



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

Name of the Centre:	Eglinton Centre
Centre ID:	OSV-0008428
Provider Name:	Maplestar LTD.
Location of Centre:	Co. Galway
Type of Inspection:	Unannounced
Date of Inspection:	14/01/2025 and 15/01/2025
Inspection ID:	MON-IPAS-1071

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 Service³. It was intended by Government at that time to end direct provision on phased basis by the end of 2024.

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

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

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

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

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

Eglinton Centre is an accommodation centre located in Salthill, County Galway. The centre provides accommodation for families and single females. There are 195 residents living in the accommodation provided which is spread across two units, including 14 apartments, eight townhouses and 42 bedrooms.

The main building comprises a reception area, a laundry room, a dining area and a communal kitchen, with individual cooking stations and a well-stocked shop that residents use a points system to purchase goods with. There is communal lounge area for residents to relax in and sitting rooms which residents could book for their individual use. There are two meeting or social rooms, a computer room, a playroom and a room for residents to meet with professionals. The centre is located overlooking the promenade in Salthill and residents have access to free parking across the road from the centre.

The centre is managed by a management team including a general manager, a centre manager and three duty managers. In addition, there are night porters, a reception officer, a shop supervisor, a shop assistant and maintenance staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	195
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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)
14/01/2025	<i>10:00hrs-18:00hrs</i>	1	1
15/01/2025	<i>08:30hrs-15:15hrs</i>	1	1

What residents told us and what inspectors observed

From speaking to residents and through observations made during the inspection, the inspectors found that residents experienced a good quality of life living in this centre. The service provider was providing a good quality service where residents felt safe and protected. Their rights, for the most part, were promoted and protected and the staff team treated the residents with kindness, care and respect. The type of accommodation varied significantly and while some residents had the opportunity to live independently, other residents' rights to privacy and dignity were impacted due to the configuration of the accommodation. Some improvements were required in relation to management and oversight arrangements, risk management and the policies and procedures in place to guide practice in the centre.

The inspection took place over two days. During this time, the inspectors spoke with 10 children and 18 adults living in the centre. In addition, resident questionnaires were completed by seven adults. The inspectors also spoke with the general manager, the centre manager, the reception officer and other members of the staff team including duty managers, staff working in the shop and at reception, as well as a maintenance worker.

Eglinton centre provided accommodation to families and single females. The centre was a former hotel and the accommodation provided included 42 en-suite bedrooms for families and single people who had access to communal cooking, dining and living spaces. In addition there were 14 apartments which contained a sleeping area, a kitchen/dining and living space specifically for families. These apartments did not contain separate bedrooms but the residents were happy that they could cook for their families in their own private space. The capacity of the centre had recently increased with the provision of eight additional townhouses, located to the rear of the main centre. The townhouses were of a high standard and facilitated families to live independently as they had an open plan kitchen and living area and separate bedrooms.

While the primary function of the centre was to provide accommodation to people seeking international protection, the inspectors found that 58 (29%) of the residents had received refugee, subsidiary protection or leave to remain status. Due to the 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 found that the centre was clean and well maintained. The reception area of the centre had a reception desk where residents could seek support from staff on a 24-hour basis, seven days a week. There was a communal kitchen, a dining area and a lounge area. Residents had access to a computer room and two social rooms which were used to facilitate a homework club and various activities in the centre. There was a well-stocked playroom for children to access with their parents and residents had the opportunity to book communal sitting rooms to allow them have additional living space outside of their bedrooms.

All of the accommodation was well maintained and residents were provided with sufficient storage. Residents confirmed that they had access to additional storage spaces but some chose not to utilise this. One resident who lived with unrelated single residents described the living conditions as cramped due to the large quantity of belongings stored in the room, which the inspectors observed. Residents told the inspectors that maintenance issues were resolved without delay and were, for the most part, happy with the accommodation.

The accommodation provided to some residents impacted on their right to privacy and dignity. Some residents, particularly parents, described how they shared a bedroom with their children, including teenagers, due to the configuration of the accommodation. They said that this arrangement caused them stress and impacted on their relationships, cultural beliefs and their privacy. One resident said they “were not used to staying in a room with a family” and they would like a bigger room. A young person who spoke with the inspectors said the only problem they had, was that they shared a room with their parents and sibling. This will discussed later in the report.

Residents were facilitated to cook their own meals and for those who were required to use communal facilities, had access to a well-equipped kitchen. All residents were provided with the required cooking equipment, utensils and storage space for their food. While some residents told the inspectors they had purchased their own cooking equipment, they confirmed that staff provided any equipment they needed, when requested.

There was an onsite shop and residents purchased their own food using a points system which was in operation in the centre. The shop staff liaised with the residents and tried to facilitate their requests in line with residents’ dietary or cultural requirements.

The service provider ensured residents with small children obtained nappies and baby food, for example, as required but residents had to use their allocated points to purchase other non-food items, such as toiletries and cleaning products. Residents told the inspectors that these products, particularly washing powder, used a significant proportion of their allocated weekly points.

The feedback the inspectors received from residents about their experience living in the centre was mostly very positive. Residents told the inspectors that they felt happy and safe living at the centre. One resident told inspectors that staff were “helpful and approachable” and overall residents appreciated the support they received from the staff team. Another resident said “it feels like home” when asked what life was like in the centre. Residents were aware of the role of the reception officer and while most residents said they had access to all of the supports and services they required, some described difficulties obtaining a general practitioner.

One young person who spoke with the inspectors described staff as “nice, kind and respectful”. They said they felt comfortable talking with staff members and enjoyed going to school and a local youth club. Inspectors observed six children chatting in the reception area who told the inspectors they were waiting for the school bus. They said they liked the local playground and they went to activities in the local community.

In addition to speaking with residents about their experiences, the inspectors received seven completed questionnaires from adult residents. The questionnaires asked for feedback on a number of areas including safeguarding and protection; feedback and complaints; residents’ rights; staff supports and accommodation. The response to the questionnaires was similar to the feedback provided by residents who spoke with the inspectors. All of the residents who responded to the questionnaires said they felt safe and adequately protected living in the centre. They reported that they felt comfortable to raise a complaint about the service, if required but one resident did not know who the complaints officer was, while two other residents were not aware of who the designated person was for child protection or adult safeguarding. All respondents indicated that the staff team were helpful, easy to talk to and provided assistance when needed.

In summary, residents were safe and protected living in this centre and they had access to supports from a dedicated and kind staff and management team. There were many examples of good practice in relation to the promotion of human rights, however, some of the accommodation provided did not meet the needs of the residents and residents’ right to the provision of all non-food items had not been met.

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

Capacity and capability

This 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-1023) carried out in April 2024.

The inspectors found that the service provider had taken action to address the deficits identified during the previous inspection of the centre. However; the improvements relating to the governance and management arrangements of the service required further development. While improvements were found in relation to recruitment practices and staff training, the management systems, policy development, oversight arrangements and risk management systems were not optimal.

This inspection found some areas of good practice but there were deficits evident due to a limited awareness and understanding of the requirements of the national standards, legislation and regulations. The service provider was in the process of developing tools to support them to self-assess their compliance with the standards, but this was not completed at the time of the inspection. While the staff and management team had implemented changes to their systems to strive for compliance, further efforts were required. This inspection found that a number of policies had not been developed such as the supervision, recruitment and internal complaints policies. Other policies contained minimal detail and lacked adequate practical guidance which impacted how the management team responded to and reported on some key areas such as adult safeguarding and risk management. In addition, the management team had not submitted notifications to HIQA, in line with the requirements of the regulations.

There was a clear governance structure in place but reporting arrangements were not formalised. The centre manager, who recently commenced in the position, reported to the general manager, who subsequently reported to the CEO of the company. The reporting arrangements were mainly through verbal communication and there were no written reports to evidence the on-going monitoring or governance arrangements in the centre. The inspectors found that risks relating to complaints and safeguarding concerns were not discussed, assessed or reviewed with senior managers and decision making responsibilities lay solely with the local management team.

The management team were dedicated and committed and they had fostered and maintained a positive culture within the service. They prioritised the needs of residents, were responsive and tried to ensure residents experienced a good quality life while living in the centre.

Management and oversight systems had developed since the previous inspection but they needed to be developed further to ensure effective oversight of key aspects of service provision. This inspection found that there were appropriate systems in place to monitor health and safety, fire precautions and day-to-day operations in the centre. However, there was no system in place to track, trend or review incidents and complaints and there was no system for oversight of safeguarding or child protection concerns. While the team endeavoured to provide a safe and effective service, gaps in their oversight systems meant that they were not monitoring or reviewing practice issues to inform quality improvement initiatives.

Records, while improved since the previous inspection, were not yet optimal. There was a lack of a centralised system for record keeping. The inspectors found complaints were not consistently recorded in the complaints books and welfare concerns were recorded in a daily diary. The centre manager did not have access to the records relating to the interventions and support provided by the reception officer and therefore had no oversight of this work. The lack of a centralised recording system meant that managers could not have the appropriate oversight or trend the information to ensure that all issues had been appropriately managed, with risks assessed.

Team meetings had commenced in the centre but they not fully effective. Regular meetings were held with some of the staff team and minutes were recorded of the discussions. However; the inspectors found that not all staff participated in the meetings, including the reception officer, and the meetings were not guided by a set agenda. It was not evident that risks, incidents, safeguarding concerns or complaints were collectively reviewed by the team. This was a missed opportunity for learning or to identify any changes required to improve service delivery.

A quality assurance system was in the process of being developed to monitor the quality of care provided to residents but required further development. Residents had ample opportunities to meet with the staff and management team through daily contact and weekly resident meetings. These efforts demonstrated a commitment to address residents' needs and listen to their feedback. However, not all feedback had been compiled to outline how it was driving improvements in the service. While regular checks were completed in relation to the building and health and safety related issues, a comprehensive audit of all aspects of service provision had not been completed. The management team were aware of this deficit and had developed an audit template to record audits of the centre. They were actively improving the service provided guided by deficits identified on the previous inspection but there was no formal quality improvement plan devised to guide consistent and phased improvements based on self-identified deficits.

The complaints management system required improvement. There was no internal procedure to manage complaints and despite the management team's best intentions

to effectively address complaints as they arose, there were occasions when complaints were reported to the relevant government department without sufficient interventions by the management team in the centre. The centre manager had developed a draft complaints form for residents to formally record their complaints which was a positive step to improve the management of complaints. While complaints were recorded in a complaints book and in a incidents folder, there was no centralised tracking system to log all complaints or for managers to monitor to ensure they were effectively managed and closed.

The risk management system was inadequate. The risk management policy did not provide the necessary guidance in relation to the identification, assessment and monitoring of risk and there was no procedures in place to guide the escalation of risk, when necessary. The management team had devised a risk register and a risk action log but there were risks identified during the inspection which had not been assessed. These included, for example, the configuration and allocation of accommodation, ongoing welfare concerns or persistent difficulties between residents. The lack of a comprehensive assessment of these risks meant that there were incidents which had not been escalated internally or externally. This was a direct impact of the lack of sufficient guidance in the area of risk management.

The service provider had adequate systems in place to manage the risk of fire in the service but records relating to fire drills required improvement. The duty management team completed regular checks of all fire safety equipment on an electronic application. Fire drills had taken place and residents were aware of the process to follow in the event of a fire but it was not consistently recorded how many residents were evacuated. In addition, the time taken to evacuate all residents in the most recent fire drill was significantly longer than the previous drill, but there was no explanation or assessment as to the reason for this. Personal emergency evacuation plans were developed for residents who required additional assistance in the event of a fire.

Recruitment practices had improved. The service provider had recruited a dedicated and committed staff team who had up-to-date Garda vetting disclosures and international police checks had been obtained for staff who required this. Staff members who commenced in position since the previous inspection of the service engaged in an on-going induction and probationary programme and references were obtained prior to their commencement. Despite these good practices, there was no recruitment policy and risk assessments were not completed following a positive disclosure on Garda vetting.

The staff team were well supported in their roles and were in receipt of formal supervision. Staff members who spoke with inspectors were satisfied with the support they received from the management team and had opportunities to discuss their

practice during formal recorded supervision sessions. They had access to a member of the management team on a daily basis and there was an appropriate on call system in place. In addition, all staff had engaged in a performance appraisal in the last 12 months.

The learning and development needs of the staff team were prioritised, though not all staff had completed the mandatory training required by the national standards. The staff team had completed training in *Children First: National Guidance for the Protection and Welfare of Children (2017)* and adult safeguarding. Some, but not all of the staff team had completed training in responding to the needs of victims of torture and trauma, indicators of human trafficking and domestic and gender based violence. The centre manager was actively seeking further training for the team but had not completed a training needs analysis.

Overall, there were areas for improvement identified during this inspection, particularly in relation to management and oversight systems and risk management. The management and staff team were committed to improving the quality of the services provided to ensure that residents were safe. The management team had been responsive and had plans in place to develop the governance and management systems in the service.

Standard 1.1

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

The service provider did not fully perform its functions in line with relevant legislation, regulations and national policy. Not all of the required policies were developed and some policies required further information to ensure adequate guidance was available for the staff team. Notifications to HIQA had not been submitted in line with the requirements of the regulations.

Judgment: Partially Compliant

Standard 1.2

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

While governance arrangements were in place, they were not adequate to ensure appropriate oversight by the service provider of incidents, risks, complaints and safeguarding concerns. Management systems were being developed by the centre management team but they were not fully effective to ensure the delivery of a consistent safe service and had not identified risks evident during the inspection. The maintenance of records and the system to manage complaints required improvement.

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 resident's charter in place which contained all of the required information.

Judgment: Compliant

Standard 1.4

The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.

The service provider had not completed an annual review of the quality and safety of care delivered to residents. While residents meetings had commenced, their feedback had not been incorporated in to a to quality improvement plan for the service. An audit template was developed but it was not completed at the time of the inspection and therefore not all areas of service provision had been assessed.

Judgment: Partially 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 but the practices were not guided by a recruitment policy. This deficit has been addressed previously in the report. The service provider had received a Garda Vetting disclosure for all staff members employed in the centre and international police checks

were obtained for staff who required this. A risk assessment was not completed when a positive disclosure was returned on Garda Vetting.

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.

The staff team were well supported by the management team and formal supervision sessions were on-going. A performance appraisal was completed with all staff members.

Judgment: Compliant

Standard 2.4

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

The learning and development needs of the staff team were prioritised and some, but not all staff, had completed the mandatory training required by the national standards. The centre manager was proactively seeking additional training to continuously upskill the staff team but a training needs analysis had not been completed.

Judgment: Substantially Compliant

Standard 3.1

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

The risk management system was not informed by an adequate risk management policy and there was no guidance in relation to risk escalation procedures. There was a risk register and a risk action log but not all risks in the centre had been assessed. There was no system in place to regularly review incidents, complaints or concerns to establish if additional controls were necessary to minimise the risk of such scenarios occurring again.

Fire drill records did not consistently record the number of residents that were evacuated and an assessment of the time taken to evacuate the centre was not completed.

Judgment: Partially Compliant

Quality and Safety

Residents in this centre had access to good supports from a committed and dedicated staff team and the facilities in the centre were of good quality. There was a qualified reception officer who ensured residents were well supported and referred to health and social care services they required. However, significant gaps in the centre's policies and procedures meant that not all safeguarding concerns and incidents were adequately managed and assessed. In addition, while the rights of residents were mostly protected and promoted, the nature of accommodation provided to some residents impacted on their privacy and dignity.

As noted previously, the standard of the accommodation was varied depending on the type of accommodation allocated to residents. Families who were allocated accommodation in the townhouses had comfortable accommodation that allowed them to live independently. Other families lived in a single room apartment which contained kitchen facilities to ensure they could cook for their family in their own private space. The remaining families and single residents were allocated a bedroom with access to communal kitchen and living spaces. All of the accommodation was appropriately furnished and had adequate storage space, in most cases. Some residents had accumulated a large quantities of belongings and while additional storage space was available in another location within the centre, they had not availed of this facility. This meant that these residents lived in cramped conditions, which had not been risk assessed.

The allocation of accommodation, in some cases, did not promote the privacy and dignity of the residents. Families who were accommodated in the bedrooms and apartments did not have separate bedrooms for adults and children and as a result parents shared the bedroom space with their children. The ages of the children who shared a room with their parents varied and included six families where the children were teenagers. Additionally, single unrelated residents shared their bedroom with up to two other adult residents which did not promote the privacy and dignity of these residents. The service provider had not risk assessed these matters or considered the risk when residents were received to the centre.

Furthermore, the room allocation policy was not sufficiently detailed to ensure the process was fair and transparent and considered residents' identified or changing needs. Despite this, the management team maintained a waiting list of residents who wished to change rooms and informally prioritised the allocation of apartments or townhouses to families based on the size of their family or medical needs. The centre had not considered the limitations of the accommodation, nor had they developed a statement to outline the cohort of families the centre could cater for.

On a walk around the centre, the inspectors found that it was clean and well-maintained. The service provider had a cleaning schedule and maintenance programme in place, and any issues which were identified were addressed promptly.

The service provider ensured there were appropriate and adequate play and recreation facilities for children. There was a well-stocked playroom and children had access to two social rooms which contained a library and games for them to play with. There was an outdoor playground nearby and the service provider was actively working on plans to develop the outdoor space to the rear of the centre to ensure it was child-friendly.

The service provider ensured that the educational needs of children were met. Parents were supported to source crèche and school placements for their children and bus transport was available to take children to and from school. Some children did not have sufficient space to complete their homework within their own living space but there was a large room available with appropriate desks to study and a regular homework club to support the children further. Some children told the inspectors that they attended afterschool activities and attended clubs and activities within the local area.

Security measures were sufficient, proportionate and appropriate. CCTV was in operation in external and communal areas of the centre and its use was informed by a centre policy. This inspection found there was appropriate monitoring of CCTV, and residents had private spaces to meet with visitors where CCTV was not in operation. Staff were onsite 24 hours a day to ensure the safety of all residents.

Residents cooked their own meals and had access to a communal kitchen or private kitchen depending on the accommodation they were provided with. There was a points system in place where residents used points to buy their groceries in a well-stocked shop on site. The shop staff engaged with residents regarding their preferences and ensured a wide range of fresh and dried foods which catered for a range of preferences and cultures were available to purchase.

The provision of non-food items was not in line with the requirements of the national standards. Parents with babies and small children were provided with nappies, wipes and baby food, but residents were required to purchase all their toiletries and cleaning products using their allocated weekly points. The management team committed to reviewing these arrangements with senior management following the inspection.

The rights of residents were respected and promoted by the staff team. The staff team were respectful towards residents and the inspectors observed many pleasant interactions and conversations between residents and staff members where they were treated with dignity, respect and kindness. Residents who spoke with the inspectors and who completed the questionnaires said that they felt respected and listened to while living in the centre. They were supported to live a meaningful and good quality life and had access to a range of recreational and social activities within the centre and the community. The service provider had developed systems to enhance consultation with residents through residents' meetings. Information was provided to residents regarding their rights and support services in the area. As previously stated, the allocation of bedrooms, in some cases, impacted on the privacy and dignity of these residents.

Safeguarding practices were not guided by a comprehensive policy and procedure. While the service provider had developed an adults safeguarding statement, there was insufficient guidance in place to guide staff practice in the management of safeguarding concerns including the steps to take to ensure the immediate safety of residents and the procedures for recording and reporting concerns, particularly when concerns persisted. In addition, there were no process developed to inform staff on how to devise or implement safeguarding plans to protect the safety and welfare of residents involved if the need arose. While the staff and management team had had made significant efforts to ensure all residents were safe and protected, and some concerns were very well managed, there were occasions where difficulties between residents were on-going and it was not evident that safeguarding plans were implemented to ensure all residents were safeguarded. This was a direct impact of the lack of appropriate guidance for the staff team.

Not all incidents were managed in line with policy and procedures and they were not collectively reviewed to inform quality improvement initiatives. The management team advised the inspectors that all incidents were managed on a case-by-case basis and whilst the staff team were well-intended and strove to manage incidents as they arose, there were occasions when incidents, concerns or complaints were reported directly to the relevant government department without a thorough analysis of the risk or without exhausting internal processes. As noted above, this was a direct impact of inadequate policies and procedures. Similarly, systems to routinely assess risks associated with incidents had not been established, nor had risk escalation procedures been developed to support the escalation of risk both internally and externally when the management team had exhausted the controls measures available to them.

The staff and management team were aware of their role and responsibilities to protect children from abuse and their safety and welfare was promoted but a centralised system to maintain oversight of concerns had not been developed. All staff

members had the required training in Children First and they proactively reported any concerns to the Child and Family Agency (Tusla). Despite this, there was no system to maintain oversight of child protection and welfare concerns and this meant that the management team were not aware of the number of concerns reported or ongoing welfare concerns. Records were sporadically stored with other records which limited the managers' capacity to maintain oversight and track concerns.

The service provider promoted the health, wellbeing and development of each resident. Staff in the centre ensured residents had access to a general practitioner and medical care while they were awaiting issuance of their medical cards. However, this posed a difficulty when medical needs existed outside of general day-to-day medical needs including, for example, concerns relating to mental health. While it was evident that staff members advocated for residents and supported them to the best of their ability, the lack of guidance and escalation processes, as noted previously, impacted on their capacity to effectively manage all types of health concerns. Information was provided to residents on local health and social care services and the team had organised events to inform families about vaccinations and speech and language services, for example.

There was a dedicated, appropriately qualified reception officer employed in the centre. This role was guided by a reception officer policy and procedure manual but this was limited in detail and did not include practice guidance in relation to the identification, communication and addressing special reception needs. While the policy did outline that the management team would be a point of contact for the reception officer, it did not specify the reporting arrangements, how records would be monitored or reviewed or how the reception officer would be included in the day-to-day operations of the centre, such as attendance at team meetings or participation in the review of incidents and complaints, for example.

The centre received limited information about new arrivals to the centre. The reception officer had developed relationships with the residents and records demonstrated that resident benefited from this professional and consistent support. The reception officer had advocated for residents, accompanied them to appointments and engaged with health and social care services in a supportive capacity. Despite this, the initial assessment process was not a consultative process, instead, the residents were asked to complete a vulnerability questionnaire and had an opportunity to discuss it afterwards. This meant that residents had to take responsibility for this process rather than being actively supported in the initial assessment process.

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 ensure that accommodation was allocated in a fair and transparent way and while they ensured that room changes were facilitated based on specific needs within a family, the room allocation policy was not sufficiently detailed to guide the process. The centre liaised with the relevant department with regard to their vacancies but they had not assessed the suitability of the accommodation available, to determine the types of families, for example, they could cater for to ensure their needs could be met and their rights fully promoted.

Judgment: Partially Compliant

Standard 4.4

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

The privacy and dignity of the family unit was not fully promoted or protected in the accommodation centre. The inspectors found that the sleeping arrangements for some families did not promote their rights, as parents shared bedrooms with their children due to the lack of alternative space. The service provider had not risk assessed this issue or considered the risk when residents were received to the centre.

Judgment: Partially Compliant

Standard 4.6

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

Adequate facilities and materials were available to support the educational development of children and young people living in the centre. While not all children had a space to study or complete their homework in their home, they had access to a room to complete their homework and a homework club.

Judgment: Compliant
Standard 4.7 <p>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.</p>
<p>The service provider ensured the communal areas and the grounds of the centre were clean and well maintained. Residents had access to adequate laundry facilities.</p>
Judgment: Compliant
Standard 4.8 <p>The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.</p>
<p>There were appropriate measures in place to ensure residents' right to privacy and dignity was protected. CCTV was in operation in the centre and its use was appropriate and guided by a centre policy. Residents had access to rooms in the centre without CCTV to ensure they could welcome visitors or meet with professionals in private.</p>
Judgment: Compliant
Standard 4.9 <p>The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.</p>
<p>The service provider had not ensured that residents had access to sufficient and appropriate non-food items. While residents received two set of towels and bedlinen and parents were in receipt of essential products for their babies or toddlers, residents had to purchase toiletries and cleaning products using their allocated points.</p>
Judgment: Partially Compliant
Standard 5.1 <p>Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.</p>

Food preparation and dining facilities met the needs of the residents and were appropriately equipped and maintained.
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.
The centre was fully self-catered and there was a well-stocked shop in the centre. The shop had a wide variety of food items that was suitable for resident's cultural requirements and preferences.
Judgment: Compliant
Standard 6.1 The rights and diversity of each resident are respected, safeguarded and promoted.
The rights and diversity of residents were mostly respected, safeguarded and promoted by the staff team. Residents had sufficient information about their rights and they had many opportunities to meet with the staff and management team. As mentioned previously some adult residents had to share bedrooms with their children and this impacted on their privacy and dignity. These deficits have been addressed previously in the report.
Judgment: Compliant
Standard 7.1 The service provider supports and facilitates residents to develop and maintain personal and family relationships.
The residents were supported and facilitated to develop and maintain personal and family relationships. Residents' right to privacy was promoted as residents could welcome visitors to the centre and had dedicated spaces to meet with the in private.
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.

Residents had access to information about public services, local amenities and support services and they were well-integrated within their local community. They were encouraged to engage in social, leisure and cultural activities and events. Residents were within walking distance of many amenities and had access to public transport close by and therefore the service provider was not required to provide transport.

Judgment: Compliant

Standard 8.1

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

While the staff and management team had endeavoured to safeguard all residents and staff had made significant efforts to ensure all residents were safe and protected, they did not have the appropriate guidance in relation to the identification, immediate response, and reporting of safeguarding concerns. Safeguarding concerns had not been risk assessed or reviewed to ensure adequate safeguarding control measures were put in place, nor were safeguarding plans developed and implemented when they were required.

Judgment: Partially 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.

The staff team were aware of their responsibilities to ensure children were safeguarded. Parents were supported to understand their responsibilities in relation to safeguarding and child protection and welfare concerns were reported to Tusla in line with Children First. There was no system to track welfare concerns or reports submitted to Tusla.

Judgment: Substantially Compliant

Standard 8.3

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

The staff and management team endeavoured to manage all incidents that occurred in the centre but there were occasions when incidents, concerns or complaints were reported directly to the department without a thorough analysis of the risk or without exhausting internal processes. Systems to routinely assess risks associated with incidents had not been established, nor had risk escalation procedures been developed to support the escalation of risk both internally and externally when the management team had exhausted the controls measures available to them.

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.

In most cases, the staff team promoted the health and wellbeing of residents and provided care and support that was person-centred. Residents were provided with information and leaflets about a wide range of health and social care services in the locality. While efforts were made to refer residents to appropriate services, there was a lack of guidance on the steps to follow should specialised medical care and mental health supports be required while residents were awaiting a medical card.

Judgment: Partially 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, residents with special reception needs or vulnerabilities were provided with the required assistance and support

Judgment: Compliant

Standard 10.2

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

The service provider ensured the staff team had received training to support them to identify and respond to the needs of residents. However, there were no formal process in place to ensure the staff team had opportunities to debrief after incidents. This was addressed previously in the report.

Judgment: Compliant

Standard 10.3

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

The reception officer policy and procedure manual did not set out the process to follow to identify, communicate and address existing and emerging special reception needs. While residents were provided with a vulnerability assessment form and had an opportunity to discuss the content with the reception officer, the approach to the assessment process required review.

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 service provider had appointed a suitably qualified reception officer for the centre. They had established links with local services in the area and provided good quality supports to meet the needs of residents. The policy and procedure manual had been developed to guide the work of the reception officer but this was not sufficiently detailed to inform all aspects of their role and responsibilities.

Judgment: Partially Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.3	Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Partially Compliant
Standard 4.4	Partially Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant

Standard 4.9	Partially Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Partially Compliant
Standard 8.2	Substantially Compliant
Standard 8.3	Partially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Partially Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Partially Compliant
Standard 10.4	Partially Compliant

Compliance Plan for Eglinton Centre

Inspection ID: MON-IPAS-1071

Date of inspection: 14 and 15 January 2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Recruitment policy has been done.</p> <p>Incident / complaint procedures have been reviewed, to include escalation to senior management.</p> <p>Incident reporting log has been implemented and will be reviewed regularly at management meetings.</p> <p>Reporting guidelines have been implemented, internal incident reporting form has been implemented.</p> <p>Reception Officer is part of the Management team and will attend Management meetings. Centre Manager is aware of all child and adult safeguarding concerns in the Centre and meets regularly with Reception Officer. Formal notes are recorded.</p> <p>Training needs analysis for staff has been done. Mandatory training will be completed by all staff.</p> <p>Agendas for Management are set. Staff meetings will have set agendas.</p> <p>All incidents, safeguarding concerns, child protection concerns are held in the manager's office in separate lockable files. Logged as they occur and will be reviewed regularly at Management meetings.</p>	

1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Complaints policy has been implemented and an internal resident complaint form has been implemented. Residents have been informed of this procedure.</p> <p>A tracking system has been implemented to have an overview on all incidents, complaints, child protection concerns, adult safeguarding. Every incident is logged and will be risk assessed.</p> <p>Team meetings will be guided by a set agenda where all incidents, complaints and concerns are reviewed.</p> <p>Written reports will be sent monthly to senior management outlining incidents, complaints and concerns.</p> <p>Risk assessment for room allocation has been done, the centre caters for families, lone parents and single ladies. IPAS are always informed if we are unable to cater for a proposed new arrival.</p> <p>Risks relating to ongoing welfare concerns have been completed. Potential difficulties between residents have been risk assessed.</p>	
1.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Annual quality review plan is being developed and will be informed by resident feedback through feedback forms and residents meetings.</p> <p>A resident's feedback/suggestion box has been implemented.</p> <p>An audit template was developed and audits have commenced.</p>	

3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Risk Management policy has been reviewed and developed further.</p> <p>Incident / complaint procedures have been reviewed, to include escalation to senior management. Incident reporting log has been implemented and will be reviewed at management meetings. Reporting guidelines have been implemented; internal incident reporting form has been implemented.</p> <p>Incidents reviews have commenced and will be recorded and improvements will be made.</p> <p>Fire drills inspected were two night simulated fire drills and one day time fire drill. Residents were not evacuated during the simulated fire drills. Day time fire drills are carried out every 6 months and number of residents and staff evacuated is recorded.</p>	
4.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The suitability of the accommodation is assessed when we receive dispersal lists from IPAS. IPAS are informed if we are unable to accommodate residents.</p> <p>Room allocation policy has been reviewed to include room change request, apartment waiting list procedure.</p>	

4.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The Centre accommodates families and lone parents and single ladies. Families will be accommodated in available rooms at the Centre and IPAS are always informed as to whether or not the accommodation is going to be suitable for family size. Weekly registers are sent to IPAS identifying the capacities and vacancies. The Centres bedrooms have a capacity for 4 persons with larger apartments for larger families. We do not have single rooms and single ladies share rooms, 3 single ladies to a room.</p> <p>Please note that IPAS will direct the cohort of residents to be accommodated at the property based on the layout and configuration of the property, and the type of demand for accommodation at that time.</p> <p>All families are added to the apartment waiting list on arrival to the Centre.</p> <p>Formal Room allocation policy has been implemented for room changes requests, apartment waiting lists and medical issues.</p> <p>Risks will be assessed and where possible further controls will be implemented.</p>	
4.9	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Weekly points allowance have been increased in the shop for residents to purchase nonfood items.</p>	

8.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Safeguarding guidelines are in place and concerns will be further risk assessed to include reporting procedures if concerns persist and safeguarding plans to follow. These guidelines will be reviewed and developed further.</p> <p>A policy is being developed for ongoing concerns between residents to include safeguarding concerns and reporting procedures if the situation becomes unmanageable.</p> <p>Management will review all safeguarding concerns.</p> <p>Staff are very aware of the needs to ensure that all residents are supported and assisted on a daily basis.</p> <p>Lack of support available from external service providers can impact the support being sourced for residents without medical cards. Delays with medical cards being issued has impacted resident's welfare.</p> <p>Individual care plans have been implemented.</p>	
8.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>All incidents, concerns and complaints follow the procedures and some cases may require to be brought to the attention of the IPAS immediately.</p> <p>Internal incident reporting policy has been completed and implemented and includes escalation procedures.</p> <p>All incidents will be reviewed to ensure procedures are followed and risk assessments are being carried out.</p>	
9.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Referring residents for specialised medical care is done by a GP and the hospital. If they do not, due to the delay in medical cards being issued this can impact supports</p>	

being sourced for residents. The Centre staff does all it can to assist residents when this occurs and contacts every resource available.

Guidelines will be reviewed to assess procedures to follow when external supports are not available.

10.3

Partially Compliant

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

The Reception Officer will meet with residents, she will sit with them and explain the her role and how she can assist them. They will complete the special reception needs assessment together and a care plan will be implemented.

10.4

Partially Compliant

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

Reception Officer policy has been developed further to include the necessary information

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 orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Partially Compliant	Orange	30/04/2025
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	28/02/2025
Standard 1.4	The service provider monitors and reviews the	Partially Compliant	Orange	30/04/2025

	quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.			
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	31/03/2025
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.	Partially Compliant	Orange	28/02/2025
Standard 4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.	Partially Compliant	Orange	28/02/2025
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.	Partially Compliant	Orange	28/02/2025

Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Partially Compliant	Orange	31/03/2025
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	31/03/2025
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.	Partially Compliant	Orange	31/03/2025
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	31/01/2025
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	Partially Compliant	Orange	28/02/2025

	centre and with outside agencies.			
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