



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

Name of the Centre:	Park Lodge
Centre ID:	OSV-0008447
Provider Name:	Onsite Facilities Management
Location of Centre:	Co. Kerry
Type of Inspection:	Short-Term Announced
Date of Inspection:	26/11/2025
Inspection ID:	MON-IPAS-1123

## 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 national<sup>1</sup> and international level<sup>2</sup> since that time. In response, the Irish Government took certain steps to remedy this situation.

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

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

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

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

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

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

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

that HIQA assumed the function of monitoring and inspecting permanent<sup>4</sup> International Protection Accommodation Service centres against national standards on 9 January 2024.

## About the Service

Park Lodge is an accommodation centre located outside of the town of Killarney, Co. Kerry. The building has 23 bedrooms situated over two floors. There is a modest sized reception area on entry to the building, behind which are office facilities. The building also includes a dining area, a kitchen, a compact laundry room and a computer room. There is an additional building located beside the main building which holds exercise equipment and has seating and a lounge space.

Park Lodge accommodates single females in the international protection process. All residents share a room. At the time of this inspection the centre accommodated 49 residents. The centre is staffed by security staff, assistants, catering staff and a management team. The centre is located in close proximity to community amenities such as supermarkets, public transport and health centres.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	49
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<sup>4</sup> 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)
26/11/2025	09:30 – 15:30	1	1
26/11/2025	11:50 – 3:45	1	1

## What residents told us and what inspectors observed

During the inspection of Park Lodge, the inspectors found that residents were receiving a good standard of care and support from the service provider and staff team. Residents who met with inspectors during the inspection process expressed satisfaction with the quality of services, and were positive about the support they received from staff, the assistant manager, and the centre manager. The inspectors observed that staff engaged respectfully with residents and there was a positive culture in the centre. While these positive findings were noted, improvements were required to ensure the service operated in full compliance with national standards. These improvements related to the completion of a review of the quality and safety of the service, full implementation of a system of supervision, the development of a supporting guidance document for the reception officer function and the provision of appropriate space within residents' bedrooms.

This was a short term announced inspection of Park Lodge Accommodation Centre which was located in a large town and was within walking distance of local services and transport links. The entrance to the centre was bright and clean and there was a large garden to the rear which was well maintained. On arrival, inspectors observed the security arrangements for the centre, which included a door lock with a keypad. Residents were provided with the code for the keypad meaning that they could come and go freely from the centre.

The inspectors entered the two-storey building through a reception area which was observed as warm and welcoming. There were two offices near the reception area, where residents could meet with the centre manager and reception officer. 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 had a contracted capacity of 66 but was accommodating 49 female residents at the time of the inspection. There were 22 bedrooms in Park Lodge and all residents shared a room with other residents. The highest number of residents sharing a bedroom was three. The majority of bedrooms included en-suite facilities.

The inspection took place over the course of one day and the inspectors spoke with the centre manager, reception officer and assistant manager as part of the inspection process. The inspectors also met maintenance, 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.

To gain a comprehensive understanding of the residents' lived experiences, the inspectors made themselves available to residents over the course of the inspection. The inspectors engaged with five of the 49 residents living at the centre and were invited to see their bedrooms. All residents the inspectors met with stated that they felt safe in the centre. Residents were also asked to share their experiences of Park Lodge through questionnaires provided by the inspectors in seven different languages. Three residents completed these questionnaires, with feedback being largely positive. Residents spoke positively about the staff team. The inspectors observed cards written by previous residents where they said they had been well supported in the centre and found the management team very helpful.

The inspectors were invited by some residents to view their bedrooms and took the opportunity to measure a sample of the bedrooms to ensure there was adequate floor space. It was found that some of these rooms did not meet the requirements of the national standards as they did not have sufficient floor space for the number of residents in each room. An action from the previous inspection was to reduce the numbers in the centre to comply with the space requirements in national standards, and the service provider had begun a process of reducing resident numbers in the centre.

The centre provided accommodation to international protection applicants and it catered for female residents, who were from a broad range of nationalities. While the centre provided accommodation to people seeking international protection, the inspectors found 10 (20%) 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 cited being 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 inspectors observed the catering and dining facilities at the centre during the inspection. The centre operated a fully-catered service, which residents reported being satisfied with, although some expressed a preference to cook their own meals. The inspectors observed mealtimes in the dining hall, where breakfast, lunch and dinner were served at set times each day, with a closed period afterward for cleaning purposes. A 14-day menu was in place and displayed for residents, providing information to support informed meal choices, such as indicating that all meat products were Halal. Additionally residents were invited to a 'kitchen open day' where they had the opportunity to observe how food was prepared in the kitchen to reassure residents that food was prepared according to their religious and cultural requirements. Residents were also encouraged to do cookery demonstrations to showcase meals from their culture and to support residents' independence.

Tea and coffee making facilities were available to the residents. There was also a toaster, microwave, fridge and freezer, air fryers and panini makers available so that residents could make a snack outside of mealtimes and when the dining room was closed for cleaning.

A communal laundry room, with three washing machines and three dryers, was available to all residents living in the centre. All machines were in working order on the day of inspection and the laundry room was clean. Residents gave generally positive feedback about the laundry arrangements.

The service provider had made a prayer room available to residents. The residents reported that they were happy with this and felt that their beliefs were respected as a result.

At the rear of the centre there was a well-maintained garden and an outdoor room with gym equipment, a communal relaxation area with sofas and music and a covered outdoor space for residents to receive visitors or relax with others. Additionally, car parking facilities were provided for residents who owned vehicles.

The centre did not offer transport services as residents had easy access to a nearby train station and local bus routes. Additionally, the centre was within walking distance of shops and restaurants, with leisure facilities also conveniently located nearby.

The reception area featured notice boards displaying information about various support services and external agencies. For instance, residents could access guidance on seeking training and employment opportunities. There was also information on filing complaints with the Ombudsman, along with details about housing agencies and support organisations. Additionally, the notice board provided essential information regarding residents' rights and entitlements.

In summary, through direct observation of daily life within the centre and speaking with some residents, the inspectors found that the centre provided a good standard of support, with staff and managers readily accessible to residents. Interactions between staff and residents were positive, friendly, and respectful. While residents reported they were satisfied with the service, further improvements to the operation of the centre were needed to comply with the standards and ensure that residents received a consistently good-quality service, and that accommodation met their needs. For example a comprehensive review of the quality and safety of the service as well as full implementation of a system of staff supervision was required. Additionally, further attention was needed to manage occupancy levels to ensure all residents' bedrooms offered the minimum required space. The inspectors' observations, along with residents' feedback, reflect the overall findings of the inspection.

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

## Capacity and capability

This inspection found that Park Lodge was being effectively managed and operated by a dedicated management and staff team. While residents informed inspectors they were happy with the support they received in the centre and felt safe, there were some areas requiring attention. These related to the completion of a review of the quality and safety of the service, recording of escalation of external risk and full implementation of a system of staff supervision. Developed systems and processes were being implemented to some degree to resolve the identified areas of improvement, but these measures required further work and monitoring for effectiveness by the provider.

Residents benefitted from improved governance in the centre. Since the last inspection, the inspectors found that the centre management team had an improved understanding of the policy framework governing service operations, encompassing relevant legislation, national policy, and the national standards, which improved the effectiveness of the management team. There was evidence of an emerging shared commitment across the management team to establish systems and policies to achieve compliance with the national standards.

The service provider had a clear governance structure in place and the centre was managed on a daily basis by a centre manager and assistant manager, both of whom reported to a company director. The provider had implemented good reporting arrangements since the last inspection, and this approach operated effectively for improved oversight and monitoring purposes. While formal systems and processes for reporting, quality improvement and auditing had been strengthened, there were still some areas for improvement to reviewing the quality of the service. For example, there was no annual review completed for the centre.

Despite the areas outlined that required improvement, the provider had developed auditing systems to assess its own compliance and to guide quality improvement initiatives. The management team had completed a self-assessment of the service provided, which proved effective as an oversight mechanism and which also informed a quality improvement plan. Accountability was evident within these processes as each action was attributed to a member of the management team and a date set for completion of this action. New systems and processes include a monthly management meeting with the company director to facilitate shared learning between local and wider management teams, ensure accountability, and to assist them to promote improvements. The management team had also distributed a survey to all residents to

gain insight into the lived experience of residents and to ensure the support offered to residents was person-centred.

It was clear that risk management was prioritised in this centre and the provider had ensured there was a risk management policy in place to guide staff in the identification, assessment and escalation of risk. A comprehensive risk register was also in place which included both person-specific risk and facilities risk. Risk assessments had been completed for all identified risk and appropriate control measures were in place to reduce these risks where needed. While risks were being appropriately managed by the staff team, the system in place did not record where risk was escalated to senior management and or the relevant government department.

Nonetheless, the provider had taken a proactive approach to other areas of risk and had plans in place for unforeseen events, such as flood, electricity outage and had also implemented safe practices in relation to the prevention of fire in the centre.

The provider had ensured safe recruitment practices in the centre. There was a recruitment policy in place for the centre and the inspectors reviewed personnel files and found that Garda Síochána (police) vetting was in place for all staff members. International police checks had been obtained for all staff who required one. The service provider had a system in place to risk assess positive disclosures identified through vetting processes, where applicable. There was photo identification, a contract of employment, job description and records of their formal employment induction in place for all staff members.

The management team had begun to provide formal supervision to staff. Three staff members had received supervision up to the day of inspection, and there was no schedule in place for the remaining members of the staff team. In short, the supervision policy required full implementation. The management team provided other forms of support to their staff team, such as wellbeing checks and reflective practice sessions. Additionally, the 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, and inspectors observed a pleasant atmosphere throughout the course of the inspection. There was a staff appraisal system whereby staff members engaged with their line manager twice yearly with regard to their performance.

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.

There was a residents' charter in place which accurately and clearly described the services available to 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 adult education in schools and colleges, 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.

In summary, the management team had made significant progress to improve the quality of the service offered to residents through enhancements made to their management and oversight systems. Further improvements were required in relation to the completion of an annual review, risk recording and full implementation of staff supervision, so that the provider could be fully assured of the safety and quality of the service provided.

### **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 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 informed inspectors that they were treated with respect.

Judgment: 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 had management and governance arrangements in place which specified roles and detailed responsibilities for areas of service provision. The provider had implemented formal quality assurance and reporting systems to support effective governance, oversight and monitoring of all aspects of service provision.

Judgment: 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. The residents' charter also included how each individual's dignity, equality and diversity was promoted and preserved in the centre. 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 had developed an audit structure to support quality improvements in the centre. The service provider had not completed the required annual review of the quality of care and experience of the residents although, the provider had developed a quality improvement plan for the service following completion of the HIQA self assessment.

Judgment: Substantially Compliant

### **Standard 2.1**

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

On a review of documentation, the inspectors found that all staff members had a valid Garda vetting disclosure and all staff members who had resided outside of the country for a period of six months or more had an international police check in place. The provider had implemented an effective staff appraisal system which was completed twice yearly.

Judgment: Compliant

### Standard 2.3

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

The provider had recently developed a system for supervision of staff, however, only a small number of staff members had received supervision to date. Nonetheless, staff members spoken with said they felt supported by the centre managers. The inspectors observed that staff members demonstrated a good understanding of their roles and responsibilities in promoting and safeguarding the welfare of all residents.

Judgment: Substantially Compliant

### Standard 2.4

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

Training was provided to all staff members including including those employed on a contractual basis. Some members of the management team had received training in additional areas such as incident management and conflict resolution. A comprehensive training programme and a training schedule were in place to ensure all training needs were met.

Judgment: Compliant

### Standard 3.1

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

The provider had a comprehensive risk register and risk management policy in place. The system in place did not record risk escalated to senior management nor the relevant government department.

The service provider had plans in place for the emergency evacuation of residents and 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.

Judgment: Substantially Compliant

## Quality and Safety

Overall, the service provider and centre managers in Park Lodge were committed to delivering a good quality and safe service to residents. Residents were facilitated to live independently, were treated with fairness and dignity and were supported by a dedicated and kind staff team. While those residents who spoke with the inspectors said that they were treated very well in the centre and had positive relationship with the staff and management team, some areas for improvement were identified by inspectors. These included the provision of appropriate space within a small number of resident bedrooms and the development of a guidance manual on the role of the reception officer.

During the course of the inspection, the inspectors found that promoting the general welfare of residents was central to the staff team. The inspectors observed respectful interactions between residents and centre management which indicated that residents' dignity was promoted in the centre and their rights were considered. Nevertheless, areas of improvement in relation to the premises were identified, which would further promote residents' rights and welfare and enhance their quality of life.

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 room allocation policy to guide staff members in allocating accommodation to residents. 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. For example, two siblings were facilitated to share a bedroom, and a pregnant resident was given additional consideration when being allocated their bedroom. 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 bedrooms in the centre, inspectors observed that the accommodation was maintained to a good standard. The accommodation provided was homely, accessible and sufficiently furnished. Nevertheless, a small number of bedrooms observed by the inspectors did not meet minimum living space requirements, and there was limited floor space for residents to move about these rooms. This did not provide a good quality living environment for these particular residents. However, the centre manager explained that the provider had been proactively reducing resident numbers in the centre and had already significantly addressed overcrowding. This was confirmed in centre documentation reviewed by inspectors. Additionally, the provider had implemented a plan to phase out the use of bunk beds in the centre and while some remained, the top bunk of these beds were not for sleeping purposes, but were being used as storage areas for residents belongings. Regular room checks were being completed in the centre and the use of bunk beds was being monitored on an ongoing basis. The provider was also liaising with the relevant government department to ensure that the providers commitment to reduce the resident numbers in the centre was being upheld.

The centre manager and staff team had made continued efforts to improve the lived experience of the residents living in the centre. They were planning a Christmas party with the residents, they had cookery evenings and kitchen open days. The team had organised events in the centre such as housing clinics, employment support clinics, Garda information evening and local health services to visit the centre regularly to support residents. The service provider was aware of the need for health supports and endeavoured to promote the health and wellbeing of residents. Links with local services were established and maintained where required. Residents were referred to the appropriate support services where necessary and information about support services was readily available. The assistant manager explained that the centre had good links with the local general practitioners and residents could avail of this service as necessary.

The service provider was committed to ensuring residents' educational needs were met. The reception officer provided support for residents, to access English language

classes and to progress to other courses as their English language skills developed. A computer study room was made available to residents who were completing courses and the centre offered Wi-Fi internet access in the centre which supported residents who were completing coursework.

The provider had good recreational space for residents and had an outdoor area with seating, table tennis facilities, and a garden room with gym and relaxation area with sofas and music system. There was a large garden which was well maintained.

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. All staff members had received training in safeguarding vulnerable adults and the service provider had identified a designated officer for the service, whose contact information was highlighted on the notice board at reception. 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 notified the relevant authorities as necessary.

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 risk log 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. However, they had not yet developed a special reception needs guidance manual to guide staff in their role. Nevertheless, the supports offered to the residents were well documented.

#### **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 4.2**

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

The service provider had for the most part ensured that the accommodation for residents was of a good standard. The buildings in general were homely, clean and well maintained. However, some residents in a small number of rooms did not have sufficient space in line with the requirements of the national standards.

Judgment: Partially Compliant

#### **Standard 4.7**

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

The service provider had made available a laundry room in the centre which was found to be clean and well maintained on the days of inspection. There was adequate number of washers and dryers for the number of residents and there was appropriate access to cleaning materials and laundry detergent.

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 suitable security measures within the centre which were deemed proportionate and adequate and which respected the privacy and dignity of residents. CCTV was in operation in communal spaces only within the centre and was informed by the service provider's policy.

Judgment: Compliant

#### **Standard 4.9**

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

The provider had made non-food items and products available to residents to ensure personal hygiene, comfort and dignity. The provider had also residents were provided with two sets of towels and bedlinen on arrival.

Judgment: Compliant

#### **Standard 5.1**

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

The centre offered a fully catered service while also providing facilities for residents to prepare snacks outside of meal times. The provider ensured that food preparation and dining facilities met the needs of residents and were appropriately equipped and maintained. The service provider had ensured that the menus accommodated residents' cultural and religious dietary needs, with a selection of vegan and vegetarian options.

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 designated area for residents to prepare snacks outside of meal times. This area was appropriately equipped with cooking equipment and food storage facilities to allow residents to prepare small meals.

Judgment: Compliant

### **Standard 6.1**

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

The rights and diversity of the residents was respected, safeguarded and promoted in Park Lodge. The inspectors observed that residents were treated with respect and with kindness by staff members. The centre promoted equality, ensuring inclusivity across religious beliefs, gender, and age. Additionally, a dedicated space was made available for residents to practice their religion and pray. 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 and a suggestion box.

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 they had the opportunity to invite family and friends to visit them in the centre communal room. There was also a private meeting room should they need to meet with a professional in private. The residents 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. Residents had easy access to local bus and rail links. External agencies and NGOs attended the centre to offer support and advice around education, training, employment and local services. Additional transport was made available to residents to attend medical appointments when required.

Judgment: Compliant

### **Standard 8.1**

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

The service provider had appropriate policies and procedures in place to ensure residents were protected from abuse and neglect. The inspectors reviewed incident records for the centre and noted that there was an effective recording system in place relating to safeguarding issues. Residents had opportunities to discuss any concerns with members of the management team and appropriate action was taken to address concerns as they arose.

Judgment: Compliant

### **Standard 8.3**

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

Incidents which occurred in the centre were well-managed in line with national policy. The service provider had developed a system to review incidents at weekly local management meetings.

Judgment: Compliant

### **Standard 9.1**

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

The service provider promoted the health, wellbeing and development of each resident 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 as needs emerged over time.

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) 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. However the provider had not yet developed a guidance manual to support the reception officer in their role.

Judgment: Substantially Compliant

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

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

Standard	Judgment
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Compliant
Standard 1.2	Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Substantially Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Compliant
Standard 4.2	Partially Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant
<b>Theme 5: Food, Catering and Cooking Facilities</b>	

Standard 5.1	Compliant
Standard 5.2	Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.1	Compliant
Standard 7.2	Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Compliant
Standard 8.3	Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Compliant
Standard 10.4	Substantially Compliant

# Compliance Plan for Park Lodge

Inspection ID: MON-IPAS-1123

Date of inspection: 26/11/2025

## 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
4.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>IPAS has acknowledged this issue and is currently in the process of phasing out the use of bunk beds for adults. This measure is intended to improve personal space for residents and to ensure greater compliance with the National Standards going forward.</p>	

## 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 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Partially Compliant	Orange	01.04.2026