



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

Name of the Centre:	Eglinton Centre
Centre ID:	OSV-0008428
Provider Name:	Maplestar LTD.
Location of Centre:	Co. Galway
Type of Inspection:	Unannounced
Date of Inspection:	18/11/2025 and 19/11/2025
Inspection ID:	MON-IPAS-1118

Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. The International Protection Accommodation Service (IPAS) is a government office responsible for the provision of accommodation centres. In June 2025, this responsibility transferred from the Department of Children, Equality, Disability, Integration and Youth, to the Department of Justice, Home Affairs and Migration.

Direct provision was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a national¹ and international level² since that time. In response, the Irish Government took certain steps to remedy this situation.

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

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published a White Paper to End Direct Provision and to establish a new International Protection Support Service³. It was intended by Government at that time to end direct provision on phased basis by the end of 2024.

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

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

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

that HIQA assumed the function of monitoring and inspecting permanent⁴ International Protection Accommodation Service centres against national standards on 9 January 2024.

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

Eglinton Centre is an accommodation centre located in Galway City. The centre provides accommodation for families and single females. There were 227 residents living in the accommodation centre which is spread across two units, including 14 family bedrooms with kitchenette facilities, eight townhouses and 42 bedrooms in a former hotel building.

The main building comprises a reception area, a laundry room, a dining area and a communal kitchen, with individual cooking stations and a well-stocked shop. There is a communal lounge area for residents to relax in and sitting rooms which residents can book for their individual use. There are two meeting or social rooms, a computer room, a playroom and a room for residents to meet with professionals. Residents have access to free public parking across the road from the centre.

The centre is managed by a management team including a centre manager and three duty managers. In addition, there are night porters, a reception officer, a resident care and welfare team, shop, cleaning and maintenance staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	227
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

The inspection was carried out during the following times:

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
18/11/2025	10:30-18:30hrs	1	2
19/11/2025	08:00-15:30hrs	1	2

What residents told us and what inspectors observed

From speaking with residents and through observations made during the course of the inspection, the inspectors found that the service provider was endeavouring to provide a service where residents felt safe and protected. Residents said that they were treated with kindness, and felt heard and listened to by staff. While the inspectors observed practices that supported these views, there were aspects of the governance, safeguarding, risk management and the systems to identify residents' needs that required improvement, so that the service provider could be assured that a consistently good quality service was being provided to all residents.

This was HIQA's fourth inspection of this centre, and it took place over two days. During this time, the inspectors met or spoke with 17 adults and seven children who were living in the centre. In addition, resident questionnaires were completed and returned to the inspectors by 12 adults and 10 children. The inspectors met with the service provider representative who was the chief executive officer for the company, the managing director of the company, the centre manager, duty managers, and the reception officer, staff from the resident welfare team, administration staff and an external consultant contracted by the service provider. In addition, one of the inspectors observed a residents' meeting which was attended by 16 adults and seven children.

The Eglinton Centre provided accommodation to families and single female residents. The accommodation provided included 42 en-suite bedrooms for families and single females who had access to communal cooking, dining and living spaces. In addition there were 14 family bedrooms with kitchenette facilities within the main building. The centre also had eight townhouse apartments that were located beside the main centre, and these facilitated residents to live independently. Each of these apartments had bedrooms with a separate kitchen and living space.

At the time of the inspection, there were 227 residents living in the centre, 93 of whom were children. While the primary function of the centre was to provide accommodation to people seeking international protection, the inspectors found that 54 (23.78%) of the residents had received refugee, subsidiary protection or leave to remain status.

During a walk around the centre, the inspectors observed that the communal areas were clean and well maintained. Some areas of the centre had been painted and carpets had been replaced. The centre manager told the inspectors that there were plans in place to redecorate areas and rooms within the centre over the coming weeks, and increase the cleaning staff numbers to maintain the standard of cleaning due to the size of the centre. Communal sitting rooms and activity rooms were available for use by all residents, which was an improvement from the findings of the previous inspection.

There was a well-equipped multi-purpose room for the residents to use beside the reception area. Residents also had access to a large area at the rear of the building where children could play. There were benches where residents could sit and observe their children, or socialise with each other. Storage rooms had also been provided for residents' bicycles, scooters and children's toys. Crèches, preschools, shops, medical centres, public amenities and recreational facilities were accessible to residents by public transport and some were within walking distance of the centre. School bus transport was also provided for children. A homework club was facilitated in the centre on a daily basis by staff from a local community service. One child told the inspectors that she enjoyed the homework club in the centre, and has lots of friends there.

The inspectors observed that the communal dining room was clean and sufficiently furnished with tables and chairs where residents could eat their meals. The kitchen area was well equipped with the necessary appliances and utensils for food storage, preparation and cooking. One of the residents told the inspectors that they had been given appropriate cooking pots and utensils on their arrival to the centre. The service provider had increased the chilled storage facilities provided for residents following the findings from the inspection carried out in June 2025, ensuring residents had sufficient storage facilities for their food. The kitchen facilities were available to residents on a 24 hour basis, allowing them to prepare food and snacks as they were needed. Young children were not allowed into the kitchen area. One resident said that this was challenging for them when trying to cook meals for their family, as they struggled to leave their children in the dining area as they felt it was not a child friendly space.

Residents had access to a communal laundry room from 07:00hours until 22:30hours. The centre manager said that these times had been extended based on feedback received from residents. However, the inspectors observed that the laundry room required attention as there were clothes left on top of the various machines that did not appear to belong to any residents. The staff explained that, in some cases, clothes had been donated to the centre and were left in the laundry room for residents to use. One of the residents who spoke with the inspectors said that on occasion the laundry room had been untidy, and that some residents left clothes in the dryers for prolonged periods of time.

The inspectors were invited by residents into six of the hotel-style bedrooms and four apartments during the inspection. Residents were facilitated to personalise their accommodation and were generally satisfied with the furnishings provided. Some of the rooms observed by the inspectors had undergone significant maintenance and repair works since the previous inspection. Generally, residents felt that maintenance issues were addressed promptly by the staff.

The rooms and apartments were generally well maintained and furnished appropriately. However, mould was observed in one apartment, and in another apartment a family did not have adequate bowls and plates to allow them to eat a meal as a family. Additional storage was also required in two apartments observed by the inspectors to ensure that residents had adequate space to store their belongings. These issues were brought to the attention of the centre manager who assured the inspectors that they would be addressed as a matter of urgency. The inspectors observed that some parents were required to share their bedroom with their children, and in some rooms children aged 10 years and upwards were required to share bedrooms with a sibling of the opposite gender. One resident who spoke with the inspectors said that sharing a bedroom with their teenage children was a challenge.

Overall, residents spoke positively about their experience of the staff team. Residents told the inspectors that they felt safe, supported and respected by staff while living in the centre. One resident told the inspectors that staff were "nice and friendly", while another resident explained that they felt managers treated them with respect. Comments from other residents included that the staff were "good" and that the centre was a "nice place...staff are okay, they are trying". One of the children who spoke to the inspectors said that life was good in the centre, and they enjoyed being able to walk to their school.

In addition to speaking with residents about their experiences, the inspectors received completed questionnaires from 10 children and 12 adults. The questionnaires asked for feedback on a number of areas including safeguarding and protection; feedback and complaints; residents' rights; staff supports and accommodation.

Of the nine children who answered the question, eight felt that the centre was a safe place to live, while one child disagreed. Nine of the children indicated that they knew who to speak to if they felt unsafe, while one child did not. Three of the 10 children who completed the questionnaire said they had been asked to provide feedback on the centre. The remaining seven children said they had not been asked for feedback. Five of the children were aware of how to make a complaint, while five were unaware of the complaints process in the centre.

Generally, the adult residents who completed the questionnaires reported that they felt happy, safe and adequately protected while living in the centre. Eleven of the adults said they felt comfortable to make a complaint, while one resident said they would not feel comfortable to make a complaint if they needed to. Ten of the adults felt that the staff welcomed their feedback and complaints in the interest of quality improvement, while two of the adults disagreed with this. All of the adults who completed the questionnaire said that management were approachable. The majority of adults agreed that the services delivered were person-centred, and that staff were helpful, respectful and kind in their interactions with residents.

The observations of the inspectors and views of residents outlined in this section are generally reflective of the overall findings of the report. While the staff endeavoured to provide person-centred care in the centre, a number of improvements were required in relation to governance, risk management, oversight systems, safeguarding and the assessment of resident's needs. The next two sections of this report present the inspection findings in relation to governance 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 fourth inspection of the Eglinton Centre since April 2024, and was unannounced. This inspection focused on assessing compliance with the standards, and to monitor the provider's progress with the compliance plan submitted in response to risk escalations that arose from the inspection carried out in June 2025 (MON-IPAS-1116). The service provider demonstrated a commitment to responding to previous inspection findings. However, this inspection found that the systems in place regarding governance, oversight, safeguarding, assessment of need and risk management required improvement as they could not assure the service provider that safe and good quality services were being consistently provided, or that the needs of residents were appropriately identified or met.

The service provider had endeavoured to respond to the findings and risks identified during the previous inspection. Local policies and procedures had been revised and further developed, and the staff teams had been restructured to establish a resident welfare team and a property management team. In addition, an independent consultant had been contracted to complete a review of the service and support the development of the resident welfare team. While these were positive actions taken on the part of the service provider, the inspectors found that they continued to have a limited understanding of their responsibilities as outlined in the national standards, and therefore could not fully meet them. For example, the updated recruitment policy did not provide guidance on the management of positive vetting disclosures, nor was it in line with the requirements of the IPAS child protection policy which required three references to be collected for new staff. In addition, some child protection concerns had not been reported in line with the requirements of *Children First: National Guidance for the Protection and Welfare of Children (2017)*, and the statutory notifications required by the regulations had not been consistently reported to HIQA.

The centre manager reported to the managing director and the chief executive officer of the company. Written weekly reports were prepared by the centre manager and the external consultant. The inspectors found that these reports provided a comprehensive overview of the weekly activities in the centre, and included details regarding maintenance issues, room checks, safeguarding concerns, incidents, and resident welfare concerns. This reporting system enabled the centre management team to escalate relevant issues to the service provider, and while this was an example of good practice, there was limited evidence of communication received from the service provider with the centre management team to follow up on areas of concern.

The service provider had taken steps to strengthen the governance systems in the centre. A new management framework had been implemented in the centre whereby a resident welfare and care team had been established to focus on resident welfare needs, and a maintenance team had been developed to focus on the management of the property. A new centre manager, with responsibility for the maintenance and management of the property, had been appointed two weeks prior to the inspection. Staff on this team were clear on their reporting responsibilities and their lines of accountability. However, the inspectors found that there was a gap in the management and oversight of the resident welfare team. This team were being supported by an external consultant at the time of the inspection. The service provider told the inspectors that they were in the process of developing a plan regarding the future management and oversight of this team.

Regular team meetings and local management meetings were taking place. Improvements had been made to the quality of the meeting minutes, whereby clear actions and the person responsible were noted at each meeting. However, despite the service provider having committed to ensuring that a standardised agenda would be put in place to discuss key aspects of service provision, this had not been implemented in practice. Therefore, issues such as safeguarding, complaints, incidents, fire and risk were not consistently discussed or reviewed, and the service provider could not be assured that relevant actions would be taken where risks or opportunities for learning emerged.

The service provider had a complaints policy in place and complaints raised by residents were addressed in a timely manner. Nonetheless, some complaints received were not comprehensively recorded to reflect all of the issues raised by residents. For example, while an email complaint made by a resident regarding the condition of elements of their accommodation had been addressed by the management team, the complaint was not accurately recorded on the complaint log. The inspectors found that the new electronic system provided greater oversight and transparency in relation to complaints made by residents.

The inspectors found that fire drills had not been completed in line with local policy, and no fire drill had been completed in either premises after dark in the 12 months preceding the inspection. The service provider was required to provide urgent assurances to HIQA that all residents, staff and visitors could be safely evacuated from the buildings and that appropriate fire certification was in place.

Contingency plans required further development to ensure they considered risks as outlined in the national standards. For example, the contingency plans in place had not considered the risk of flooding and the provision of alternative accommodation to residents in the event of the premises becoming flooded.

An electronic risk management system was in the process of being introduced to the centre. While this was a positive development, this system was not yet fully operational. Similar to the previous inspection completed in June 2025, there were risks identified during the inspection that had not been identified or assessed by the service provider, including children aged 10 years and older and of opposite gender sharing bedrooms and young children using public transport while unaccompanied by an adult. Additionally, risks related to incidents that had occurred in the centre, such as unsupervised children, were not routinely added to their risk register.

The risk management and escalation pathways outlined in the service provider's compliance plan submitted in response to the previous inspection of the centre required further implementation in practice to ensure that the service provider consistently escalated risks and concerns to the relevant parties, such as breaches to the Housing Act 1966 to the relevant government department. Although there were some improvements in relation to risk management, these improvements had not brought about the required outcomes and did not reflect the commitments made by the provider in previous compliance plans and assurances provided to HIQA.

While some of the actions from the previous compliance plans had not been yet been implemented and the centre management team were in a transition period at the time of the inspection, there was evidence that the service provider was committed to improving the quality of the service and the lived experience of residents. For example, though an annual review had not been completed, an independent review had been commissioned following the previous inspection, and some of the actions from this review had been implemented in practice. The current centre manager was eager to receive and respond to feedback received from residents. For example, the opening hours of the laundry room had been extended based on feedback received from residents. Residents' meetings were held regularly, and there was a residents' suggestion box available in the reception area. An audit of the premises had commenced, and actions had been taken to address maintenance issues and improve the overall quality and safety of the building. In addition, a software programme had been introduced to improve the oversight of complaints, incidents, risk management and audits. The inspectors were told that an additional electronic system was being introduced for the management and oversight of maintenance issues. While these systems were in the early stages of implementation, the inspectors found they provided improved oversight of the services provided in the centre.

The service provider had ensured that all internal staff members had Garda vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, and had a tracker in place to provide oversight of when vetting needed to be updated. Risk assessments had been completed where positive Garda vetting disclosures had been returned for staff members. However, Garda vetting was not in

place for an external consultant who had been contracted by the service provider and attended the centre to support the staff team. The application for vetting had been made at the time of the inspection; however, the service provider had not risk assessed this situation or put appropriate control measures in place. The service provider was asked to provide HIQA with urgent assurances that these risks had been addressed.

Personnel files were well maintained, and generally contained the relevant information including job descriptions and induction documentation. There was an updated supervision policy in place which clearly set out the timelines for, and requirements of the supervision process. Staff were receiving quarterly supervision in line with the requirements of the national standards. The inspectors found that in some of the staff files reviewed, the records indicated that supervision meetings also contained details regarding staff appraisals, and the quality of the supervision discussions were not comprehensive to ensure staff were supported in their roles.

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 continued to have a limited understanding of their responsibilities as outlined in the national standards, and therefore could not fully meet them. For example, the recruitment policy did not provide guidance on the management of positive vetting disclosures, nor was it in line with the requirements of the IPAS child protection policy which required three references to be collected for new staff. Additionally, some child protection concerns had not been reported to the Child and Family Agency (Tusla) and the statutory notifications required by the national standards had not been consistently reported to HIQA.

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.

Improvements were required to ensure clarity in relation to the lines of accountability within the service. For example, there was a gap in the management and oversight of the resident welfare team. Written weekly reports were prepared by the centre manager for the service provider, which provided a comprehensive overview of the weekly activities in the centre. However, there was limited evidence of communication received from the service provider to the centre manager to follow up on areas of concern. While regular team meetings and management meetings were taking place, a standardised agenda including areas such as risks, safeguarding, fire and incidents for example, had not been implemented in practice. The service provider could not be assured that relevant actions would be taken where risks or opportunities for learning emerged. Some complaints received were not comprehensively recorded to reflect all of the issues raised by residents.

Judgment: Not Compliant

Standard 1.3

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

There was a resident's charter in place which contained all of the required information.

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.

Appropriate actions and plans were being put in place to improve the quality of the service and the lived experience of residents. For example, an independent review had been commissioned following the previous inspection, and some of the actions from this review had been implemented in practice. An audit of the premises had commenced, and actions had been taken to address maintenance issues and improve the overall quality and safety of the building. An electronic software programme had been introduced to improve the oversight of complaints, incidents, risk management and audits, and a similar system was being introduced for the management and oversight of maintenance issues. In addition, residents' meetings were held regularly, and feedback received from residents was actioned by the newly appointed centre manager. However, some actions from previous compliance plans had not yet been addressed, and a formal annual review had not been completed.

Judgment: Substantially Compliant

Standard 2.1

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

All internal staff members had appropriate Garda vetting on file and a tracker had been put in place to provide oversight of when vetting needed to be updated. However, Garda vetting was not in place for an external consultant who had been contracted by the service provider and attended the centre to support the staff team. The service provider had not risk assessed this situation or put appropriate control measures in place. The service provider was asked to provide HIQA with urgent assurances that these risks had been addressed. These assurances were provided to HIQA following the completion of the inspection.

Judgment: Partially Compliant

Standard 2.3

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

There was an updated supervision policy in place which clearly set out the timelines for, and requirements of the supervision process. Staff were receiving quarterly supervision; however, the quality of the supervision discussions were not comprehensive to ensure staff were supported in their roles.

Judgment: Partially Compliant

Standard 2.4

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

The service provider had ensured that staff received the relevant training to support them in their roles. A training needs analysis had been completed for each individual staff member, and a training plan had been developed following the inspection completed in June 2025. As the centre manager had joined the team two weeks prior to the inspection, a plan was required to ensure they completed the mandatory training.

Judgment: Substantially Compliant

Standard 3.1

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

There were risks identified during the inspection that had not been identified or assessed by the service provider, including children aged 10 years and older and of opposite gender sharing bedrooms and young children using public transport unaccompanied by an adult. Additionally, risks related to incidents such as these were not routinely added to their risk register. The risk escalation pathways required further implementation in practice to ensure that the service provider consistently escalated risks and concerns to the relevant parties, such as breaches to the Housing Act 1966 to the relevant government department.

Fire drills had not been completed in line with local policy, and no fire drill had been completed in either premises after dark in the 12 months preceding the inspection. Contingency plans required further development to ensure they considered risks as outlined in the national standards. For example, the contingency plans in place had not considered the risk of flooding and the provision of alternative accommodation to residents in the event of the premises becoming flooded.

Judgment: Not Compliant

Quality and Safety

The inspectors found that the provider had invested in and made improvements to the quality and the safety of the accommodation provided to residents. There was improved consultation with residents, and feedback provided to the management team had been followed up on, improving the lived experience of residents living in the centre. However, the systems in place to safeguard residents and assess special reception needs and vulnerabilities required improvement to ensure that the health, safety and welfare of all residents were identified and appropriately managed.

The service provider endeavoured to allocate suitable accommodation to residents based on their needs, and had updated their room allocation policy. For example, the inspectors found that individual rooms were allocated to residents due to health needs for specific periods of time, and this was an example of good practice by the centre staff. However, a review of the room allocation policy found that it was limited in detail regarding the criteria to be considered when allocating accommodation or when a resident requested to change their room.

While the service provider ensured that families were placed together, the privacy and dignity of children and adults was impacted due to the configuration of the accommodation provided. Families living in the main centre building were provided with either family bedrooms with kitchenette facilities, or hotel-style bedrooms. This resulted in parents and children having to share bedrooms. These families did not have access to private living space in their accommodation. In addition, the accommodation provided to some families was not in line with the requirements of the Housing Act 1966 as siblings aged 10 years or more of opposite genders were required to share a bedroom. The service provider had not completed risk assessments in relation to this matter. The inspectors were told that this matter had been escalated to the relevant government department; however, the situation remained unchanged.

Significant work had been completed to improve the overall quality of the accommodation provided, and some of these works were ongoing at the time of the inspection. The service provider had a maintenance policy in place, nonetheless, a review of the maintenance records found that not all maintenance issues had been recorded or addressed. For example, there was evidence of mould in the bathroom of one of the family rooms observed by the inspectors, and the bedroom was cluttered with large items, including suitcases. These observations had not been recorded during the previous room check completed.

The centre manager told the inspectors that a new electronic maintenance system was being implemented to address any recording delays and increase the oversight and efficiency of the maintenance system. Additionally, the centre was undergoing renovation at the time of the inspection and there was a plan in place to address outstanding maintenance issues including replacing carpets, completing painting and providing new storage and mattresses to residents who required these items.

The service provider had a child and adult safeguarding statement in place, and a policy had been developed to manage allegations made against staff. The inspectors found that these documents were limited in detail and did not provide robust practice guidance to staff in relation to how to respond to adult safeguarding or child protection concerns. In addition, the policy regarding the management of allegations against staff did not provide clear details of how such an allegation would be managed by the service provider. At the time of the inspection, a log of child protection concerns had not been maintained. This meant that the management team were not aware of the number of concerns reported or ongoing welfare concerns, and limited their capacity to maintain oversight and track concerns.

The staff and management team were aware of their role and responsibilities to protect children from abuse, and had reported relevant child protection concerns to Tusla. There were designated liaison persons in place and for the most part, residents were aware of who they could speak to if they had a concern. Parents were supported to provide age-appropriate supervision to their children, and there was a system in place which allowed residents to mind each other's children on occasion. However, the inspectors observed that young children were left unsupervised in their rooms and throughout the building for significant lengths of time and these concerns had not been reported to Tusla. The resident care and welfare team had taken steps to address this concern with parents through providing an education session to parents during a residents' meeting. Parents had also been requested to sign parental responsibility forms for their children, and this was an example of good practice on the part of the centre staff. However, due to the risks presented during the inspection, the service provider was required to take urgent actions by HIQA to ensure that all child protection concerns were appropriately risk assessed and referred to the Child and Family Agency (Tusla).

The service provider had developed an incident management policy. Incidents were managed locally where possible, and reported to IPAS where required. Nonetheless, the incident management policy had not been consistently implemented in practice to ensure that incidents and adverse events were trended over time or reviewed for learning. At the time of the inspection, the service provider had a dual system for recording and tracking incidents. This dual recording system created a risk for the centre, and the service provider acknowledged that going forward, one recording

system would be used to ensure accuracy and improved oversight. Similar to the previous inspection, practice in this area required further development to ensure that all relevant information was recorded, and that any learnings identified or risks associated with the incident were identified and assessed.

There was a dedicated, qualified reception officer employed in the centre but the policy in place regarding the identification and assessment of special reception needs was not comprehensive and did not provide adequate guidance on how to identify or assess special reception needs of residents during their time living in the centre. Some of the residents who talked with the inspectors were not aware of the reception officer role in the centre. The inspectors found that while there were 227 residents living in the centre, only 19 vulnerability assessments had been completed. These completed assessments had limited details recorded and did not provide a comprehensive assessment of the needs of individual residents or the services or supports that had been offered to the resident. In some situations where staff had identified specific needs and risks for other residents, a vulnerability assessment had not been completed and there were limited records of referrals having been made to the necessary support services.

There was no system in place to ensure that the management team had oversight of the completion of vulnerability assessments, or the follow up supports required. In addition, there was no system in place to log or categorise the special reception needs identified, to monitor or review these needs over time or to track the supports that had been offered by staff. Nonetheless, the service provider demonstrated a commitment to improving practice in this area. They had established a resident care and welfare team in the weeks preceding the inspection to focus specifically on the welfare needs of residents. The work of this team was being supported by an external consultant, and was in the early stages of development.

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 endeavoured to allocate suitable accommodation to residents based on their needs. However, the room allocation policy was limited in detail regarding the criteria to be considered when allocating accommodation or when a resident requested to change their room. In addition, the hotel-style accommodation provided to families was not in the best interest of children or parents.

Judgment: Partially Compliant

Standard 4.2

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

Significant work had been completed to improve the overall quality of the accommodation provided, and some of these works were ongoing at the time of the inspection. The service provider had a maintenance policy in place; however, not all maintenance issues had been recorded or addressed in a timely manner. A new electronic maintenance system was being implemented to address any recording delays and increase the oversight and efficiency of the maintenance system.

Judgment: Substantially Compliant

Standard 4.3

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

Residents were facilitated to personalise their accommodation and residents were reminded and supported by staff to use the additional storage area provided for larger items. A review of furniture and mattresses had commenced, and additional furniture was being provided, where required. There were appropriate and responsive systems in place to manage the risk of pest activity in the centre.

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 children and adults was impacted due to the configuration of the accommodation provided, as families living in the main were required to share bedrooms, including siblings aged 10 years or more of opposite genders. The service provider had not completed the relevant risk assessments, and while the inspectors were told that this matter had been escalated to the relevant government department, the situation remained unchanged.

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.

A homework club was facilitated in the centre on a daily basis by staff from a local community service. Consideration had been given to the age of children attending, and times were allocated accordingly for older and younger children. Communal rooms were available for residents who required areas to study, and computer equipment was being installed for use by all residents.

Judgment: Compliant

Standard 4.7

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

Communal areas were clean and well maintained. There were plans in place to increase the number of cleaning staff due to the size of the centre. Residents had access to a communal laundry room, and the opening hours for this room had been extended following feedback from residents. A further review of the laundry facilities was planned by the centre manager. However, the inspectors observed that the laundry room required attention as it was cluttered and untidy.

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.

Security staff had completed and received their PSA license; however, evidence of this was not available on their individual staff files. Security risk assessments had been completed, and additional measures were being put in place to increase the security and safety of the building for residents.

Judgment: Substantially Compliant
<p>Standard 4.9</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>
<p>The additional points provided to residents for the purchase of non-food items did not take account of all necessary products, such as toilet paper and cleaning products. The service provider was committed to ensuring that these items were made available to all residents as soon as possible.</p>
Judgment: Substantially Compliant
<p>Standard 5.1</p> <p>Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.</p>
<p>The communal dining room was clean and sufficiently furnished with tables and chairs where residents could eat their meals. The kitchen area was well equipped with the necessary appliances and utensils for food storage, preparation and cooking. Residents had sufficient storage facilities for both dry and chilled foods. However, the inspectors observed that one family did not have adequate delph to allow them to eat a meal as a family.</p>
Judgment: Substantially Compliant
<p>Standard 5.2</p> <p>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.</p>
<p>The centre had a well-stocked shop which provided a wide variety of food items that was suitable for resident's cultural requirements and preferences. The shop operated from 08:00hours until 15:30hours daily, and outside of these hours, residents could request items from the shop from any member of staff.</p>
Judgment: Compliant

Standard 6.1

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

The inspectors observed many examples of good practice in terms of the promotion of residents' rights. There were systems in place for residents to share their views, and the centre manager had made changes to practice based on this feedback. Residents said that they were treated with dignity and respect by the staff team. Information regarding residents' rights and support services was also available. Residents were able to bring visitors to the centre, and all residents had equal access to the communal rooms available. Practice in relation to the completion of room checks was guided by a policy to ensure that residents' right to privacy was respected. However, the configuration of some of the bedrooms impacted residents' right to privacy and dignity within their home.

Judgment: Substantially Compliant

Standard 7.1

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

The residents were supported and facilitated to develop and maintain personal and family relationships. Residents could welcome visitors to the centre and had dedicated spaces to meet with them in private.

Judgment: Compliant

Standard 7.2

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

Residents had access to information about public services, local amenities and support services. Residents were within walking distance of many amenities and had access to public transport within the area.

Judgment: Compliant

Standard 8.1

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

The service provider had an adult safeguarding statement in place, and a policy had been developed to manage allegations made against staff. However, the adult safeguarding statement did not provide adequate practice guidance to staff in relation to how to respond to such concerns, or detail the possible reporting channels. In addition, the policy for the management of allegations against staff did not provide clear details of how such an allegation would be managed internally by the service provider.

Judgment: Substantially Compliant

Standard 8.2

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

The service provider had a child safeguarding statement in place, but it did not provide sufficient detail on how to respond to child protection concerns. The management team were not aware of the number of concerns reported or ongoing welfare concerns open in the centre which limited their capacity to maintain oversight and track concerns.

Young children were left unsupervised in their rooms and throughout the building for significant lengths of time. These concerns had not been reported to Tusla at the time of the inspection. The service provider was required to take urgent actions by HIQA to ensure that all child protection concerns were appropriately risk assessed, and referred to Tusla. Satisfactory assurances were provided to HIQA following the inspection.

Judgment: Not Compliant

Standard 8.3

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

Incidents were managed locally where possible, and reported to IPAS where required. The incident management policy had not been consistently implemented in practice to ensure that incidents and adverse events were trended over time or reviewed for learning. At the time of the inspection, the service provider had a dual system for recording and tracking incidents which limited their capacity to maintain appropriate oversight and posed a risk for the centre.

Judgment: Partially Compliant

Standard 9.1

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

Residents had access to information in relation to supports regarding their health, wellbeing and development. Links with local support and health services were established, and there were arrangements in place to ensure that all residents could access medical services as needed due to delays in the allocation of specific general practitioner services to residents. Information was provided to residents on the parenting expectations in Ireland. Vaccination clinics were provided in the centre, and there were plans in place to further develop the support clinics provided in the centre to include local housing support agencies, for example. Residents had access to private spaces within the centre where they could meet with services.

Judgment: Compliant

Standard 10.1

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

For the most part, the provider was not made aware of any special reception needs in advance of an admission to the centre. However, the centre staff endeavoured to provide adequate accommodation and supports to residents.

Judgment: Compliant

Standard 10.2

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

While staff received training in relevant areas to support them to identify and respond to the needs of residents, the systems in place to support staff to share experiences, best practice and lessons learned were limited. While there was an incident management log in place, the service provider had not put an incident debrief or review meeting system in place to support staff and ensure that risk assessments were completed, where required.

Judgment: Partially Compliant

Standard 10.3

The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.

The policy in place regarding the identification and assessment of special reception needs was not comprehensive and did not provide adequate guidance to staff. Only 8% of residents had a vulnerability assessment available on file. These assessments did not provide a comprehensive assessment of the needs of individual residents or the services or supports that had been offered to them. Where new needs emerged for residents, a vulnerability assessment was not completed or updated. There was no system in place to provide oversight of the completion of vulnerability assessments, to categorise the emerging needs, to monitor these needs over time or the follow up supports required.

Judgment: Not Compliant

Standard 10.4

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

While there was a dedicated, qualified reception officer employed, the policy and procedure manual was not comprehensive to clearly outline the day-to-day role of the reception officer. The role of the reception officer on the newly developed resident care and welfare team had not been clarified by the service provider. Some of the residents were not aware of the reception officer role in the centre.

Judgment: Partially Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Not Compliant
Standard 1.2	Not Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Partially Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Not Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Partially Compliant
Standard 4.2	Substantially Compliant
Standard 4.3	Compliant
Standard 4.4	Partially Compliant
Standard 4.6	Compliant
Standard 4.7	Substantially Compliant

Standard 4.8	Substantially Compliant
Standard 4.9	Substantially Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Substantially Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Substantially Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Substantially Compliant
Standard 8.2	Not Compliant
Standard 8.3	Partially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Partially Compliant
Standard 10.3	Not Compliant
Standard 10.4	Partially Compliant

Compliance Plan for Eglinton Centre

Inspection ID: MON-IPAS-1118

Date of inspection: 18 and 19 November 2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The Service Provider acknowledges the findings outlined by HIQA. These findings have been taken seriously, and corrective actions have been implemented to ensure full compliance going forward.</p> <p>Safeguarding and Engagement with Tusla</p> <p>The Service Provider confirms that it works continuously and proactively with the Child and Family Agency (Tusla) to ensure full compliance with all existing safeguarding regulations. The Centre remains in regular contact with Tusla duty social workers for consultation and guidance in relation to child protection concerns.</p> <p>It is important to note that, following consultation with Tusla, some of the issues identified by inspectors were deemed not to meet the threshold of a safeguarding concern and therefore did not require formal reporting at that time. However, learning from the inspection has strengthened the Centre's safeguarding processes. Since the inspection, all safeguarding concerns are now referred to Tusla for guidance, and where deemed reportable, are formally notified in line with statutory requirements. This approach ensures consistency, transparency, and adherence to best practice.</p> <p>Recruitment, Vetting and References</p> <p>In relation to recruitment practices, the Service Provider accepts that the recruitment policy did not fully reflect IPAS child protection requirements at the time of inspection. The recruitment policy has since been reviewed and updated to explicitly require the</p>	

collection of three references for all new staff, in line with IPAS and safeguarding requirements.

Additionally, clear procedures are now in place to ensure Garda vetting disclosures are managed appropriately and in full compliance with existing legislation and safeguarding regulations. These procedures provide guidance on the assessment and management of positive disclosures, ensuring informed and safe recruitment decisions.

Ongoing Improvement

The Service Provider is committed to continuous improvement, learning from inspection findings, and ensuring that governance, safeguarding, and recruitment practices are fully aligned with the National Standards, IPAS requirements, and best practice. Ongoing training, policy review, and engagement with external agencies form part of this commitment.

The Centre remains focused on ensuring the safety, welfare, and best interests of all children and residents in its care.

1.2

Not Compliant

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

The Service Provider acknowledges the findings identified by HIQA in relation to the need for clearer lines of accountability, strengthened management oversight, and improved assurance that actions are taken where risks or learning opportunities arise. These findings have been carefully reviewed, and a structured approach has been implemented to address the gaps identified and ensure sustainable improvement.

Strengthening Lines of Accountability and Oversight

To address the identified gap in the management and oversight of the resident welfare team, a dedicated manager has now been appointed to oversee the newly established welfare team. This role provides clear leadership, defined accountability, and direct oversight of resident welfare supports, ensuring that concerns, risks, and resident needs are identified, escalated, and addressed appropriately.

Clear reporting lines have been established between the welfare team, Centre Management, and the Service Provider. This ensures that accountability for decision-making and follow-up actions is transparent and clearly understood at all levels of the service.

Improving Communication and Follow-Up

At the time of inspection, measures were already being put in place to improve

communication between the Service Provider and Centre Management. These measures have since been strengthened to ensure that written weekly reports submitted by the Centre manager are formally reviewed by the Service Provider, with documented feedback, guidance, and follow-up actions provided where areas of concern are identified.

This structured two-way communication ensures that issues raised in reports are not only acknowledged but actively addressed, providing assurance that learning and improvement actions are implemented.

Standardised Meetings and Governance Documentation

While regular meetings were occurring, the Service Provider recognises that the absence of a standardised agenda limited assurance around risk management and learning. Measures have now been introduced to ensure that all management and team meetings follow a standardised agenda which includes, at a minimum:

- Risk management
- Safeguarding
- Fire safety
- Incidents and accidents
- Resident welfare and learning outcomes

All meetings, correspondence, and engagements between the Service Provider and Centre Management are now documented, recorded, and securely filed. This documentation provides clear evidence of discussion, decisions made, actions agreed, and follow-up completed, ensuring effective governance and oversight.

Risk Management and Learning Assurance

The Service Provider has implemented systems to ensure that where risks are identified or learning opportunities emerge, these are recorded, assigned to a responsible person, and reviewed until resolved. This approach ensures that the Service Provider can be assured that appropriate actions are taken and that improvements are embedded into practice.

Complaints Management

In response to the issues identified regarding complaint recording, a standardised complaints template, in line with IPAS requirements, has been made available at reception. This ensures that all complaints from residents are recorded as they are received on a daily basis and that all issues raised are comprehensively documented.

Complaints are reviewed by management, tracked for actions and outcomes, and collated into a monthly complaints report, which is submitted to IPAS in line with IPAS regulations.

Ongoing Governance and Continuous Improvement

The Service Provider is committed to embedding these

measures into everyday practice to ensure clarity of accountability, robust oversight, and continuous learning. Ongoing review of governance arrangements, management training, and monitoring of compliance will continue to ensure alignment with the National Standards, IPAS requirements, and best practice.

These actions demonstrate the Service Provider's commitment to addressing the findings, strengthening governance, and ensuring the safety, welfare, and rights of residents.

2.1

Partially Compliant

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

The Service Provider acknowledges HIQA's findings in relation to Garda vetting, risk assessment, and safeguarding controls. While assurances were provided to HIQA immediately following the inspection, the Service Provider has since formalised and strengthened procedures to ensure full

and ongoing compliance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, the National Standards, and internal recruitment and safeguarding policies.

Commitment to Garda Vetting Compliance

The Eglinton Hotel remains fully committed to meeting all obligations under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. All individuals undertaking relevant work with children or vulnerable persons are required to have valid Garda vetting in place prior to commencing or continuing such duties.

- All resident-facing staff must complete Garda vetting before commencing employment.
- A Garda vetting tracker is maintained to ensure oversight of vetting status and renewal dates.
- No individual is permitted to undertake duties without a completed vetting file.

External Consultant – Clarification and Corrective Action

The Service Provider confirms that Garda vetting for the external consultant referenced in the inspection report was initiated on 5 November 2025, prior to the inspection, and has since been fully processed. A valid Garda vetting disclosure is now held on file.

At the time of inspection:

- The consultant was not employed by the Centre and was not undertaking resident-facing duties.
- She was supporting management exclusively on compliance matters in relation to the June 2025 HIQA inspection.
- She attended the Centre on the day of the unannounced inspection solely to sign documentation relating to potential future support and to participate in scheduled IPAS Child Safeguarding Training.

The Service Provider further clarifies that the consultant had been Garda vetted in previous professional roles involving direct work with children. These professional references were presented to inspectors during the inspection.

Nevertheless, the Service Provider accepts that a formal risk assessment should have been documented at that time. This learning has been addressed through strengthened controls and documentation requirements.

Strengthened Governance and Assurance Measures

Following the inspection, the Service Provider has implemented additional safeguards to ensure sustained compliance, including:

- Mandatory risk assessment completion for all positive vetting disclosures.
- Enhanced management oversight of vetting and safeguarding documentation.
- No staff member or contractor may undertake duties without:
 - A completed Garda vetting file, and
 - A completed risk assessment where a positive disclosure is identified.
- Risk assessments are documented, reviewed by management, and retained on file.

Conclusion

The Service Provider acknowledges HIQA's findings and confirms that the identified risks have been addressed both immediately and through longer-term governance improvements. Garda vetting controls have been strengthened, risk assessments

verified, and documentation processes enhanced to ensure full compliance with legislation, national standards, and safeguarding requirements.

Should HIQA require any further clarification or documentation, the Service Provider will respond promptly.

2.3

Partially Compliant

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

The Service Provider acknowledges HIQA's finding in relation to the quality and effectiveness of staff supervision. While an updated supervision policy is in place and quarterly supervision sessions are occurring in line with policy, the Service Provider recognises that supervision discussions were not sufficiently comprehensive to ensure staff were fully supported in their roles.

In response, a standardised supervision and appraisal framework is being introduced to guide all supervision sessions. This framework will ensure that discussions consistently cover key areas including role expectations, workload, training and development needs, safeguarding responsibilities, challenges in practice, wellbeing and support needs, and opportunities for learning and improvement.

Managers responsible for delivering supervision will receive guidance and support to ensure they are equipped to facilitate high-quality, reflective supervision sessions. Supervision records will clearly document discussions held, actions agreed, and follow-up required, providing assurance that identified issues are addressed.

In addition, an annual staff appraisal process is being embedded to complement quarterly supervision. Appraisals will focus on performance review, professional development, and alignment with organisational values and standards, further supporting staff in their roles.

Oversight of supervision and appraisal records will be maintained by Senior Management to ensure consistency, quality, and compliance with the supervision policy.

The Service Provider is committed to embedding these improvements into practice to ensure ongoing compliance with the National Standards and to support staff to deliver safe and effective support.

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

Children Sharing Bedrooms

The Service Provider confirms that discussions have taken place with IPAS regarding the allocation of bedrooms for children of opposite genders. Rooms are currently assigned to residents by IPAS prior to arrival at the Centre, in line with guidance received. Ongoing dialogue continues with IPAS to seek a long-term, compliant solution to address this risk appropriately.

Parental Responsibility and Supervision of Children.

Parental responsibility has been formally identified as a risk within the Centre. Measures have been implemented to raise awareness among parents of their responsibility to supervise their children at all times:

- Parental responsibility forms have been issued, signed by parents, and filed.
- Resident meetings consistently include supervision of children as a standing agenda item.
- The Diversity Officer engages directly and continuously with parents to reinforce supervision expectations.
- Consultation with Tusla is ongoing to ensure that any identified risks meeting safeguarding thresholds are appropriately reported.

Risk Register and Risk Escalation

The Service Provider acknowledges that risks related to incidents were not routinely added to the risk register. Measures are now being implemented to ensure that:

- All identified risks are documented and reviewed through the risk register.
- Risk escalation pathways are strengthened and embedded in practice.
- Risks and breaches, including those relating to the Housing Act 1966, are escalated to relevant government departments where required.

Fire Safety and Fire Drills

The Service Provider acknowledges that fire drills had not been completed in line with policy, including a lack of after-dark drills. An after-dark fire drill was conducted

immediately following the inspection. Measures have since been put in place to ensure:

- Fire drills are completed in line with local policy.
- After-dark drills are scheduled and completed annually.
- Fire drill records are maintained and reviewed by management.

Contingency Planning and Flood Risk

The Service Provider acknowledges that contingency plans required further development. Work is ongoing to update contingency plans to ensure they address risks outlined in the National Standards, including:

- The risk of flooding.
- Clear arrangements for alternative accommodation for residents should the premises become unusable due to flooding or other emergencies.

Assurance and Ongoing Monitoring

The Service Provider is committed to strengthening risk management, safeguarding oversight, fire safety compliance, and contingency planning. All actions will be monitored through governance structures, risk registers, staff training, and regular review to ensure sustained compliance with the National Standards and regulatory requirements.

The safety, welfare, and rights of residents, particularly children, remain central to service delivery.

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

Room Allocation and IPAS Oversight

The Service Provider confirms that rooms are currently allocated to residents and families prior to arrival at the Centre by IPAS. This process is followed by the Service Provider in line with IPAS guidance and directives. The Service Provider has raised this matter with IPAS and continues to engage with them to ensure that accommodation allocations are appropriate and responsive to residents' needs, particularly those of families with children.

Internal Allocation and Review Process

Internally, the Service Provider has implemented measures to improve how accommodation is managed once residents are accommodated in the Centre. Where a

more suitable room becomes available, management reviews existing allocations and assigns rooms based on identified needs, family composition, and usage requirements.

For example:

- Families with children are prioritised for rooms with kitchen facilities as these become available.
- Consideration is given to family size, children's ages, and overall suitability when reallocating rooms.
- Requests from residents to change rooms are reviewed by management on a case-by-case basis, taking account of availability and assessed need.

Policy Development and Improvement

The Service Provider recognises that the existing room allocation policy requires further detail. Work is underway to strengthen the policy to clearly outline:

The criteria used when allocating accommodation.

The process for reviewing and responding to requests for room changes.

Consideration of the best interests of children and family wellbeing.

Ongoing Commitment

While the Service Provider is constrained by the nature of the accommodation and IPAS allocation processes, every effort is made to use the accommodation available in a way that best supports families and children. Ongoing engagement with IPAS, strengthened internal processes, and policy development will ensure improved transparency, consistency, and alignment with the National Standards.

The Service Provider remains committed to promoting the welfare, dignity, and best interests of all residents, particularly children and families

4.4

Partially Compliant

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

The Service Provider acknowledges HIQA's finding that the configuration of accommodation impacted on the privacy and dignity of children and adults, particularly where families were required to share bedrooms, including siblings aged 10 years or more of opposite genders. The Service Provider recognises the importance of ensuring that accommodation arrangements are in the best interests of children and respect the dignity and privacy of all residents.

Accommodation Allocation and IPAS Engagement

The Service Provider confirms that rooms are allocated to residents and families prior to arrival at the Centre by IPAS. The Service Provider follows this allocation process in line with IPAS direction and has escalated concerns regarding accommodation configuration and its impact on children's privacy and dignity to IPAS.

Consultation and engagement with IPAS is ongoing to seek a positive and sustainable solution to this issue. The Service Provider continues to advocate for accommodation arrangements that better meet the needs of families and align with national standards.

Risk Identification and Interim Measures

The Service Provider acknowledges that relevant risk assessments were not fully completed at the time of inspection. This gap has been identified, and measures are being implemented to ensure that risks associated with shared bedroom arrangements are formally assessed and recorded.

Where possible, internal reviews of accommodation are undertaken, and when more suitable rooms become available, management prioritises reallocating families based on identified needs and the best interests of children.

Ongoing Monitoring and Assurance

While the Service Provider is constrained by the physical layout of the accommodation and the IPAS allocation process, management continues to monitor the impact of these arrangements on residents. Concerns are documented, escalated through appropriate governance channels, and discussed with IPAS to support timely resolution.

The Service Provider remains committed to working collaboratively with IPAS to address this issue and to implementing all reasonable interim measures to promote the privacy, dignity, and welfare of children and adults residing in the Centre.

8.2

Not Compliant

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

Engagement With Tusla and Reporting Thresholds

Following the identification of concerns relating to children being unsupervised, the Centre engaged directly and promptly with the Tusla Duty Social Work Team for guidance. A formal consultation call was carried out to clarify reporting thresholds and appropriate responses.

Tusla advised that children over 12 years of age being left unsupervised for short periods does not, in isolation, meet the threshold for a child protection referral in the absence of additional welfare concerns. Tusla directed the Centre to monitor, record, and escalate concerns where incidents become repetitive, escalate in nature, or where additional risk factors are identified.

A review of all known cases of children potentially being unsupervised was completed. Referrals were made to Tusla in instances where the threshold for reporting was met. All incidents are now systematically recorded and monitored through the Centre's safeguarding oversight processes.

Risk Assessment and Safeguarding Oversight

In response to HIQA's requirement for urgent action, a comprehensive risk assessment was completed. This assessment addresses:

- Risks associated with children being left without parental supervision
- Environmental and situational risks within the accommodation
- Parental awareness and understanding of supervision responsibilities
- Control measures and clear escalation pathways
- Monitoring arrangements to assess the effectiveness of interventions

Management oversight has been strengthened to ensure awareness of all safeguarding concerns, trends, and actions taken, enabling effective tracking and governance.

Preventative and Control Measures Implemented

To mitigate risks and ensure consistent safeguarding practice, the following measures have been implemented:

- **Re-Issuance of IPAS Supervision Rules**
Parents have been formally reminded of their responsibility to supervise their children at all times while residing in the Centre.
- **Parental Responsibility Forms**
All parents have signed a parental responsibility form confirming their understanding of their duty to ensure their children's safety and supervision. These forms are held on file.
- **Resident Engagement and Education**
A pre-scheduled resident meeting, observed by a HIQA inspector on the day of inspection, was held. During this meeting:

- Staff reinforced supervision expectations.
- An educational play addressing cultural differences and parenting expectations in Ireland was presented.

- **Strengthened Reception and Access Control Procedures**

To prevent children being unsupervised within the building:

- Children presenting alone at reception are not issued room keys. Children remain supervised at reception until collected by a parent or appropriate adult.
- Parents have been formally notified of these procedures.
- Security magnetic key-lock systems have been introduced to prevent unsupervised access to restricted areas or exits within the Centre.

Ongoing Compliance and Assurance

The Service Provider confirms that all child protection concerns are now risk assessed, documented, and referred to Tusla where appropriate, in line with Tusla guidance and national safeguarding standards. Oversight, monitoring, and review mechanisms are in place to ensure ongoing compliance and continuous improvement.

The Service Provider remains fully committed to safeguarding children, strengthening governance arrangements, and ensuring that the welfare, safety, and rights of children remain central to service delivery.

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

Incident Management Policy and Governance

The Service Provider confirms that an updated incident management policy has now been developed and implemented. This policy clearly outlines:

- The process for identifying, recording, reviewing, and escalating incidents and adverse events
- Reporting requirements to IPAS and other relevant bodies
- Roles and responsibilities for incident management and oversight

- Arrangements for review, learning, and service improvement

All staff have been informed of the updated policy, and management oversight has been strengthened to ensure consistent application in practice.

Single Incident Recording and Tracking System

To address the risks identified, the Service Provider has approved and implemented a single, centralised system for recording and tracking all incidents and adverse events. This system replaces the previous dual arrangements and ensures:

- Consistent recording of all incidents
- Improved management oversight and governance
- Effective trending and analysis of incidents over time
- Identification of patterns, risks, and learning opportunities

Review, Learning and Continuous Improvement

Incidents are now routinely reviewed by management, and discussed at management and team meetings to support learning and preventative action. Actions arising from incident reviews are documented, assigned, and monitored to completion.

Assurance

These measures provide assurance that incidents are now managed in line with policy and regulatory requirements, that oversight has been strengthened, and that learning from incidents is embedded into practice. The Service Provider remains committed to continuous improvement and compliance with the National Standards and IPAS requirements.

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

Incident Debrief and Review Process

In response to this finding, the Service Provider confirms that an incident debriefs and review process is being implemented as part of the incident management framework. This process will ensure that:

incidents are reviewed in a timely manner following occurrence

- Staff involved are supported through structured debriefing
- Lessons learned and best practice are identified and shared

- Any required risk assessments are completed, reviewed, and updated

Staff Support and Learning

Incident debriefs and review meetings will provide staff with a formal forum to reflect on practice, discuss challenges, and share learning. Outcomes from these discussions will inform service improvements, training needs, and risk mitigation measures.

Governance and Oversight

Management oversight will be maintained to ensure that incident reviews are documented, actions are recorded, and follow-up is completed. Learning arising from incidents will be communicated to staff through team meetings and supervision sessions to promote continuous improvement.

Assurance

These measures provide assurance that staff are supported following incidents, that risks are appropriately assessed and managed, and that learning from incidents is embedded into practice. The Service Provider remains committed to strengthening governance arrangements and ensuring compliance with the National Standards and IPAS requirements.

10.3

Not Compliant

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

Policy Review and Development

In response to these findings, the Service Provider has commenced a full review of the policy relating to the identification and assessment of special reception needs. This review aims to ensure the policy:

- Provides clear and comprehensive guidance to staff
- Defines when vulnerability assessments must be completed and reviewed
- Outlines processes for responding to emerging or changing needs
- Clarifies roles, responsibilities, and escalation pathways

Strengthened Assessment and Oversight Arrangements

The newly established Care and Welfare Team has assumed responsibility for ensuring that vulnerability assessments are completed for residents in a timely and consistent manner. This includes:

- Completing vulnerability assessments for residents who do not currently have one on file

- Reviewing and updating assessments where new or emerging needs are identified
- Categorising identified needs to support prioritisation and appropriate responses

Monitoring and Follow-Up Supports

Systems are being implemented to provide effective oversight of vulnerability assessments and resident needs. These systems will ensure that:

- Identified vulnerabilities are monitored over time
- Required supports are clearly documented
- Follow-up actions are tracked to completion
- Appropriate internal and external supports are provided, including referrals where required

Ongoing Commitment

The Service Provider is committed to embedding these improvements into practice to ensure residents' individual needs are appropriately assessed, supported, and reviewed, in line with the National Standards and regulatory expectations.

10.4

Partially Compliant

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

Clarification of the Reception Officer Role

In response to HIQA's recommendations, the Service Provider has taken steps to clearly define and formalise the role of the reception officer within the service. A well-defined policy and procedure is being developed to clearly outline the reception officer's day-to-day duties, responsibilities, and boundaries of practice. This policy will ensure consistency in practice and support the delivery of appropriate and timely assistance to residents.

The role of the reception officer within the newly established Care and Welfare team is also being clearly defined to ensure effective collaboration, communication, and referral pathways between reception, welfare staff, and management.

Strengthened Resident Engagement and Awareness

Measures have been implemented to ensure that the newly established Care and Welfare team engages more directly with residents to identify and respond to their needs. Direct engagement

with residents is ongoing, and residents have been informed of the existence, role, and availability of the Care and Welfare team, including the reception officer.

Residents are now actively engaging with the Care and Welfare team around their needs and the supports required, ensuring improved access to information, guidance, and assistance.

Ongoing Assurance

Once finalised, the updated policy and procedure manual will be shared with all relevant staff to ensure clarity of roles and responsibilities. Oversight arrangements will be maintained to ensure the role of the reception officer is consistently implemented in practice and continues to support residents effectively.

The Service Provider remains committed to implementing HIQA's recommendations, strengthening governance and role clarity, and ensuring residents receive appropriate support in line with the National Standards.

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	30/01/2026
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Not Compliant	Red	30/01/2026
Standard 2.1	There are safe and effective recruitment	Partially Compliant	Orange	30/01/2026

	practices in place for staff and management.			
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Partially Compliant	Orange	30/01/2026
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Orange	30/01/2026
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.	Partially Compliant	Orange	30/01/2026
Standard 4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.	Partially Compliant	Orange	30/01/2026
Standard 8.2	The service provider takes all reasonable steps to protect each child from abuse and neglect and	Not Compliant	Red	30/01/2026

	children's safety and welfare is promoted.			
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	30/01/2026
Standard 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Partially Compliant	Orange	30/01/2026
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	30/01/2026
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.	Partially Compliant	Orange	30/01/2026