Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of the Centre:	Atlantic Lodge
Centre ID:	OSV-0008416
Provider Name:	Cromey Ltd
Location of Centre:	Co. Kerry
Type of Inspection:	Unannounced
Date of Inspection:	22/01/2025 and 23/01/2025
Inspection ID:	MON-IPAS-1073

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[1] and international level[2] 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[3]. It was intended by Government at that time to end direct provision on phased basis by the end of 2024.

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

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent[4] 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

Atlantic Lodge is an accommodation centre located in a small town in Co. Kerry. The centre had previously operated as a hotel and is located within walking distance of centre of the town. There was one main building on the premises, with three portakabins (used for storage) to the rear. The main building contained 26 bedrooms and could accommodate up to 106 residents. The bedrooms in the centre varied in size and were used to provide accommodation for families and single adults. At the time of inspection 69 people were accommodated in Atlantic Lodge.

The entrance to the accommodation centre led to a large reception area. This contained a reception desk, a staff office and an open space with comfortable seating and children's toys. The main building also contained a laundry facility, a large dining room with games tables, a meeting room and kitchen facilities. All bedrooms contained an en-suite bathroom with a shower, and there were some public toilets available in the reception area.

Atlantic Lodge was managed by a centre manager who reported to a director of operations. The senior management team also included a director of services. The centre manager oversaw a team of staff including reception staff, night porters and maintenance staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	69

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)
22/01/2025	11:00hrs-17.45hrs	1	1
23/01/2025	08:20hrs – 15:20hrs	1	1

What residents told us and what inspectors observed

The inspectors found, through conversations with residents, a review of documentation and observations made during the inspection, that those living in Atlantic Lodge Accommodation Centre were receiving a good standard of support from the centre manager and staff team. Residents with whom inspectors spoke expressed satisfaction with the support they received from the staff team and spoke highly of them. However, the inspectors identified areas for improvement, particularly in relation to establishing internal processes for the oversight and monitoring of the service, and developing systems to facilitate increased service user consultation and engagement.

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

The primary function of the centre was to provide accommodation to international protection applicants. The resident group in the centre were from a number of different countries. While the centre provided accommodation to people seeking international protection, the inspectors found that some[5] residents had received refugee or subsidiary protection status and had received notice to seek private accommodation outside of the centre. The exact number was not known to the provider. Due to a stated lack of alternative accommodation available this was not always possible.

At the time of inspection, the centre accommodated 69 residents. Accommodation was provided across 26 bedrooms, with seven of these used to provide accommodation for families. The remainder of bedrooms housed single adults.

[5] The exact number was not known to the provider

The accommodation centre was located in a town in Kerry. It was situated within walking distance of a range of local services and facilities. The main accommodation building housed a reception area, a dining room with tables and chairs and a residents' kitchen. The reception area also contained two public bathrooms and a staff office. There was a small meeting room located between the reception area and the adjacent dining room. The dining room contained numerous dining tables of various sizes and chairs for residents to use. There were two full-size table-tennis and pool tables. There was a shelved corner in the dining room that contained a wide selection of books and DVDs for residents' use. The kitchen had five fully-equipped cooking stations which were available to residents. Residents told inspectors that fridge and freezer storage in the kitchen was limited and they could not cook or purchase extra food as they did not have the facilities to store it. Residents received bedlinen and towels on arrival at the centre, however six residents told inspectors they had not received a second set of bedlinen. The centre had a maximum number of three residents sharing a bedroom. All bedrooms in the centre contained an en-suite bathroom with a shower, toilet and hand-wash basin.

The entrance area of the main building of the centre was busy and there was a seating area for residents with sofas, coffee tables and toys for children to play with. The inspectors observed residents coming and going, some returning from walks or shopping. Residents shared with the inspectors that they enjoyed living in Kerry, appreciating the proximity of services and amenities. Some however, commented that it was expensive to get to the next town by public transport, where there was a greater choice of work available to them. The reception area was busy, with residents seeking and receiving assistance from staff members, while other residents were playing with their children in this space. Inspectors observed some residents cooking in the kitchen. Throughout the inspection, the inspectors observed courteous and respectful interactions between staff members and residents.

The inspectors completed a walk through of the building and found that overall it required a deep clean, particularly the kitchen where the floors were not clean and cooking utensils, plates and cutlery were left unwashed. In two bedrooms broken furniture and stained carpet were observed by the inspectors. There were three cabins at the rear of the main building. One had a sign denoting it as a homework room, another as a play area, and both were cold and had mould evident on the items stored in the cabins. There was a distinct damp smell in both. These spaces were not currently fit for purpose and required attention before they could be deemed safe or suitable for use by residents. Two residents mentioned to the inspectors that they would like a lockable storage cabinet in their room for personal belongings and documents. Residents also referenced the lack of fridge and freezer facilities in the kitchen and said they could not cook food for more than one meal because they only had a small fridge freezer in their bedroom and were limited by the storage space.

The facilities for children required attention. The outdoor space where inspectors were informed was designated as a play space for children required maintenance in order to make it suitable, safe and inviting for children to use. Inspectors were brought to a barbeque area at the front corner of the carpark that was not fit for use, as the barbeque was observed to be in disrepair. Furthermore, as this was a main thoroughfare for cars entering the parking area, which meant that this space was not safe for children.

Residents' views on the service were gathered by the inspectors through various methods of consultation including talking with them and resident questionnaires. The inspectors met and spoke with 16 adult residents and five children throughout the course of the inspection. Residents all reported that they felt safe living in the centre.

One resident referenced the lack of lockable storage for personal documents and also storage for clothing when speaking with the inspectors. Residents who met with the inspectors said that they were happy with the facilities and the accommodation provided. They said that the centre managers and staff team were supportive and that they felt comfortable seeking support from them.

The centre did not provide catering and operated a points system for food and sundries supplied from the service provider's shop. Residents used an online food ordering system with a points system to purchase food and the operations manager organised the delivery of the orders to the centre three times per week. When the inspectors spoke with residents, 12 of them referenced issues, in their opinion, with the food hall, such as food items not being available to meet residents' cultural or dietary preferences, products out of stock regularly, short shelf-life from date of delivery and vegetables and meat not being fresh.

Residents shared their views on the bathroom and laundry facilities. A laundry room was located at the rear of the building. This contained eight washing machines and eight dryers. There were also two hand-wash sinks. Residents gave generally positive feedback about the laundry arrangements. Some of the residents spoken with said that as they received just one set of bed linen on arrival, it could be difficult to have it washed and dried on the same day. All equipment in the laundry room was found to be in good working order at the time of inspection, although the lint drawer on five of the tumble dryers were full and this was brought to the providers attention in the context of it being a potential fire hazard. There were also facilities available to iron clothes.

In order to fully understand the lived experience of residents, the inspectors made themselves available to the residents over the course of the inspection. Some residents engaged with the inspectors and it was noted that for the most part they were satisfied with the support they received. Most of the residents with whom the inspectors spoke stated that the felt safe in the centre and were happy living there.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This inspection found that significant improvement to the governance and management arrangements of the centre was necessary in order to meet the requirements of the national standards, and to ensure the service was operated in a manner that met the needs of all of the residents who lived there. The inspection of Atlantic Lodge found deficits in areas such as governance and management, recording systems and internal audit systems for oversight and the ongoing monitoring of service provision.

There was a clear management structure in place in the centre. Atlantic Lodge was managed by a centre manager who oversaw a team of staff members including general operatives, night porters and domestic staff. The centre manager reported to a director of operations, who oversaw a number of other accommodation centres. The director of operations, in turn, reported to a director of service. The centre manager along with the director of operations and the administrative manager met with inspectors over the course of the inspection.

While there was a clearly defined governance and management structure in place, formal systems and processes for quality improvement, auditing and reporting were needed. Prior to the inspection, the service provider had developed a quality improvement plan and completed a self-assessment of their compliance with the national standards. This was a positive step by the service provider and demonstrated some understanding of their responsibilities as outlined in the national standards. The actions from the self-assessment and the review had been incorporated into an audit plan which would facilitate the provider to make sustained improvements. The operations manager informed the inspectors that they were addressing the actions required from the completed review, some of which reflected the findings of this inspection.

The day-to-day management of the centre by the manager was undertaken to a good standard. The centre manager was supported by the operations manager who was available to them as necessary. As part of the management team there was a reception officer available to support residents, however, some residents were not aware that this support was available to them and the role of reception officer needed to be developed further.

There was a complaints policy and process in place, but improvements were required as complaints were not appropriately recorded by staff. Residents informed inspectors that they had made complaints and some of these were resolved informally, however, some had not been documented. The complaints officer details were highlighted on a noticeboard. There was a resident survey circulated to residents to seek the views of

the residents but the ineffective complaints process meant the provider did not have a full understanding of the overall experiences of residents.

The service provider had no formal arrangements in place for resident meetings to be held, which would have been a positive forum by which to inform staff practices in the centre, and support quality improvement initiatives. Other forms of engagement were conducted on an informal basis and needed to be recorded, to ensure the views of residents were captured, heard and acted upon. Residents did report that they had very positive relationships with the centre manager and spoke very positively about the staff team employed in the centre. Residents stated that they felt listened to.

The service provider had a system in place to record and report on incidents which occurred in the centre. In addition, the service provider had developed an incident review system whereby incidents would be reviewed at incident learning meetings. In the case of one incident that occurred in the centre, the review that was completed was not comprehensive and there was no learning or skills development indicated to empower staff to manage incidents and prevent their reoccurrence.

The provider had prepared a residents' charter that clearly described the services available and this had been made available to residents. It was available in seven languages and was discussed with residents during their induction meeting at the centre. This ensured that residents had accurate information regarding the services provided to them in the centre.

The risk management framework for the centre required further development to ensure that all risks were identified, assessed, monitored and that appropriate control measures were in place to ensure a safe environment and service. For example, risks associated with resident's mental health had not been assessed in order to ensure that control measures were in place to reduce these risks. The service provider had developed and implemented a new risk management policy and a risk register had been developed. Both were in the early stages of implementation.

The service provider had a contingency plan in place to ensure the continuity of services in the event of an unforeseen circumstance. The emergency plan accounted for the needs of all residents including those with mobility issues and who may require additional support. Residents were informed about fire drills and emergency protocols were outlined on notice boards in the centre. Fire evacuation routes and exits were clearly marked and there was appropriate fire detection, alarm and emergency lighting systems in the centre.

The inspectors reviewed personnel files and found that all staff members had a valid Garda (Irish police) vetting disclosure. The inspectors found that all staff who had resided outside of the country prior to their employment had an international police

check in place. The service provider had a system in place to risk assess positive disclosures identified through vetting processes, where applicable.

From personnel files reviewed, inspectors found that the service had a performance management and appraisal system in place. The service provider had also ensured that personnel files were held securely. The recruitment policy had recently been implemented and it outlined that going forward two references would be sought for all staff members prior to employment. In addition, the service provider had developed a supervision policy and was implementing this. However, in practice, supervision focused on facilities management and required to be aligned to the function of supervision as outlined in the providers policy. Also following a supervision meeting there were no actions arising from it such as a need for training or performance improvement initiative and therefore the process was not as effective as it could be.

On the day of inspection the inspectors reviewed the staff rota which indicated that there was an adequate number of staff employed in the centre for the number of residents. The skill level of staff was also adequate to meet the number and needs of the residents. Staff members were trained in areas such as child protection and safeguarding of vulnerable adults.

Standard 1.1

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

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

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

Judgment: 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.

There was a clear management structure in place with a defined reporting structure. However it was not evident that the management team provided effective leadership and were accountable for areas within the service. The provider had completed a self-assessment of the quality and safety of the centre and was working on some continuous improvement opportunities that this assessment identified. While the provider had made improvements in some areas such as policy development, the arrangements required further implementation to be fully effective.

There was a complaints policy available in the centre. Inspectors found some complaints that were not managed in accordance with the provider's own policy, although it is noted that some issues were resolved informally.

Judgment: Partially Compliant

Standard 1.3

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

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

Judgment: Compliant

Standard 1.4

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

There were no formalised monitoring or review arrangements in place in the centre. Deficits in record keeping limited the potential for the provider to review service provision or to evidence any improvement initiatives they may have implemented. The findings of this inspection indicated that the provider did not have a clear understanding of the experience of all adults living in the centre. The provider had not carried out an annual review of the service.

Judgment: Partially Compliant

Standard 1.5

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

A residents' survey had recently been circulated and while this was a positive indication of active inclusion of residents in the delivery of services, it was still in the early stages of implementation. The provider had plans to develop a residents' committee but at the time of inspection this had not commenced. Residents did, however, inform the inspectors that they had regular informal discussions with staff and that they felt listened to.

Judgment: Substantially Compliant

Standard 2.1

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

The provider had ensured that there were safe and effective recruitment practices in place for the staff and management team. On review of documentation, the inspectors found that all staff had a valid Garda vetting disclosure and staff who had resided outside of the country for a period of six months or more had an international police check in place. A staff appraisal system had been developed by the provider, however, it had not been implemented at the time of the inspection.

Judgment: Substantially Compliant

Standard 2.2

Staff have the required competencies to manage and deliver person-centred, effective and safe services to children and adults living in the centre.

The service provider had ensured there were appropriate numbers of staff employed in the centre with regard to the number and needs of the residents and the size, layout and purpose of the service. The service provider had ensured that the staff team had the necessary experience and competencies to deliver person-centred support to the residents and to meet their individual needs.
Judgment: Compliant
Standard 2.3 Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.
The provider had recently developed a system for supervision of staff, however, the practice taking place in the centre was not aligned with the policy. Staff members spoken with said they felt supported by the centre managers.
Judgment: Substantially Compliant
Standard 2.4 Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.
Training was provided to all staff including safeguarding of vulnerable adults and disability awareness training. A record was kept of all training which had been completed. Members of the management team had received additional training in areas such as indicators of human trafficking.
Judgment: Compliant
Standard 3.1 The service provider will carry out a regular risk analysis of the service and develop a risk register.
The risk management framework required further development to ensure that all risks were identified, assessed, monitored and appropriate control measures were in place to provide a safe service. The service provider did have a risk management policy in place

and a risk register had recently been developed, however, it needed further improvement and implementation.
Judgment: Partially Compliant

Quality and Safety

Overall, the inspection found that the governance and management arrangements in place in the centre did not consistently facilitate the provision of a person-centred and good quality service to residents. Residents were supported to live independent lives and informed the inspectors that they felt safe living in Atlantic Lodge, but improvements were needed in relation to recording systems and the supply of non-food items to residents, to ensure that a consistently good quality service was provided. It was evident that considerable improvement was necessary in order to move towards a more person-centred approach to service delivery.

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

The inspectors found that the bedrooms in the accommodation centre were not fully clean and in two bedrooms there was stained carpet and broken furniture. The storage in bedrooms for clothing was inadequate and two residents mentioned to the inspectors that they would like a lockable storage cabinet in their room for personal belongings and documents. Residents also referenced the lack of fridge and freezer facilities in the kitchen and said they could not cook food for more than one meal because they only had a small fridge freezer in their bedroom and were limited by the lack of freezer storage space. On review the inspectors found that there was inadequate freezer and fridge facilities for residents use in the communal kitchen.

There were two cabins at the rear of the main building. One had a sign denoting it as a homework room another as a play area, both were cold and had mould evident on the items stored in the cabins and there was a distinct damp smell in both. These spaces were not fit for purpose and required attention before they could be deemed safe for use by residents. There was sufficient parking available for residents, staff members and visitors.

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

There were adequate communal facilities for residents to use, including a communal dining room and the reception area and these areas were in good condition and nicely decorated. There was Wi-Fi available throughout the centre. There was a well-equipped laundry room with adequate number of washing machines and tumble dryers for the number of residents living in the centre.

The centre had a large kitchen with five cookers and ovens. The kitchen was equipped with dishwashers, washing up sinks although residents highlighted that there was no fridge and freezer storage available. The inspectors observed residents cooking and using the kitchens throughout the inspection. Residents explained that mostly they were happy with the kitchen facilities but cited the need for a fridge and freezer facility. The service provider explained that the residents had full access to the kitchen at all times.

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

Residents were provided with one set of bedding, towels and non-food items on arrival to the centre. Thereafter, non-food items were purchased by the resident from their allowance on their pre-loaded debit cards. The debit card allowance was increased to allow for toiletries and an extra set of bedlinen, but this was not communicated to the residents. Three residents said they did not receive the increase for a second set of bed linen. Residents were unable to wash and dry one set of bedlinen for use that same night. This amounted to an indeqaute supply of bedlinen to residents. There was no evidence that residents were consulted with regarding the types or varieties of non-food items provided in the centre. Inspectors also found that two residents who had babies had not received baby care items such as nappies from the provider, which was not in line with the requirements of the standards.

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

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

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

Improvements were required to ensure that incidents and adverse events were tracked and reviewed on a regular basis to ensure learnings from such events were captured and used to improve the service. The operations manager explained that an internal incident report had been developed to identify issues that had arisen and the supports that were offered. The service was planning to review these reports at regular incident learning meetings to identify areas for service improvement. While the service provider had policies in place for the management and reporting of incidents and a system to review and learn from such events, the inspectors found that incident review system was not operating effectively. As a result, this system did not highlight any learning and did not indicate if any supports were offered to residents following a serious incident.

Although the staff team made efforts to address residents' needs promptly and effectively, the service provider had not ensured that the team received adequate support to help them identify and meet residents' needs. The inspectors observed that staff support occurred informally, lacking formal systems to aid staff or promote learning and quality improvement following incidents or accidents.

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

The service provider had established a policy to identify, communicate and address existing and emerging reception needs and had also identified a staff member as having the required skills and experience to fulfil the role of reception officer. While the appointed reception officer possessed the necessary qualifications and was part of the senior management team, further development of the role was required. In particular, to ensure that the reception officer received adequate training and knowledge to become the primary point of contact for residents, staff, and management regarding special reception needs.

Although the provider had a special reception needs policy in place, they had yet to develop a guidance manual for the reception officer. The management team informed the inspectors that this manual was being developed. The inspectors were informed that vulnerability assessments were being completed but records were unavailable to the inspectors in the absence of the reception officer. The operations manager informed the inspectors that the reception officer had identified special reception needs and provided support to residents, however again, this information was not available to the inspectors or senior management as the reception officer was on leave. While individual files were held on residents, there was limited details recorded regarding the support offered by staff members. The inspectors found that there was no evidence of a substance misuse statement or policy in the centre.

The service provider and management team engaged with other agencies to provide information and access to a range of services for residents. The service provider supported residents to participate in education (both formal and informal), training, volunteering and employment opportunities. The service provider was supporting some residents to attend college and support was offered to residents to develop curriculum vitae for employment seeking.

In summary, while residents informed the inspectors that Atlantic Lodge was a safe place to live, this inspection found that there were deficits in the governance and management of the centre. In addition, the limited consultation with residents and the recording and reporting systems employed impacted negatively on the service provider's ability to have appropriate oversight of the centre and to monitor the quality of support residents were receiving.

Standard 4.1

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

The provider had recently developed a policy and procedures for allocation of rooms to residents. Rooms were allocated having regard to the needs of the residents including health conditions, familial links, cultural, linguistic and religious backgrounds. Residents with whom the inspectors spoke said they were happy with this approach and that the provider was accommodating where possible.
Judgment: Compliant
Standard 4.2 The service provider makes available accommodation which is homely, accessible and sufficiently furnished.
The service provider had ensured that the accommodation for residents was of a good standard for the most part and that the residents had sufficient space in line with the requirements of the national standards. However, improvements were required to bedrooms, kitchen facilities and the cabins at the rear of the centre.
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 privacy and dignity of family units was generally well respected and promoted. Families were accommodated together and each family room had an en-suite bathroom.
Judgment: Compliant
Standard 4.5 The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.

The centre had various facilities available for adults, such as spaces for dining, a large lounge area and a small library. There was a meeting room available for residents to use, however there were no spaces for residents to hold meetings in private. The centre itself had limited facilities available for children. Some facilities, such as toys and books, were available in communal areas. The dedicated space for children to play or complete homework was not suitable or safe. There was a public playground in walking distance from the centre.

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 provider had assisted residents to access crèche and pre-school facilities in the community. Older children attended school in the local area. There was no after-school or homework club provided in the centre, and there were no study spaces or materials (including computers) available in any communal areas for children.

Judgment: Partially Compliant

Standard 4.7

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

Inspectors found that the communal areas in the centre were not clean particularly the kitchen, the meeting room and the cabins at the rear of the centre. There were sufficient laundry facilities available to residents. These were maintained in good working order.

Judgment: Substantially Compliant

Standard 4.8

The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.

The inspectors found that the service provider had implemented suitable security measures within the centre which were deemed proportionate and adequate and which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre only and was monitored in line with the service provider's policy.

Judgment: Compliant

Standard 4.9

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

The service provider had not made available sufficient and appropriate non-food items such as nappies for babies to ensure personal hygiene, comfort, dignity, health and wellbeing. Residents were provided with the necessary utensils and equipment in the kitchen to allow them to live independently.

Judgment: Partially Compliant

Standard 5.1

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

The centre provided self-catering facilities for residents where they could cook foods of choice and culturally sensitive meals. There were storage facilities available for residents' food in their bedrooms and the kitchen was equipped with ovens, cookers, hot water and space for preparing meals. It did, however, require fridge and freezer facilities to meet the needs of residents.

Judgment: Substantially Compliant

Standard 5.2

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

The provider had developed an online food ordering system where the residents could order their groceries and they would be delivered to their accommodation from the provider's off-site shop. The service provider had not ensured that there was a variety of foods, brands and best value options which accommodated cultural, religious, dietary, nutritional and medical requirements available. Residents reported that the food was sometimes not fresh when it arrived at the centre or had a short shelf life from date of delivery.

Judgment: Partially Compliant

Standard 6.1

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

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

Judgment: Compliant

Standard 7.1

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

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

Judgment: Compliant

Standard 7.2

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

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

Judgment: Compliant

Standard 8.1

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

The service provider had comprehensive policies and procedures in place to protect all residents from all forms of abuse and harm. The inspectors reviewed incident records for the centre and noted that there was an effective recording system in place relating to safeguarding issues. Inspectors also found that the provider ensured that residents received the appropriate safeguarding supports following incidents, and had ensured that incident reporting forms were completed. However, the inspectors found one serious safeguarding incident in the centre which had been recorded by the provider but which had not been notified to HIQA, despite this being a requirement of the regulations. Nonetheless, the provider had recorded the incident in line with its policy and had informed the relevant government department at the time of the incident, which arranged the necessary supports for the resident. The provider had also reported the incident to An Garda Síochána and had put in place additional safeguarding measures, such as safety and welfare checks and had made a referral to the provider's special reception needs officer to provide further support to the residents involved.

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.

There was a system in place to record all incidents and serious events which occurred in the centre. However, the inspectors found one safeguarding incident which had not been notified to HIQA as per the requirements of the regulations.

Judgment: Not Compliant

Standard 9.1 The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person centred and needs-based support to meet any identified health or social care needs.
The service provider promoted the health, wellbeing and development of each resident. The staff team provided person-centred support that was appropriate and proportionate to the needs of the residents. Residents were provided with information and assistance to access supports for their physical and mental health. The service provider had engaged with community healthcare services, general practitioners and local NGOs to support resident's needs.
Judgment: Compliant
Standard 10.1 The service provider ensures that any special reception needs notified to them by the Department of Justice and Equality are incorporated into the provision of accommodation and associated services for the resident.
The provider ensured that any special reception needs notified to them informed the provision of accommodation and delivery of supports and services for the residents. Residents received information and referrals to relevant external supports and services as necessary. It was noted that the provider was generally not informed of special reception needs in advance of resident admissions.
Judgment: Compliant
Standard 10.2 All staff are enabled to identify and respond to emerging and identified needs for residents.
The service provider had a policy in place to identify, address and respond to existing and emerging special reception needs. The reception officer was enabled to identify and respond to emerging and identified needs for residents. However while there was evidence that staff supported residents with specific needs, at the time of inspection there was no system in place to provide guidance to staff as to how they were to identify and meet special reception needs.

Judgment: Substantially Compliant
Standard 10.3 The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.
The service provider had a policy in place to identify, address and respond to existing and emerging special reception needs. The reception officer was proactive in identifying the special reception needs of residents on an ongoing basis.
Judgment: Compliant
Standard 10.4 The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.
The service provider had made available a dedicated Reception Officer, they were suitably qualified and trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies. However, further development of the role was required to ensure that residents were aware this support was available to them and to facilitate meetings with the reception officer should they wish to. Also confidential records which are kept by the reception officer should be accessible by a member of senior management in the reception officers absence to ensure continuity of support.
Judgment: Substantially Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Not Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Partially Compliant
Standard 1.5	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.2	Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.2	Partially Compliant
Standard 4.4	Compliant
Standard 4.5	Partially Compliant

Standard 4.6	Partially Compliant
Standard 4.7	Substantially Compliant
Standard 4.8	Compliant
Standard 4.9	Partially Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Substantially Compliant
Standard 5.2	Partially Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Substantially Compliant
Standard 8.3	Not Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Substantially Compliant
Standard 10.3	Compliant
Standard 10.4	Substantially Compliant

Compliance Plan for Atlantic Lodge

Inspection ID: MON-IPAS-1073

Date of inspection: 22 and 23 January 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

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

The service provider continues to engage in a 3-year Quality Improvement Strategy across the centre to ensure the centre performs its functions efficiently and effectively as outlined in relevant legislation, regulations, national policies and standards. Since the first inspection in 2024 the Centre has implemented many Quality Improvement Initiatives. The service provider is committed to performing its functions efficiently and effectively as outlined in relevant legislation, regulations, national policies and standards. In this respect, the service provider has secured an experienced Quality and Compliance Manager to support the team and staff in the Centre to fulfill the requirements set out in the relevant legislation, regulations and standards. The Quality and Compliance Manager is due to commence at the end of March 2025.

The service provider has taken the necessary steps to understand their responsibilities under the relevant legislation and the national standards, and to perform its functions accordingly. The service provider acknowledges the requirement to ensure incidents are reported in accordance with Standard 8.3. and within the specified timeframe. Additionally, the centre reviewed and updated the incident report to include sections on learning and dissemination of learning among staff within the centre.

The Centre has developed policies and procedures in relation to Safeguarding, Incident Management and Risk Management. The management and staff have completed safeguarding and Children First training. Senior management immediately

actioned the areas to improve in the recording and reporting of incidents within the specified timeframe. The governance and risk management framework will be further developed to ensure there is robust recording and reporting systems in place with effective monitoring and oversight of service provision. A full review of the center's Quality Improvement Plan will be completed and further developed in April 2025. It will include the following:

(1) Incident management system (documentation, recording and reporting will be reviewed and further developed to ensure the requirements set out in relevant legislation, regulations and standards are met. A robust system will be implemented to ensure notifications including safeguarding notifications are submitted in a timely manner and in accordance with the specified timeframe.

(2) The training needs analysis will be reviewed and further developed to identify training needs and all relevant trainings will be scheduled and completed. A training matrix will be further developed to ensure compliance with all mandatory and role specific trainings to fulfill the requirements set out in the relevant legislation, regulations and standards.

(3) Policies including the safeguarding policy, risk management policy will be reviewed and further developed to ensure incidents are managed in line with the relevant standards and legislation and learning from the incident will be recorded and disseminated to staff. Ongoing training will continue with staff as part of a continuous Quality Improvement Plan

(4) The service provider is in the process of procuring a software system to manage all areas of service provision. The integration of a new recording and reporting system will support the Centre, staff and management to improve record keeping and support the implementation of Quality Improvement Initiatives within the Centre. Additionally, it will provide the senior management and Centre manager with additional layers of governance and oversight. The development of the system for use in the Centre is currently underway in March 2025 and it is envisaged the software system will be rolled out in the coming months.

1.2	Partially Compliant

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

The service provider continues to engage in a 3-year Quality Improvement Strategy across the centre to ensure the centre performs its functions efficiently and effectively as outlined in relevant legislation, regulations, national policies and standards. Since the first inspection in 2024 the Centre has implemented many

Quality Improvement Initiatives. The service provider is committed to performing its functions efficiently and effectively as outlined in relevant legislation, regulations, national policies and standards. In this respect, the service provider has secured an experienced Quality and Compliance Manager to support the team and staff in the Centre to fulfill the requirements set out in the relevant legislation, regulations and standards. The Quality and Compliance Manager is due to commence at the end of March 2025.

The service provider has taken the necessary steps to understand their responsibilities under the relevant legislation and the national standards, and to perform its functions accordingly. The service provider acknowledges the requirement to ensure complaints are managed in accordance with the centre's Complaints Policy and Procedures. The Complaints Policy was reviewed and areas for improvement were immediately actioned. The Complaints Policy and Procedure will be further developed in April 2025 to ensure complaints are recorded and managed in line with the relevant standards, legislation and the Centre's policy. Ongoing training will continue with staff as part of a continuous Quality Improvement Plan.

1.4	Partially Compliant

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

The service provider continues to engage in a 3-year Quality Improvement Strategy across the centre to ensure the centre performs its functions efficiently and effectively as outlined in relevant legislation, regulations, national policies and standards. Since the first inspection in 2024 the Centre has implemented many Quality Improvement Initiatives. The service provider is committed to performing its functions efficiently and effectively as outlined in relevant legislation, regulations, national policies and standards. In this respect, the service provider has secured an experienced Quality and Compliance Manager to support the team and staff in the Centre to fulfill the requirements set out in the relevant legislation, regulations and standards. The Quality and Compliance Manager is due to commence at the end of March 2025.

The service provider has taken the necessary steps to understand their responsibilities under the relevant legislation and the national standards, and to perform its functions accordingly. The service provider acknowledges the requirement to implement a robust governance structure that maintains comprehensive record keeping with ongoing monitoring and review of documentation. Ongoing training and supervision will continue with staff as part of a continuous quality improvement plan.

A full review of the center's Quality Improvement Plan will be completed and further developed in April 2025.

Resident meetings are scheduled in April 2025 to engage with residents and gain further understanding of their lived experience in the center and feedback will be actioned appropriately. All relevant documentation will be completed and meetings will be scheduled regularly and reflected in a meetings calendar which will be devised with staff and in agreement with the residents. A suite of audits will be developed and an audit schedule will be devised and implemented by June 2025 to ensure ongoing quality improvements in service provision. Resident feedback will remain an ongoing part of the Quality Improvement Plan in 2025 to ensure the services provided met the needs of the residents

The service provider is in the process of procuring a software system to manage all areas of service provision. The integration of a new recording and reporting system will support the Centre, staff and management to improve record keeping and support the implementation of Quality Improvement Initiatives within the Centre. Additionally, it will provide the senior management and Centre manager with additional layers of governance and oversight. The development of the system for use in the Centre is currently underway in March 2025 and it is envisaged the software system will be rolled out in the coming months.

Annual reviews will commence in 2025 as part of the quality improvement plan and going forward will be scheduled to be completed Q1 on an annual basis. The Annual Review for 2024 will commence in April 2025.

3.1	Partially Compliant

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

The service provider continues to engage in a 3-year Quality Improvement Strategy across the centre to ensure the centre performs its functions efficiently and effectively as outlined in relevant legislation, regulations, national policies and standards. Since the first inspection in 2024 the Centre has implemented many Quality Improvement Initiatives. The service provider is committed to performing its functions efficiently and effectively as outlined in relevant legislation, regulations, national policies and standards. In this respect, the service provider has secured an experienced Quality and Compliance Manager to support the team and staff in the Centre to fulfill the requirements set out in the relevant legislation, regulations and standards. The Quality and Compliance Manager is due to commence at the end of March 2025.

The service provider has taken the necessary steps to understand their responsibilities under the relevant legislation and the national standards, and to perform its functions accordingly. The service provider acknowledges the requirement to further develop the the Risk Management Policy to ensure all risks identified are monitored and reviewed and updated regularly.

A full review of the center's Quality Improvement Plan will be completed and further developed in April 2025. The Risk Management Policy will be reviewed in April 2025 and ongoing training and supervision will continue to support staff assigned to risk management are aware of the risks recorded and the measures in place to control the risks. A schedule to review risks will be implemented and risk management will be incorporated in management/staff meetings and audit schedules in 2025.

4.2	Partially Compliant

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

The cabins to the rear of the Centre were reviewed and immediate action was taken to ensure the space was well heated and kept clean and tidy. The cabins are designated spaces to utilise for resident activities such as homework/study rooms and meetings rooms.

Kitchen facilities are currently under review and will form part of the quality improvement plan for the Centre.

4.5	Partially Compliant

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

A room is available within the Centre for residents to utilise for private meetings. Management is examining the possibility of sectioning off a dedicated outdoor space for Children. The cabins are designated spaces to utilise for resident activities such as homework/study rooms and meetings rooms. The homework room was immediately actioned and is now readily available for residents to use.

The Centre has a cleaning schedule in place to ensure communal areas remain clean and tidy and ongoing monitoring will form part of the quality improvement plan.

4.6	Partially Compliant

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

A study room is available for children. The procurement of computers will be reviewed as part of the Centre's quality improvement plan.

4.9	Partially Compliant

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

The matter of non-food items has been reviewed and updated. Full details have been forwarded to the HIQA Inspector in recent times. All items remain available through the online ordering system. Residents are encouraged to offer suggestions and feedback to improve the service and the option to provide feedback is available through the online service. Feedback from the residents has been positive to date.

5.2	Partially Compliant

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

Residents are encouraged to offer suggestions and feedback to improve the service and the option to provide feedback is available through the online service. A full review of the service will be completed in April 2025 as part of the quality improvement plan for the Centre.

Resident meetings will be scheduled in April 2025 to engage with residents and gain further understanding of their lived experience in the center and feedback will be actioned appropriately. All relevant documentation will be completed and meetings will be scheduled regularly and reflected in a meetings calendar which will be devised with staff and in agreement with the residents wishes and needs.

8.3	Not Compliant

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

The service provider continues to engage in a 3-year Quality Improvement Strategy across the centre to ensure the centre performs its functions efficiently and effectively as outlined in relevant legislation, regulations, national policies and standards. Since the first inspection in 2024 the Centre has implemented many Quality Improvement Initiatives. The service provider is committed to performing its

functions efficiently and effectively as outlined in relevant legislation, regulations, national policies and standards. In this respect, the service provider has secured an experienced Quality and Compliance Manager to support the team and staff in the centre to fulfil the requirements set out in the relevant legislation, regulations and standards. The Quality and Compliance Manager is due to commence at the end of March 2025.

The service provider has taken the necessary steps to understand their responsibilities under the relevant legislation and the national standards, and to perform its functions accordingly. The service provider acknowledges the requirement to ensure incidents are reported in accordance with Standard 8.3. and within the specified timeframe. Additionally, the centre reviewed and updated the incident report to include sections on learning and dissemination of learning among staff within the centre.

The Centre has developed policies and procedures in relation to Safeguarding, Incident Management and Risk Management. The management and staff have completed safeguarding and Children First training. Senior management immediately actioned the areas to improve in the recording and reporting of incidents within the specified timeframe. The governance and risk management framework will be further developed to ensure there is robust recording and reporting systems in place with effective monitoring and oversight of service provision. A full review of the centre's Quality Improvement Plan will be completed and further developed in April 2025. It will include the following:

(1) Incident management system (documentation, recording and reporting will be reviewed and further developed to ensure the requirements set out in relevant legislation, regulations and standards are met. A robust system will be implemented to ensure notifications including safeguarding notifications are submitted in a timely manner and in accordance with the specified timeframe.

(2) The training needs analysis will be reviewed and further developed to identify training needs and all relevant trainings will be scheduled and completed. A training matrix will be further developed to ensure compliance with all mandatory and role specific trainings to fulfil the requirements set out in the relevant legislation, regulations and standards.

(3) Policies including the safeguarding policy, risk management policy will be reviewed and further developed to ensure incidents are managed in line with the relevant standards and legislation and learning from the incident will be recorded and disseminated to staff. Ongoing training will continue with staff as part of a continuous Quality Improvement Plan

(4) The service provider is in the process of procuring a software system to manage all areas of service provision. The integration of a new recording and reporting system will support the centre, staff and management to improve record keeping and support the implementation of Quality Improvement Initiatives within the centre. Additionally, it will provide the senior management and centre manager with additional layers of governance and oversight. The development of the system for use in the centre is currently underway in March 2025 and it is envisaged the software system will be rolled out by July 2025.

(5) The Centre will continue to encourage resident engagement to ensure service provision meets the needs of the residents. A suite of audits will be developed and an audit schedule will be devised and implemented by June 2025 to ensure ongoing quality improvements in service provision. Resident feedback will remain an ongoing part of the Quality Improvement Plan in 2025 to ensure the services provided met the needs of the residents

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	21/03/2025
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	30/04/2025
Standard 1.4	The service provider monitors and reviews the	Partially Compliant	Orange	30/04/2025

	quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.			
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	30/04/2025
Standard 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Partially Compliant	Yellow	30/04/2025
Standard 4.5	The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.	Partially Compliant	Orange	30/04/2025
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.	Partially Compliant	Orange	30/04/2025
Standard 4.9	The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity,	Partially Compliant	Orange	18/03/2025

	health and wellbeing.			
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.	Partially Compliant	Orange	30/04/2025
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Not Compliant	Red	21/03/2025