food safety, manual handling and operational cleaning. Training to provide person-centred care had not been provided and managers did not have appropriate training for their role. Eleven of the staff team did not have mandatory training in Children First (2017). Two staff had completed equality, diversity and cultural competency training but the additional training as required by the national standards had not been provided to any staff.

Judgment: Not Compliant

### **Standard 3.1**

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

There was an ineffective risk management system in place in the centre which had not considered many of the risks relating to the health, safety, welfare and human rights of residents. There was an absence of a risk management framework to guide staff members and managers on how to appropriately identify, assess, manage, and report risks. The risk register in use in the centre was inadequate and the inspectors found that numerous risks had not been identified or assessed by the service provider. In many cases, where risk assessments had been completed, listed control measures were not in place in practice. An immediate action was issued by the inspectors which required the service provider to complete a comprehensive and detailed risk analysis of the entire centre including the tented area.

Judgment: Not Compliant

## Quality and Safety

This inspection found that despite the well-intended efforts of staff members employed in the centre, the needs of residents were generally not fully met and their human rights were not consistently respected, promoted or upheld. This was due, in the main, to the provision of inadequate accommodation, institutionalised practices, inadequate governance arrangements and the absence of a person-centred and rights-based approach to the provision of services. The centre required significant and sustained improvements across a considerable number of standards to ensure it promoted the rights of residents and ensured they experienced a consistently safe and responsive living environment.

There was no allocations policy to guide a fair and transparent approach to allocating accommodation to residents. The service provider, in most cases, received limited information about residents before their arrival to the centre. They had not developed a procedure to assess the needs of residents upon arrival to guide them in the allocation of their living space. Some residents reported that their individual needs had not been considered by the service provider when rooms were allocated and this was found to be the case by inspectors. Notwithstanding the concerns inspectors had in relation to the tented aspect of this accommodation centre, the service provider needed to take a needs-led approach to ensure each resident was offered appropriate accommodation which met their needs and ensured their rights to dignity, respect and privacy were promoted.

The accommodation centre comprised six accommodation blocks, two of which were for families, who lived in en-suite two and three-bedroomed units. There were shared rooms for single people who were not related to each other and they had access to communal showers and toilets. In addition, there were 12 single rooms, and 52 single males were accommodated in military-style tents at the time of the inspection. Inspectors found that the tents were an inappropriate form of accommodation as they did not promote, respect or uphold basic human rights of individuals. For example, residents informed inspectors that an overhead light in each tent remained on at night time and could not be switched off. This impacted on their sleep. There were no arrangements for staff members to check in with residents who were living in these tents and as a result, there was little oversight or awareness of what was happening in this area. One resident who met with inspectors, for example, was not aware that they could access the nearby canteen to obtain meals, snacks and drinks, despite living in there for the previous nine days.

The standard of accommodation varied generally and inspectors found that maintenance works and redecoration was required in the residents' rooms and the accommodation blocks. Inspectors found that space was limited in some rooms to facilitate play and development for young children. While residents living in the accommodation blocks had



access to storage facilities, they were not sufficient considering the large quantity of belongings and cooking equipment stored in their rooms. Inspectors found that some residents stored their clothes and belongings on top of lockers, wardrobes and on available floor space.

Inspectors found through observation and speaking with residents that their rights were significantly impacted as a result of this living arrangement. Residents' rights to privacy and dignity were not upheld as there was no space for residents to get dressed in private and no privacy screens between beds. Facilities within the tents were not adequate. For example, residents did not have any storage facilities and their belongings were on the floor. Some belongings were observed by the inspectors to be damp and wet. Inspectors observed the tents shaking and loudly vibrating in the wind and there was no means of securing the entrance to the tent. While these residents had access to toilet and shower facilities in units nearby, they had to access the administration building to have all other basic needs met. Inspectors identified fire safety, health and safety and welfare risks which had not been assessed and which posed potential risks to the residents. Inspectors issued an immediate action requesting the service provider to complete a full analysis of all risks in the service.

On a walk around the campus, it was evident that maintenance work was required across the centre. The accommodation blocks required painting which had commenced at the time of the inspection. In addition, inspectors observed risks and maintenance issues that had not been attended to, such as, uneven paths and manholes which created trip hazards for adults and children, and window restrictors had not been fitted in first floor rooms where children lived. The car park was not sufficient to cater for the number of residents.

There were multiple rooms for residents to use including a large social room for adults, with seating, television and facilities for recreation. There was a playroom, a mother and toddler room, an education room and a prayer room. Residents had access to a room without CCTV to facilitate visitors or private meeting. There was also an indoor gym which had dedicated time for ladies only and there was a plan to create an outdoor gym also.

The laundry facilities were not adequate to cater for the number of residents, with nine working washing machines and nine dryers available to all 278 residents. The service provider was in the process of renovating the laundry room and had plans to increase the number of machines in the laundry room. Inspectors found that many areas of the centre, including communal spaces for residents, required a deep clean and the residents living in the centre would benefit from the introduction of a monitored and sustained cleaning and maintenance programme.

The service provider ensured that sufficient and appropriate non-food items were made available to residents. Toiletries were provided on a monthly basis and bed linen and

towels were available weekly. Residents reported that staff provided them with all of the items they required but there was some confusion for residents who had refugee or subsidiary status regarding their entitlements.

The centre provided a fully catered service and the catering facilities were adequate with good-quality food provided. There was a rolling menu in place and steps had been taken to cater for the cultural needs of the residents from 27 different countries who were residing in the centre at the time of the inspection. Catering staff and managers told inspectors that they tried to accommodate people's requests in relation to meals, despite there being no formal mechanism for consulting with residents about their wishes.

Hot and cold drinks were available at all times in a communal area of the centre but if residents wanted snacks throughout the day, they had to request these items from catering staff. The dignity of residents was not promoted in some local arrangements as residents had to request a disposable cup from reception each time they wanted a cup of tea. When asked about the reasons for this, the representative of the service provider explained it was because the disposable cups would be all taken if left out.

Residents had access to the dining area during set meals times, six and a half hours in total, per day. This space was not accessible at other times, therefore, residents did not have access to this space to prepare snacks. While there were kitchenettes in the permanent accommodation, facilities to prepare food were limited and some kitchenettes were observed to be in need of a deep clean. Many residents advised that they had sourced their own cooking equipment and fridges for their rooms as the catering facilities did not meet their needs. There were no kitchenette facilities or availability of drinking water or hot drinks in the tented area.

The rights of residents were not consistently promoted in the service. Residents were provided with some information about their rights as an international protection applicant but this did not include details of their rights while living in the accommodation centre. Facilities were provided for residents to observe their religious practice and they had access to advocacy service. However, inspectors found multiple incidents where basic rights related to respect, privacy, safety and dignity were not promoted or safeguarded. This had a significant impact on the care and support experienced by residents as documented throughout this report. Inspectors found that the service provider needed to consider how a culture which respected and protected the rights of residents could be created, developed, promoted and sustained.

There was no evidence that children had been informed of their rights. The centre manager confirmed that there was little engagement with children as they no longer provided the crèche and after-school facilities on site and alternative arrangements were not considered or put in place.

The service provider supported and facilitated residents to maintain personal and family relationships. A private space was available for residents to meet with visitors or they could visit the resident's room. Residents told inspectors that they preferred to meet family and friends outside of the centre. External agencies routinely visited the centre to support the residents in relation to housing and advocacy needs. The service provider had developed links with local community initiatives to facilitate children accessing crèche and after-school facilities. Children living in the centre had opportunities to attend summer camps with external groups. The centre had recently arranged a trip to a pantomime, and a Christmas party for children and their families had been arranged.

The provider had ensured children had access to transport to take them to and from school. There was a set timetable for residents to access transport to and from the city three times a day in line with their contractual obligations. Despite this, many residents reported that the transport timetable did not suit their needs. Inspectors found that a review of the transport arrangements in the centre was required to ensure they were meeting the needs of residents, and to develop contingency plans should transport be required in exceptional circumstances, outside of the timetabled bus service.

Safeguarding practices required significant improvement. A child safeguarding statement was in place along with a national policy on child protection and welfare. The service had also developed an adult safeguarding statement but this required further development to ensure it clearly outlined how to respond to concerns. Staff members and managers understood their responsibilities under Children First (2017) and there was a designated liaison person (DLP) and a deputy DLP. The service had not assessed risks relating to childminding arrangements or the supervision of children and the centre manager agreed to assess these concerns following the inspection. There was no centralised system to monitor or oversee safeguarding or welfare concerns. In addition, there was an absence of awareness on the part of the service provider and centre management team about their responsibilities for safeguarding vulnerable adults in line with the requirements of national policy. There was no adult safeguarding policy in place and associated risks had not been identified, assessed or managed by the service provider.

There was limited recording of incidents or safeguarding concerns and as a result, associated risks had not been assessed. While the inspectors were provided with an overview of incidents formally reported to DCEDIY as required, the centre manager told inspectors that not all incidents were recorded and many were managed informally when they occurred. There was no system to maintain oversight of incidents or safeguarding concerns. Residents told inspectors that they had observed incidents on a regular basis relating to drug use, alcohol use and aggressive behaviours but there were no records relating to such incidents. These risks had not been assessed and therefore actions to mitigate the risks from reoccurring were not in place. Some residents also told inspectors that they did not always feel safe in the centre, were not aware of the

policies relating to safeguarding and did know who to speak to in relation to safeguarding issues. Assurances were provided to the inspectors by the service provider that they would embark on a consultative process with all residents, following the inspection, to hear residents experiences and concerns.

The service had no records to demonstrate how they promoted the health, wellbeing and development of the residents. While residents were provided with information on how to access community services, there were no records to demonstrate how residents were supported on a day-to-day basis in relation to health promotion, physical and mental health or their welfare.

There were some residents with known special reception needs but the provider, in most cases, had not been made aware of vulnerabilities in advance of a resident arriving to the centre. The service did not have a policy to identify, communicate and address existing and emerging special reception needs. The service distributed vulnerability assessments to residents upon arrival and it was the resident's responsibility to forward a completed assessment to the DCEDIY. Therefore, staff remained unaware of potential special reception needs. While staff did not have specific training to identify and respond to emerging or identified needs of residents, the centre manager said the service liaised with the relevant healthcare providers, when special reception needs were known. Some residents in tented accommodation had additional vulnerabilities due to the nature of their accommodation but they did not have access to additional supports or services, outside of what was available for all residents.

There was no reception officer employed in the centre as required by national standards. The social inclusion officer and managers took on some responsibilities of this role but this was not sufficient.

#### **Standard 4.1**

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

There were no arrangements in place to ensure that, where possible, accommodation was allocated in a way that considered residents' identified needs and best interests. While families were accommodated together, there was no policy to ensure a fair and transparent process was followed that considered residents' needs and rights. The service provider had not assessed or escalated their inability to meet the needs or promote the rights of residents living in tents.

Judgment: Not Compliant

**Standard 4.3**

The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.

The privacy, dignity and safety of all residents' was not protected and promoted in the centre, particularly in the tented accommodation area. Residents' living spaces were found to be very cluttered and did not have access to storage spaces in some cases. While residents had the opportunity to request a single room, requests based on vulnerabilities were not prioritised.

Judgment: Not Compliant

**Standard 4.4**

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

Families were found to be accommodated together in the centre. Space was limited in some of the family rooms which restricted opportunities for children to play and develop. Despite this, there were designated child-friendly spaces within the centre where children could access for play and to complete schoolwork. There was limited living space for families in some accommodation which restricted general activities of daily living.

Judgment: Partially Compliant

**Standard 4.6**

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

The educational development of children and young people was supported by the service provider. Transport was provided to bring children to and from school. Children had access to crèche and afterschool placements in the community facilitated by the service provider. There were appropriate and adequate facilities in the centre to ensure children could complete their homework and study.

Judgment: Compliant

**Standard 4.7**

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

There was an ongoing plan to renovate the laundry room and increase the numbers of washing and drying machines available to residents. This was a positive step by the service provider as laundry facilities were not sufficient at the time of the inspection. Despite there being a cleaning programme in place, inspectors found that many areas of the centre required a deep clean as well as a sustained and monitored cleaning programme.

Judgment: Not 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 service provider ensured that sufficient and appropriate non-food items were made available to residents. There was a system in place to provide residents with toiletries, fresh towels and bedlinen. Most residents were satisfied with the provisions but there was some confusion for residents who had status regarding their entitlements.

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 service offered a fully catered service but there was no option for residents to prepare their own meals if they wished to do so. While some residents had access to small kitchenettes, these did not contain adequate facilities to allow residents prepare their own food. The dining area had limited opening times and residents did not have permissions to access these facilities outside of these times. Many residents advised that they had sourced their own cooking equipment and fridges and stored these in their rooms as the catering facilities did not meet their needs.

Judgment: Not 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.

Good-quality food and choices were offered at meal times with a 28-day rolling menu in place. While some residents reported that they were not satisfied with the meals provided, steps had been taken to cater for a wide range of cultures. Residents had access to water and hot drinks at all times but they had to request food or snacks from catering staff outside of mealtimes which did not promote their rights.

Judgment: Substantially Compliant

## Standard 6.1

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

This inspection found that while residents were provided with some information about their rights, had access to advocacy services and had space to practice their religion, further work was required to ensure the service was provided through a rights-based and person-centred approach. There were many incidents where residents' rights to respect, privacy, safety and dignity were not promoted or safeguarded and this impacted negatively on the residents. In addition, children were not informed of their rights or supported in exercising their rights. Inspectors found that the service provider needed to consider how a culture which respected, promoted and protected the rights of residents could be created, developed and sustained.

Judgment: Not Compliant

## Standard 7.1

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

The service provider supported and facilitated residents to maintain personal and family relationships. A private space was available for residents to meet with their family and friends but many of the residents told inspectors they choose not to bring visitors to the centre.

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 had developed links with local community initiatives to facilitate children accessing crèche and after-school facilities. Support services routinely visited the services to support the residents in relation to housing and advocacy needs. There was a set timetable for residents to access transport to and from the city three times a day in line with their contractual obligations. Despite this, many residents reported that the transport timetable did not suit their needs. Inspectors found that a review of the transport arrangements in the centre was required to ensure they were meeting the needs of residents and to develop contingency plans should transport be required in exceptional circumstances, outside of the timetabled bus service.

Judgment: Substantially Compliant

## Standard 8.1

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

Safeguarding practices required significant improvement. The service had an adult safeguarding statement but there was no detailed policy to outline how concerns related to the safeguarding of adults should be managed. There was no designated officer appointed to manage adult safeguarding concerns. Some residents told inspectors that they did not always feel safe in the centre, were not aware of the policies relating to safeguarding and did not know who to speak to in relation to safeguarding issues. They also told inspectors that they had observed incidents on a regular basis relating to drug use, alcohol use and aggressive behaviours but inspectors found that there were no records relating to such incidents. These risks had not been assessed and therefore action to mitigate the risks from reoccurring were not in place.

Judgment: Not 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.

Not all staff had completed the required training in Children First (2017). Not all staff had the required Garda vetting which is an essential safeguard, resulting in potentially



unidentified and unmanaged risks in the service related to safeguarding children. The service had not assessed risks relating to childminding arrangements or how children were supervised in the centre. There was no centralised system to monitor or oversee safeguarding or welfare concerns.

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.

The service provider did not ensure that all incidents or adverse events were recorded and there was no system to oversee and monitor concerns relating to the safeguarding of all residents. There was limited recording of incidents or safeguarding concerns and incidents were often managed informally and not recorded. This presented risks for the service which had not been considered or assessed.

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 had no records to demonstrate how they promoted the health, wellbeing and development of the residents. While residents were provided with information on how to access community support services, there were no records to demonstrate how residents were supported on a day-to-day basis in relation to health promotion, physical and mental health or their welfare. Some residents said the service had not supported them in relation to medical conditions and the negative impact their living conditions had on them.

Judgment: Not Compliant

### **Standard 10.2**

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

There was no specialised training or support provided to staff in the centre to identify and respond to special reception needs and vulnerabilities of residents. Inspectors were advised that when they were aware of special reception needs, they liaised with the relevant services but there was no evidence provided to demonstrate this.

Judgment: Not Compliant
<p><b>Standard 10.3</b></p> <p>The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.</p>
There was no policy in place to identify, communicate and address existing and emerging special reception needs of residents.
Judgment: Not Compliant
<p><b>Standard 10.4</b></p> <p>The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.</p>
There was no reception officer as required by the national standards and while there was a staff member completing some aspects of the role, they did not have the necessary qualification.
Judgment: Not Compliant
<p><b>Standard 10.5</b></p> <p>In accommodation centres where a significant percentage of residents are deemed to be exceptionally vulnerable or in cases where a centre has been designated for exceptionally vulnerable international protection applicants, the service provider makes additional measures available.</p>
Some residents had additional vulnerabilities due to the nature of their accommodation and wider situations but they did not have access to additional supports or services, outside of what was available for all residents.
Judgment: Not Compliant

## Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Not Compliant
Standard 1.2	Not Compliant
Standard 1.3	Partially Compliant
Standard 1.4	Not Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Not Compliant
Standard 2.3	Not Compliant
Standard 2.4	Not Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Not Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Not Compliant
Standard 4.3	Not Compliant
Standard 4.4	Partially Compliant
Standard 4.6	Compliant
Standard 4.7	Not Compliant
Standard 4.9	Substantially Compliant
<b>Theme 5: Food, Catering and Cooking Facilities</b>	

Standard 5.1	Not Compliant
Standard 5.2	Substantially Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Not Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.1	Compliant
Standard 7.2	Substantially Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Not Compliant
Standard 8.2	Not Compliant
Standard 8.3	Not Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Not Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.2	Not Compliant
Standard 10.3	Not Compliant
Standard 10.4	Not Compliant
Standard 10.5	Not Compliant

# Compliance Plan for: Knockalisheen Accommodation Centre

**Inspection ID:** MON-IPAS-1006

**Date of inspection:** 31/01/2024 and 01/02/2024

## 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>Full retraining on national standards completed with management team on site, this has been signed off on all training cards and included on the site training plan for re-training on a quarterly basis.</p> <p>Briefing on the national standards carried out with all staff. Online training is being arranged by Aramark and will be completed by 30<sup>th</sup> May.</p> <p>Compliance plan put in place for all areas of the HIQA inspection. This will be audited and recorded by the Regional Manager on each visit to ensure compliance. Aramark Audit team will also review on their site visits.</p> <p>Timeline for the closure of all non-compliances in this standard is 30<sup>th</sup> April, 2024.</p>	
1.2	Not Compliant
<p>Full review has taken place on the management systems / governance of the site. Reviews and additions have been included and this will be reviewed on an annual basis going forward.</p> <p>Full complaints system in place. A complaints / incidents has been set up and is in operation currently. This is recorded from the reception.</p> <p>Any resident requests are also logged in the resident request logs which are held at reception, catering, maintenance, social liaison teams.</p>	

Risk assessments have been completed on site and an independent risk management company have been engaged by Aramark to complete risk assessments on resident welfare, and mental health. This is due for completion on the 12<sup>th</sup> April, 2024.

Resident survey will be completed by end of March.

A weekly resident calendar is now in place for communication with residents. This indicates all activities upcoming for the following week. Any updates to residents are shared on the resident email group also.

Management is available daily to communicate with residents and a specific clinic times to suit resident times is now in operation.

1.3

Partially Compliant

A full review of the residents charter has taken place and is currently being updated. The final version will be recirculated to all residents.

This is due for completion by 30<sup>th</sup> March, 2024.

This will also be translated into the main languages, Arabic, Pashto, French, Georgian, for residents. Translation will be completed and in circulation for 26<sup>th</sup> April, 2024.

1.4

Not Compliant

A full operations manual on the service and monitoring of same, provided to residents has been completed and will be part of the review on an annual basis.

Management clinics will record feedback from residents on the service provision.

A residents survey will take place 22<sup>nd</sup> March and every 3 months after for residents to complete on line and share feedback on the service.

Comment cards are also available at the site now for residents to complete and return to the comment card box at reception.

2.1

Not Compliant

the Aramark recruitment policy has been updated to include the recruitment of staff for the direct provision centres.

A garda vetting policy is in place for the centre and supervision arrangements in place for any member not garda vetted.

All team members where applicable have been instructed to get an International police check. A date of 30<sup>th</sup> June has been given for all team members to have this returned.

All team members have applications returned to the National Garda Vetting Unit.

A policy now exists for managing the outcome of the vetting process where risks are identified.

Reference checks are available on file for all new employees. TUPE employees from May 2004 who do not have reference checks on file have been asked to forward same. A date of 30<sup>th</sup> June has been given for all members.

2.3	Not Compliant
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All staff members have now completed a full annual performance review. These are held for review on personnel files.

This will be recorded and monitored every 3 months by Department Heads.

A weekly management meeting is now held and documented, and any areas of support needed are addressed and resolved.

A system for ongoing monitoring and supervision has also been introduced on site. This is to commence 3 months from the annual performance reviews held in March. A full calendar is set up with dates for employee check ins. These check ins will be recorded, reviewed and kept on employee files.

This new system will commence June 2024.

2.4	Not Compliant
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A full training plan is now in place. This covers all areas of training.

All training will be completed by 30<sup>th</sup> April, and will be annual review thereafter unless competency reviews require additional training.

All staff have now completed the Childrens First.

Additional training as per the National Standards is ongoing with a completion date of 30<sup>th</sup> April.

3.1	Not Compliant
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A full review of risk assessment was completed on site. An immediate action of risk assessments was completed. Aramark Health & Safety reviewed all risks on site and an independent consultant has been employed. A full site review is currently underway for all risks in particular those relating to resident wellbeing and mental health. This is due for completion on the 12<sup>th</sup> April. This will form part of the bi monthly review which will be held on site between management, regional manager and health and safety.



4.1	Not Compliant
<p>A new system is now in operation to inform IPAS of the resident profiles where vacancy exists. This is done on the weekly returns register where management inform IPAS of the nationality / gender etc vacancy that exists. Also included is age profile of children if a family room is vacant which highlights the vacancies in local schools and support clubs.</p> <p>A formal meeting is requested for Aramark to meet IPAS regarding the tented accommodation and to suggest again as previously the modular type structures Aramark can provide.</p> <p>Should any single rooms arise a policy in place with regards to requests for residents needs and interests which will be reviewed at the weekly management meetings.</p>	
4.3	Not Compliant
<p>Aramark requested the army to come on site and put up privacy curtains in tents. Awaiting confirmation from IPAS to proceed in all tented accommodation.</p> <p>Additional storage lockers were offered to each resident on site.</p> <p>A storage container is now available for residents to store additional luggage and a ticket system for return of luggage / belongings in place.</p> <p>Single room policy is now in place.</p>	
4.4	Partially Compliant
<p>Review of family accommodation is ongoing. Additional storage is now available to free up accommodation space.</p> <p>Homework clubs, offsite are available for all children to attend. Transport is provided to support the children and families to attend.</p> <p>Closure date of 30<sup>th</sup> April 2024.</p>	
4.7	Not Compliant
<p>Approval has been given for the renovation works to commence in the laundry room. Currently waiting on start date from OPW on the structural works required.</p> <p>Machines and dryers have been purchased by Aramark and are in storage awaiting the structural work to be completed.</p> <p>A full review of the cleaning on site has taken place. The cleaning team are registered for BICS training.</p>	

Housekeeper Supervisor training is being completed to ensure a sustained and monitored cleaning programme is in place.	
5.1	Not Compliant
<p>Dining times for breakfast, lunch and evening meals are in place. Outside of these meal times snacks are now available from the dining room with the exception of 30 minutes after each service to allow for cleaning.</p> <p>A request for the provision of self catering kitchen as in other state owned centres is currently being reviewed. Closure date of 30<sup>th</sup> June.</p>	
6.1	Not Compliant
<p>Adult safeguarding statement updated. Training carried out in child and adult safeguarding. Training plan in place for all staff to be completed by April 30<sup>th</sup>.</p> <p>The Ombudsman for children were on site 6<sup>th</sup> March to meet all age groups for all children's voices to be heard and their input given.</p> <p>Ombudsman know your rights poster up in reception area for all residents.</p> <p>All residents are now issued as part of the induction pack, Know Your Rights, A Guide For International Protection Applicants.</p>	
8.1	Not Compliant
<p>A detailed policy is now in place to outline how concerns relating to the safeguarding of adults is managed.</p> <p>Management representative has been appointed as designated officer to manage adult safeguarding concerns.</p> <p>Requested support from local support services to come on site to speak to residents regarding drug and alcohol use.</p> <p>Risk assessment will be completed by 12<sup>th</sup> April.</p> <p>Safeguarding Policy is displayed in the reception area. Safeguarding information link sent out to residents.</p> <p>All Incidents are reported to IPAS regarding issues on site and copies are now printed and kept on file with supports taken.</p>	
8.2	Not Compliant

Childrens first training completed by all staff. Garda Vetting has been reviewed and risk assessment completed.

TUSLA and HIQA will be informed of all child protection issues on site. All staff aware of child safeguarding statement and Aramark disciplinary procedures will be followed. KAC has two DLP's and names are up on the notice board in reception.

A meeting with the parents has been arranged for 27<sup>th</sup> March regarding childminding arrangements where parents will be reminded of best practice for childcare arrangements.

Knockalisheen Accommodation Centre are liaising with Northside Family Resource Centre so children will be included in all information for classes sessions going forward.

8.3

Not Compliant

All incidents are now recorded on site and logged on the system. This will be reviewed and monitored monthly with the manager and regional manager, risks identified and actions to be put in place to ensure no reoccurrence.

All formal written complaints are notified to IPAS on a monthly basis.

A new resident request is also in place for any requests made by residents and will form part of the incident review on a monthly basis.

9.1

Not Compliant

Management have now worked with Limerick Mental Health and a representative is on site weekly to meet residents. Residents are informed of this via the resident email group.

Information on all HSE clinics is now available to residents.

Management working with Limerick sports partnership to engage residents with activities both on site and in the local community. This is shared to residents via the email group.

LCETB now involved in the centre and promoting events for resident wellbeing.

A full monthly calendar is now in place to record activities / events in supporting health wellbeing and development of residents and is available at reception and also emailed to residents.

10.2

Not Compliant

Specialised training plan in place for all staff. This is due for completion by 30<sup>th</sup> April.

Any liaison between management and relevant services regarding to special reception needs will now be recorded and kept on residents file.	
10.3	Not Compliant
<p>IPAS have now suspended the vulnerability assessment forms, management have in place a policy for addressing special reception needs of residents.</p> <p>As part of the management meet at induction, a reception needs form will e completed and discussed with the resident and any action necessary taken. In the event the centre cannot meet the special reception needs of residents this will be forwarded to IPAS to address.</p>	
10.4	Not Compliant
<p>Social Liaison officer in place at the centre looking after needs of children and residents.</p> <p>A recruitment drive is in place by Aramark to have a reception officer appointed. It is expected to have someone in place in this role by the end of June.</p>	
10.5	Not Compliant
<p>Daily welfare checks are now taking place and being recorded for residents in the tented accommodation.</p> <p>Limerick Mental Health support now available to all residents.</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.	Not Compliant	Red	25/03/2024
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	25/03/2024
Standard 1.3	There is a residents' charter which accurately and	Partially Compliant	Orange	30/03/2024

	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.	Not Compliant	Red	06/03/2024
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	11/04/2024
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.	Not Compliant	Red	29/04/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Not Compliant	Red	29/07/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	26/02/2024
Standard 4.1	The service provider, in planning, designing and allocating	Not Compliant	Red	25/03/2024

	accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.			
Standard 4.3	The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.	Not Compliant	Red	30/04/2024
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	30/04/24
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.	Not Compliant	Red	25/03/2024
Standard 5.1	Food preparation and dining facilities meet the needs of	Not Compliant	Red	25/03/2024

	residents, support family life and are appropriately equipped and maintained.			
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Not Compliant	Red	25/03/2024
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Not Compliant	Red	26/02/2024
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.	Not Compliant	Red	26/02/2024
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	25/03/2024
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.	Not Compliant	Red	29/04/2024



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.	Not Compliant	Red	29/04/2024
Standard 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Not Compliant	Red	27/05/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	25/03/2024
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.	Not Compliant	Red	28/06/2024
Standard 10.5	In accommodation centres where a significant percentage of residents are deemed to be exceptionally vulnerable or in	Not Compliant	Red	29/04/2024

	cases where a centre has been designated for exceptionally vulnerable international protection applicants, the service provider makes additional measures available.			
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