Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of the Centre:	Benbulben Court
Centre ID:	OSV-0008811
Provider Name:	Brava Capital Limited
Location of Centre:	Co. Sligo
Type of Inspection:	Short-Term Announced
Date of Inspection:	21/10/2025 and 22/10/2025
Inspection ID:	MON-IPAS-1120

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[1] and international level[2] 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[3]. It was intended by Government at that time to end direct provision on phased basis by the end of 2024.

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

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

[1] Irish Human Rights and Equality Commission (IHREC); The Office of the Ombudsman; The Ombudsman for Children
[2] United Nations Human Rights Committee; United Nations Committee on the Elimination of All Forms of Racial Discrimination (UNCERD)
[3] Report of the Advisory Group on the Provision of Support including Accommodation to People in the Protection Process, September 2022

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

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

About the Service

Benbulben Court is an accommodation centre located in Co. Sligo. The centre has two blocks of apartments and comprises 74 own-door family units. At the time of the inspection the centre provided accommodation to 350 residents. The centre is located on the edge of a busy town with easy access to public transport links and in close proximity to local schools, crèches, pre-schools, shops, transport links and health and social services.

There are parking facilities at the centre and access to the building is gained through the main reception. The building comprises apartments, a reception area, an office, and two laundry rooms.

The service is managed by a centre manager who reports to the management consultant and one of the company directors and is staffed by two duty managers, two reception officers, one child and youth advocacy worker, maintenance staff and cleaning staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	350

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)
21/10/2025	10:05hrs – 18:00hrs	1	1
21/10/2025	11:00hrs – 18:00hrs	-	1
22/10/2025	08:00hrs – 14:40hrs	1	2

What residents told us and what inspectors observed

From speaking with residents and through observations made during the course of the inspection, the inspectors found that the service provider was providing a service where residents felt safe and protected. Residents were treated with kindness, care and respect. The service provider endeavoured to provide the appropriate supports to meet residents' health and welfare needs.

This was HIQA's second inspection of this centre, and it took place over two days. During this time, the inspectors met or spoke with 21 adults and 13 children who were living in the centre. In addition, resident questionnaires were completed and returned to the inspectors by eight adults and one child. The inspectors met with the operations manager, who also held the role of centre manager, duty managers, reception officers, administration staff and the child and youth advocacy support worker.

Benbulben Court provided accommodation to families and couples across 74 own-door apartments located in two buildings on the same site. While some families shared apartments, the maximum number of families who shared an individual apartment was two. These families shared kitchen and living spaces but had their own private bathrooms. At the time of the inspection, there were 350 residents living in the centre, 175 of whom were children. While the primary function of the centre was to provide accommodation to people seeking international protection, the inspectors found that eight (2.3%) of the residents had received refugee, subsidiary protection or leave to remain status.

During a walk around the centre, the inspectors observed that the communal areas were clean and well maintained. Information regarding residents' rights, house rules, complaints process, volunteering opportunities and local support services and activities were displayed in the reception areas of both the apartment buildings. There was a large multipurpose room located to the rear of the apartment buildings which had been developed following the previous inspection of the centre in November 2024. This room was used for activities and meetings, and residents could also book this room for private meetings. There were plans in place to develop a second recreation space and a playground area for the centre. A number of the children who spoke with the inspectors said that they were happy with the activity room which had been set up. They had attended activities including movie nights and art groups organised by staff, and said that they enjoyed taking part in these activities.

The inspectors were invited by residents into 14 of their apartments during the inspection. Each of the apartments had space for children to play and complete their school work. The apartments were generally well maintained, and each had a kitchen and living space. The kitchens were well equipped with the necessary cooking appliances, utensils, crockery. These facilities enabled residents to cook for their family and eat their meals together. While some families shared the kitchen and living space of the apartment, staff members had given consideration to placing families with a similar cultural background together. Some residents told the inspectors that the staff had enabled them to share an apartment with a family they had known prior to moving to the centre, which they found helpful. In addition, residents were allowed to personalise their apartments which created a more homely environment. However, the inspectors observed areas of mould in one of the apartments visited. This was brought to the attention of the centre manager during the inspection, and it was agreed that it would be resolved.

Residents were provided with prepaid vouchers for a variety of local supermarkets by the service provider. This arrangement provided residents with choice and promoted their independence, as residents could purchase food in line with their own families' needs, dietary or cultural requirements. In addition, non-food items including toiletries, cleaning products, bedding, towels and provisions for babies and toddlers were provided as needed to residents. The inspectors observed examples of good practice in relation to consultation with residents regarding the variety of non-food items available, and feedback from residents was taken on board by the management and staff. Residents who spoke with the inspectors were happy with these arrangements, and there were no restrictions placed on the availability of these items. One resident said that there was a welcoming feeling when they arrived to Benbulben Court and that food and basic supplies had been placed in their apartment prior to their arrival.

Two communal laundry rooms were available to residents and these were located in apartment block one. Residents told the inspectors that they were allocated specific days to use the laundry facilities, and that they could access the laundry room outside of the scheduled times in case of an emergency. Some of the residents who spoke with the inspectors said that there were delays in accessing the laundry facilities due to the increasing number of residents living in the centre.

Due to the location of the centre, adequate public transport was available in the area. School bus transport was provided for children, and the service provider made transport available for medical appointments, as required. Crèches, preschools, shops, medical centres, public amenities and recreational facilities were accessible to residents by public transport and some were within walking distance of the centre.

Children had access to a homework club in the centre, and one family said that having this support was helpful. English language classes were provided, and staff supported residents to access school placements for children. Links with local support and health services were established and information about these services was available throughout the centre. While there was a delay in some residents being assigned a specific local general practitioner, the service provider had arrangements in place to ensure that all residents could access medical services as needed.

Residents were very positive about their experience of living in Benbulben Court and their interactions with the staff team. Residents said they felt safe and were happy living in the centre. One resident told the inspectors that the centre was a ''perfect place...very safe''. Residents were supported to bring visitors to their own accommodation which allowed them to live their lives independently. Residents who spoke with the inspectors were satisfied with the variety of activities in the centre for children as they were varied for the different age groups and were run at different times to suit the children's schedule.

Staff members were described by another resident as being ''very good, anything I ask for they help'', while a second family said that the staff listen and ''help if we need anything''. Another resident told the inspectors that ''everyone is nice here''. Residents said that they could get support from staff for any problems that they encountered. Comments from other residents included that the staff were ''the best, very caring and helpful'', ''polite and very friendly'' and ''lovely staff''. Residents were aware of the reception officer role in the centre, and said that the reception officers were always available and willing to help. In addition, security staff were noted by some residents as being approachable. One of the children who spoke with the inspectors said that they enjoyed the homework club as ''it was helpful''. They said they were happy in the centre and that the staff were good.

Overall, residents who spoke with the inspectors said they were satisfied with the standard of the accommodation provided. Bedrooms and living areas were appropriately furnished. For the most part, residents had access to appropriate storage in their apartments, and additional storage areas were available in the centre for larger items. Most residents who spoke with the inspectors said that maintenance issues were resolved in a timely manner, though a small number of residents said that there had been delays in having maintenance issues addressed in their apartments.

The inspectors observed that some parents were required to share their bedroom with their children, and in some of the homes visited by the inspectors children aged 10 years and upwards were required to share bedrooms with a sibling of the opposite gender. One mother who was sharing a room with her teenage son told the inspectors she felt like she was ''sharing a room with a man'' and that this was not appropriate. Another family said that ''it's not easy'' to have a teenage son and daughter sharing a room particularly given their stage of development. One of the families who met with the inspectors said that the centre manager had placed them on a waiting list to change apartment for this reason.

In addition to speaking with residents about their experiences, the inspectors received completed questionnaires from one child and eight adults. The questionnaires asked for feedback on a number of areas including safeguarding and protection; feedback and complaints; residents' rights; staff supports and accommodation. These residents reported that generally they felt happy, safe and adequately protected living in the centre. The child who completed the questionnaire said they felt listened to by staff and were comfortable to make a complaint if they needed to. Six of the adults said they felt comfortable to make a complaint while one resident chose not to answer the question and one said they would not feel comfortable to make a complaint if they needed to. In addition, four of the adults said they did not know how to report a safeguarding concern. All of the adults felt that the management team were approachable, and eight adults who answered the question said that the staff welcomed their feedback and complaints in the interest of quality improvement.

The observations of the inspectors and views of residents outlined in this section are generally reflective of the overall findings of the report. While the staff provided person-centred care, a number of improvements were required in relation to governance, risk management and oversight systems. The next two sections of this report present the inspection findings in relation to governance management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspectors found that the service provider and local management team were committed to responding to feedback from residents and implementing quality improvement initiatives. There was evidence of good practice across a number of areas; however, the governance, oversight and risk management systems in place required improvement as they could not assure the service provider that safe and good quality service was being consistently provided, particularly given the large increase in resident numbers. This was the second inspection of Benbulben Court. This inspection was carried out to assess compliance with the national standards, and to monitor the provider's progress with the compliance plan submitted in response to an inspection (MON-IPAS-1060) carried out in November 2024.

This inspection found that the local management team had knowledge and understanding of relevant legislation and policies. Monthly self-assessment audit questionnaires were completed to review areas for improvement and compliance with the national standards. While this was good practice on the part of the local management team, the service provider did not have the necessary oversight of these reviews or mechanisms in place to assure them that the standards and regulations were implemented in practice. While local policies had been developed to guide staff practice, there was no local policy in place regarding issuing residents with verbal and written warnings. In addition, statutory notifications required by the regulations had not been submitted to HIQA for some incidents that had occurred in the centre.

The governance and oversight arrangements were not fully effective. The centre manager reported to the company's management consultant. Staff members were clear on their roles and their areas of responsibility. There was no formal meeting structure or supervision process in place for the duty managers to report to the centre manager other than through phone calls, emails or verbal communication. Both duty managers had individual staff members who reported to them. Weekly team meetings were held between the individual duty managers and their respective teams, while monthly senior management meetings were held which were attended by the centre manager. for the service. However, important aspects of practice were not consistently discussed, and items such as complaints, risks, incidents and safeguarding had not been included as standing agenda items. The inspectors found that there was little evidence that information regarding concerns or risks in the centre were formally escalated to the director of the company. While daily handover records were maintained and shared with relevant staff members, the service provider had missed the opportunity to incorporate meetings with the full staff team to provide regular opportunities to discuss work practices in the centre and share learnings.

The inspectors found that some records maintained by the management team to provide oversight of the centre were inaccurate in some respects, and this impacted the ability of the service provider to have a clear understanding of life in the centre. For example, the register of room configurations and occupancy was inaccurate, incident review logs contained errors in relation to the referral of child welfare concerns and the maintenance log had not been appropriately updated to indicate that works had been completed.

A quality assurance system had been developed in the centre to monitor and evaluate the quality of the services provided in the centre. Monthly quality improvement plans were completed by the management team to review practices in the centre. The inspectors found that individual staff members were tasked with specific actions following these reviews, and there was a record maintained of when each task was completed, providing assurance to the service provider that tasks had been appropriately followed up. An annual quality review of the centre had also been completed prior to the inspection. Residents and staff had been consulted as part of this process through the completion of an anonymised survey. The inspectors found that actions required following the annual review had been completed including the provision of increased activities for children and adults in the centre.

This inspection found that there was a strong culture of involving and consulting with residents embedded in the service. Residents had ample opportunities to engage with staff through the regular residents committee meetings, suggestion boxes, surveys and welfare checks that were carried out by staff. The inspectors found that feedback provided by residents both as part of the annual review and through day-to-day practice in the centre was listened to and acted upon by staff.

The service provider had developed a complaints policy, and a they also maintained a register of all complaints made and the stage at which they were resolved. At the time of the inspection four verbal complaints had been received and all were managed locally. The inspectors found that these verbal complaints had been managed promptly and appropriately by the staff team. However, the complaints register did not note whether the complainant was informed of the outcome. In addition, the complaints policy did not provide guidance on the management of verbal complaints or the categorisation and stage at which complaints received would be managed in line with practice in the centre.

The service provider had a risk management policy in place, and a risk register had been developed and took account of risks relating to the residents as well as risks pertaining to the premises. While the risk register was reviewed on a quarterly basis, the inspectors found that it had not been consistently updated following specific incidents that had occurred in the centre, including a fire in a resident's apartment, for

example. In addition, some of the control measures put in place were not available in practice, such as the use of interpreters for residents. There were limited details recorded regarding the control measures for some of the risks identified. The inspectors found that in some situations, the risk ratings applied on the risk register differed from that applied on individual risk assessments. While risk assessments had been completed in relation to bedroom configurations, some of the details recorded in these assessments were inaccurate and did not consider the individual risks for each family. For example, bedrooms that were allocated to two residents were incorrectly recorded on the risk assessment as being suitable for one resident. Additionally, risks regarding the use of bunk beds and the absence of an international police check for one staff member had not been assessed or included on the register. In this case, the staff member had Garda Síochána (police) vetting in place.

The service provider had a contingency and emergency protocol in place which provided guidance for staff members to follow in the event of a fire, medical emergency or security threat. Local policies required that two fire drills were to be completed in a 12 month period, and more frequently if new residents had been admitted to the centre. A fire drill had been completed in August 2025 following the arrival of new residents and a second fire drill had been scheduled for after dark on the second day of the inspection. Residents were well informed about fire drills and emergency procedures.

Recruitment practices were satisfactory, for the most part. The service provider had recruited a dedicated and committed staff team and had well-maintained personnel files for these individuals. All staff members had Garda vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Nonetheless, as noted earlier in this report there was one staff member who did not have evidence of an international police check on file, nor had a risk assessment relating to this deficiency been completed. The service provider ensured that newly recruited staff had identification, a contract and job description on file and while there was a comprehensive induction process, records of its completion were not maintained. In addition, three written references had not been obtained for newly recruited staff members in line with IPAS child protection policy and despite the service provider having noted this as requirement for all newly recruited staff at a senior management meeting.

Staff were supported and supervised to carry out their duties. Formal supervision meetings took place on a monthly basis. These meetings provided staff with an opportunity to discuss their practice and any challenges they encountered. Clear written records were maintained of each supervision meeting and actions agreed at the previous meeting were reviewed regularly. The service provider had performance appraisal system in place which was due to be reviewed in the coming months. The

inspectors found that while staff members completed a comprehensive self-appraisal in advance of the meeting, the discussions and analysis of performance which were carried out during the appraisal meetings were not adequately documented.

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 and local management team were responsive and had knowledge and understanding of relevant legislation and policies. Audits were completed to review areas for improvement and compliance with the national standards. However, some areas of practice were not in line with the requirements of the standards or the regulations. For example, there was no policy to guide staff on the practice of issuing warnings to residents, and statutory notifications had not been submitted to HIQA for some incidents that had occurred in the centre.

Judgment: Substantially Compliant

Standard 1.2

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

There was a clearly defined reporting structure in place; however, the governance and oversight arrangements were not fully effective as there was no formal structure in place for the duty managers to report to the centre manager. Though regular team meetings and senior management meetings were taking place, important aspects of service provision and practice were not consistently discussed or held as standing agenda items such as complaints, risks, incidents and safeguarding. There was little evidence that information regarding concerns or risks in the centre were formally escalated to senior management. In addition, the service provider had missed the opportunity to incorporate meetings with the full staff team to provide regular opportunities to discuss work practices in the centre and share learning.

A sample of oversight records reviewed by the inspectors were observed to be inaccurate in some respects, and this impacted the ability of the service provider to have a clear understanding of life in the centre.

The service provider had developed a complaints policy and a complaints register was maintained. While complaints were managed promptly, the complaints register did not

note whether the complainant was informed of the outcome. In addition, the complaints policy did not provide guidance on the management of verbal complaints or the categorisation and stage at which complaints received would be managed in line with practice in the centre.

Judgment: Partially Compliant

Standard 1.3

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

There was a residents' charter in place that was made available to residents in various 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.

A quality assurance system had been implemented and an annual quality review of the centre had been completed. Monthly audits were completed to review the quality of the service provided. Residents and staff had been consulted as part of this process, and actions identified as part of the annual review had been completed. There was a strong culture of involving and consulting with residents, and feedback was listened to and acted upon by the service provider.

Judgment: Compliant

Standard 2.1

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

Recruitment practices were generally satisfactory and relevant job descriptions were on file for all staff members. All staff members had the relevant vetting in place; however, one staff member did not have evidence of an international police check on file, nor had a risk assessment relating to this deficit been completed. While there was a comprehensive induction process in place, records to evidence its completion were not

maintained. In addition, three written references had not been obtained for staff members in line with IPAS child protection policy.

Judgment: Substantially Compliant

Standard 2.3

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

Well maintained personnel files were in place. Staff were supported and supervised to carry out their duties, with formal supervision meetings taking place on a monthly basis. Clear written records were maintained of each supervision meeting and actions agreed at the previous meeting were reviewed regularly. There was a performance appraisal system in place and while staff members completed a comprehensive self-appraisal in advance of the meeting, the discussions and analysis of performance which took place during the appraisal meetings were not adequately documented.

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.

The service provider ensured that staff received the mandatory trainings required by the national standards. Individual training needs were identified during staff supervision, and there was an effective system in place to maintain oversight. Supervision training had also been provided to relevant staff members.

Judgment: Compliant

Standard 3.1

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

The service provider had a risk management policy in place and a risk register had been developed. While the risk register was reviewed on a quarterly basis, it had not been consistently updated following specific incidents that had occurred in the centre. Some of the control measures put in place were not available in practice such as the use of interpreters for residents, and details recorded regarding the control measures for some

risks were limited. In addition, the risk ratings applied on the risk register differed from that applied on individual risk assessments.

While risk assessments had been completed in relation to the configuration of bedrooms, some of the details recorded in these assessments were inaccurate and did not consider the individual risks for each family. For example, bedrooms that were allocated to two residents were incorrectly recorded on the risk assessment as being suitable for one resident. Risks regarding the use of bunk beds had not been fully assessed or included on the register.

The service provider had a contingency and emergency protocol in place which included scenarios such as fire, medical emergency and security threat. Residents were well informed about fire drills and emergency procedures.

Judgment: Partially Compliant

Quality and Safety

The service provider endeavoured to allocate suitable accommodation to residents based on their needs. The inspectors found that the staff gave careful consideration to the cultural backgrounds of families when allocating shared apartments. The inspectors observed good practice whereby couples were placed together in apartments, as were single parents. A transparent room allocation policy had been developed which also provided guidance on the management of requests to change apartments.

The inspectors found that children and families were accommodated together. In addition, the service provider had supported a family reunification which was deemed to be in the best interest of the children, demonstrating their willing to protect the dignity of families. Private living space was available within each apartment. While there were situations where the living space was shared by a maximum of two families in some of the apartments, each family had their own private bathroom. Residents were able to prepare and eat meals together as a family.

Nonetheless, residents' right to privacy was impacted due to bedroom configurations. The sleeping arrangements for some families were not in line with the requirements of the Housing Act 1966. For example, some parents were required to share bedrooms with their children, while in other apartments siblings of opposite gender who were aged 10 years and over were sharing the same bedroom. The centre manager has escalated this issue to the relevant department; however, the situation remained unchanged.

The inspectors observed many examples of good practice in terms of the promotion of residents' rights. There were effective and robust systems in place to consult with residents, and their views were considered to improve the services delivered in the centre. Residents said that they were treated with dignity and respect by the staff team. Information regarding residents' rights and support services was also available. Residents were supported to live independently and were able to bring visitors to their apartments.

The service provider had satisfactory safeguarding arrangements in place to ensure the safety and welfare of both adults and children. There were no adult safeguarding concerns at the time of the inspection. When child protection or welfare concerns arose they were responded to and managed appropriately. There were appropriate arrangements in place to allow residents to supervise each other's children, when required. Parents received information and support in relation to their parenting

responsibilities. Dedicated designated liaison persons had been appointed, and there were policies, procedures and safeguarding statements in place.

The service provider had developed an incident management policy and an incident management review meeting template; nonetheless, these policies and processes had not been consistently implemented in practice and in some of the files reviewed, the details recorded on the review meeting template were observed by the inspectors to be inaccurate. For example, on one of the files reviewed an incident had been logged as being reported to HIQA and the Child and Family Agency (Tusla) by the staff; however, the referral to Tusla had been made by another agency and the notification had not been sent to HIQA.

There was no clear system in place to track incidents that had occurred in the centre, and the service provider could not be assured that they had appropriate oversight of the centre, or that trends could be detected and learnings take place. Incidents that had occurred were recorded in various records. During the inspection, the management team drafted a register which was to be implemented following the inspection process to provide increased oversight of incidents. In addition, practice in relation to the issuing of verbal and written warnings by the service provider was not guided by any local policy to ensure a fair and transparent process was in place. While a log was maintained to track the warnings that had been issued, there was limited evidence that senior management or the service provider had oversight of this process and therefore could not be assured that such warnings were issued in a fair, transparent and consistent manner.

The service provider had employed two appropriately qualified, committed reception officers who were endeavouring to assess the needs of residents living in the centre. There was a policy and procedure manual in place to identify, communicate and address special reception needs; however, practice in the centre was not aligned to the guidance within these documents. In addition, these documents did not contain information regarding the process for completing an assessment of vulnerabilities or special reception needs and there were no timeframes outlined. The reception officers were in the process of assessing the needs of all residents in the centre. At the time of the inspection 47 assessments were completed but there was a significant proportion of residents whose needs had not yet been assessed.

There was no centralised recording system to reflect the needs of the residents. The reception officers had a good understanding of residents' needs and ensured that residents were supported on a day-to-day basis. Referrals for residents to the services they required such as counselling, family support and disability services, when a need was identified. Despite this good practice, it was not always recorded what follow-up action was taken in response to a referral. The inspectors found that the service

provider had developed numerous tools to support the reception officers to assess the needs of residents but it was a complex process and the records were not stored centrally. This limited the capacity of the management team to maintain oversight. Furthermore, the quality of some of the assessments was not comprehensive and had not been subject to review by the management team. This included gaps and errors in the assessment process which had not been identified. In addition, while the needs of some children were known and appropriately responded to, and there were plans in plans to develop an appropriate assessment tool, the needs of some children had not been assessed or identified.

Standard 4.1

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

The service provider endeavoured to allocate suitable accommodation to residents based on their needs, and staff gave careful consideration to the cultural backgrounds of families when allocating shared apartments. A transparent room allocation policy had been developed which also provided guidance on the management of requests to change apartments.

Judgment: Compliant

Standard 4.4

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

The provider ensured that families were accommodated together and while some families shared kitchen and dining spaces, it was clear that the needs of the family had been considered before families were placed together. However, the sleeping arrangements for some families were not in line with the requirements of the Housing Act 1966. There were some apartments where parents were required to share bedrooms with their children, while in other apartments siblings of opposite gender who were aged 10 years and over were sharing the same bedroom. The centre manager had escalated this issue to the relevant government department referencing the breach to the requirements of the Housing Act 1966 and the national standards, but the situation remained unchanged at the time of the inspection.

Judgment: Partially Compliant

Standard 4.6

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

Parents were supported to obtain suitable crèche, preschool and school placements for their children. English classes were available onsite for residents. Children had access to a homework club onsite that adapted to the needs of the children living in the centre based on feedback provided by residents. Children also had space to complete their homework within their own apartments.

Judgment: Compliant

Standard 4.7

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

The centre was clean and communal laundry facilities were available. The service provider had responded to feedback from residents regarding the laundry facilities. Laundry provisions were made available to residents, as required.

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.

Residents reported that they felt safe living in the centre. Security personnel had the required licenses and training to carry out their roles. Residents were facilitated to have visitors to their accommodation and where required, CCTV could be removed from the meeting room to facilitate private meetings.

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.

Sufficient and appropriate non-food items were made available to residents. The needs of residents had been considered by the service provider in relation to the variety and type of personal hygiene products provided. This was an example of good practice on the part of the service provider and demonstrated that the staff members were person-centred in their approach.

Judgment: Compliant

Standard 5.1

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

Residents had food preparation, cooking and dining facilities within their own apartments which were fully equipped with all necessary cooking utensils, cutlery and crockery.

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.

Residents were provided with prepaid vouchers for local food shops, including culturally specific shops where they could buy their own groceries. Feedback provided by residents in relation to the provision of these vouchers was listened to and acted upon by the service provider to ensure residents' need were addressed.

Judgment: Compliant

Standard 6.1

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

The inspectors observed many examples of good practice in terms of the promotion of residents' rights. There were effective and robust systems in place to consult with residents, and their views were considered to improve the services delivered in the centre. Residents said that they were treated with dignity and respect by the staff team. Information regarding residents' rights and support services was also available. Residents were supported to live independently and were able to bring visitors to their accommodation. However, the configuration of bedrooms in some apartments impacted residents' right to privacy and dignity within their home.

Judgment: Substantially Compliant

Standard 7.1

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

Residents were supported and facilitated to develop and maintain personal and family relationships, and were facilitated to welcome visitors into their apartments in line with the house rules for the centre.

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 public services and community supports. Many of these services were within walking distances of residents' accommodation or could be accessed by public transport.

Judgment: Compliant

Standard 8.1

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

The service provider had satisfactory safeguarding arrangements in place to ensure the safety and welfare of both adults and children. There was an appropriate adult safeguarding statement and policy in place. Staff were aware of their roles and responsibilities in relation to safeguarding vulnerable adults.

Judgment: Compliant

Standard 8.2

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

There was an appropriate child safeguarding statement and policy in place. All staff members had completed the required child protection training, and designated liaison persons had been identified for the centre. When child protection or welfare concerns arose they were responded to and managed appropriately. There were appropriate arrangements in place to allow residents to supervise each other's children, when required. Parents received information and support in relation to their parenting responsibilities.

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.

An incident management policy and an incident management review meeting template had been developed. However, these policies and processes had not been consistently implemented in practice, the details recorded on the review meeting template were not always accurate and incidents that had occurred were recorded in various records. There was no clear system in place to track incidents that had occurred in the centre, and the service provider could not be assured that they had appropriate oversight of the centre, or that trends could be detected and learnings take place.

Practice in relation to the issuing of verbal and written warnings to residents by the service provider was not being guided by any local policy at the time of the inspection. While a log was maintained to track the warnings that had been issued, there was limited evidence that senior management or the service provider had oversight of this process.

Judgment: Partially Compliant

Standard 9.1

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

Residents had information and access to the supports they required with regard to their health, wellbeing and development. There was a local arrangement in place to ensure residents could have their medical needs addressed while awaiting the allocation of a doctor.

Judgment: Compliant

Standard 10.1

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

For the most part, the provider was not made aware of any special reception needs in advance of an admission to the centre. Despite this, the staff team endeavoured to provide the required support, accommodation and assistance to residents when they became aware of their needs.

Judgment: Compliant

Standard 10.2

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

Staff members who worked in the centre had received training to support them in identifying specific vulnerabilities and risks. Staff were person-centred in their daily work and had a good understanding of residents' needs. Referrals to additional support service were made for residents, where necessary. However, the staff team had limited opportunities to discuss their practice, share their experiences or review lesson learnt.

Judgment: Substantially Compliant

Standard 10.3

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

There was a policy and procedure manual in place to identify, communicate and address special reception needs; however, practice in the centre was not aligned to this guidance, nor did they contain information regarding the process for completing an assessment of special reception needs or the time frames required. Assessments were ongoing at the time of the inspection and a significant proportion of residents had not yet had their needs assessed, and some of these included children. Additionally, there was no centralised recording system to reflect the needs of the residents.

Referrals to support services such as counselling, family support and disability services were made for residents when a need was identified; however, it was not always recorded what follow-up action was taken following a referral being made. The process to assess the needs of vulnerable residents was complex with multiple tools being used, records were not stored centrally, and the quality of some of the assessments was not comprehensive. There were gaps and errors in the assessment process which had not been identified.

Judgment: Partially 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 two dedicated reception officers available, who were suitably experienced and qualified. These reception officers took a lead role in assessing and meeting the needs of residents with special reception needs. Residents were aware of the reception officer role and found that they were helpful.

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	Substantially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.4	Partially Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant

Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Substantially Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Compliant
Standard 8.2	Compliant
Standard 8.3	Partially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Substantially Compliant
Standard 10.3	Partially Compliant
Standard 10.4	Compliant

Compliance Plan for Benbulben Court

Inspection ID: MON-IPAS-1120

Date of inspection: 21 and 22 October 2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

- **Partially compliant**: A judgment of partially compliant means that on the basis of this inspection, the provider or centre manager met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for people using the service over time if not addressed.

- **Not compliant -** A judgment of not compliant means the provider or centre manager has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply.

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.2	Partially Compliant
Outline how you are going to come into compliance with this standard: Duty Manager supervision from December has been handed over to the new Centre Manager from the management consultant. An agenda has been added to team meetings to ensure all important aspects of the service are discussed. The new Centre Manager will incorporate full shift team meetings across both complexes to provide regular opportunities to discuss work practices, share learnings and improve oversight. The complaints register now includes columns for whether the complainant was informed of the outcome and the different stages of a complaint. The complaints policy was updated in December to include guidance on the management of verbal complaints and the categorisation and stage at which complaints received would be managed.	
3.1	Partially Compliant
Outline how you are going to come into compliance with this standard: The risk register has been reviewed and updated and from December it will be reviewed on a more frequent and on-going basis rather than quarterly to ensure that control measures are more detailed and accurate, and that it is cross checked with individual risk assessments.	

All room allocation risk assessments were reviewed in November to ensure accuracy of details such as room configuration and child ages. All properties with risks associated with the use of bunk beds have been risk assessed and added to the risk register.

4.4	Partially Compliant

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

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

We will continue to carry out risk assessments for families with siblings over the age of ten of different genders sharing. These include consulting with the family, welfare checks and adding families to our internal property wait list.

We will continue to consult with IPAS to ensure best practice.

8.3	Partially Compliant

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

The Centre Manager, as DLP will make sure to review all incident reports and documentation to ensure that are being reported in line with the incident management policy.

An incident spreadsheet was created during the inspection to track and categorise incidents which will improve oversight and learnings.

A warnings policy was created in November to provide clear guidance on the warnings process.

10.3 Partially Compliant

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

The Reception Officer policy and procedure manual has been updated to include more information on the process of assessments and the specific time frames. In addition, special reception needs categories and more detail on how vulnerability assessments will take place have been outlined.

Although Reception Officers made referrals to support services, these are now always documented along with follow-up action and updates. A standardised system has been implemented following a Reception Officer meeting, along with a new template for

handovers to improve communication. During the inspection a centralised recording system to reflect the needs of residents was created with folders for each resident. From December we are introducing weekly meetings between Duty Managers and Reception Officers to ensure accuracy of assessments processes and enhanced oversight.

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Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	15/12/2025
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	01/12/2025
Standard 4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by	Partially Compliant	Orange	21/10/2025

	the best interests of the child.			
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	01/12/2025
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	15/12/2025