



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

Name of the Centre:	Knockalisheen
Centre ID:	OSV-0008440
Provider Name:	Aramark
Location of Centre:	Co. Clare
Type of Inspection:	Unannounced
Date of Inspection:	11/11/2025, 12/11/2025 and 13/01/2026
Inspection ID:	MON-IPAS-1122

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

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

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

About the Service

Knockalisheen accommodation centre is located in a rural area of County Clare, approximately five kilometres from Limerick city. It is a purpose-built complex owned by the State that has been in operation for 25 years. The service is privately provided on a contractual basis on behalf of the Department of Justice, Home Affairs and Migration by Aramark.

The centre has capacity for 354 residents which has increased in recent years from 250, due to the provision of 104 additional beds in tented accommodation. At the time of the inspection there were 208 residents living in the centre, 19 of which were children. Accommodation is spread across six accommodation blocks and 13 military style tents which accommodate up to eight persons in each.

The centre further comprises a reception area, a large dining area and a social room, a meeting room to facilitate visits with family, friends or professionals. There is a gym, a playroom, a prayer room and a recreation room. The outdoor area has a number of playgrounds for children to play.

The centre is managed by a centre manager who is supported in this role by a management team which included an assistant manager, a receptionist, a reception officer and a social inclusion officer. The centre manager reports to a regional manager, who in turn reports to a managing director within Aramark. The service is staffed by catering, maintenance, security and housekeeping staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	208
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³ Report of the Advisory Group on the Provision of Support including Accommodation to People in the Protection Process, September 2022

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

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)
11/11/2025	10:30hrs-18:15hrs	1	3
12/11/2025	08:30hrs-13:30hrs	1	3
13/01/2026	11:30hrs-14:30hrs	1	2

What residents told us and what inspectors observed

From speaking to residents and through observations made during the course of the inspection, the inspectors found that the management team had made some improvements to enhance residents' experience of living in the centre. Residents views were valued and acted upon, they were well supported and respected by the staff team, and difficulties arising for residents were adequately addressed, if they fell under the remit of the local management team.

Despite these improvements, HIQA remained concerned about the standard of accommodation being provided to residents. There were major concerns with regard to fire safety as well as significant and ongoing concerns relating to the structure of the buildings which had not been assessed, despite the risks identified being escalated to the service provider following the previous inspection of the centre carried out in June 2025 (MON-IPAS-1101). The concerns associated with the premises along with serious fire safety concerns presented significant risks to the health, safety and wellbeing of residents.

The inspection took place over three days. The first two days of the inspection took place on 11 and 12 November 2025 and the third day was completed on 13 January 2026 to verify that urgent actions issued by the inspectors in the first two days of the inspection had been implemented in practice. During this time, the inspectors spoke with 44 adults living in the centre and engaged with seven children, who were mostly too young to engage verbally with the inspectors. In addition, resident questionnaires were completed by eight adults. The inspectors spoke with the regional manager, centre manager, the assistant manager and receptionist. The inspectors also met with the social inclusion officer, the reception officer, security personnel, catering and housekeeping staff.

The centre catered for males, females and families. At the time of the inspection, there were 208 residents living in the centre, 102 of whom were living in tented accommodation. There were 19 children who formed part of 10 families. Single female residents and families were accommodated in two accommodation blocks while single males were accommodated in the remaining four accommodation blocks and 13 military style tents.

While the primary function of the centre was to provide accommodation to people seeking international protection, the inspectors found that 128 (61.5%) of the residents had received refugee, subsidiary protection or leave to remain status. Due to the cited lack of alternative private accommodation, many were unable to avail of more appropriate accommodation arrangements in the wider community.

On a walk around the accommodation centre, the inspectors observed that the overall presentation and condition of the accommodation blocks was deteriorating. The exterior cladding of these blocks had significant staining, algae growth, damage to cladding, evidence of rust and corrosion in parts, and blocked drains. Walkways were free from clutter and manholes had been covered but the overall the appearance of the site was unappealing and did not promote the wellbeing or dignity of residents.

Upon entry to the main administration building, there was a reception desk where residents could seek support from staff daily. There were two dedicated offices where residents could meet with the reception officer and or the social liaison officer for support in private. The inspectors observed that this was a bustling part of the centre where residents accessed members of the staff team for assistance and support for various reasons. The staff team were observed to be responsive and attentive to the needs of the residents and treated them in a kind and respectful manner.

Recreational facilities were adequate for adults and young children. Residents had access to facilities including a social room, playroom, prayer room and a canteen. There was a recreational room for residents which had a pool table, board games, a television and lounge areas. The inspectors observed residents relaxing in this space, socialising together, playing pool and watching television together over the course of the inspection. The inspectors also observed residents mingling in the canteen and recreation area and overall the atmosphere was relaxed and friendly. There was an adequately stocked child-friendly playroom for children.

The inspectors observed residents having meals in the dining hall, and noted that meal times were a sociable experience with many dining in groups and engaging in friendly chat. While not all residents were fully satisfied with the variety of food provided, most residents were complimentary of the meals and told the inspectors that the catering staff were open to feedback. Some residents told the inspectors that they prepared their meals outside of the centre. Children were provided with lunch to take to school, with a variety of items such as fruit, yoghurt and sandwiches available at breakfast time.

During previous inspections of this centre, HIQA escalated risks relating to the physical structure of the accommodation blocks, which were approximately 25 years old, along with the management of risks associated with fire safety to the service provider and informed the Department of Justice, Home Affairs and Migration of these findings. The inspectors found that these risks remained and resulted in ongoing risk to the health and safety of residents, staff and visitors to the centre.

The living conditions of many sections of the accommodation centre were poor and in some instances, bedrooms had been decommissioned by the service provider and were no longer in use for residents due to the presence of damp, mould, ingress of water and the level of repairs required. The number of decommissioned rooms had increased when compared to the previous inspections of the centre.

While HIQA's initial concerns identified through prior inspections related to the poor standard of accommodation was contained to the use of tented accommodation in this centre, this concern has extended to the prefabricated accommodation blocks over more recent inspections. It was increasingly evident that these prefabricated buildings, along with the use of tented structures, were not appropriate forms of accommodation and did not meet the basic requirements of the national standards.

Residents who were accommodated in the tents told the inspectors that they were not satisfied with their accommodation. One resident said "it's not safe here, sleeping beside the heater and bed is too low to sit up", while a second resident said "bunk beds are not good". Another resident who had lived in the tents for two years described their experience as "extremely difficult" and while they had been searching for accommodation they were "losing hope". A resident spoke with the inspectors about the accommodation limiting their life choices and development and described the accommodation as a "holding pen". Residents also told the inspectors that it was cold in the tents, there were not enough electrical sockets, and some personal items had gone missing.

The centre was located in a rural area and the service provided a bus service to Limerick four times a day. Some residents said that the times of buses did not suit their needs and they were dissatisfied with a recent decision at national level which prohibited the use or storage of electrical scooters or bicycles in the accommodation centre. The transport arrangements in place at the time of inspection did not support residents who began work earlier than the first bus was scheduled to leave the centre.

Residents for the most part reported positive relationships with the staff team. Residents living in both the accommodation blocks and the tented accommodation said they were happy with the support they received. Examples of feedback provided included: "I feel safe here", "staff are very good, they listen to me", and "staff ask our opinion about the centre, they are helpful and friendly". One resident told the inspectors how staff members had helped them with their education. They reported that they felt listened to and said "staff are really trying and take concerns seriously", while another commented that they "have seen fights but staff know how to handle it, life is comfortable and staff are respectful".

Other feedback provided by residents during the inspection in relation to their experience of living in the centre was positive. Some examples included, "great life, everything you need is provided" and "me getting here is like a blessing". One resident said it was a quiet centre and another said it was "usually peaceful but things can easily go wrong if people disagree or make noises".

In addition to speaking with residents about their experiences, the inspectors received eight completed resident questionnaires from adult residents. The questionnaires asked for feedback from adults on a number of areas including safeguarding and protection; feedback and complaints; how the centre is managed; food, catering and cooking facilities; residents' rights; staff supports; and accommodation. The response to the questionnaires was similar to the feedback provided by residents who spoke with the inspectors. Five residents reported that they felt safe and adequately protected in the centre and six of the eight respondents said the management team were approachable and it was a person-centred service. Six residents said they were consulted with in relation to the operation of the centre and four of seven residents said they felt supported to live a meaningful life.

The observations of the inspectors and views of residents outlined in this section are generally reflective of the overall findings of the report. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This was the fifth inspection of Knockalisheen Accommodation Centre. The centre premises is owned by the State, and the service is delivered by a private provider, Aramark. The service was subject to increased monitoring by HIQA due to persistent non-compliance with the national standards and risks identified from the time of the first inspection in January 2024. This was an unannounced inspection to assess 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-1101). There were some positive findings relating to progress made by the local management team to improve the lived experience of residents. However, there were major risks related to fire safety and together with ongoing concerns regarding the state of disrepair of the premises, posed a significant risk to the health, safety and welfare of residents.

This inspection found major and unmanaged risks relating to fire safety and previous concerns identified by HIQA with regard to the physical structure of the accommodation provided remained unassessed in full. In addition, this inspection identified deteriorating standards of accommodation for residents, which could not provide for a safe, comfortable or dignified living environment. Some sections of the centre were not fit for accommodating people. There was ineffective use of the centre's risk management and escalation systems and oversight mechanisms at senior management level were not adequate.

The inspectors found that the local management team in place at the accommodation centre were making every effort possible to deliver a good quality and safe service to residents. It was clear to the inspectors that the centre manager provided strong leadership and direction to the staff team and was motivated to provide a service which complied with the requirements of the national standards. In addition, the local management team had developed an increased understanding of their responsibilities as outlined in the regulations, relevant legislation, national policy and the national standards.

Despite these positive findings, there was evidence to demonstrate that the service provider was not actively involved in the oversight of the services being provided and, as a result, this accommodation centre was operating in an isolated manner. This was particularly evident with the management and escalation of risk. There was no documentary evidence to demonstrate that risks related to the premises and fire safety were fully assessed in a timely way, or formally managed by the service provider.

The inspectors found that there had been an overarching absence of urgency and responsiveness on the part of the provider to assess and manage risks related to fire

safety which had been previously identified by HIQA. For example, while a comprehensive fire safety audit report had been completed by an appropriately qualified person, this did not happen until early October 2025. Immediate action had not been taken by the provider to address the risks identified in this audit, nor had they informed the local management team to ensure interim safety measures were put in place where possible. Additionally, the scope of this fire safety audit did not extend to the tented accommodation in use in the centre, which meant that any risks relating to fire safety in this part of the accommodation centre remained unidentified and not appropriately managed by the service provider. As a result, the centre's risk register could not present an accurate reflection of risks in this regard in the centre.

Records of fire drills did not provide assurance that all residents could be evacuated in the event of a fire. These risks, when considered alongside the deteriorating condition of the premises which remained unassessed, posed a risk to the health, safety and welfare of residents. As a result, HIQA formally escalated its concerns to the service provider and required urgent action to be taken in relation to fire safety. HIQA referred the accommodation centre to the relevant local competent authority with legal responsibility for fire safety. HIQA also informed the Department of Justice, Home Affairs and Migration of its findings and were provided with assurances that action was being taken to address fire safety risks in the short to medium term.

The inspectors found during the third day of the inspection, on 13 January 2026, that the service provider had taken some action to reduce risks relating to fire safety; however, sufficient progress had not been made to address the high level and serious risks identified by HIQA. For example; fire evacuation drills had taken place, repairs to fire doors had been made, a number of external fire doors had been replaced, and staff training on fire safety had been completed. The management team had improved their monitoring of fire safety procedures and had enhanced the systems in place for the evacuation of staff and residents in the event of a fire.

The service provider had escalated the risks to the relevant government department and were actively communicating with the relevant personnel to form a strategy to address the risks. Serious concerns and risks remained; however, with the management of risk and specifically structural integrity and fire safety hazards. It was not clear what control measures were in place to manage these risks which meant significant risks to the health and safety of residents remained.

Although this was the fifth inspection of this centre, the service provider continued to not fully meet its responsibilities as outlined in the national standards. The service provider did not have the necessary mechanisms in place to assure themselves that the service was provided in line with the requirements of the standards and or regulations. The service provider's governance arrangements did not provide the necessary and required oversight of the accommodation centre at the highest level.

The centre manager submitted regular reports to senior managers as required, but there was no documentary evidence to show how risks or concerns were responded to or actioned by senior management. A senior manager visited the centre regularly, met with residents and viewed the premises; however, outcomes or actions required following these visits were not recorded or formally reported on to the service provider. In addition, the centre manager was not supervised in line with centre policy and together, these deficits rendered the systems of reporting and accountability suboptimal and did not ensure a supportive environment for the local management team.

The centre manager endeavoured to drive quality improvement initiatives at a local level but this was hampered by the lack of a clear strategic plan or direction at senior management level. There was a quality improvement plan in place which included positive initiatives to improve the lived experience of residents such as social activities for residents and general maintenance works, for example. The staff and management team had made continuous efforts to improve the living conditions for residents, for example, to ensure mould and damp conditions were managed. This was a marked improvement since the previous inspection whereby residents were moved to alternative rooms to allow their accommodation to be redecorated when concerns were observed in bedrooms. However, the underlying causes of the deteriorating living environment and structural integrity of the prefabricated buildings had not been appropriately assessed. As a result, any local action taken to maintain the buildings was reactive in nature and could not address the wider concerns.

There were some improvements in the overall risk management system employed in the centre but the escalation pathways were not adhered to which resulted in unmanaged risks continuing to exist. The service provider had implemented an online system for risk management which allowed for improved oversight. However, as documented throughout this report, the risks related to fire safety and the premises were ongoing and had not been appropriately managed in line with the requirements of the national standards. Furthermore, the new risk management system had not incorporated all risks, such as security and health and safety risks and therefore impacted the capacity of senior managers to maintain full oversight of all risks within the centre. Additionally, risks related to incidents which had occurred were not routinely added to their risk register and some control measures listed to manage specific risks were not in place in practice.

The service provider was unable to outline what plans, if any, that they had to address these risks and there was an absence of an overall direction for the management of both fire safety and structural integrity related risks in the centre. There was a lack of clarity, on the part of the service provider, as to the ownership of many of the risks present in the centre. This resulted in some serious risks being

unmanaged which was compounded by the service provider's lack of understanding of the principles of risk management.

Overall, while there were some improvements at local management level in the operation of this accommodation centre, the inspectors found that Aramark failed to provide safe or suitable accommodation for residents and demonstrated an inability to provide consistently good quality and safe services. There was a clear lack of urgency and responsiveness to major risks relating to fire safety, and structural integrity of the centre; and the provider did not proactively address many of the ongoing non-compliances with the national standards.

Standard 1.1

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

The service provider had not ensured that they performed their functions in line with the requirements of the national standards and legislation in a manner that promoted residents' welfare or respected their dignity. Serious concerns escalated to the provider following a previous inspection had not yet been fully assessed or resolved and while attempts were made by the local management team to enhance the lived experience of residents, sufficient action had not been taken to address major non-compliances. Statutory notifications required by the regulations had not been 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.

The service provider did not ensure that there were effective and efficient management and oversight arrangements in place for this centre. The service provider did not provide appropriate levels of supervision and support to the front line management team and as a result, this centre was operated in an isolated manner without clear strategic direction. While the local management team strove to deliver a good quality service to residents, there was an absence of leadership on the part of the service provider which resulted in limited progress with quality improvements and a lack of accountability for ensuring ongoing compliance with the national standards. A consistent approach to record keeping, particularly in relation to incidents, was not in place and there were limited mechanisms for the management team to maintain oversight of the service.

Judgment: Not 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.

Resident engagement and consultation was prioritised and valued and there were continuous efforts to enhance the systems in place to develop this further. While the lived experiences of the residents had improved due to the work of the local staff team, little had changed to improve their living conditions and as a result residents continued to live in substandard and unacceptable conditions.

The systems in place to monitor and review the quality of care and experience of residents living in the centre were not adequate. Routine checks of fire safety measures had not identified areas of risk and there were no system in place to routinely audit or review records within the centre such as incidents or complaint logs. The senior management team had not recorded their visits and audits of the centre. While a safeguarding audit had been completed, the actions to address the findings of this audit had not progressed.

Judgment: Not Compliant

Standard 2.1

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

Recruitment practices had improved but the service provider's recruitment policy did not align with the requirements of national policy. All staff had appropriate Garda Síochána (police) vetting disclosures in place and there was a tracker in use to monitor when

vetting needed to be updated. Risk assessments had been completed where positive disclosures had been returned and international police checks had been completed for staff who required them. There was an induction process for new staff but there were limited records to evidence that it had been completed.

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.

Accurate and secure personnel files were available but supervision was not provided to staff in line with the requirements of the standards. The centre supervision policy did not specify the frequency of supervision for staff members and a review of staff files found that formal supervision had only been provided to five staff members, which did not include the centre manager. When supervision occurred, the records were not adequate as they had not considered the various staff roles and areas of practice and they were not signed by the supervisor or supervisee.

Judgment: Not Compliant

Standard 2.4

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

The inspectors found that there were gaps in mandatory training completed by staff members in the centre. While there was a training matrix to provide oversight of the training completed, there were staff members who had not completed specific programmes, despite having received reminders to do so. For example, 79% of the staff team had not completed conflict resolution training and no staff members had completed disability training.

A training needs analysis had not been completed for the team, and there was limited discussion regarding training needs in staff supervision records.

Judgment: Partially Compliant

Standard 3.1

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

A new risk management system had been implemented and while this had the potential to positively enhance the management of risk, governance and oversight, it was limited due to the failure to include all known risks within the service. The service provider had not followed their own risk escalation procedures to address known risks related to fire and the structural integrity of the centre resulting in unmanageable risks for the local management team that posed an ongoing risk to the health, safety and welfare of residents. Examples of unidentified risks included residents in the tented accommodation experiencing cold temperatures, and residents experiencing mould or ingress of water in their accommodation. There was no contingency plan in place for the evacuation of residents in certain conditions.

Following day two of the inspection (in November 2025), HIQA formally escalated concerns relating to fire safety to the service provider; to the Department of Justice, Home Affairs and Migration; and to the Chief Fire Officer of the local authority. In addition, an urgent compliance plan was issued to Aramark. At this time, records of fire drills did not provide assurance that all residents could be evacuated in the event of a fire. Additionally, risks identified by an appropriately qualified person in a fire safety audit report had not been responded to in a timely fashion or control measures put in place to manage the identified hazards.

In January 2025, on day three of the inspection, improvements were observed in the completion of fire evacuation drills, staff training, repairs to fire doors had been completed, and a number of external fire doors had been installed. Despite these actions, sufficient progress had not been made to address the high level and serious risks identified by HIQA and the fire safety audit report.

Judgment: Not Compliant

Quality and Safety

This inspection found continued and ongoing high levels of non-compliance with the national standards relating to the quality and safety of the service being provided at Knockalisheen accommodation centre. The standard of the accommodation provided at the centre was inadequate and presented considerable risks to the health, safety, welfare and dignity of residents living there. Notwithstanding these risks associated with the physical environment of the centre, this inspection found that residents were generally well supported and had access to the supports that they required.

As previously outlined, some of the accommodation provided at the centre was in the form of military style tents. In total these 13 tents could accommodate up to 104 residents with eight beds in each tent. This form of accommodation was not in keeping with national standards, but some of the residents had lived in the tents for prolonged periods of over two years. The living conditions within the tents were observed to be difficult and challenging for residents. The environment was cramped, uncomfortable and cluttered. In some of the tents the heating systems were not working and the positioning of beds and furniture in other tents posed a fire risk as they were placed against heating vents.

The tents provided no privacy for residents who, for example, had to change their clothes in front of each other. Additionally, this form of accommodation did not promote residents' dignity. By way of an example, to use a bathroom or to shower, residents were required to leave their tents and walk to nearby toilet and shower blocks while exposed to poor weather conditions or at night. When the inspectors viewed the shower blocks it was found that some of the shower units were out of order and the doors on individual showers could not be locked from the inside, making it difficult for residents to shower in private or with dignity.

Despite raising specific concerns in previous inspection reports, there were no control measures in place by the service provider to monitor the local weather conditions in the context of ensuring that the tented accommodation was as comfortable as possible in adverse weather conditions. There was a protocol in place whereby residents would be moved from the tents in the event of winds exceeding certain speeds; however, the service provider had no tools or systems of measuring the local wind speed. Similarly, residents were to be moved from the tents if the external temperature dropped below a certain level; however, the provider was not measuring external temperatures to ensure that this protocol would be activated in the stated circumstances.

During day three of the inspection (in January 2026), residents told inspectors that the tented accommodation was cold and a cause of distress. When the inspectors reviewed the records maintained for this accommodation, internal temperatures of some tents were recorded as low as 7.1°C on occasions in early January. While there was a protocol developed, there was no contingency plan, or risk assessment in place outlining what temperature range was acceptable for the tented accommodation and in what circumstances residents should be evacuated. There was ambiguity amongst the management team as to where residents would be evacuated to in such circumstances and what facilities, such as camp beds and mattresses, would be utilised to accommodate residents.

An urgent action was issued to the service provider requesting that a risk assessment be completed and a comprehensive contingency plan be developed to provide guidance for staff members on what to do in the event of temperatures dropping below 16°C. The provider completed these actions and appropriate assurances were subsequently made available to HIQA.

At the time of the inspection there were 146 vacancies in the centre. While there were existing concerns in relation to the centre premises, there was capacity to accommodate all residents living in the tents in the prefabricated buildings. There had been no consideration on the part of the service provider of moving these residents to this more suitable accommodation despite the capacity existing. The local management team told the inspectors that they did not have the autonomy to make such decisions nor to consider this possibility.

In the case of the six prefabricated accommodation blocks, the inspectors found that the conditions were marginally better than those in the tented accommodation area. Despite this, the conditions of the accommodation blocks remained a significant concern for the inspectors. The standard of this accommodation had deteriorated from the time of the previous inspection and while the front line management team had made significant efforts to maintain and repair these buildings, the underlying causes of mould, dampness, ingress of water had not been assessed or addressed.

The external facades of the prefabricated accommodation blocks were physically dirty and heavily stained, cladding was damaged, and there was considerable algae growth in other areas. The buildings contained evidence of corrosion at ground level, drains were blocked and overflowing, windows were broken, and seals around windows had eroded causing gaps allowing for the ingress of water. While the front line management and staff teams were making every effort possible to maintain the buildings and ensure they were clean internally, this was a very challenging task, and the inspectors found that these buildings, along with the tented accommodation, were not compliant with minimum standards for accommodation.

The centre provided a fully-catered service and the catering facilities were adequate with good-quality food provided. There was a varied menu in place which offered a choice of culturally sensitive meal options. Catering staff and managers told the inspectors that they tried to accommodate people's requests in relation to meals, which residents confirmed. There was no facility for residents to prepare or cook their own meals. This was a long-standing issue that was identified at previous inspections and the provider had not progressed their compliance plan to address this deficit. There were kitchenette facilities in the accommodation buildings where residents could reheat food and make hot drinks; however, these were not equipped to prepare meals. As a result of the lack of such facilities, the inspectors found that some residents were frequently cooking in bedrooms and in the tented accommodation which added to the pre-existing fire safety concerns for the centre.

The service provider supported and facilitated residents to maintain personal and family relationships. A private space was available for residents to meet with visitors and professionals without the use of closed-circuit television (CCTV). External agencies routinely visited the centre to support the residents in relation to housing and advocacy needs, for example. The staff team had developed links with local community initiatives to facilitate children accessing crèche and after-school facilities. Children living in the centre had opportunities to attend summer camps and organised day trips. In addition, the staff team arranged various social events in the centre such as bingo and movie nights.

While the staff and management team endeavoured to safeguard all residents, the inspectors found that staff members employed in the centre had a limited understanding of the safeguarding policies in place. For example, many of the staff spoken with during the course of the inspection did not know the various types of abuse which were listed in the centre's policies and safeguarding statement. This deficit had been identified and actioned by the management team during a previous audit but had not brought about the desired result.

There were no child protection or welfare concerns in the time since the last inspection but the service provider had yet to devise a tracking system to provide oversight of concerns relating to children. There was a childminding policy and residents were supported to care for each other's children, when required; however, the staff team had not developed a consent form, as required by their policy, for parents to complete prior to caring for each other's children.

The incident management system required improvement. There were multiple systems to record incidents and ambiguity among the team as to what constituted an incident, despite appropriate guidance provided in a recently introduced incident management policy. Residents and staff reported increased feelings of safety and confidence that

incidents were being appropriately managed but the service provider had not developed an administration system or tracker to ensure effective management, oversight or review of incidents. The inspectors found that there was an inconsistent response to similar concerns and limited records to demonstrate the management team's response to incidents, which were generally managed informally and in an ad hoc manner. The management team had not submitted notifications to HIQA in line with the requirements of the regulations. The absence of appropriate systems hampered the service provider's ability to know the frequency and severity of incidents which were occurring in the accommodation centre.

The provider had appointed a dedicated reception officer for the centre but the policies and procedures to guide this work needed review and expansion. The reception officer was suitably experienced and qualified, and took a lead role in assessing and meeting the needs of residents with special reception needs. At the time of inspection vulnerability assessments had been carried out for 74 single adults and 12 families.

The reception officer was well known to residents and there were clear records of the good supports provided to residents. The provider had developed a reception officer policy and procedure manual, however, there were multiple operating policies and manuals in this area which required clarity.

While there were some good record keeping practices in place with regards to residents' special reception needs, there was no centralised record to allow the management team to maintain oversight of number and type of special reception needs to ensure that resources and facilities could be managed to meet the ongoing and emerging needs of residents. As a result, the service provider could not be assured that assessments were completed for all residents and or that their identified needs were being appropriately met.

In conclusion, the quality and safety of the service provided at Knockalisheen required urgent and comprehensive review and consideration by the service provider. The accommodation provided, and particularly the living environment, had deteriorated in the time since the previous inspection and presented considerable risks to the health, safety, wellbeing and dignity of residents. The service provider did not fulfill their responsibilities in terms of ensuring that the service provided met the requirements of the national standards and protected and upheld the basic human rights of residents living at this accommodation centre.

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 planning and design of the accommodation was not informed by the needs of residents or the requirements of the national standards. The inspectors found that the accommodation provided was inadequate and presented serious risks to the health and safety of residents.

There were multiple policies in place to guide staff in relation to the room allocation procedures for families and single residents. While residents could request to change their rooms, the policies did not provide any guidance to staff on the management of these requests and there was no record maintained of families who had requested a change. Additionally, there was no guidance provided on the allocation of accommodation in the prefabricated blocks to residents living in the military style tents when it was unoccupied and available.

Judgment: Not Compliant

Standard 4.2

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

The service provider had not ensured the accommodation centre was in a state of good repair and risks identified on previous inspections had not been appropriately addressed or escalated. The external facades of the accommodation blocks were dirty and heavily stained, contained algae growth, and some windows were broken and seals around them had eroded. The accommodation provided was not homely in nature and in the case of the tented accommodation, it did not support some normal activities of daily living. The underlying concerns for the deterioration of the accommodation blocks remained unassessed and unaddressed.

Judgment: Not Compliant

Standard 4.4

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

The centre staff and management endeavoured to promote and protect the privacy of family units. Children were placed together with their families and were provided with an appropriate number of beds and bedrooms to meet their needs. However, families did not have access to their own private living space that was separate to their bedrooms.

Judgment: Substantially Compliant

Standard 4.6

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

The service provider had ensured adequate facilities and materials were available to support the educational development of children and young people. There was an on-site playroom facility available for parents to use with young children. All children of school-going age attended school in the local area and there was a dedicated transport service to bring children to and from school. Children could also avail of a local afterschool club and there were arrangements in place to ensure all children had the necessary supplies to engage in education, such as books, stationary and school bags.

Judgment: Compliant

Standard 4.7

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

There were adequate laundry facilities available for the number of residents living in the centre at the time of the inspection. Communal areas were cleaned regularly and to a good standard but despite improvement to the overall cleanliness, there remained cosmetic and structural issues with the buildings that limited the effectiveness of cleaning schedules. This deficit has been addressed previously in the report.

Judgment: Compliant
<p>Standard 4.8</p> <p>The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.</p>
<p>There were proportionate security measures in place guided by a thorough risk assessment. The use of CCTV was guided by a clear policy. There were security staff employed in the centre that were suitably licensed and trained in areas such as cultural sensitivity, equality and diversity.</p>
Judgment: 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 service provider had ensured that residents received essential non-food items, such as personal toiletries and cleaning products. All residents received adequate bedding and towels on arrival to the centre, and these were replaced as required. The service provider also made free contraception and feminine hygiene products available to residents.</p>
Judgment: 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>While the centre operated a catered dining facility, there was no facility for residents to prepare or cook their own meals. This was a long-standing issue that was identified at previous inspections and the provider had not progressed their compliance plan to address his deficit.</p>
Judgment: Not Compliant

Standard 5.2

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

There was a 28-day menu cycle which offered a choice of culturally sensitive meal options to residents each day. Catering staff were committed to meeting the needs of residents and their dietary needs were considered. There were no snacks available to residents outside of meal times, although residents could take food away from the canteen at meal times to eat at a later time.

Judgment: Substantially Compliant

Standard 6.1

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

The overarching concerns associated with the accommodation provided at this centre meant that residents' rights were not appropriately considered, protected or upheld. Many residents lived in undignified accommodation which did not provide for privacy, safety or an adequate standard of living. Some residents in this centre continued to live in tented accommodation which had a negative impact on their health and wellbeing. Additionally, other residents lived in accommodation where there were unassessed concerns related to the physical structure of the buildings and fire safety risks which had a significant impact on the rights of these residents.

Judgment: Not Compliant

Standard 7.1

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

Residents were supported to develop and maintain personal relationships and they could invite family and friends to visit them.

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 public services, healthcare, education, community supports and leisure activities were accessible to residents both onsite and within the community. Transport was provided to residents four times a day but further consultation was required with residents as some said the times of the transport provided did not meet their needs.

Judgment: Substantially Compliant

Standard 8.1

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

While there were safeguarding policies in place, staff members who engaged with the inspectors during the course of the inspection demonstrated limited awareness of the types of abuse listed in those policies. A number of incidents occurred in the centre, including alleged theft of personal belongings and alleged peer-to-peer aggression, which were not identified as safeguarding concerns by the management or staff teams. This resulted in the responses to such incidents being taken outside of the safeguarding procedures which were in place. Notwithstanding this, the inspectors observed some improvements in staff practice around engagement with residents about personal safety.

Judgment: Not Compliant

Standard 8.2

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

There were no new child safeguarding concerns since HIQA's previous inspection. Parents were well supported and educated with regard to parental responsibilities and while they were appropriately supported to mind each other's children, the management team had not ensured that a consent forms were completed in line with their policy. This meant that they were potentially unaware of childminding arrangements between residents. The service provider had not developed an oversight tracking tool to maintain oversight of all child welfare or protection concerns.

Judgment: Partially Compliant

Standard 8.3

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

The incident management system was inadequate and inefficient and did not allow for the necessary oversight of incidents which had occurred in the centre. There were multiple recording systems in use and actions taken in response to incidents were not consistently recorded, nor was learning identified or risks associated with the incident assessed. Incidents which had occurred generally did not trigger the consideration of risk as part of the response by the management team. Due to the overly complex and disjointed systems in use, the service provider was unable to quantify the number of incidents which had occurred in the centre, for example.

Judgment: Not Compliant

Standard 10.3

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

The inspectors found that there were multiple policies in place to identify, communicate and address existing and emerging special reception needs and a consolidated policy was required to ensure that there was a defined procedures to guide the staff team.

At the time of the inspection, approximately 53% of residents had their needs assessed; however, the needs of the remaining residents were not known and as a result, the service provider could not be assured that these needs, if any, were being met.

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.

The provider had made a dedicated reception officer available on a full-time basis in the centre. The reception officer was suitably experienced and qualified, and took a lead role in assessing and meeting the needs of residents with special reception needs. The reception officer was well known to residents and had referred residents to external services when required. The provider had developed a reception officer policy and procedure manual, however as stated previously, there were multiple operating policies and manuals in this area which required clarity.

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	Not Compliant
Standard 1.2	Not Compliant
Standard 1.4	Not Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Partially Compliant
Standard 2.3	Not Compliant
Standard 2.4	Partially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Not Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Not Compliant
Standard 4.2	Not Compliant
Standard 4.4	Substantially Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant

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

Compliance Plan for Knockalisheen

Inspection ID: MON-IPAS-1122

Date of inspection: 11 and 12 November 2025 and 13 January 2026

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>As part of the risk escalation the fire assessment was completed. Assessments were submitted to the Department</p> <p>An engineering contractor was appointed to complete a full scan of the all buildings on site. The scan produces architectural drawings of the buildings this will enable a full structural assessment to be completed.</p> <p>This process needs to be put forward for tender process which is being led by the Department. This will commence with an arranged site visit in April 2026 with all parties involved</p> <p>As part of the escalation procedure the Operations Director will communicate to the Department weekly.</p> <p>Effective 25.02.2026 the tented accommodation is temporarily no longer in use and all residents have been relocated to other direct provision centres.</p> <p>Aramark are working in conjunction with the Department on areas pertaining to structural and fire safety issues identified. Collaboration in ongoing with the tender process underway and being led by the Department to ensure the appropriate measures are applied site wide.</p> <p>Ongoing communication and partnerships in place between SIPA site owner, (SO), and centre management, Operations Director on the works being completed.</p>	

With reference to statutory notifications reported to HIOA, re-training with all management will take place regarding notifications. As part of the incident close out procedure, the Centre Manager and Assistant Manager will ensure that the statutory notification forms are completed. All incidents are also reviewed as part of the weekly management meetings.

1.2	Not Compliant
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Outline how you are going to come into compliance with this standard:

Local staff and centre management complete quarterly engage checks. Supervision of local team members is done at site level by the centre management team.

Local management team attend weekly update meetings held by the Operations Director and Compliance Manager which addresses all areas of the National Standards. Minutes of these meetings are shared and discussed as part of the onsite local management team.

Weekly management meetings minutes are recorded.

Monthly Performance Reports are completed on site based on the weekly management reports, incident reports. These are reviewed and signed off monthly by the Operations Director and shared and signed off by the Managing Director on a quarterly basis.

The existing incident log has been revised and now provides an increased transparent method under different categories of incident are now being captured and recorded and are reported monthly in the Manager Monthly Reports.

1.4	Not Compliant
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Outline how you are going to come into compliance with this standard:

Site visit reports where any items have been identified, are sent by senior management to the local management following each site visit.

Quality and Safety team visit site weekly, and records of any actions / findings are recorded following each site visit.

The safety culture app records any audits on site; this includes any fire safety measures on site.

2.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The annual review of all internal policies, due for April 2026, will update all policies to include the Recruitment policy to conform to National Policy. All staff recruited since July 2025 when the new policy was introduced now conform to the requirements.</p> <p>The induction process, to include the site specific induction, for all staff will now be included on the centre training matrix. Company mandated induction training is done on an online forum, and this will now also be tracked on the centre training matrix.</p>	
2.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The formal supervision programme for centre employees, Engage, is to be completed by the centre managers on a quarterly basis with all employees. The Engage records will now be kept on employee files available for inspection. The centre supervision policy will be updated for all employees will receive supervision on a quarterly basis at a minimum.</p> <p>Centre Management supervision records, completed quarterly, will now going forward be also available for inspection on site, signed by the Manager and the employee.</p> <p>Supervision records when being completed will include details specific to the employee and their roles.</p>	
2.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A training Module on Disability Training was conducted by 21 staff members in May & June 2025 and all certifications are held on file. Remainder of the team have now completed this training</p>	

All senior members of the Team had conducted Conflict resolution Training was held in a class room situation, this is being rolled out to the remainder of the team as per the training plan to be completed by the end of the centre year, September, 2026.

The current training matrix has been updated to show on one matrix identifies any training needs / analysis of what training is required for the year.

3.1

Not Compliant

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

Effective 25.02.2026 the tented accommodation is temporarily no longer in use, and all residents have been relocated to other direct provision centres.

The full contingency plan for the evacuation of the tented accommodation in the event of weather warning, no water, no heating, and wind is in place at the centre and has been updated to include cold temperatures.

Centre management complete fire drill evacuations and records detailing response times, numbers evacuated, general observations and security response time.

In addition a full site evacuation has been completed on site to include 6 accommodation buildings and the admin block and this will take place each quarter as part of the site quality improvement plan

Residents who fail to adhere to fire evacuation are reported in line with House Rules

Centre Manager sign off on the daily security fire checks to include any non-conformances

Fire Training has been completed and signed off with all staff to include the security contractors

Centre Management continue to complete the risk register for any known risks. An assessment on the structural integrity of the accommodation blocks will take place at the centre and work is in progress to have this tendered by the Department of Justice team with no confirmed date of completion available at the moment. There are no confirmed dates currently for this work to be completed.

While we await a date the following is in place; Enhanced room checks in all accommodation blocks to include fire safety, mould and general condition of resident accommodation.

4.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Room allocation and room transfers within the centre are managed by the centre manager only. This is reviewed weekly following the completion of the weekly register. Should any requests for internal transfers be sought, these are reviewed and actioned upon weekly. If this is not possible, residents complete a complaint form and this is sent to IPAS for consideration of a move. All management staff are aware of this procedure.</p> <p>The emergency accommodation within tents on site is distinct from that of the permanent centre and houses a different cohort (single male applicants and families respectively). This is at the discretion of IPAS. While centre management do not have discretion to move residents between the two, they do have discretion to reallocate residents within the two accommodation types provided capacity is always optimized.</p> <p>This compliance plan response from Aramark did not adequately assure the Health Information and Quality Authority that the actions will result in compliance with the standards.</p>	
4.2	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The structural issues of the buildings are currently being assessed by SIPA which has responsibility for the State-Owned Accommodation Centers such as Knockalisheen. An Engineering Company have conducted surveys of the site and drawings of the buildings have been produced, allowing the Estates Team within SIPA to explore what means will be taken to address identified issues. These measures will also factor in any fire safety concerns identified within the Fire Safety Risk Assessment. Initial completion date is expected for October 2026</p> <p>The local management team have concentrated the maintenance program on the room interiors ensuring, residents living in effected rooms have been moved, underlying issues addressed and rectified where possible. Over 70% of all bedroom interiors have been painted and continued monitoring will remain the focus in weekly room checks.</p> <p>A full plan is in place for the exterior of the buildings to include power washing of the buildings This plan commences in March with all buildings being completed initially</p>	

end of April 2026. Power washing will be ongoing on each building until end of October 2026.

Centre management engaged a contractor to complete a window assessment; this has been conducted and sent to SIPA for approval to repair defects or damaged windows.

As an interim measure any broken handles are captured on the maintenance weekly checks and repaired if required.

Window restrictors have been put in place in accommodation rooms where young children reside.

Where possible and accommodation vacancies exist if needed the resident can be moved to an alternative accommodation within the Centre

In the event an internal transfer is not possible a quote will be sent to IPAS to repair the window and if not approved a request for the resident to be moved will be submitted.

5.1

Not Compliant

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

A full plan has been completed for the provision of small kitchenette for residents to complete their own cooking.

Awaiting approval on same, completion date for the project is 30.09.2026.

6.1

Not Compliant

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

The tented accommodation has been closed as of 25/02/2026

Both Fire Safety and Structural issues are being managed by the SIPA team and we await further updates. The Management team onsite remain committed to ensuring vigilance pertaining to these areas with enhanced operational duties designed to mitigate and prevent any further issues.

Escalations to senior management will continue to be reported.

8.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Centre Management will ensure all staff undergo refresher Safeguarding Training specifically focused on the various types of abuse.</p> <p>Centre Management will implement summarised job talks with the teams to further support them in their roles.</p> <p>Going forward as part of the weekly management meetings all incidents will be reviewed to ensure that any safeguarding concerns or incidents have been actioned as per the safeguarding procedures at the centre. This will be recorded on the weekly management meeting notes</p>	
8.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Any Child Safeguarding incidents are all recorded on a separate tab within the Resident welfare log. This will provide a greater oversight of child safeguarding concerns and indeed any other safeguarding concerns. All incidents are discussed weekly at management meetings and observations and learning taken to improve understanding and management and prevention of future incidents.</p> <p>All families currently in the center will be met by the Reception Officer and the Social Liaison Officer to discuss child-minding arrangements going forward. This meeting will provide families with the rational around this initiative and a formal consent form will be completed by each family. This will provide a basis for monitoring the situation moving forward. For any newly arriving families, this will be included in the family induction.</p>	
8.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>There is a resident welfare log in place which records all requests, welfare concerns of residents at the centre. This can be filtered by resident, by incident type, date etc.</p> <p>An incident report is completed for any incidents regarding residents, this is filed in the resident file following recording on the welfare log. Copies of all incident reports / associated security reports / letters from IPAS are kept on the resident personnel file.</p> <p>The second management system is a risk management system, recording all risks, review of risk management and actions identified on the risks.</p>	

Centre management team has been trained in both these systems.

10.3

Not Compliant

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

Assessment needs are completed now with all residents following their arrival to site. An allocated appointment time is given to the resident to meet the reception officer. Where a resident refuses to meet for reception needs, this is recorded on their file.

A consolidated policy will be put in place to ensure the staff members are guided and supported with a procedure in place

A full review is currently being undertaken of special reception needs to be completed by 01.04.2026.

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.

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	31/03/2026
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	28/02/2026
Standard 1.4	The service provider monitors and reviews the quality of care and experience of children and adults	Not Compliant	Red	31/03/2026

	living in the centre and this is improved on an ongoing basis.			
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Partially Compliant	Orange	30/04/2026
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Not Compliant	Red	31/03/2026
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Partially Compliant	Orange	30/05/2026
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	31/03/2026
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.	Not Compliant	Red	31/05/2026
Standard 4.2	The service provider makes available accommodation which is homely, accessible and	Not Compliant	Red	31/05/2026

	sufficiently furnished.			
Standard 5.1	Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained	Not Compliant	Red	31/05/2026
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Not Compliant	Red	31/05/2026
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Not Compliant	Red	28/02/2026
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.	Partially Compliant	Orange	30/04/2026
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Not Compliant	Red	28/02/2026
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	31/03/2026

