



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

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| Name of the Centre: | Kinsale Road Accommodation Centre |
| Centre ID: | OSV-0008439 |
| Provider Name: | Aramark |
| Location of Centre: | Co. Cork |
| Type of Inspection: | Unannounced |
| Date of Inspection: | 14/10/2025 and 15/10/2025 |
| Inspection ID: | MON-IPAS-1109 |

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.

About the Service

Kinsale Road accommodation centre is located on the outskirts of Cork City in a primarily industrial area, with some nearby houses. The centre consists of seven prefabricated buildings and an administration block across a campus setting. At the time of inspection the centre provided accommodation to 183 residents, 49 of whom were children. The centre catered for families and single males and females. The buildings are owned by the State and the service is privately provided on a contractual basis on behalf of the Department of Justice, Home Affairs and Migration by Aramark.

Kinsale Road accommodation centre provided a free bus service to the city a number of times per day. There is good access to other transport links and recreational facilities, and there are restaurants and shops within walking distance. There are parking facilities on site and access to the building is gained through the main reception. The centre is comprised of residents' rooms, a reception area, offices, a common room, a central kitchen and dining room, meeting rooms, education room and a playground with picnic benches outside.

The service is managed by a centre manager and deputy managers who report to the regional manager. In addition there is a chef, kitchen staff and general support staff including domestic staff, security and maintenance staff employed in the centre.

The following information outlines some additional data on this centre:

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| Number of residents on the date of inspection: | 183 |
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⁴ European Communities (Reception Conditions) (Amendment) Regulations 2023 provide HIQA with the function of monitoring accommodation centres excluding temporary and emergency accommodation

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

The inspection was carried out during the following times:

| Date | Times of Inspection | Lead Inspector(s) | Support Inspector(s) |
|------------|---------------------|-------------------|----------------------|
| 14/10/2025 | 10:45 – 18:25 | 1 | 1 |
| 14/10/2025 | 11:40 – 18:25 | | 1 |
| 15/10/2025 | 08:00 – 16:05 | 1 | 2 |

What residents told us and what inspectors observed

During the inspection, the inspectors found that residents of Kinsale Road were receiving a good standard of support from the staff team and service provider. Through conversations with a number of residents, reviewing residents' surveys and centre documentation, the inspectors noted that residents expressed satisfaction with the service and assistance they received. They spoke positively of the staff team and managers and said that they were treated in a respectful manner. Furthermore, residents told inspectors that they were supported to live independent lives. While this was a well-run centre and residents reported being happy with the service provided, the inspectors found risks associated with the recruitment of staff and in responses to behaviours related to mental health concerns, as they emerged over time.

This was an unannounced inspection of Kinsale Road Accommodation Centre which was located on the outskirts of Cork city and the residents benefitted from close access to local services and amenities. On arrival, inspectors observed the security arrangements for the centre, which included security personnel located at its entrance, an electronic barrier to prevent unauthorised access, and a sign in system for visitors. There was pedestrian access which meant that the residents could come and go freely.

The inspection took place over the course of two days. The inspectors spoke with the the centre manager, reception officer, a duty manager, catering manager and accomodation manager. The inspectors also met with security personnel, catering and housekeeping staff. The inspectors held an introductory meeting with the management team and then completed a walk around of the buildings. Residents' views on the service were gathered by the inspectors through various means, including speaking with residents, HIQA resident questionnaires, inspectors' observations and a review of documents.

The entrance area of the main building of the centre was observed as welcoming, with comfortable armchairs and there was a receptionist available to the residents to offer assistance, guidance, and information as required. There were two offices where residents could meet with the centre manager and duty manager. There was a third dedicated office for the reception officer to meet residents in private. The inspectors observed that this was a busy centre where residents accessed members of the staff team for assistance and supports for various reasons.

The centre provided accommodation to people seeking international protection, and the residents living in the centre were from a broad range of nationalities. The inspectors found that 48 (26%) of the residents had received refugee, subsidiary protection or leave to remain status. Some residents had received notice to seek private accommodation outside of the centre, but had been unable to source alternative accommodation in the community. The provider facilitated non-governmental organisations (NGOs) to hold clinics in the centre, to help residents source accommodation.

The centre catered for single males, single females and families. At the time of the inspection, there were 183 residents living in the centre and the resident profile included infants, young children, teenagers and adults. There were 47 children who formed part of 24 families. Inspectors spoke with 28 adults, 8 children and 8 members of the staff and management teams. The residents whom inspectors spoke with said that they were happy in the centre and described the centre as safe and secure. Throughout the inspection, the inspectors observed pleasant and respectful interactions between residents and staff members.

The centre itself was a moderately sized campus comprising eight prefabricated buildings. There was an administration building and seven accommodation blocks, each of which were a two-storey prefabricated building containing bedrooms and bathrooms for the residents. There was a small communal kitchen and dining area in each accommodation block. Three accommodation blocks catered for families, three for single males and one for single females and inspectors visited a sample of rooms in all blocks. There was an administration building where residents accessed various facilities such as a large recreation room, sensory room, residents kitchen and a canteen, as well as staff offices. There was an in-house crèche and afterschool service which was operated by a private provider.

On a walk around the accommodation centre, the inspectors observed outdoor spaces that were well-maintained and family friendly. The outdoor area had picnic benches where residents could relax and meet with family and friends and a playground for children. There was also outdoor storage units for buggys and childrens toys and bicycles.

A number of residents invited the inspectors to visit and talk with them in their homes. Inspectors observed the premises overall to be maintained to a good standard. Some general cleaning was required in areas such as shared hallways and there was mould observed on ceiling tiles in bathrooms in one block where extractor fans were not working. Good storage was observed in all bedrooms viewed by inspectors and there was storage room in one block for residents suitcases. However there was insufficient private living space available in the family apartments. As such, some residents had chosen to configure their rooms to allow for more living space. Where families had two bedrooms they chose to use one bedroom as living space and the second one as a bedroom, therefore parents and children were sleeping in one bedroom by choice.

English classes were held in the centre for adults, and educational and recreational activities were available for the children in a dedicated room. Parenting classes were available for parents and interpreters were provided when needed, which supported residents who could not speak English to attend classes. The centre provided a meeting room which residents could use for private meetings if required. A large communal recreation room had a pool table, futsal table, gaming area and TV with sofas where residents could meet and relax. This recreation room also had tea and coffee making facilities and a toaster and microwave for residents to make snacks.

There was a sensory room for children in the administration block which had additional therapeutic materials added to further support the children's development. An information wall in the centre displayed relevant information on resources available for residents of all ages including housing, sexual health, employment opportunities and rights and entitlements. For example, there was guidance available from various NGOs and health services and guidance on making complaints to the Ombudsman for Children. There was a wide range of activities for children residing in the centre and there were photographs of young people having attended activity camps, music classes, drama workshops and a social farm.

There were good supports provided onsite by non-governmental and state agencies, and charities. There was also a medical room where a GP visited regularly and where vaccination clinics were held and other medical appointments. The provider had held a health exposition to provide information and guidance to residents on general health, cancer screening, heart health and a healthy diet. Some of the topics for discussion at this event included maintaining good mental health and the counselling services and bereavement supports which were available to residents in the local community. The provider also held a 'Jobs Fair' to support residents with gaining employment, curriculum vitae development and interview skills.

The centre was close to shops, restaurants, and health services, and leisure facilities such as sports. Residents had access to good transport systems locally including a school bus as well as free centre transport to the city daily.

On their walk around the centre the inspectors found that the provider had assessed the maintenance needs of the centre and addressed them. It was also evident that much needed upgrades were made to windows, and accommodation blocks had been painted. Overall, this contributed to an improved physical environment for the residents.

A large, communal laundry room, with 10 washing machines and 10 dryers, was available to all residents living in the centre and an additional two of each machines were due for delivery. All machines were in working order on the day of inspection and the laundry room was clean. Additionally, there as a linen room where residents could avail of clean bed linen and towels at any time.

Closed-circuit television (CCTV) (visual only, with no audio recording) was in place in the communal and external areas of the centre, and its use was informed by data protection legislation and the provider's policy. Security personnel were employed in the centre and they had the appropriate training and licence, and there was a safe system in place to account for all visitors to the centre premises, including the grounds. Residents were observed as free to come and go from the centre without any unnecessary restrictions.

Children were observed engaging in everyday life such as taking the bus to school, playing together and eating meals with their families in the dining room. There was a play area in the dining room to support parents to supervise their children while having their meals, and also to encourage play and interaction between children. This was a good example of what contributed to a positive culture within the centre.

While there was a positive culture and pleasant atmosphere in the centre, improvements were required in relation to recruitment practices, risk management, staff supervision and responding to emerging needs of residents.

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

Capacity and capability

This was a well run centre and inspectors found many examples of good management and leadership, which was proactively contributing to residents feeling safe and secure within the service. However, there were two particular areas requiring significant improvement in this centre. They related to the effectiveness of the systems in place to review and escalate risk, and safe recruitment practices. Risks related to these two aspects of practice were identified by inspectors and resulted in an urgent compliance plan being issued to the service provider. By way of assurance, HIQA received a satisfactory response from the service provider to the risks identified.

The service provider had a clearly defined governance structure in place, with good reporting arrangements at local level that had been formalised since the last inspection in 2024. The centre was overseen by a centre manager who reported to a regional manager. The centre manager demonstrated effective leadership and had established positive and strong working relationships with the staff team. Inspectors found that the centre manager had strengthened governance, oversight, and management systems within the centre. These improved systems had contributed to improved quality of lives for residents, who were supported by a dedicated and respectful staff team.

Notwithstanding the risks identified, this inspection found that the local management team had a good understanding of the national standards, legislation and national policy and had developed systems and processes to strive towards compliance with the national standards. The provider had developed auditing systems to assess their own compliance and to guide quality improvement initiatives. The local management team had developed an action plan following the 2024 HIQA inspection which proved effective as an oversight mechanism and which also informed an overall quality improvement plan. Accountability was evident within these processes as each action was attributed to a staff member and a date set for completion of this action. New systems and processes include a weekly management meeting to facilitate shared learning between local and wider management teams, ensure accountability, and to assist them to drive improvements. An annual review of the quality and safety of the service provided had also been carried and this included a residents survey being completed by residents to gain insight into the lived experience of residents. While these various systems and processes were in place, they failed to identify improvements required to basic practices related to safe recruitment of staff and the provision of staff supervision.

At the time of inspection in October 2025, significant improvements were required to recruitment practices. Nonetheless, the service provider had recruited a dedicated and committed staff team and had maintained personnel files for these individuals. There

was photo identification, a contract of employment, job description and records of their formal employment induction in place for all staff members. Garda vetting had been in place for all staff members up to December 2024. During 2025, four new members of staff were recruited to work in the centre. However, inspectors had significant concerns about the adequacy of recruitment practices in the centre for these appointments. For example, three written references had not been obtained for staff who had been recruited, which was not in line with the IPAS child protection policy issued by the Department of Justice, Home Affairs and Migration. Furthermore, four staff members who had been employed in 2025 commenced in their position before Garda Síochána (police) vetting had been obtained. While Garda vetting was awaited, the service provider had completed a risk assessment with control measures to minimise the associated risk. Nonetheless, a Garda Vetting disclosure was not on file for these staff members who were actively working in the centre at the time of inspection. Such vetting is required under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 prior to staff members commencing in their post. Therefore, following the inspection, HIQA inspectors issued an urgent compliance action plan to the service provider to seek assurances that it had met its legislative requirements along with both national policy and the national standards.

Since December 2024, formal structured supervision was not being provided to the staff team in line with national standards or centre policy. However, the staff and management team supported each other in their roles, and there were very good working relationships among the team. As a result, residents benefitted from good communication within the staff team. There was a staff appraisal system whereby staff members engaged with their line manager twice yearly with regard to their performance. While this was good practice, the records examined by the inspectors did not clearly outline the staff members' contribution to this process. The service provider had previously implemented a system to ensure staff were appropriately supervised, but structured formal supervision on a quarterly basis had not occurred for almost one year.

The learning and development needs of the staff team were being prioritised and a plan was in place to ensure all of the mandatory training was completed. The management team had developed a system to maintain oversight of all of the training completed and the dates for future training that was scheduled. All staff members had completed training in *Children First National Guidance for the Protection and welfare of Children* (2017) and safeguarding of vulnerable adults training. There was a training needs analysis which identified key areas of training required for specific departments, and training was prioritised for staff depending on their needs in line with their roles and responsibilities. While not all of the mandatory training had been completed by the entire team, there was a plan in place to address any deficits in priority required training.

From interactions with residents and observations by inspectors it was noted that these residents were happy with the support they received in the centre, felt safe and were respected by the staff team. Inspectors experienced a relaxed, calm atmosphere in the centre throughout the course of the inspection and families were observed having family meals together in the dining room and interacting warmly with staff. Overall the centre manager and staff team promoted a culture of inclusion and respect within the centre.

Since the previous inspection in 2024, the management of risk in the centre had improved, including a more comprehensive risk register being in place and a proactive approach to identifying and addressing risk, but more improvements were required. There was a risk management policy in place including a risk escalation process and it was evident that this policy was being implemented in a number of areas. However, this policy did not guide staff in relation to the need to regularly review ongoing identified risks. Therefore, all risks regardless of their severity had the same review period, which was annually. As a result, the centre's risk register was not a live document and did not accurately reflect all risks in the centre, and the extended review period had the potential to impact on the timeliness of escalating sustained risk, where the controls in place were not effective in the short-medium-term. Furthermore, there was an example of where risk was escalated to senior management level but this was not reflected on the centre's risk register nor how this risk was responded to.

It was evident that the centre paid close attention to risks to residents and risk assessments and controls were in place to reduce these risks where needed. However, inspectors found an example of risks related to the impact of behaviours associated with complex mental health issues. While the centre's manager, reception officer and staff team worked tirelessly to ensure the right clinical and community supports were in place, took steps to reduce identified risks, and reported individual incidents in line with centre and national policy, the overarching risk of the inability of the centre to meet the level of presenting need was not escalated to the relevant government department. Inspectors issued an urgent compliance plan on this matter to the service provider and a satisfactory response was received.

There was a residents' charter in place which accurately and clearly described the services available to children and adults living in the centre, including how and where the services are provided. The charter was comprehensive and included information on local services, such as schools, child care facilities, sports clubs, places of religious worship and gave a clear outline of the complaints process. Copies of the charter were given to residents on arrival at the centre and it was available in a number of languages.

The service provider had plans in place for the emergency evacuation of residents with additional mobility needs. Additionally the provider had a contingency plan for unforeseen events and had also implemented safe practices in relation to the prevention of fire in the centre.

In summary, the management team had made substantial progress to improve the quality of the service offered to residents through improvements made to their management and oversight systems. However, significant improvements were required in relation to risk management and escalation and staff recruitment practices, so that the provider could be fully assured of the safety and quality of their service.

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 largely performed its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre. Residents who spoke with inspectors were happy with the service provided and felt comfortable approaching staff about any issue. However, during 2025 and up to the time of the inspection, the provider was not fully operating in compliance with the relevant regulatory requirements in relation to Garda vetting.

Judgment: Partially Compliant

Standard 1.2

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

Thee leadership and governance arrangements put in place by the service provider were not fully effective. Oversight and monitoring mechanisms in place did not identify unsafe recruitment practices, ineffective risk management systems and the lack of implementation of the centre's staff supervision policy.

Judgment: Partially Compliant

Standard 1.3

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

There was a residents' charter in place which accurately and clearly described the services available to children and adults living in the centre, including how and where the services are provided. The charter was comprehensive and included information on local services, such as schools, child care facilities, sports clubs, places of religious worship and gave a clear outline of the complaints process. Copies of the charter were given to residents on arrival at the centre and it was available in a number of languages.

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.

The provider actively analysed and reviewed the quality of care and experience of residents in order to improve the service. For example, the provider had completed the required annual review of the service since the previous inspection which was also informed by a resident survey. The provider had also used the previous HIQA inspection report of 2024 to develop an action plan to address identified issues.

Judgment: Compliant

Standard 2.1

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

At the time of inspection, the provider had failed to ensure that recruitment practices in this centre were consistently safe and effective. Four staff members working in the centre did not have Garda vetting completed prior to taking up their posts, contrary to the requirements of legislation, and the service provider had not obtained three written references for these new employees, which was not in line with the requirements of national policy. Following the inspection, an urgent compliance plan was issued to the service provider regarding these findings.

Judgment: Not Compliant

Standard 2.3

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

The staff team felt well supported but they were not in receipt of structured formal supervision in line with national standards nor centre policy. The service provider had a satisfactory system in place to ensure the staff team engaged in regular performance appraisals. However, the appraisal records examined by inspectors did not adequately reflect staff members' input into this process.

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 learning and development needs of the staff team, including those employed on a contractual basis, were being prioritised. A comprehensive training programme was in place and while not all staff had completed all of the mandatory training, there was a scheduled plan to address the priority deficits in training required.

Judgment: Substantially Compliant

Standard 3.1

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

The service provider had plans in place for the emergency evacuation of residents with additional mobility needs. It had also developed a plan in the event of an electricity outage, flood and infectious disease outbreak. The provider had also proactively considered the risk of fire in the centre.

The service provider had completed a regular risk analysis of the service and had a comprehensive risk register system in place. However, this was undermined by the centre's policy on risk which did not require regular review of ongoing identified risk, which in turn impacted on the timely escalation of risk. The provider had not identified all potential risks identified by inspectors, and had not regularly reviewed ongoing risk in line with the severity of that risk.

Quality and Safety

Overall, the inspectors found that the service provider and centre managers were committed to delivering a good quality service and support to residents, that was person centred. Residents had opportunities to live a meaningful life, were being facilitated to live independently and were treated with respect and dignity. Residents benefitted from good supports from a nurturing and kind staff team. While those residents who spoke with the inspectors said that they felt safe living in the centre, some improvements were needed to ensure residents were not unnecessarily exposed to risks in the centre and that the requirements of the Housing Act 1966 were met.

During the course of the inspection, inspectors observed positive and respectful interactions between residents and staff which indicated that residents' dignity was promoted in the centre. Through discussions with staff and residents, it was noted that the welfare of residents was a priority of the staff team.

The inspectors reviewed the procedure for allocating rooms to residents at the centre and it was noted that room allocation was determined by residents' needs. The provider had also developed a policy to guide staff members in allocating accommodation to families. Upon the arrival of residents, the centre manager and staff team made allocation decisions based on the information available to them at the time. On review of documentation, it was evident that where possible, staff members made decisions in the best interests of the residents and placed them in the most suitable accommodation. The inspectors found that factors such as family links and health needs were taken into consideration, with residents who had additional needs being given specific rooms, to meet those needs. Inspectors spoke to two residents who had been moved to larger rooms in different blocks to meet their health needs. In cases where accommodation matching residents' needs was not possible on admission, the centre manager relocated residents to more suitable accommodation once it became available. The room allocation policy ensured that there were clear and transparent criteria considered when making decisions regarding residents' accommodation. This meant that residents understood the policy and the rationale for allocating accommodation.

While visiting a sample of rooms in each of the accommodation blocks, inspectors observed that, the accommodation in the centre was maintained to a good standard. The accommodation provided was homely, accessible and sufficiently furnished. Nevertheless, the accommodation blocks overall required a deep clean particularly the communal kitchens and bathrooms. There was an area of mould observed on the

ceiling tiles in some bathrooms in the accommodation blocks for males, which appeared to be the result of extraction fans not working. The centre manager arranged for this matter to be addressed on the day of inspection and the ceiling tiles were replaced.

While the buildings were well maintained, in some instances families did not have access to their own private living space which was separate to their bedrooms. This arrangement was supplemented by communal living spaces within the centre for residents. The inspectors observed two apartments where one of the bedrooms provided had been reconfigured by residents to create a living space which resulted in multiple family members sleeping in the same room. In one instance an older child was inappropriately sleeping in a cot as opposed to a single bed for space saving reasons. While weekly room checks were being completed by the staff team this issue had not been identified as a concern, nor had it been risk assessed by the provider. In line with the requirements of the Housing Act 1966, the provider had not ensured that all families had access to their own private living space within their apartment in addition to their sleeping quarters, nor had the provider ensured adherence to the sleeping protocols in the act where there should be a bedroom for parents and a separate bedroom for children.

The centre manager and staff team had made continued efforts to improve the lived experience of the residents living in the centre. They organised summer camps for the children which included trips to a social farm, activity centre and beach days. The team had organised events in the centre such as children's music and drama classes and had recently engaged a sports development officer. There was a jobs fair and health exposition for the adult residents and the centre and ran a healthcare course for residents which was accredited by an external body. Several residents had gained employment after graduating from this course. Additionally, they had arranged migrant outreach clinics, and local support and health services to visit the centre regularly to support residents.

The service provider was committed to ensuring residents' educational needs were met. The reception officer provided support for parents, to access childcare and a school for their children. A school bus was provided to take children to and from school. A homework club for children was due to commence in the education room in the centre. However, residents did not have room in their living space to accommodate a study desk and this was being reviewed by the centre manager. There was a homework room in the administrative block but children had to be supervised while there and this was not possible for some parents who had other children to care for. The centre offered Wi-Fi internet access throughout the centre which supported residents completing schoolwork.

Safeguarding practices were well developed and the service provider had appropriate policies and procedures in place to guide the safeguarding of residents in the centre. Residents reported that they felt safe and protected and the staff team were aware of their responsibilities in this regard. The staff and management team actively addressed concerns as they arose, and as previously stated, the service provider had not utilised their risk escalation procedures when required. There was a system in place to track safeguarding concerns but it did not include all concerns or referrals made to statutory agencies and therefore did not provide a comprehensive overview.

There were good practices in place to ensure children were safeguarded and protected. There were designated liaison persons identified and staff and management team were aware of their legal responsibilities and sought advice from the Child and Family Agency (Tusla) when required. Child protection and welfare concerns were reported in line with Children First. 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, in line with the centre's policy. There were appropriate working relationships between the staff team and an external provider of childcare facilities provided in the centre. It was evident that information was appropriately shared to ensure the best interests of the children living in the centre. The management of incidents was good and there was appropriate reporting of incidents as they occurred in line with national policy. The management team had introduced a tool to support them in their oversight, review and learning from incidents. This was positive progress but it required further development to ensure there was consistent recording of the recommendations arising from this review, including an assessment of the risks associated with individual incidents.

The service provider had established a policy to identify, communicate and address existing and emerging reception needs and had also employed a dedicated reception officers who had the required skills, qualifications and experience to fulfil the role. The appointed reception officer was part of the senior management team and had received adequate training to become the primary point of contact for residents, staff members, and managers regarding special reception needs.

The reception officer had developed a comprehensive vulnerability assessment to support residents who presented with ongoing and emerging special reception needs. Additionally they had compiled a register of residents who they had identified as having special reception needs, to ensure these needs were met. There was evidence that the reception officer had referred residents for supports and had facilitated them to attend appointments with mental health professionals, family resource officers and social workers. They had also developed a special reception needs guidance manual to guide staff on the identification of special reception needs. The supports offered to these residents was documented and appropriate records maintained to address the

residents needs. It was evident that the reception officer reported identified risks to residents in line with centre policy, including where they identified that the centre could not meet the needs of any resident.

Standard 4.1

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

The provider had developed a policy and procedures for allocation of accommodation to residents. This was informed by the identified needs and best interests of residents, and accommodation had been allocated having regard to the needs of the residents including health conditions, familial links, cultural, linguistic and religious backgrounds. Residents with whom the inspectors spoke said they were happy with this approach and that the provider was accommodating where possible.

Judgment: Compliant

Standard 4.4

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

The privacy and dignity of the family unit was not fully protected and promoted in this accommodation centre. The inspectors found that the sleeping arrangements for some families did not promote their rights, as parents shared bedrooms with their children due to the lack of alternative space. This practice had not been risk assessed and was not in line with the requirements of the Housing Act 1966.

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.

Adequate facilities and materials including Wi-Fi throughout the building, were available to support the educational development of children and young people living in the centre. While not all children had a space to study or complete their homework in their home, they had access to a room to complete their homework and a homework club was due to start shortly. Also the reception officer and staff members supported families in securing school placements and childcare for children.

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.

The service provider had made available a large laundry room in the centre, which was found to be clean and well maintained on the days of the inspection, and contained adequate number of washers and dryers for the number of residents. The inspectors noted that the provider had ordered an additional two washers and dryers for residents use. Residents independence was promoted in relation to laundry and cleaning.

Judgment: Compliant

Standard 4.8

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

The inspectors found that the service provider had implemented appropriate security measures within the centre which were deemed sufficient, proportionate and which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre only, and the centre manager informed the inspectors that this was visual CCTV only. The service providers policy informed the use of CCTV.

Judgment: Compliant

Standard 4.9

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

The provider had made a number of non-food items and products available to residents to ensure personal hygiene, comfort and dignity but not all products were readily available such as nappies for infants and toddlers. The service provider also needed to ensure that residents were informed about the availability of non-food items and products. The provider had made one set of towels and bedlinen available on arrival and there was a dedicated laundry service to ensure residents always had ample supply.

Judgment: Substantially Compliant

Standard 5.1

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

The provider ensured that food preparation and dining facilities met the needs of residents, supported family life and were appropriately equipped and maintained. Residents could avail of catered option or choose to cook meals of choice in a communal kitchen. There were food storage facilities available and the kitchens were equipped with an oven, cooker, microwave, fridge, freezer, hot water and space for preparing meals.

Judgment: Compliant

Standard 5.2

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

This service offered a fully catered canteen where residents could avail of meals which met their cultural, religious, dietary, nutritional and medical requirements. In addition there was a residents communal kitchen in the administration block and a small communal kitchen and dining area in each accommodation block. These were appropriately equipped with cooking equipment and food storage facilities to allow residents to cook meals of choice.

Judgment: Compliant

Standard 6.1

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

The rights and diversity of residents was respected, safeguarded and promoted in this centre. The inspectors noted that the residents were treated with dignity, respect and kindness by the staff team employed in the centre. Residents who spoke with the inspectors said that they felt respected and were treated with kindness by staff members. Residents were facilitated to practise their religion in a designated prayer room. Information on residents' rights was displayed in a prominent area in the centre. The service provider had processes in place to consult with residents, such as a residents' survey.

Judgment: Compliant

Standard 7.1

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

Residents were being supported and facilitated to develop and maintain personal and family relationships, and there was a communal space they could invite family and friends to visit them. There was also a private meeting room should they need to meet with a professional in private. Family units were being accommodated together, and their privacy and dignity were being promoted by the service provider and staff team.

Judgment: Compliant

Standard 7.2

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

The service provider ensured that residents had access to community supports, educational and health and social services. Families were supported by the staff team and the reception officer to access and enrol their children in local schools. Residents had easy access to local bus and there was private bus into the city daily. External agencies and NGOs attended the centre to offer support and advice around education, training, employment and local services. The provider had also held a jobs fair to support residents in finding employment. Additional transport was made available to residents to attend medical appointments when required.

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| Judgment: Compliant |
| <p>Standard 8.1</p> <p>The service provider protects residents from abuse and neglect and promotes their safety and welfare.</p> |
| <p>The service provider had appropriate policies and procedures in place to ensure residents were protected from abuse and harm. Residents had opportunities to discuss any concerns with members of the management team and appropriate action was taken to address concerns as they arose.</p> |
| Judgment: Compliant |
| <p>Standard 8.2</p> <p>The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.</p> |
| <p>The staff team were aware of their responsibilities to ensure children were safe and protected and parents were supported to understand their responsibilities in relation to safeguarding. Child protection and welfare referrals were reported in line Children First but the system to track concerns did not include all referrals and therefore limited oversight of safeguarding related issues.</p> |
| Judgment: Substantially Compliant |
| <p>Standard 8.3</p> <p>The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.</p> |
| <p>Incidents which occurred in the centre were well-managed in line with national policy. The service provider had developed a system to review incidents but it was not consistently recorded if there was learning identified or if there were risks that needed to be assessed and managed following a review of incidents.</p> |
| Judgment: Substantially Compliant |

Standard 9.1

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

The service provider promoted the health, wellbeing and development of each resident and offered appropriate, person-centred and needs-based support to meet any identified health or social care needs. Residents were provided with information and supports to access medical, mental health and welfare

Judgment: Compliant

Standard 10.1

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

The provider ensured that any special reception needs notified to it informed the provision of accommodation and delivery of supports and services for the residents. The reception officer completed vulnerability assessments with residents on arrival to the centre and

Judgment: Compliant

Standard 10.2

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

Staff members had received specialised training to support them to identify and respond to the special reception needs and vulnerabilities of the residents.

Judgment: Compliant

Standard 10.3

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

The provider had developed a Reception Officer Policy (including a vulnerability assessment) and Procedure Manual to identify, communicate and address existing and emerging special reception needs. The Reception Officer was the principal point of contact for residents, staff and managers for ongoing or emerging special reception needs.

Judgment: Compliant

Standard 10.4

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

The service provider had employed a suitably qualified reception officer for the centre. The reception officer was a member of the senior management team. The reception officer was suitably trained to support all residents. The reception officer had established strong links with local support organisations and statutory and non-statutory agencies.

Judgment: 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 | Partially Compliant |
| Standard 1.2 | Partially Compliant |
| Standard 1.3 | Compliant |
| Standard 1.4 | Compliant |
| Theme 2: Responsive Workforce | |
| Standard 2.1 | Not Compliant |
| Standard 2.3 | Partially Compliant |
| Standard 2.4 | Substantially Compliant |
| Theme 3: Contingency Planning and Emergency Preparedness | |
| Standard 3.1 | Partially Compliant |
| Dimension: Quality and Safety | |
| Theme 4: Accommodation | |
| Standard 4.1 | Compliant |
| Standard 4.4 | Partially Compliant |
| Standard 4.6 | Compliant |
| Standard 4.7 | Compliant |
| Standard 4.8 | Compliant |
| Standard 4.9 | Substantially Compliant |

| Theme 5: Food, Catering and Cooking Facilities | |
|---|-------------------------|
| Standard 5.1 | Compliant |
| Standard 5.2 | Compliant |
| Theme 6: Person Centred Care and Support | |
| Standard 6.1 | Compliant |
| Theme 7: Individual, Family and Community Life | |
| Standard 7.1 | Compliant |
| Standard 7.2 | Compliant |
| Theme 8: Safeguarding and Protection | |
| Standard 8.1 | Compliant |
| Standard 8.2 | Substantially Compliant |
| Standard 8.3 | Substantially 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 | Compliant |
| Standard 10.3 | Compliant |
| Standard 10.4 | Compliant |

Compliance Plan for Kinsale Road Accomodation Centre

Inspection ID: MON-IPAS-1109

Date of inspection: 14/10/2025 and 15/10/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

| Standard | Judgment |
|---|---------------------|
| 1.1 | Partially Compliant |
| <p>Outline how you are going to come into compliance with this standard:</p> <p>I can confirm that all current staff members have gardai vetting disclosures returned and added to their files.</p> <p>I can also confirm that no new hires will commence duties with a garda vetting disclosure received and placed in their files.</p> | |
| 1.2 | Partially Compliant |
| <p>Outline how you are going to come into compliance with this standard:</p> <p>I can confirm that no staff member will commence duties prior to gardai vetting disclosures having been returned.</p> <p>I can also confirm that a new policy on staff supervision has been put in place. It states that each start member is to receive a quarterly supervision meeting, these are to be documented and placed on each staff members file. As well as the 4 supervisions, each staff member to also receive 1 x annual appraisal. At the appraisal. Each January we will hold our first check in and this is where our goals for the year will be discussed.</p> <p>We have a new Risk management system in development; this system will be online and will capture all risk. It has a rating system and allows us to put in a review date.</p> | |

| | |
|---|---------------------|
| The system will then prompt a review once the date of review is reached (the colour changes) | |
| 2.1 | Not Compliant |
| Outline how you are going to come into compliance with this standard: I can confirm that all current staff members have gardai vetting disclosures returned and added to their files. I can also confirm that no new hires will commence duties with a garda vetting disclosure received and placed in their files. I can also confirm that no-one will be recruited without 3 written references on file, with 1 of them having been verified by phone. | |
| 2.3 | Partially Compliant |
| Outline how you are going to come into compliance with this standard: I can confirm that we have a new policy in place to capture employee feedback during supervision meeting and annual appraisals. Each staff member to have 1 supervision meeting per quarter (4 annually). This will capture not only feedback from management, but employees alike. Each staff to also have 1 x annual appraisal. | |
| 3.1 | Partially Compliant |
| Outline how you are going to come into compliance with this standard: I can confirm that we are currently implementing a new policy on the reviewal of risks. This will include how often risks should be reviewed, based on risk severity ratings. Example, risks related to ongoing issues to be reviewed monthly. We also have a new risk register going live in January. This monitors risk review dates and prompts action by changing colour | |
| 4.4 | Partially Compliant |
| Outline how you are going to come into compliance with this standard: Room allocation policy amended to include a section on the housing act and the relocation of residents where we are unable to meet their needs. Currently any residents in breach of said act have been moved where possible or added to a list to be moved should space become available. | |

Section 2:

Standards to be complied with

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

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

| Standard Number | Standard Statement | Judgment | Risk rating | Date to be complied with |
|-----------------|---|---------------------|-------------|--------------------------|
| Standard 1.1 | The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity. | Partially Compliant | Orange | 05/12/2025 |
| Standard 1.2 | The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service. | Partially Compliant | Orange | 05/12/2025 |
| Standard 2.1 | There are safe and effective recruitment | Not Compliant | Red | 05/12/2025 |

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|--------------|---|---------------------|--------|------------|
| | 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 | 31/12/2025 |
| Standard 3.1 | The service provider will carry out a regular risk analysis of the service and develop a risk register. | Partially Compliant | Orange | 31/12/2025 |
| 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 | 04/12/2025 |