



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

Name of the Centre:	Davis Lane Apartments
Centre ID:	OSV-0008425
Provider Name:	Cromey Ltd.
Location of Centre:	Co. Cork
Type of Inspection:	Unannounced
Date of Inspection:	14/04/2025 and 15/04/2025
Inspection ID:	MON-IPAS-1094

## Context

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

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

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

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

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

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

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

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

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

## About the Service

Davis Lane Apartments is an accommodation centre in the town of Mallow, Co. Cork. The centre is located off the main street, in close proximity to local services and transport links. The centre has capacity to accommodate 52 residents. At the time of the inspection there were 54 residents living in the centre; including 12 families and one single female.

The centre comprises of one apartment block containing 13 apartments. Apartments were either two or three- bed in size and each had a kitchen and living area and a family bathroom. Each apartment had its own private laundry facilities. There was also a small office on site for staff to use when based at the centre.

Davis Lane Apartments is managed by a centre manager, who reports to the operations manager. The centre manager is based at another of the provider's centres, and visits Davis Lane on a scheduled basis, or when requested. A member of the household staff is based in the centre Monday to Friday and maintenance staff visit the centre as required.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	54
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## How we inspect

This inspection was carried out to assess compliance with the *National Standards for accommodation offered to people in the protection process* (2019). To prepare for this inspection, the inspector reviewed all information about the service. This includes any previous inspection findings, information submitted by the provider, provider representative or centre manager to HIQA and any unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- talk with staff to find out how they plan, deliver and monitor the services that are provided to residents
- speak with residents to find out their experience of living in the centre
- observe practice to see if it reflects what people tell us and
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service provider is complying with standards, we group and report under two dimensions:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the service and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the service people receive and if it was of good quality and ensured people were safe. It included information about the supports available for people and the environment which they live.

A full list of all standards that were inspected against at this inspection and the dimension they are reported under can be seen in Appendix 1.

**The inspection was carried out during the following times:**

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
14/04/2025	10:00–18:10	1	1
15/04/2025	08:25–12:30	1	1

## What residents told us and what inspectors observed

From speaking with residents and through observations made during the inspection, the inspectors found that residents were well supported and said that they felt happy and safe living in the centre. The staff team provided a person-centred service and encouraged residents to integrate into the local community and live independent lives.

The inspection took place over two days and during this time the inspectors spoke with eight adults and met with 11 children living in the centre. The inspectors also had conversations with a number of other residents throughout that time. The inspectors also spoke with the centre manager and three members of the management team during the course of the inspection.

Davis Lane Apartments provided accommodation to 54 residents, specifically 12 families and one single female. At the time of the inspection, 23 of the residents were children. Accommodation was provided across 13 apartments, which were either two-bed or three-bed in size. The centre had capacity for 52 residents, and at the time of the inspection the centre was over its designated capacity; however, due to accommodation being own-door in nature and there being sufficient space in the apartments to accommodate the number of residents residing there, this did not negatively impact residents. While the primary function of the centre was to provide accommodation to people seeking international protection, of the 54 residents living in the centre at the time of the inspection, 24 (44.4%) had refugee status or had valid permission to remain in Ireland.

On arrival at the centre, the inspectors found the centre to be clean and well maintained, and the inspectors met with a member of the household staff who was undertaking cleaning duties in the entrance hallway. The centre was located in the centre of the town, within easy walking distance of shops, services and local transport links. The apartments were situated on the second and third floors of the building and opened into a secured central courtyard area, which residents shared and where children were observed to be playing games and enjoying the outdoor space. The ground floor entrance area comprised a corridor with lift access to the second floor, a notice board displaying a variety of health, social and community related information for residents, as well as secure postboxes where residents received their mail.

Each apartment comprised an entrance hallway leading to either two or three bedrooms, a suitably equipped open kitchen and dining area and a family bathroom. The apartments contained sufficient storage space for residents' belongings. Residents had access to their own private laundry facilities within their apartments. The courtyard provided ample space for residents to store their bicycles and children's outdoor toys. The centre also had a small room off the main courtyard, which had recently been repurposed to provide office space for the reception officer when on site. Residents had access to Wi-Fi throughout the centre.

While there were no facilities for children in the centre, due to the location of the centre, residents had access to town parks and playgrounds within walking distance and there was a good choice of recreational activities which residents could sign-up to in the local area if they so wished. Residents were supported to find crèche, primary and secondary school places in the town and at the time of the inspection all children of school-going age had secured a school space.

Residents purchased food and non-food items from the provider's shop, using their weekly points allowance, through an online ordering system and groceries were delivered twice each week to the centre. For the most part, residents informed the inspectors that they were happy with the system in place and the selection of food and non-food items available to them. The majority of residents were provided with essential non-food items, such as towels and bed linen on arrival at the centre.

Overall, the feedback from residents was very positive. Residents who spoke with the inspectors said that they felt happy to be living in the centre and their joy at having their own apartments was apparent. Residents said that they felt safe and secure living in the centre and some made reference to the security checks undertaken by security staff, which gave them extra reassurance. Some residents said: facilities in the apartment were "good for family", and that the centre manager was "so good", "can't think of anything that could be improved". Many residents spoke about the kindness and respect shown to them by the centre manager and wider staff team. One resident told the inspectors that the "maintenance staff are amazing", and that any issues that they reported were addressed quickly.

The inspectors were provided with examples of where the centre manager had helped a resident to secure education and how much this meant to them. Another resident told the inspectors of the support that the centre manager provided them with when they returned home with newborn babies. Some residents spoke of the stress and anxiety caused by the housing shortages and the challenges that this posed for them in securing private rental accommodation. The inspectors were told that centre staff had provided them with contact details for housing organisations, and that while some residents had found alternative accommodation in the past, many were finding it difficult and this concerned them greatly.

In summary, this inspection found many areas of good practice in this centre and it was evident to the inspectors that the management and staff teams were committed to supporting residents in any way they could and were dedicated to promoting and protecting residents' rights. Residents had very positive relationships with the centre manager and wider staff team and there was a positive culture within the centre, which was reflected in the feedback that the inspectors received from the residents and what they observed throughout the two days of the inspection.

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



## Capacity and capability

This was the second inspection of Davis Lane Apartments by HIQA. The inspection found that the service was effectively managed by a dedicated management team, who were committed to delivering a good quality, supportive service to residents. The inspectors identified many areas of good practice, with some areas for improvement also identified, including in relation to risk and audit.

The management team demonstrated a good understanding of the national standards, legislation and regulations, in relation to the service they provided to residents. However, the provider did not have adequate systems in place to examine whether the service met the relevant standards and regulations. An annual review of the service had not been undertaken in 2024 and while an audit of residents' files had been completed, the documentation provided to the inspectors contained limited information with regard to the level of review undertaken. This was the only evidence presented to the inspectors of an audit undertaken in relation to the service. The management team informed the inspectors of their commitment and plans to addressing this area of practice in 2025.

The inspection found that the provider had developed a number of comprehensive policies and procedures, which contained the appropriate level of detail required to guide staff in various aspects of their roles. However, some areas of the service did not have policies or local procedures in place at the time of the inspection, for example, in relation to the management of complaints and childminding arrangements in the absence of a parent or guardian. Some other policies were not comprehensive in guiding staff to managing situations, for example, a substance misuse issue which had occurred in the centre.

There was a clear governance structure in place for the service and the centre manager provided effective leadership. The centre manager was supported in their role by the operations manager and the wider management team. Although it was evident to the inspectors that the management team worked closely and were well informed about the service, there were no formal records of management or team meetings to demonstrate oversight at a senior level. The management team were eager to comply with the standards and were committed to making the necessary improvements to the service. The culture in the centre was positive and the wellbeing of residents was the main focus of the management and staff teams.

The service lacked a formalised quality improvement system to monitor the quality of the service provided to residents. While a survey had been issued to residents of each of the 13 apartments in the centre, seeking their feedback on the service provided to

them, the provider received only one response. There was no residents' committee in place at the time of the inspection. The centre manager was contactable by phone at all times and the inspectors were informed by residents that the centre manager was very responsive to addressing any questions or concerns that residents had.

While the provider did not have a complaints policy in place for the service, the management of complaints was comprehensive. Both verbal and written complaints were recorded on a complaints log. Overall there were very few complaints logged for the service, as most of what was recorded was deemed to be maintenance issues, and these were also recorded on the centres maintenance log. The inspectors observed documentary evidence that where complaints were made, they were addressed promptly and effectively. Residents informed the inspectors that if they wished to make a complaint, they could phone the centre manager directly, send an email detailing the complaint or speak with the centre manager in person when they visited the centre. While there was no suggestions or complaints box at the centre for residents to submit feedback or complaints anonymously, residents told the inspectors that they had a good relationship with the centre manager and they felt comfortable speaking directly with them about any issues, concerns or suggestions for improvements to the service that they might have.

There was a system in place for the management of risk which was guided by a comprehensive policy. The inspectors were informed by the management team that the identification of risk for the service was not informed by a risk analysis. Risks were added to the risk log following an event, for example a red weather warning, rather than risk being proactively identified through a comprehensive risk analysis. Risk assessments had not been completed for the majority of risks identified, with the exception of one risk relating to a resident. All risks had risk ratings applied and ratings were adjusted for controls; however, the inspectors found that not all control measures were appropriate to support the comprehensive management of some risks. For example, circulation of a child supervision notice or policy to parents in response to children being unsupervised in the centre. Individual residents' needs had been risk assessed and the risk was included on a separate risk register.

The service provider had adequate systems in place to manage the risk of fire. Regular checks of the fire alarm panel were taking place and fire drills were being undertaken at the centre. Furthermore, fire safety training was scheduled to take place for centre staff on day two of the inspection. Residents who the inspectors met with during the inspection were aware of the process to follow in the event of a fire. The provider had made significant improvements in relation to formalised contingency planning for the service and contingency plans were in place for a number of areas including fire, interruption of water supply, outbreak of infectious disease and shortage of food supply. While the contingency plans were specific to the centre, not all responses

appropriate to the adverse event were clearly outlined and required the inclusion of additional detail in some cases to appropriately guide staff in the event of an adverse event occurring.

There were safe and effective recruitment practices in place for staff. The service provider had ensured that all staff had up-to-date Garda (police) vetting and international police checks had been obtained for staff members where relevant. There was a recruitment policy in place to guide the recruitment of staff. For the most part, staff files contained all relevant information, with the exception of a contract and job description for one staff member.

There was a supervision policy in place for the centre; however, on review of staff supervision records, the inspectors found that the structure of supervision meetings were not aligned to the policy. Detail in supervision records was limited and did not differ greatly from meeting to meeting. Furthermore, supervision meeting records made available to the inspectors did not demonstrate evidence of how the supervision meeting might support and improve a staff member's practice. The inspectors reviewed appraisal meeting records for centre staff. While there was a policy in place to guide staff appraisal meetings, the policy was not followed effectively. Personal development plans were not completed by staff prior to appraisal meetings, as outlined in the policy, and appraisal meeting records reviewed by the inspectors contained limited information.

On review of training records it was found that there was a training plan in place for staff members and the management team were actively reviewing staff training requirements in line with the needs of residents. Staff members, including the management team, had undertaken training in each of the key areas; however, not all staff had completed all of the relevant training outlined in the national standards. For example, 50% of staff had completed training on awareness in equality, diversity and cultural competency training, 50% had completed mental health awareness training and 70% had completed training in relation to identifying indicators of human trafficking. Some staff members had completed additional training, for example, human rights, health and safety and intercultural awareness training. All staff had completed the relevant safeguarding training.

### **Standard 1.1**

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

The service provider had good knowledge of relevant legislation, regulations and national policy. However, the service provider demonstrated limited ability to self-identify areas of the service which required improvement. There was no overall assessment of compliance with the national standards and the inspectors were provided with evidence of one audit, containing limited detail, undertaken for the service. The provider had developed a number of comprehensive policy and procedure documents for the service, with some areas identified by the inspectors as requiring improvement.

Judgment: Partially Compliant

### **Standard 1.2**

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

There was a dedicated management team in place, who were committed to delivering a safe service to residents. The management team endeavoured to maintain a positive culture within the centre. While significant progress had been made in relation to the development of monitoring systems since HIQA's previous inspection, and while the inspectors observed that the management team had good oversight of monitoring systems such as complaints, evidence of formal discussions in relation to oversight and knowledge sharing of the various systems did not exist.

Judgment: Substantially Compliant

### **Standard 1.3**

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

There was a residents' charter in place in the centre. All new residents were provided with a formal induction on arrival to the centre.

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.

While the provider had made some efforts to monitor the quality of service provided to residents, this quality assurance system required further development. At the time of the inspection the centre did not have a residents' forum in place and there was no evidence of residents' meetings having taken place in the centre. While it was evident that residents could raise concerns directly with the centre manager and the inspectors were provided with a copy of a survey issued to residents seeking their feedback on the service provided to them, improvements were required to ensure that the provider implemented a robust system to ensure that residents' feedback was being obtained.

Judgment: Substantially Compliant

### **Standard 2.1**

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

There were safe and effective recruitment practices in place at the centre. The service provider had received Garda (police) vetting disclosures and international police checks for all staff where relevant. With the exception of one staff member, staff files contained all of the relevant information required. There was a recruitment policy in place to guide the recruitment process. The centre manager informed the inspectors that there were sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents in the centre.

Judgment: Substantially Compliant

### **Standard 2.3**

Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.

Staff were supported to carry out their duties. While supervision and appraisal meetings were taking place for all staff, supervision meeting records did not demonstrate that the supervision process focused on supporting and improving a staff members practice. Furthermore, while appraisal meetings were taking place, the structure of meetings was not aligned to the centre's policy.

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.

<p>While the management team had completed the mandatory training as outlined in the standards, not all staff members had not completed all of the training required. There was a training plan in place for staff and management were actively identifying additional training requirements for staff in line with the changing needs of residents.</p>
<p>Judgment: Substantially Compliant</p>
<p><b>Standard 3.1</b></p> <p>The service provider will carry out a regular risk analysis of the service and develop a risk register.</p>
<p>There was a risk management policy and risk register in place for the centre. A risk analysis had not been conducted, and therefore, not all potential risks in the centre had been identified. Some risks required the addition of further controls in order to comprehensively mitigate the risk. While significant improvements had been made in relation to formalised contingency planning for the service, not all responses appropriate to the effective management of the adverse event were clearly outlined and further detail was required.</p>
<p>Judgment: Partially Compliant</p>

## Quality and Safety

The inspection found that residents in the centre were well supported by the staff and management teams. Accommodation in the centre was provided through an own-door approach and facilitated residents to live independently. Overall, the standard of accommodation provided was good. Residents told the inspectors that they felt safe living in the centre and that they enjoyed having the privacy of their own home. Residents had access to a range of health and social care services and were supported by a dedicated staff team to access these services in the local community.

The service provider had developed a clear process for allocation of accommodation to residents, which gave consideration to family size and residents' needs when placing residents in the centre. Many of the residents who resided in the centre had previously been accommodated in another of the provider's centres, and had relocated to this centre as space became available.

The inspectors found the apartments to be in good condition and all of the apartments visited by the inspectors were clean and well maintained. There was a maintenance log in place for the centre, which the inspectors observed. It was evident from the maintenance log that any maintenance issues which were reported were resolved promptly. There was an ongoing cleaning schedule for the centre and the inspectors observed the communal areas to be clean and well maintained at the time of the inspection.

Appropriate and proportionate security measures were in place in the centre, with closed-circuit television (CCTV) in place in external and communal areas. The provider had contracted an external company to undertake security checks at the centre.

The living conditions at this centre promoted residents' safety, privacy and dignity. Each apartment had adequate bedroom space, appropriate to the size of the family residing there. Residents cooked for themselves and each kitchen was fully equipped, with ample storage facilities for food and cooking utensils. There was space in each apartment for a dining table and chairs, allowing families to sit and enjoy mealtimes together if they chose. There was adequate storage in the apartments for residents' belongings. The central courtyard area also provided secure storage for residents' bicycles and children's buggies, should residents choose not to store them in their apartments.

Residents were allocated points on a weekly basis to order their food online from the provider's shop. Residents were complimentary of the online ordering system in place and were happy that food was delivered to them twice each week. There was also an option for residents to visit the provider's shop if they wished, and free transport was

provided to bring them to and from the shop. The majority of residents were happy with the selection and quality of the food that they received; however, the inspectors were told by one family that in their view, halal meat was not always fresh or of good quality. Residents were provided with toiletries and other non-food items in line with the requirements of the national standards. The majority of residents that the inspectors met with informed them that they were provided with essential non-food items, such as towels and two sets of bed linen on arrival at the centre. However, one family told the inspectors that they received only one set of bed linen on arrival. The inspectors brought this to the attention of the centre manager who immediately went to speak with the family and rectify the issue.

The service provider supported residents to meet their educational needs. Parents were supported to secure crèche and school spaces for their children in the local town, and at the time of the inspection all children of school-going age had secured a school place. The inspectors were informed by the centre manager that crèche spaces in the local area were limited, however, the provider had managed to secure crèche spaces for all children who were eligible for the national Early Childhood Care and Education (ECCE) Scheme, at the time of the inspection.

The service provider promoted the health, wellbeing and development of each resident. Residents told the inspectors that they were supported to access a General Practitioner (GP) locally, or if they wished to continue to attend their previous GP near the providers' other centre where many of them had previously resided, they were supported to do so also. Information on local health and social care services was available to residents on the centre notice board. The staff team understood the needs of residents and endeavoured to support them, in line with their best interests. Residents said that they felt supported and respected by the staff in the centre. A number of residents were provided with HIQA questionnaires during the inspection, however, no responses were received.

Residents' rights were respected and promoted by staff. The inspectors observed staff being kind and respectful towards residents. Residents who the inspectors met with told them that the staff were very helpful and supportive of their needs and supported them to engage in services where required. Staff members had good knowledge of community organisations and residents had access to a list of community supports that were available to them. Residents communicated to the inspectors that there was good choice of recreational and social activities in the community and the provider encouraged them to get involved in community activities and events. Residents were also invited to attend social events such as the provider's annual Christmas party and a trip to the beach during the summer months.



There were no specific recreational facilities for children at the centre; however, the outdoor courtyard area provided a secure, enclosed space for children to play. The inspectors observed some of the children playing happily together in this space during the inspection. Residents who spoke with the inspectors also noted that there were parks and playgrounds in the town, which were within easy access of the centre.

The service provider had the appropriate measures in place to protect adults and children from abuse and neglect and promote their safety and welfare. Safeguarding practices were guided by a comprehensive national adult safeguarding policy and procedures document, and a Child Safeguarding Statement. These policies were comprehensive in guiding staff in effectively managing and reporting a safeguarding concern. The inspectors spoke with members of staff and it was evident that they were aware of their roles and responsibilities in relation to safeguarding vulnerable adults and children. The service provider had identified a designated officer (DO), as required by national safeguarding vulnerable adults policy, and designated liaison person (DLP), as required by national children's first policy, for the centre. At the time of the inspection there were no open safeguarding concerns. Residents informed the inspectors that they were aware of who to contact if they had a safeguarding concern.

Although there were good practices in place to ensure children were safeguarded and protected, childminding arrangements within the centre were not formalised. There was a good sense of community within the centre and the inspectors observed that families were very supportive of each other, helping out with each others childminding needs as required. These informal arrangements appeared to work well for the residents involved, and management were aware of such arrangements, observing same when visiting the centre; however, there was a lack of awareness of national policy to guide practice in this area.

There was a comprehensive incident management policy in place for the centre and the management team were fully informed of the process for recording and managing incidents. At the time of the inspection there were no incidents recorded for this centre, although the centre manager provided the inspectors with a copy of the incident report form used for the standardised recording of an incident, should one occur.

The provider informed the inspectors that a dedicated reception officer had been recently recruited for the centre and was due to commence in their role in the coming weeks. A reception officer from the centre where the centre manager was ordinarily based was available to provide support to residents in the interim. The provider had a detailed reception officer policy and procedure manual in place to guide the role of the reception officer. The centre manager was providing as much support as possible to residents in the absence of a dedicated reception officer for the centre.

The centre received limited information in relation to residents' special reception needs prior to their arrival at the centre. The provider had developed a template for documenting residents' needs; however, the information documented in the records provided to the inspectors was limited and at the time of the inspection only one resident had been identified as having special reception needs. It was the provider's intention that when in post, the new reception officer would actively engage with each resident, with a view to assessing their needs.

#### **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 service provider had a policy in place which assisted them in standardising their approach to the allocation of accommodation to residents. Accommodation was assigned to residents based on their identified needs and best interests.

Judgment: 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 the family unit was promoted and protected in this centre. The provision of own-door accommodation facilitated families in living independently as a family unit. The apartments were homely and well maintained, and the layout facilitated families in engaging in normal daily activities within their homes.

Judgment: Compliant

#### **Standard 4.6**

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

<p>Parents were supported to secure crèche and school places for their children and there was space within residents' own homes to study and complete homework. The centre manager supported residents in obtaining school books and stationary appropriate to their stage of education.</p>
<p>Judgment: Compliant</p>
<p><b>Standard 4.7</b></p> <p>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.</p>
<p>The provider ensured that the centre was clean and well maintained. Residents were responsible for cleaning their own apartments and the centre manager undertook regular maintenance checks and issues identified were addressed promptly. Residents had access to a washing machine and dryer in their own apartment, as well as an adequate supply of cleaning materials for use in their homes.</p>
<p>Judgment: Compliant</p>
<p><b>Standard 4.8</b></p> <p>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.</p>
<p>There were adequate and proportionate security measures in place in the centre, with an external security company employed to provide this service. There was CCTV in operation in external and communal areas. Residents reported that they felt safe living in the centre.</p>
<p>Judgment: Compliant</p>
<p><b>Standard 4.9</b></p> <p>The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.</p>

Residents were allocated points to purchase non-food items from the provider's shop. Residents who met with the inspectors were satisfied that they received adequate points to purchase the toiletries and cleaning products that they required. Not all residents were provided with two sets of bed linen on arrival at the centre.
Judgment: Substantially Compliant
<b>Standard 5.1</b> Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.
There was a fully equipped kitchen in each apartment, which provided residents with the necessary facilities to prepare family meals in the comfort of their own homes.
Judgment: Compliant
<b>Standard 5.2</b> 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.
Residents purchased their food from the provider's shop, mainly through an online ordering system. The provider endeavoured to stock a range of culturally appropriate foods and residents reported that, for the most part, they were satisfied with the selection and quality of the food provided. However, concerns were raised with the inspectors regarding the quality of halal meat which some residents received.
Judgment: Substantially Compliant
<b>Standard 6.1</b> The rights and diversity of each resident are respected, safeguarded and promoted.
The rights and diversity of each resident were respected and promoted by the service provider. Residents told the inspectors that the staff treated them with dignity and respect and provided them with sufficient information in relation to their rights and entitlements. The service was person-centred and the staff team supported individual residents, for example, by providing furniture and equipment for newborn babies.

Judgment: Compliant

### **Standard 7.1**

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

Residents were supported by staff to develop and maintain personal and family relationships. Residents were able to receive visitors in the privacy of their own homes, however, the provider did not have a visitor's policy in place at the time of the inspection. The family unit was respected and promoted by the provider in this centre, with families residing together in own-door accommodation.

Judgment: Substantially Compliant

### **Standard 7.2**

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

Residents had access to public transport within walking distance of the centre, which facilitated them in accessing various recreational, health and social services. The service provider arranged alternative transport for residents where public transport was not suitable in meeting their needs.

Judgment: Compliant

### **Standard 8.1**

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

Residents who spoke with the inspectors said that they felt safe living in the centre. There were comprehensive policies in place to guide staff in the management of both children's and vulnerable adult safeguarding concerns. All staff had completed the relevant safeguarding training and were aware of their roles in relation to protecting residents from abuse and neglect and promoting their welfare. There was an identified DPO and DLP for the centre.

Judgment: Compliant

### **Standard 8.2**

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

The service provider had a child protection policy and child safeguarding statement in place. Staff were aware of their responsibilities and took all reasonable steps to protect children from abuse and neglect and ensure that their safety and welfare was promoted while living in the centre. There were no known child safeguarding risks at the time of the inspection.

Judgment: Compliant

### **Standard 8.3**

The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.

There was a comprehensive incident management policy in place and staff who the inspectors met with were clear on the process in place for recording and managing incidents. The centre manager informed the inspectors that there were no incidents recorded for the centre at the time of the inspection.

Judgment: 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 had good knowledge of local support services available to residents and information on these services was available to residents on the centre notice board also. The residents who the inspectors met with told of how the centre manager endeavoured to provide a person-centred service, which was attentive to their individual 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.

For the most part, the provider was not made aware of the special reception needs of residents prior to their arrival to the centre. Despite this, staff were committed to providing support and assistance to residents where required.

Judgment: Compliant

### **Standard 10.2**

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

Staff had received training in a variety of areas to support them in identifying and responding to residents' needs. The staff who the inspectors met with had good awareness of the needs of residents in the centre, however, the inspectors did not find evidence of a formalised approach to sharing experiences, best practice and lessons learned regarding the identification and response to residents emerging or identified 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 provider had a policy in place to support a reception officer in identifying and supporting residents with special reception needs.

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 provider had recently recruited a dedicated reception officer for the centre, who was due to start in the role in the weeks following the inspection. In the interim the centre manager provided support to residents in the absence of a dedicated reception officer for the centre and, if required, the reception officer employed at another of the provider's centres provided support to residents.

Judgment: Partially Compliant



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

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

Standard	Judgment
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Partially Compliant
Standard 1.2	Substantially Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Substantially Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Substantially Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Partially Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Compliant
Standard 4.4	Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Substantially Compliant
<b>Theme 5: Food, Catering and Cooking Facilities</b>	

Standard 5.1	Compliant
Standard 5.2	Substantially Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.1	Substantially Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Compliant
Standard 8.2	Compliant
Standard 8.3	Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.1	Compliant
Standard 10.2	Substantially Compliant
Standard 10.3	Compliant
Standard 10.4	Partially Compliant

# Compliance Plan for: Davis Lane Apartments

Inspection ID: MON-IPAS-1094

Date of inspection: 14/04/2025 and 15/04/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Standard	Judgment
1.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>An Annual Review of 2024 and the subsequent Quality improvement Plan 2025 will be completed by July 2025.</p> <p>We will endeavour to continue to implement the Quality Improvement Plan 2025 and continue to further develop the quality standards within the centre throughout 2025.</p> <p>A suite of audits will be developed and an audit schedule will be devised by the end of July 2025 and promptly implemented 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.</p> <p>We have developed a complaints policy, complaints statement and a comprehensive incident report recording system in May 2025. We aim to further develop our suite of policies throughout 2025.</p> <p>We identified the need to improve the area of formal resident engagement with the service and commenced same in May 2025 with a resident committee meeting. We actively engage daily with our residents but we acknowledge the requirement to record the interactions and engagements to ensure we are in line with best practice. In 2025, we aim to improve the response rate and engagement we receive formally from residents. We plan to achieve this by revising the current resident surveys and developing new methods of engaging with residents. We will continue to seek</p>	

feedback (suggestion box and in - person) and through other forums such as regular resident committee meetings.

The Supervision Policy and subsequent supervision records have been fully revised and updated in May 2025 and a new recording system is in place which focuses on staff's professional development.

3.1

Partially Compliant

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

A full review of risk management was in progress during the last inspection and will be completed by the end of May 2025. The risk management framework has been revised and developed to ensure a robust and systematic approach to risk management is implemented in practice. For example, the risk registers for both general and resident risk have been revised and a new risk rating matrix and register has been initiated for general risk management. Resident risk management has been comprehensively reviewed and new records have been devised in regards to the resident risk register, individual resident risk assessments, resident risk profiles and logs of resident at risk. The Contingency Plan has been further developed to include detailed procedures for responding to unforeseen circumstances including resident relocation plans with alternative accommodation identified.

The risk management framework has been a priority over the last number of months. Meetings/Training sessions are held once week between the Centre Manager and the Quality and Compliance Manager to ensure there is robust oversight and governance and to further develop a culture of safety awareness. The centre manager walks the building daily to assess for any new or potential risks and liaises with the relevant personnel to ensure all risks are eliminated or reduced. All risks/potential risks are monitored with control measures and this is reflected in the form of risk assessments and the general risk register. We aim to further develop our risk management framework and promote a risk awareness culture within the centre throughout 2025.

10.4

Partially Compliant

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

In 2024, the role of the reception officer was introduced to the centre. The primary role of the reception officer is to provide support to all residents and in particular to residents with special reception needs. It must be recognised that not all residents may wish to avail of support and their wishes must be respected, and in most cases beyond exceptional circumstances this is our approach.

The role and function of the Reception Officer has been reviewed and a new system Implemented in regards to the role of the reception officer and the records to be completed in relation to residents at risk is comprehensive and robust. There is now a weekly meeting between the centre manager and the reception officer to ensure governance and oversight is robust.

Since the last inspection a reception officer was recruited for Davis Lane and is onsite 3 days a week to offer support and assistance to residents if they wish to avail of it. The resident charter is under review and will be completed and in line with best practice by June 2025.

## Section 2:

### Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Partially Compliant	Orange	31/07/2025
Standard 3.1	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	31/05/2025
Standard 10.4	There is a residents' charter which accurately and	Partially Compliant	Orange	14/06/2025

	clearly describes the services available to children and adults living in the centre, including how and where the services are provided.			
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