



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

Name of the Centre:	Cúirt Uisce Accommodation Centre
Centre ID:	OSV-0008858
Provider Name:	Keldesso Ltd.
Location of Centre:	Co. Galway
Type of Inspection:	Short Notice Announced
Date of Inspection:	30/04/2025 and 01/05/2025
Inspection ID:	MON-IPAS-1096

Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a national¹ and international level² since that time. In response, the Irish Government took certain steps to remedy this situation.

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

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published a White Paper to End Direct Provision and to establish a new International Protection Support 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 time frame for implementation.

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent⁴ International Protection Accommodation Service centres against national standards on 9 January 2024.

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

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

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

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

About the Service

Cúirt Uisce is an accommodation centre located in Galway. The centre consists of 13 'own-door' family units. Cúirt Uisce is located in a busy city and has good access to transport links, recreational facilities and there are restaurants and shops within walking distance.

There are parking facilities on site and access to the building is gained through the main reception area. The centre comprises residents' apartments, a reception area, two staff offices, a common room and an outdoor green area.

The service is managed by a centre manager and deputy manager who report to the company directors. In addition there is a chief operations officer, a reception and integration officer, a youth advocacy officer, housekeeping and security staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	67
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

The inspection was carried out during the following times:

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
30/04/2025	10:10hrs-18:00hrs	1	1
01/05/2025	08:30hrs-14:45hrs	1	1

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 residents were receiving a good-quality service that met their needs. The accommodation provided was comfortable and well-maintained, which contributed towards residents having a good quality of life. Residents felt that they were treated with kindness and respect by the staff team, and felt safe living in the centre. The service provider endeavoured to provide the appropriate supports to meet residents' health and welfare needs.

The inspection took place over two days. During this time, the inspectors gathered feedback from six families living in the centre by speaking with eight adults and five children. In addition, resident questionnaires were completed by six adults and four children. The inspectors also spoke with a representative of the service provider, the chief operations officer, the centre manager, the reception and integration officer, the youth advocacy officer and security staff.

Cúirt Uisce Accommodation Centre provided accommodation to families in 13 own-door apartments. The inspectors observed that families were placed together in their own private apartment. There was a mix of four-, three- and two-bedroom apartments across three floors. While the primary function of the centre was to provide accommodation to people seeking international protection, the inspectors found that six (8.95%) residents had received refugee, subsidiary protection or leave to remain status. Due to a stated lack of alternative accommodation, they were unable to avail of more appropriate accommodation arrangements in the community.

On a walk around the centre, the inspectors observed that the communal areas were clean and well maintained. Individual locked post boxes were located in the lobby area where residents could collect mail and this ensured that their privacy was being promoted. Information regarding residents' rights, house rules and local support services and activities were displayed in the entrance area to the apartment building and outside the staff offices on the second floor. There was a large multipurpose room to the rear of the centre that was used for meetings or events by residents. There was a large outdoor area where residents could play sports. The inspectors observed that this area was well used by children playing tennis and football. One child commented that they were able to "go outside and play with friends, and can bring friends here". The children explained that previously there had been a set of football goals in the outdoor area but they were taken away as they were broken. While there was a set of children's swings set up in the outdoor space, residents told the inspectors that additional resources, such as picnic benches and play equipment, would be beneficial in the area.

As the centre was located on the outskirts of Galway City and adequate public transport was available in the area, the service provider did not need to provide a transport service. Schools, preschools, shops, medical centres and various support services were available within walking distance from the centre. Additional transport to medical appointments was provided by the staff team, as required.

The inspectors were invited by residents into four of the 13 apartments during the inspection. Each of these apartments was well maintained and appropriately furnished. There was a kitchen, dining area with table and chairs and a sitting room area with sofas and armchairs in each of the apartments observed by the inspectors. The kitchens in the apartments were well equipped with the necessary appliances, crockery and cooking utensils. There was also a washing machine and a tumble dryer in each apartment. These facilities enabled residents to cook for their family and do their laundry within the privacy of their own home. The standard of the accommodation observed provided adequate living space where children could play and develop, and families could for the most part live their lives with dignity while sharing cultural knowledge and practices. Residents who spoke with the inspectors were satisfied with the facilities and accommodation provided. One resident explained that, "everything is ok here".

Residents were provided with electronic cards that were topped up on a regular basis by the management team which they used to purchase their food. This arrangement ensured residents had a choice and promoted independence, as residents could purchase food in line with their own families' needs, dietary or cultural requirements. Residents who spoke with the inspectors were happy with this arrangement and said that it worked well. Residents who completed the questionnaires agreed that they had adequate access to food preparation and storage facilities within their apartments.

Residents who spoke with the inspectors or completed the questionnaires shared that they felt safe and adequately protected while living in the centre. They said that the centre was a dignified place to live, and that the staff were kind and respectful in their interactions with them. The staff were also described as being helpful and nice. One resident commented that they "feel safe here, if you want anything help is present at any time", while another resident said that "when I ask for help they are here".

Residents were facilitated to bring visitors and friends to the centre, both in the communal spaces and within their private living accommodation. One of the children shared that "it's a nice centre to bring friends to". The inspectors were told by another resident that "life is good, there's a nice manager" while the reception officer was described by residents as being "a big help".

The observations of the inspectors and views of residents outlined in this section are generally reflective of the overall findings of the report. The next two sections of 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 was the second inspection of Cúirt Uisce Accommodation Centre. It was carried out to assess compliance with the national standards and to monitor the provider's progress since the previous inspection (MON-IPAS-1069) that was carried out in August 2024.

The management team had a good understanding of the national standards, legislation and national policy. However, as discussed later in this report, the *Children First: National Guidance for the Protection and Welfare of Children* (2017) had not been fully implemented in the centre, when issues of a child protection and welfare nature arose. A review of the categorisation of such incidents and the need to report to the relevant departments was required to ensure that national policy was being appropriately implemented. The service provider was developing additional systems to support the continued implementation of and compliance with the national standards and relevant policies. It was evident that the management and staff team had applied learning from previous HIQA inspection reports to support them in providing a service that promoted the welfare of residents. A suite of local operational policies and procedures were being developed and or implemented by the staff team. However, some of these policies were at the draft stage, while others required review to ensure they provided adequate guidance in relation to practice, such as the child protection and welfare reporting procedures and room allocation procedures.

The service provider was committed to providing a high-quality service. A comprehensive self-assessment of compliance with the national standards had been completed, and a detailed action plan with clear objectives had been developed. The action plan was reviewed by the staff and management team, and completed actions were noted. An annual review for the service was due to be completed in July 2025. The service provider told the inspectors that a resident survey would be completed as part of this review process. Five of the six adults who completed the questionnaires agreed that the management team welcomed their feedback, and consulted with residents on matters which affected them. A weekly team meeting had commenced to review the requirements of the national standards, and to ensure that practice in the centre was in line with these standards.

There were clear governance and management systems and arrangements in place. The management and staff teams were competent and knowledgeable in their roles. The centre manager reported to the chief operations officer. Weekly management and staff meetings gave opportunities for discussion and shared learning between the teams. Updates were provided regarding risks, activities in the centre and resident feedback. Clear actions which required follow up were also recorded. Weekly centre

reports were provided to the service provider representative, which included key information regarding serious incidents, safeguarding concerns, fire safety, complaints, risks, statutory notifications and activities within the centre during that week. Despite this good practice, the inspectors found that these agenda items were not consistently included across the weekly management meetings.

There were effective systems in place to ensure appropriate oversight of the centre on a daily basis. There was a member of the management team available seven days a week, and the centre operated a formal on-call system for evening times. Detailed handover logs were maintained and shared with relevant staff members and the management team which ensured that there was appropriate follow-up actions taken, where required. The management team had introduced a new system to record relevant interactions with residents as a means of ensuring that residents' needs were appropriately recorded and addressed. Weekly welfare checks and safety checks were carried out by the staff team to identify and address residents' needs.

The service provider had established comprehensive systems for engaging and consulting with residents. Monthly residents' meetings had been taking place, and these were open to all residents to attend. Feedback received had influenced changes to practice in the centre which improved the quality of life for residents. A suggestion box was also available. The service provider representative explained that a resident survey was also being considered as part of the annual review planned for the centre. Residents who completed the questionnaires or spoke with the inspectors said that they felt listened to by the staff members, and were supported to live a meaningful and good quality life.

There was a complaints policy and process in place and a template to record complaints received. There had been no complaints recorded or received at the time of inspection. A review of the policy found that information on the recording and management of verbal complaints, and the process to escalate complaints had not been included. This impacted the service provider's ability to ensure that verbal complaints were effectively managed. Nine residents who completed the questionnaires or spoke to the inspectors shared that they would feel comfortable to make a complaint, should they need to.

There were appropriate systems in place to manage the risk of fire. Fire safety equipment was available, and residents had participated in fire drills in line with the requirements of the local policy. Regular checks of the accommodation were completed by the staff members to ensure fire-related risks were continually managed. The service provider had the required contingency plans in place to manage an unexpected emergency.

The management of risk in the centre was guided by a newly developed and detailed risk management policy and framework. There was a comprehensive risk register and accompanying risk assessments in place. A wide range of risks in the service, including organisational and resident-related risks, were assessed and included on the register. The senior management team were rolling out a new system to review and manage risk in the centre through management and team meetings. However, there were risks identified by the inspectors that had not been identified or assessed by the service provider, such as risks relating to specific allegations of gender-based violence within a family. In addition, some of the control measures identified to manage a risk had not been implemented in practice. For example, the centre did not have access to interpreters despite this being included as a control measure on the risk register.

A review of the recruitment practices in the centre found that the service provider had implemented safe and effective recruitment procedures. There was a clear recruitment policy in place, and a review of recent appointments found that the service provider had adhered to this policy. There were detailed personnel records available for all staff members. An Garda Síochána (police) vetting disclosures were on file for all staff members employed in the centre, and international police checks had been obtained where necessary. Appropriate risk assessments had been completed where required in relation to Garda vetting disclosures and international police checks.

The provider had ensured there were sufficient numbers of staff members available, with the necessary skills and training, to provide a safe and high-quality service to residents. The provider had carried out an assessment of staff training needs and developed a training plan for all staff members employed in the centre. Staff had completed the mandatory training as required by the national standards, including training in relation to cultural competency, conflict resolution, fire safety and mental health awareness. The inspectors found that staff members were suitably trained and experienced to carry out their roles.

Staff members were supported in their roles by the centre manager and a representative of the service provider. At the time of inspection, there was no supervision policy in place; however, supervision meetings had been taking place for all staff members, including the centre manager. Staff appraisals were also being carried out on a periodic basis. The development of a policy to guide the delivery of staff supervision was required to ensure there was a consistent and effective approach to staff supervision.

Overall, the management and staff team were committed to improving the quality of the services provided to ensure that residents were safe. The service provider was responsive to addressing the deficits identified during the inspection.

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 management team had a good understanding of the national standards, legislation and national policy. However, the national child protection guidelines had not been fully implemented in the centre. The service provider had developed a set of policies and procedures, which the staff team understood, but some of these required review as they did not contain sufficient information. Learnings from previous HIQA inspection reports had been used to support staff to provide a service that promoted the welfare of residents.

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 were clear governance and management systems and arrangements in place. Weekly management and staff meetings gave opportunities for discussion and shared learning; however, areas including serious incidents, safeguarding concerns, fire safety, complaints, risks, statutory notifications were not consistently included across the meeting agendas. A review of the complaints policy found that information on the recording and management of verbal complaints, and the process to escalate complaints had not been included.

Judgment: Substantially 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 contained the relevant information required. This was made available to residents in various languages when they arrived to the centre.

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 comprehensive self-assessment of the centre had been completed, and a detailed action plan with clear objectives had been developed. An annual review for the service was due to be completed in July 2025. There was evidence that feedback provided by residents influenced changes to practice in the centre. A weekly meeting had commenced to review the requirements of the national standards, and to ensure that practice in the centre was in line with these.

Judgment: Compliant

Standard 2.1

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

The service provider had ensured there were safe and effective recruitment practices in place. There was a recruitment policy available, and a review of recent appointments and staff files found that this policy had been adhered to.

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.

Staff members were supported in their roles by management and there were formal supervision arrangements in place. Staff appraisals were being carried out and there were systems in place to monitor and facilitate staff members' development. However, a supervision policy had not been developed to ensure a consistent and effective approach to staff supervision.

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 provider had carried out a training needs analysis and identified the training and development needs of the staff team. Staff members had completed the mandatory training required by the national standards.

Judgment: Compliant

Standard 3.1

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

There was a comprehensive risk management framework, register and accompanying risk assessments in place. Risks were identified during the inspection that had not been identified or assessed by the provider. Not all of the control measures identified to manage a risk had been implemented in practice.

Judgment: Partially Compliant

Quality and Safety

This inspection found that residents living in the centre were provided with good quality, homely accommodation which supported autonomy and promoted independence. Residents had access to adequate supports from a committed and dedicated staff team and, for the most part, had positive experiences living in this centre. However, improvements were required to ensure that the child protection practices in the centre were in line with the requirements of national policy, and that such incidents were categorised and reported appropriately. Residents' rights were, for the most part, promoted and protected, but residents' right to privacy and dignity had been impacted where siblings shared bedrooms and residents did not have access to interpreters, where required.

The centre provided each family with their own independent apartment. Based on the information provided prior to residents' arrival at the centre, the staff team endeavoured to consider the needs of residents when allocating accommodation. Residents who completed the questionnaires felt that the allocation of accommodation in the centre was fair and transparent. A room allocation policy had been developed, but it had limited detail regarding how requests to change accommodation would be prioritised. This was a missed opportunity by the service provider to ensure full transparency regarding such requests from residents.

The accommodation provided was accessible and well maintained. Bedrooms were appropriately furnished and had adequate storage space. Families had sufficient living space that was separate to their bedrooms, and children had space to play within their home. The inspectors found however, that in one of the apartments viewed, the configuration of the children's bedroom was not in line with the room allocation policy for the centre. Regular safety checks were completed on the apartments, and issues were addressed in a timely manner. Laundry facilities were provided within each apartment.

The educational development of children was prioritised. Parents were supported to source crèche and school placements for their children, all of which were within walking distance from the centre. All children of school going age had a school placement. A homework club was being developed by the staff members for children living in the centre.

Security measures were sufficient, proportionate and appropriate. Security staff maintained appropriate records of incidents or resident interactions for the management team to follow up on, as required. Closed circuit television (CCTV) was in operation in external and communal areas of the centre and its use was informed by a

centre policy. Residents had private spaces to meet with visitors where CCTV was not in operation.

Residents were provided with essential non-food items including toiletries, nappies and baby formula, where required. The inspectors observed that posters detailing the provision of these items were displayed throughout the centre, and it had been discussed at residents' meetings. However, some residents were not aware that they could get these items from the centre. The inspectors found that only one set of towels and bedding were provided to residents, and this was not in line with the requirements of the standards. In addition, practice at the centre prevented the security staff from providing additional non-food items during evening times. When these issues were brought to the attention of the senior management team, immediate actions were taken to address these deficits. A message was posted in multiple languages on the centre's messaging service to remind residents that these goods were available, security staff were advised to provide these items when requested, and additional sets of towels and bedding were made available.

The rights and diversity of residents were generally respected, safeguarded and promoted by the staff team. Information regarding residents' rights and advocacy services were displayed throughout the centre, some of which was available in multiple languages. Residents had opportunities to engage with the staff team individually and at residents' meetings, where their views were valued. However, language barriers created challenges for staff in ensuring that residents' needs were fully understood. The use of appropriate interpreters needed to be reviewed to enable staff to fully assess residents' needs and provide the relevant person-centred supports, as required. Residents were able to practice their religion within their own private living space and within the local community.

Staff had developed strong links with community organisations, many of whom held regular clinics in the centre. Residents were provided with information about community supports, parenting supports and English language classes in the area. Staff had plans to run summer activities for the residents. Referrals for residents to appropriate services were made based on their needs. Due to the challenges in registering with a doctor in the area, the service provider had an arrangement in place with a local medical clinic and pharmacy to ensure residents could have their medical needs addressed in the interim. Vaccination clinics were also held in the centre.

Child protection and welfare practices in the centre required improvement to ensure that staff members had the necessary guidance, and that all concerns were appropriately categorised and reported to the Child and Family Agency (Tusla) and the relevant government department, where required. The service provider had adult and child safeguarding statements and policies in place. However, a review of the child

protection policy found that it required further development to ensure staff members had appropriate guidance on the steps to take when reporting a concern. Parents were supported to provide age-appropriate supervision to their children, and there was a system in place which allowed residents to mind each other's children on occasion.

An appropriately trained designated liaison person had been identified for the service, and their details had been shared with residents. Staff were appropriately trained in safeguarding both adults and children, and were aware of their roles and responsibilities in relation to safeguarding vulnerable adults and children. The inspectors found that a child welfare concern had arisen in the centre, which had not been appropriately reported. A review of the records found that the management team had not reported the incident to Tusla, made contact with the local social work department for advice, nor reported the incident to the relevant government department. The centre manager took immediate action to seek advice from Tusla regarding the management of these concerns at the time of the inspection. Residents who completed the questionnaires or spoke with the inspectors said that they felt safe and protected living in the centre. All residents who completed the questionnaires were aware of how to raise a safeguarding or protection concern, and they had access to the relevant child protection and safeguarding policies.

Incidents that arose within the centre, such as a breach of house rules, were managed locally in line with national and local policy. There was a comprehensive system in place to record the details of incidents that had arisen in the centre. Incidents were reviewed as part of the weekly centre reports. Residents were issued with verbal warnings, when required. While the centre manager maintained a record of these warnings, there was no policy or procedure in place to support the staff team in their use of verbal warnings. This resulted in a lack of transparency in how these warnings were administered. The service provider had a local policy and procedure in relation to the management and review of adverse events, but there was no evidence that this policy had been implemented. In addition, there was no system in place to maintain oversight of all incidents, including safeguarding concerns relating to both adults and children.

Where the provider was made aware of special reception needs, either in advance of admission to the centre or at a later stage, they ensured that residents had access to additional support and relevant information. The service provider had employed a reception officer, who was suitably experienced and qualified to carry out the role. This person was an active member of the centre management team and the primary point of contact for residents with special reception needs or vulnerabilities. The reception officer had planned to begin holding clinics in the centre for residents in the

weeks following the inspection. The reception officer had also established a referral pathway where the staff team identified residents who required additional support.

A reception officer policy and procedure manual had been developed, which outlined the roles and responsibilities of the reception officer and the procedures in place to support residents with special reception needs. This manual also included details on how to identify, communicate and address existing and emerging special reception needs. A vulnerability assessment had been carried out for all new residents who had arrived at the centre which enabled the staff team to identify vulnerabilities in key areas. Where necessary, relevant individual support plans were created and these were monitored by the reception officer. The inspectors reviewed the support plans in place for residents and found they were person centred and had a clear focus on support and advocacy. As the reception officer had been appointed in the weeks preceding the inspection, further development of the vulnerability assessment framework and the role of the reception officer as an advocate for residents was required.

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 ensured the allocation of accommodation was informed by the needs and best interests of residents, where possible. A room allocation policy had been developed but it had limited detail regarding how requests to change of accommodation would be prioritised.

Judgment: Substantially 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.

Families were placed together in 'own-door' accommodation which allowed them to live independently and this promoted family life. Families had sufficient living space that was separate to their bedrooms, and children had space to play within their home. In one of the apartments viewed, the sleeping arrangements for the children was not in line with the requirements of the centre's room allocation policy.

Judgment: Substantially Compliant
Standard 4.6 The service provider makes available, in the accommodation centre, adequate and dedicated facilities and materials to support the educational development of each child and young person.
The educational development of children was prioritised, and all children of school-going age had a school placement. A homework club was being developed within the centre.
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 well maintained. The service provider had a cleaning schedule and maintenance programme in place, and any issues identified were addressed promptly.
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 service provider had appropriate and proportionate security measures in place which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre. Residents had private spaces to meet with visitors where CCTV was not in operation. All security staff held the necessary license.
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 sufficient and suitable non-food items available to residents.
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 kitchen and dining facilities available within their own accommodation. The kitchens were well-equipped with the necessary appliances, crockery and cooking utensils.
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 cards that were topped up regularly which ensured residents could purchase food in line with their own families' needs, dietary or cultural requirements.
Judgment: Compliant
Standard 6.1 The rights and diversity of each resident are respected, safeguarded and promoted.
The rights and diversity of residents were generally respected, safeguarded and promoted by the staff team. As addressed earlier in this report, the availability of appropriate interpreters and the allocation of bedrooms impacted the rights of some residents.
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. Residents were facilitated to welcome visitors to their own apartments and to the meeting room available. Families were accommodated together and had their own private space to share cultural knowledge with their children.

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.

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 an appropriate adult safeguarding statement and policy in place. Staff were appropriately trained in adult safeguarding practices, and 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. Child protection and welfare practices in the centre required a review to ensure that all concerns were appropriately reported to Tusla.

Judgment: Partially Compliant

Standard 8.3

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

Incidents, such as a breach of house rules, were managed and recorded. While verbal warnings were used by the management team when required, there was no policy or procedure in place to guide this practice. There was a local policy and procedure in place which provided guidance regarding the review of adverse events, but there was no evidence that this policy had been implemented. In addition, there was no system in place to maintain oversight of all incidents or complaints, including safeguarding concerns relating to both adults and children.

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.

The staff team had developed strong links with community organisations, and there were good practices in place to promote the health, wellbeing and development of each resident. There was a local arrangement in place with a medical clinic and pharmacy 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. The staff team had opportunities to discuss their work with the management team.
Judgment: Compliant
Standard 10.3 The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.
The service provider had a policy to guide staff members on how to identify and address existing and emerging special reception needs. In addition, there was an assessment process in place to identify such needs. Individual support plans were created, and these were monitored by the reception officer; however, further development of the vulnerability assessment framework and the role of the reception officer as an advocate for residents was required.
Judgment: Substantially Compliant
Standard 10.4 The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.
The provider had made a dedicated reception officer available. The reception officer was suitably experienced and qualified, and took a lead role in assessing and meeting the needs of residents with special reception needs. The provider had developed a reception officer policy and procedure manual. The inspectors reviewed the support plans in place

for residents and found they were person centred and had a clear focus on support and advocacy.

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	Substantially Compliant
Standard 1.3	Compliant
Standard 1.4	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.3	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	Substantially Compliant
Standard 4.4	Substantially Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant

Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	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	Partially 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	Compliant
Standard 10.3	Substantially Compliant
Standard 10.4	Compliant

Compliance Plan for Cúirt Uisce Accommodation Centre

Inspection ID: MON-IPAS-1096

Date of inspection: 30 April and 01 May 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
3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>In response to the draft inspection report, a comprehensive review of risks associated with the service users and operation is underway to include the potential of risk/harm in households where couples reside. Each family unit has been risk assessed with individual risks identified and further risk assessed and contingencies in place for same.</p> <p>Within this comprehensive review, we have identified areas of improvement that is necessary in regard to the oversighting of Child Welfare concerns. This will allow us as a service provide to ensure all reporting procedures are adhered to.</p> <p>The inclusion of Emergency contacts and Next to Kin details to coincide with these family unit risks helps to ensure the service user is supported and can be assured contact is maintained with their self-allocated contacts in the event of an Emergency as it can be daunting for service users being so far away from home, increasing their vulnerability and risk of harm.</p> <p>Engagement with interpreting services is underway, establishing a connection with a suitable provider who would be able to cater for needs outside of working hours, without requiring extensive notice or booking appointments within a certain timeframe as interpreting services may be necessary at very short notice</p>	

8.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>After the inspection, a new guidance document on Child Protection, Welfare and Reporting Procedures was created and is in the implementation stage. This new document will act as a guide for staff members to ensure they are aware of all potential concerns and reporting methods. It also highlights</p> <p>This document was established to clearly identify the following:</p> <ul style="list-style-type: none"> - Our commitment as a service provider to Child Protection, Welfare and Reporting - Reasonable grounds for concern - What harm is and the type of abuse a child may experience and how these are identifiable - Circumstances that would make a child more vulnerable including bullying and the steps that should be taken in addressing the same - Reporting a concern which includes how to report a concern, the information required and the process of what happens when a concern is reported to Tusla Child and Family Agency - Role and responsibility of a Mandated Person - What to do, if you receive a disclosure of harm or a retrospective disclosure - Risk Assessments which coincide with our Child Safeguarding Statement which has been compliance checked with the CSS team in Tusla - Role of the designated liaison person - Simplified reporting table that staff can follow when they want to report a concern about a child - Child Protection and visitors to the centre - Record keeping of all child protection, welfare and reporting concerns <p>An improved oversight system is to be implemented to ensure that all concerns whether founded or unfounded are documented and followed up on. Welfare checks and support plans to coincide with this and engagement with the new area-based Duty Social Worker assigned to IPAS centers in Galway for any type of concern relating to a child will be documented and logged on this oversight system and we will be guided by the Duty Social Worker on any issues arising, including whether referrals or interventions are needed.</p>	
8.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Since the inspection a new policy on issuing verbal warnings has been created and is in the implementation stage to guide the issuing of verbal warnings.</p>	

This policy shows a clear and concise procedure for staff and service users on warning letters, how to determine which warning letter is appropriate for what breach in house rules and how that warning is conveyed to the service users.

We record all warnings, to show escalation process and transparency in the event that the Dept needs to be notified. This way we can clearly outline how we try and manage an issue amicably with the service users in advance of escalating it to IPAS.

An oversight system has been created to maintain oversight of all incidents or complaints, including safeguarding concerns relating to both adults and children.

Incidents are now on the structured agenda for both Management and Staff meetings. This allows us to have an oversight into resolving any incidents and ensure that follow-ups such as referrals and welfare checks are conducted accordingly with any assigned follow-up plans and clear communication and transparency exists with all parties involved. In addition, safeguarding concerns, complaints and incidents continue to be included in weekly reports returned to the Service Provider Rep as part of the oversighting.

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 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	30/11/2025
Standard 8.2	The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.	Partially Compliant	Orange	31/10/2025
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	31/10/2025

