



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

Name of the Centre:	Emmet Lodge
Centre ID OSV:	OSV-0008566
Provider Name:	Coolebridge Limited
Location of Centre:	Dublin
Type of Inspection:	Announced
Date of Inspection:	07/02/2023
Inspection ID:	MON-IPAS-1008

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

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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

Emmet Road is located on the outskirts of Dublin's centre. The centre provides accommodation to people seeking international protection and has a capacity of 15 people. At the time of inspection, it was accommodating 11 single males from six countries.

The centre is a three storey mid-terraced apartment building, and spans over a ground floor, first floor and basement levels. The accommodation comprises an entrance hall, dining area to the rear of the building which opens onto a courtyard.

The centre is located on a busy street and provides access to a range of public transport services. The centre is located close to a wide variety of amenities and outdoor leisure facilities including the Phoenix Park, the Grand Canal, and the Memorial Gardens.

The buildings are privately owned and the service are privately provided by Coolebridge Limited on a contractual basis on behalf of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY).

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	11
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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	Inspector	Role
07/02/2024	10:00am-17:00pm	Godfrey Mushongera	Lead Inspector
07/02/2024	10:00am-17:00pm	Cora McCarthy	Support Inspector

What residents told us and what inspectors observed

The inspectors found, from speaking with residents and from what was observed during the course of the inspection, that the residents were generally well supported while residing at Emmet Road, and the service provider had made considerable efforts to support them to integrate into the local community. This was the first inspection of this centre and overall the inspectors found that the residents received a good quality of support. The residents with whom the inspectors spoke reported that they were satisfied with the service and felt safe living in the centre. While the quality of support was found to be generally of a good standard, the governance and management systems required further development to improve overall oversight and governance. The provider was very committed to addressing all matters and had self-identified some of these issues prior to the inspection.

On arrival at the centre, the inspectors were met by the centre manager. The inspectors were brought through the main entrance where they observed an electronic keypad on the entrance door and closed circuit cameras (CCTV). The inspectors were directed to the dining area where they were introduced to the two service providers and a reception officer. The inspectors had an initial introduction meeting in an administration office on the upper floor with the service providers, centre manager and reception officer.

On a walk around the accommodation centre, inspectors observed that the physical structure of the centre was in good condition. On the ground floor, the entrance hallway led to an open plan dining area adjoining the communal kitchen, toilet and a staff office. The hallway also had two separate staircases to the first floor and basement levels. Residents' bedrooms were on the upper floors of the centre. The centre could accommodate 15 residents across seven en-suite bedrooms with a maximum occupancy of two people in a room, and one single room which had an adjacent bathroom across the corridor. There were 11 residents living in the centre at the time of the inspection. There was access from the basement floor to the rear patio area which also had laneway access with a monitored gate. Laundry facilities, which included two washing machines and two dryers, were in an enclosure located in the rear patio area. A multi-purpose room was available in the centre for residents to meet visitors in private, and this space was also for prayers and study. These areas, along with all common areas and shower and toilets facilities were found to be very clean throughout. Wi-Fi coverage extended throughout the centre.

Fire extinguishers were visible throughout the buildings, and fire evacuation routes and exits were clearly marked. A free parking space for residents was available in the laneway at the back of the centre.

The inspectors observed residents going about their day and engaging with staff members and management. The inspectors observed residents asking staff members to speak with them privately on occasion and this was facilitated in a prompt, respectful and friendly manner. While residents were originally from six different countries, most of them spoke English and the centre manager was conversant in French, Italian and Arabic. General observations throughout the inspection indicated that residents were comfortable and secure in this accommodation centre. They appeared relaxed in the company of staff and engaged in small talk when they met in the communal areas.

Over the course of the inspection, inspectors met with five residents who lived at the centre. Residents who spoke with inspectors said that they were happy with the facilities provided and the accommodation and felt safe living in the centre. Residents expressed familiarity with the management and staff, describing them as approachable and helpful, and that they felt comfortable raising any concerns with them. Residents explained that centre staff supported them in accessing a wide range of supports including health, education, legal services, social supports, housing, and community welfare. Overall, they expressed satisfaction with the services provided and also commended the support received from the local community, considering it an integral aspect of their experience. The centre was located on a busy street and residents could avail of plenty of local amenities and public transport.

In terms of practical information, the majority of residents said that they were well informed of their rights and the services available to them. However, others were not as well informed, particularly in relation to the complaints process and how they could express their views on the service generally.

Upon being invited by residents, inspectors observed some bedrooms. With the exception of the single room, each room had an ensuite with a shower and toilet. The rooms were clean, tidy, and very warm. However, inspectors observed limited storage in some rooms. While there were additional storage spaces outside the residents' bedrooms, the inspectors noted that they were all full and had no identification labels attached to them. Some residents told the inspectors that they could request additional storage for their belongings and that staff had provided them for example, with additional chest drawers, however, others were not as well informed.

In summary, by closely observing daily life and interactions within the centre and engaging with its residents, it was evident to inspectors that the centre was a supportive space where staff and managers were readily available to residents. Interactions with residents were characterised by respect, and were person centred. While there was limited storage in some rooms and an under-developed complaints procedure, the staff team, managers and service provider demonstrated a commitment to delivering a service which was of a high standard and which adapted a human rights and person-centred approach. The observations of the inspectors and the views of residents presented in this section of the report reflect the overall findings of the inspection.

The next two sections of the report present the inspection findings in relation to governance and management of the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

This inspection found that while there was a governance and management structure in place, it was underdeveloped, and could not effectively guarantee a consistently safe and high-quality service to residents. The inspectors found that there was an absence of effective oversight of the services provided. The inspectors identified the need for improvement across a wide range of standards inspected against including the governance arrangements of the centre, risk management, safe and effective recruitment of staff, supervision of staff, residents' rights, record keeping, safeguarding and protection.

Effective governance and leadership requires an understanding of the legal and policy framework governing service operations, encompassing relevant legislation, national policy, and the national standards. This inspection found that improvements were required in this area. The centre management had completed a self-assessment and had identified areas which required improvement, however, the inspectors found these systems needed to be further developed and embedded. The provider did not have a full suite of policies available and as such both the management and staff teams had limited guidance documents to inform their practice. There was an overall lack of understanding of the requirements of national policy, particularly in the case of adult safeguarding, and while staff actively promoted a safe environment for residents, there was no formal guidance in place in the centre.

The service provider had established management and governance structures that had clear lines of authority and accountability and assigned responsibilities across various aspects of service provision. The centre manager was responsible for the centre's operations and reported to the accommodation manager, who in turn reported to the service provider. There was a reception officer employed in the centre, however, there was a lack of understanding regarding their responsibilities and duties. While a clear organisational structure was in place for the centre, it was unclear how the centre manager provided regular assurances to the service provider on service performance. There was an absence of a formal communication system between staff and management, and this meant a lack of transparency in how decisions were made, who was responsible for any actions required, and if needed, what actions were taken. Communication and decisions made at the local management level were typically verbal. There was no structured handover system in place for staff between shifts and as a result, practices were informal and there was no recorded communication to ensure accountability. However, the organisational structures in place provided a sufficient basis from which positive change could happen.

While the service provider had yet to implement systems for overseeing and monitoring the quality of life and overall experiences of residents living in the centre, an audit framework for quality improvement had been developed and some areas that required improvement had been identified. For example, audit templates for fire safety, safeguarding, staff supervision and recruitment of staff were in place. While these measures were still in the early stages of implementation, and in some cases, required further development, it was evident that the service provider was striving to ensure the enhancement of the quality and safety of the service.

While there was a residents' charter which described the services available in the centre and a feedback mechanisms such as the suggestion box, the service provider had not ensured that residents were consulted on their views and encouraged to participate in decisions which impacted them. The management staff with whom the inspectors spoke explained that they operated an open door policy whereby residents could give feedback, however, there were no records to demonstrate that the centre operated in consultation with residents, and that the provider routinely collected feedback from residents to inform practices. Some residents who spoke to the inspectors were unaware of that a residents' committee was in place in the centre. Centre records did not reflect that residents were provided with information to support them to make complaints where necessary. While some residents spoken to during the inspection were fully aware of the complaints procedure, others were not as informed. In addition, the complaints policy did not outline procedures for dealing with a complaint by a resident against a member of staff. The inspectors reviewed the complaints logged and it was not evident that these were acknowledged or that the centre manager had determined if the complainant was satisfied with the response. The centre manager described good practice in terms of informal resolution of complaints and discussions with residents, however, this was not documented. The absence of meaningful consultation with residents and oversight over the complaints process limited the ability of the provider to monitor practice and how the centre was promoting the rights of all the people who lived there.

The provider had failed to ensure that recruitment practices in this centre were safe and effective. A review of staffing records found that the service provider had not ensured that all staff members were vetted per the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, or that police checks had been conducted in countries where staff members had lived for more than six months. At the time of the inspection, two staff members in the centre did not have updated Garda Vetting as required and there were no international police checks completed for six other staff members for the periods of their residence outside Ireland. The service provider was issued an urgent compliance plan to ensure all staff was vetted. The service provider assured the inspectors following the inspection that vetting would be completed for all staff as a matter of urgency.

There was an absence of formal supervision arrangements for staff members, which would ensure ongoing accountability for staff practice and provide an opportunity for staff development on an ongoing basis. For example, there were no regular one-to-one meetings with staff and a management team member. While, the policies and procedures for supervision were in the early stages of development, this was yet to be rolled out to the wider staff team. There was also a lack of established policies pertaining to staff development and performance management. Nevertheless, inspectors noted that staff members met with during the inspection had a good understanding of their roles and responsibilities towards the wellbeing of all residents and felt well supported by managers.

The service supported staff to continually update and maintain their knowledge and skills. A record was kept of all training courses completed by staff and there was evidence that a culture of learning was promoted through training and professional development. All staff members had attended mandatory training courses, including training on adult safeguarding as outlined in legislation and national policies. However, there was an absence of a training needs analysis to identify any training gaps.

While there was a risk register in place, it did not contain a comprehensive list of all of the known risks in the centre. For example, there was an absence of potential risks that could compromise the centre's ability to meet residents' needs and welfare. The risks identified and recorded in the risk register were confined to maintenance, health and safety risks. In addition, there was no formal contingency plan in the risk register to ensure the continuity of service in the event of emergency or unforeseen events. The providers told the inspectors that they had other properties that they would use in the event of an emergency, however, this was not documented in the risk register. There was evidence that all residents were informed about fire drills and fire evacuation routes. There was a need, however, to conduct night-simulated fire drills. Fire evacuation routes and exits were clearly marked throughout the centre. There was appropriate fire detection, alarm and emergency lighting system in the centre, which was known to residents.

Overall, while the management and staff team endeavoured to provide good service and residents felt safe living in the centre, the inspectors found a number of shortcomings in the quality and safety of the service provided. This was further compounded by the lack of an effective risk management system and under-developed governance arrangements; therefore, sustained improvements across several key areas were necessary to fully comply with the national standards.

Standard 1.1

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

The provider had a good understanding of their responsibilities in terms of legislation and standards and ensured that the welfare and dignity of residents was promoted in this regard. However, they had not fully implemented risk management, safeguarding and recruitment and vetting procedures. The provider was fully committed to promptly addressing these issues.

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.

The service provider had effective leadership, management and governance arrangements in place which clearly identified the lines of authority and accountability, specified roles and detailed responsibilities for areas of service provision. The provider had defined management roles in place, for example, there was a reception officer, centre manager and accommodation manager who had good knowledge of their individual responsibilities. However, there was limited understanding and guidance around the role of the reception officer.

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.

The provider had established a resident charter which clearly outlined the services available in the centre. The residents' charter included a summary of the services and facilities provided, information around equality, dignity and respect and the complaints process. It also included information around the code of conduct. The residents' charter was displayed prominently in the communal areas.

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 implemented systems to ensure appropriate oversight and monitoring of the quality of care and experience of adults living in the centre. While the provider had developed audit frameworks for quality improvement, these had not been put in practice at the time of the inspection.

Judgment: Not Compliant

Standard 1.5

Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.

The inspectors found that there was an absence of meaningful consultation and engagement with residents from the service provider and management team. While there was a feedback mechanism such as a suggestion box, there were no records to demonstrate that the provider routinely collected feedback from residents to inform practices. While management staff explained that they operated an open door policy whereby residents could give feedback, there was no documentary evidence of feedback provided through this manner. In addition, there was a complaints procedure it was under developed and there was no mechanism for residents to raise a complaint regarding a member of the staff or management team.

Judgment: Partially Compliant

Standard 2.1

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

The provider had failed to ensure that recruitment practices in this centre were safe and effective. Garda vetting for two staff members was out of date and there were no international police checks available for some staff members employed in the centre who had periods of residence outside Ireland. In some files reviewed there was an absence of job descriptions, contracts, references and induction records for their current roles. In many cases, no application forms or work histories were recorded for staff members.

Judgment: Not 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 not in receipt of regular formal supervision from the centre managers as required by the national standards. Supervision policies and procedures were in the early stages of development. There was an absence of policies on staff development and performance management. Notwithstanding, the inspectors found that staff members met with during the course of the inspection had a good understanding of their roles and responsibilities in promoting and protecting the welfare of all residents and felt supported by the managers.

Judgment: Partially Compliant

Standard 2.4

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

The service provider had ensured that mandatory training for all staff members was up to date, including safeguarding of vulnerable adults training. There was evidence that the provider facilitated a supportive environment for further training and staff development, for example, some members of staff received supports around their tertiary education.

Judgment: Compliant

Standard 3.1

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

While the provider had a risk register in place it was not comprehensive. The risk management system in place in the centre was found only to consider some limited health and safety and organisation or corporate-related risks. There provider had not completed a risk analysis for the centre to identify, assess, or control risks and hazards that may compromise the safety and wellbeing of residents and the quality of service provision. Although a risk assessment system was in place, the inspectors identified risks that were not assessed, recorded or managed appropriately. For example, incidents of conflicts between residents that had occurred on six different occasions in the centre had not been managed, risk assessed and escalated appropriately.

Judgment: Not Compliant

Quality and Safety

Overall, the inspectors found that while the staff and management teams and service provider were endeavouring to provide a good quality and safe service, there was evidence to demonstrate that the service provided was not fully meeting the needs of residents and consistently upholding their rights. The governance and management systems did not ensure that residents were supported in a way that made sure their safety and dignity was respected. The service required sustained improvements across a number of key areas to ensure it consistently promoted the safety of residents and met their diverse needs.

There was an absence of formal consultation with residents, and formal systems to assess residents' individual needs and to consider their best interests in allocating accommodation were required. Inspectors found that there was no clear, planned or transparent approach to the allocation of bedrooms at the centre. While the centre received limited information about residents before their arrival, there was no procedure in place to assess the presenting needs of residents, and to guide staff in the allocation of rooms at the time of admission and on an ongoing basis. The centre manager informed inspectors that they accommodated residents according to language spoken and nationality, and tried to accommodate residents to share with their friends, but ultimately decisions regarding the allocation of rooms was based on room availability.

The centre provided self-catering facilities for residents where they had a choice of foods and could cook culturally sensitive meals. There were three cookers in the kitchen area, with one dedicated for halal meals. There were storage facilities available for residents' food, and ovens, microwaves, refrigerators, hot water and space for preparing meals. Residents used a voucher system that allowed them to buy food from a local supermarket. Residents had a communal dining area with seating for six individuals, however, the inspectors were informed that most residents ate at different times so the space was adequate. Inspectors found that catering facilities in the centre were adequate and in good condition, and the kitchen and dining areas were clean. There were two washing machines and two dryers and these facilities were adequate for the number of residents living in the centre. Although there were no formal mechanisms for consulting with residents collectively on the use of the kitchen, dining and laundry facilities, the centre manager talked constantly with residents and took on board their suggestions in as much as they could. Residents spoken to during the inspection were complimentary of the kitchen, dining and laundry facilities available in the centre.

The service provider ensured that sufficient and appropriate non-food items were made available to residents. Toiletries, bed linen and towels were provided as needed, and residents reported that staff members provided them with all of the items they required.

The inspectors found that the centre was very clean and well maintained throughout, and that promoted a good quality of life for all residents who lived there. The physical structure of the centre was in good condition. There were clear arrangements in place to manage the upkeep and general maintenance of the building. There was a weekly room inspection schedule and residents spoken with told the inspectors that they were notified prior to these inspections. A review of records found that maintenance issues were reported to a responsible party and addressed in a timely manner, for example, where there were issues with fixing lights and plumbing. Inspectors reviewed records that demonstrated that equipment at the centre was maintained and serviced appropriately.

The service provider supported and facilitated residents to maintain personal and family relationships. While some residents told inspectors that they preferred to meet family and friends outside of the centre, a private space was available in the centre for residents to meet with visitors. This room was also used for study and prayers. While it was positive that residents who required space to study or pray could access this room, its use for such purposes resulted in limited availability for leisure activities or hosting visitors for all residents. Wi-Fi was available throughout the centre.

Inspectors found that residents' right to privacy and dignity was not consistently promoted or protected. There were examples of limited storage in some bedrooms which were found to be cluttered with personal belongings. Furthermore, inspectors found that storage was limited to the point that some residents stored their clothes and belongings under beds and on top of chests of drawers. This did not ensure that the resident's private space was environmentally safe and dignified. While there was additional storage outside bedrooms, there were no effective procedures in place to ensure residents' belongings were not misplaced or mixed up in the storage facilities. In addition, while some residents knew they could request additional storage, others were not as well informed.

There was clear evidence that the service provider supported and facilitated residents to engage with the wider community and local services. The centre was located on the outskirts of Dublin city centre and there was access to public transport links. Residents accessed local services and educational facilities and were supported to do so. Some residents were working in nearby shops. Other residents were supported to join and train with a Gaelic football club in Rathmines. The centre also facilitated residents to engage in social events with the local Gardaí, including playing football together.

The service provider encouraged residents to be independent and autonomous while receiving the necessary supports to achieve this. For example, some residents told the inspectors about the support they received from the centre managers around personal

matters, including access to information about legal, housing and advocacy services. Other residents spoke about the practical support they received from the centre manager such as drafting a curriculum vitae. A guidance document for independent living for residents was also displayed on the notice board in the dining area. However, inspectors found that there was an absence of documentation from the centre that recorded where rights, access to services and entitlements were discussed with residents. Generally, this presented a missed opportunity for the service provider to capture the good work which had been undertaken in the centre and to assure themselves that the service was effective.

There were ineffective governance arrangements in place to ensure that the provider complied with the requirement to report adverse events to relevant authorities. While there was a log of incidents formally reported to DCEDIY, there was inadequate documentation of certain incidents or safeguarding concerns, resulting in a failure to identify, record, and report associated risks. For example, a series of ongoing incidents involving a resident spanning a year went unrecognised as a potential risk and were not escalated appropriately. Some risks had been managed informally when they occurred and had not been escalated to the service provider. There was no effective system in place to maintain oversight of incidents or safeguarding concerns, or to review or evaluate these events which would in turn inform plans to improve the service.

While an adult safeguarding statement was in place, there was no adult safeguarding policy or adequate measures to protect vulnerable adult residents from the risks of abuse and harm, in line with relevant legislation and guidance. Information on safeguarding of vulnerable adults was not displayed in the centre. This coupled with the fact that some staff did not have updated garda vetting meant that there were latent risks in the service in relation to the safeguarding of adults.

There was a dedicated reception officer employed in the centre, however, incidents which had occurred relating to vulnerable adults had not been identified, managed or reported in line with the requirements of national policy. In addition, there was no guidance for staff on identifying emerging vulnerabilities and special reception needs. However, residents met with during the course of the inspection told the inspectors that they felt safe living in the centre.

CCTV (visual) was in place in the communal and external areas of the centre and its use was informed by data protection legislation and centre policy. Security arrangements were in place and there was adequate checks of people entering the building. There were no unnecessary restrictive practices in the centre.

Overall, while the management and staff team endeavoured to provide a good service and residents felt safe living in the centre, the inspectors found a number of shortcomings in the quality and safety of the service provided. There was a need to improve the governance and management arrangements to ensure the delivery of a good quality service to residents in the centre. The manner in which services were delivered did not fully consider residents' wider needs and did not fully promote a human rights based approach to practice.

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.

While there was no policy or procedures in place in the centre for assigning or allocating rooms to residents, the inspectors found that the centre management had made efforts to allocate bedrooms based on language and nationality, where possible. Residents told the inspectors that they were generally satisfied with the approach utilised by the service provider in the allocation of bedrooms.

Judgment: Partially Compliant

Standard 4.2

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

The centre was found to be clean and well maintained throughout. The bedrooms contained appropriate furniture, and the common areas were homely in nature and sufficiently furnished. The common areas and bedrooms were warm and well-ventilated and met the residents' needs for private and communal living spaces. Residents had access to Wi-Fi throughout the centre.

Judgment: Compliant

Standard 4.3

The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.

The provider had ensured that residents' rights to privacy and safety were fully promoted in the centre. However, there was additional storage facilities in and outside the centre,

inspectors observed that there was limited storage for personal belongings in some bedrooms. For example, in one bedroom, inspectors observed bed linen, clothing items and shoes cramped under the bed, and residents seemed unaware of their right to request for additional storage. There was an absence of procedures in place to ensure residents' belongings were not misplaced or mixed up in storage facility provided outside the bedrooms.

Judgment: Partially Compliant

Standard 4.7

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

The common areas of the centre were found to be clean on the day of inspection. There were adequate laundry facilities, with two washing machines and two dryers available. All equipment was observed to be in working order and there was appropriate access to cleaning materials and laundry detergent. Residents consulted with said they were happy with the laundry facilities.

Judgment: Compliant

Standard 4.8

The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.

The inspectors found that the service provider had appropriate security measures in place in the centre which were proportionate. CCTV was in place in the communal and external areas of the centre and its use was informed by data protection legislation and centre policy. This was monitored by staff in the administration office.

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 service provider ensured that sufficient and appropriate non-food items were made available to residents. There was evidence that the centre manager informed residents how they could ask for items to be replaced if needed (such as mattresses or duvets) and residents told inspectors that their requests were facilitated. Residents informed the inspectors that they were satisfied with the manner in which they requested these items and explained that they were provided without delay.

Judgment: Compliant

Standard 5.1

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

The centre provided for self-catering and there were sufficient food preparation and dining facilities available to residents. There were three cookers in the centre and there were arrangements in place to prevent cross-contamination of food. For example, there was a dedicated cooker for those who prefer halal food. The dining area was appropriate for the number of residents in the centre, and enough storage facilities. Inspectors observed residents preparing food during lunchtime and those spoken with expressed satisfaction with the quality and quantity of facilities in the kitchen and dining areas.

Judgment: Compliant

Standard 5.2

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

This centre was fully self-catered and as such no meals were provided to residents. Residents received a weekly voucher which allowed them to buy grocery from the local supermarket. Residents spoken with generally expressed satisfaction with the food voucher system.

Judgment: Compliant

Standard 6.1

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

This provider had ensured that residents were provided with some information about their rights and had access to advocacy services and had space to practice their religion. Some residents spoken with had received support from centre staff in accessing legal advice in relation to their asylum cases. A room was available in the centre for prayers. Notwithstanding, further work was required to ensure the service was provided from a rights-based and person-centred led approach. There were incidences known to management where residents rights to respect, safety and dignity were not promoted or safeguarded and this impacted negatively on the residents.

Judgment: Partially Compliant

Standard 6.2

The service provider respects and safeguards the privacy of each resident.

There was evidence that the provider respected and safeguarded the privacy of each resident. For example, residents told the inspectors that staff conduct weekly room inspections and enter bedrooms with prior notification and on consent by the resident. The inspectors also observed that the bedrooms and communal toilet were lockable from the inside.

Judgment: Compliant

Standard 7.2

The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport.

The provider was ensuring that residents had access to information about local services and facilities in the community. It was found that the centre manager and staff were supporting residents to avail of resources in the local area and providing information about their rights and entitlements.

Judgment: Compliant

Standard 7.3

The service provider supports and facilitates residents, including children and young people, to integrate and engage with the wider community, including through engagement with other agencies.

It was evident that the service provider supported and facilitated residents to integrate and engage with the local community. There were engagements with a GAA club, local Gardaí, churches, and local community organisations. Residents were also provided with information relating to community-based services and facilities. For example, there was a resident notice board that was used to provide information about the centre and about services in the local community. There was also a resident guide book that contained useful information for those preparing to move to independent living in the community.

Judgment: Compliant

Standard 8.1

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

There was limited awareness of the responsibility of the service provider and staff team to safeguard vulnerable adults in line with the requirements of national policy. While centre management and staff had previously taken some steps to protect residents from known safeguarding risks and staff had completed training in this area, incidents of a safeguarding nature that had occurred in the centre were not appropriately managed and reported. While residents felt safe, there was an absence of an adult safeguarding policy and inspectors were not satisfied that the centre had adequate systems in place to identify and respond to adult safeguarding issues. There was an absence of information on display in the centre on how residents could report adult safeguarding concerns.

Judgment: Not 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 service provider had not ensured that all incidents or adverse events were recorded and there was no system to oversee and monitor concerns relating to the safeguarding of all residents. There was limited recording of incidents or safeguarding concerns and incidents were often managed informally and not recorded. This presented risks for the service which had not been considered or assessed. There were also no arrangements in place for information about incidents to inform risk management practices or to learn from these incidents as part of continual quality improvement to enable effective learning and reduce the likelihood of reoccurrences.

Judgment: Not Compliant

Standard 10.2

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

While training was provided to staff in response to emerging needs of residents which was recorded, there was no specific specialised training programme on carrying out needs assessments and responding to special reception needs of residents.

Judgment: Substantially Compliant

Standard 10.3

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

The provider had not prepared or implemented a policy to identify, communicate and address existing and emerging special reception needs of residents.

Judgment: Not Compliant

Standard 10.4

The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.

There was a reception officer, with the required qualifications, employed in the centre in line with the national standards.

Judgment: Compliant

Appendix 1 – Summary table of standards considered in this report

This inspection was carried out to assess compliance with 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	Substantially Compliant
Standard 1.3	Compliant
Standard 1.4	Not Compliant
Standard 1.5	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Not Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Not Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Partially Compliant
Standard 4.2	Compliant
Standard 4.3	Partially 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	Partially Compliant
Standard 6.2	Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.2	Compliant
Standard 7.3	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Not Compliant
Standard 8.3	Not Compliant
Theme 9: Health, Wellbeing and Development	
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.2	Substantially Compliant
Standard 10.3	Not Compliant
Standard 10.4	Compliant

Compliance Plan for Emmet Lodge

Inspection ID: MON-IPAS-1008

Date of inspection: 07/02/2024

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>Risk Management & Safeguarding.</p> <p>Coolebridge Ltd upon receipt of the inspectors report has initiated reviewing and updating the current risk registers in place. Coolebridge are adopting a new risk analysis protocol for the centre to identify, assess, and control risks and hazards that may compromise the safety and wellbeing of residents and staff. Staff are receiving training in how to complete a more detailed risk registers, risk assessments, incident management and risk escalation techniques.</p> <p>Whilst not available on file on the day of inspection due to erroneously filing, Coolebridge Ltd has a detailed Safeguarding vulnerable adults policy which includes special reception needs for all residents. Post inspection, Coolebridge Ltd has adopted a weekly workshop and key working practice with all residents on a one to one basis. Residents committee meetings are also held weekly. Coolebridge Ltd has also hired a new Governance & Compliance Officer. Upskilling and CPD of current staff team is paramount and is being implemented as a priority.</p> <p>Recruitment & Vetting</p> <p>Since our HIQA inspection on the 7th February 2024, Coolebridge Ltd is reviewing and updating its current recruitment policy. Shortcomings were relayed to us by the Inspectors such as reference checks not on file, expired Garda Vetting for two staff</p>	

members and an absence of police checks for staff that resided outside of the country. Coolebridge is currently carrying out a concise staff file audit in conjunction with our HR Consultant. This audit will be carried out monthly as part of general governance and compliance audits by senior management. The new policy and relevant documentation can be provided upon request.

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

Whilst not available on the day of inspection, Coolebridge Ltd has a detailed Safeguarding vulnerable adults policy which includes special reception needs for all residents. Post inspection, Coolebridge Ltd has adopted a weekly workshop and key working practice with all residents on a one to one basis. Residents committee meetings are also held weekly. Coolebridge Ltd has also hired a new Governance & Compliance Officer. Upskilling and CPD of current staff team is paramount and is being implemented as a priority such as the Mental Health Commission's / HIQA policy and framework for standards and safeguarding.

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

- Coolebridge Ltd has implemented a weekly workshop and key working practice with all residents on a one to one basis. Residents committee meetings are also being held and recorded weekly.
- Feedback in now recorded by way of minutes taken during the key work and individual work carried out with residents. These minutes help our staff teams to provide best possible care to all residents and informs management to improve overall service provision where possible. Staff are currently resourcing active listening skills and person centred planning training.
- Feedback is give to residents during the key working sessions. These minutes are available to residents should they wish to review with the support of staff on site.
- The current policy on complaints and grievances is being updated to reflect the recommendation for residents to raise a complaint regarding a member of the staff or management team. The Resident's Charted is being updated to include new contact details for resident on how to make a complaint about a staff member. Residents can also voice their complaint via IPAS's complaint procedure, details of which is posted on notice boards.

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

Garda vetting & Police Checks are now in place. Coolebridge Ltd emailed the IPAS Monitoring Team on the 21st February 2024. All relevant vetting paperwork is available upon request.

Our HR folder has been updated with the support of our HR Consultant and now includes fully detailed job descriptions, contracts, references. Induction records are now being filed as part of our recruitment process. In relation to the reference to application forms, application forms do not form part of our recruitment process. All of our recruitment is done via online advertisements and recruitment agencies. Regular audits are now being conducted throughout the services by our compliance officer.

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

Formal Supervision is now being carried out on a 6 weekly basis. Detailed records are on file to support this along with the supervision policy. Our HR Consultant is currently working on staff development practices and policies. This will be accompanied by a training matrix and all current and future training needs will be recorded and monitored by management.

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

Coolebridge Ltd upon receipt of the inspectors report has initiated reviewing and updating the current risk registers in place. Coolebridge are adopting a new risk analysis protocol for the centre to identify, assess, and control risks and hazards that may compromise the safety and wellbeing of residents and staff. Staff are receiving training in how to complete a more detailed risk registers, risk assessments, incident management and risk escalation techniques. Coolebridge are also reviewing current policy around risk management planning and will update and implement this by the 30th April 2024.

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

Whilst no policy was on file on the day of inspection it was in place. The policy is now on file and all staff are aware of its contents. Peer to peer training on Coolebridge's policies as well as the National Standard now forms part of the staff weekly team meetings.

4.3

Partially Compliant

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

A room survey is being conducted at present and storage solutions are being explored and discussed with residents. The options being discussed include some of the following:

- Chest of drawer
- Provision of kallex storage
- Shelving
- Beds with under storage (ottoman beds)
- External lock up storage for larger items

6.1

Partially Compliant

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

Coolebridge Ltd has a Safeguarding vulnerable adults policy which includes special reception needs for all residents. Post inspection, Coolebridge Ltd has adopted a weekly workshop and key working practice with all residents on a one to one basis. Residents committee meetings are also held weekly. Coolebridge Ltd has also hired a new Governance & Compliance Officer. Upskilling and CPD (person centred and rights based approach training) of current staff team is paramount and is being implemented as a priority.

Work is being carried to assist residents with all areas of need (health, educational, legal, wellbeing and progression) that will fully encompass a rights based approach.

8.1

Not Compliant

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

Whilst not available on the day of inspection due to being erroneously filed, Coolebridge Ltd has a detailed Safeguarding vulnerable adults policy which includes special reception needs for all residents..

Coolebridge Ltd is currently recruiting for the permanent role of reception officer. The role will capture all resident special reception needs, safeguarding practices, reporting to

the relevant bodies. While identifying all resident's needs, this role will encompass a multidisciplinary approach.

Information is now displayed on notice boards in the centre on how residents could report adult safeguarding concerns in line with the MHC and HIQA's current guidelines. All residents have provided their email addresses so that can report any adult safeguarding concerns and communicate with staff directly.

Residents welfare meetings are now being conducted weekly. Staff on shift invite residents to partake in one to one welfare meeting. This is being recorded and actions implemented.

8.3

Not Compliant

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

Coolebridge Ltd has recently hired a Governance & Compliance Officer. New systems and policies to oversee and monitor concerns relating to the safeguarding of all residents are being implemented as per safeguarding vulnerable adults policy. These policies include Emergency Response Policy, Risk Management Policy, Critical Incident Policy, and Incident Response Policy.

Our staff teams are currently receiving training and CPD around reporting of incidents, accidents and near misses to senior staff.

Incident & accident logs have been updated and implemented to best support the welfare of residents and staff alike. This information is also added to the risk register to best inform staff teams and senior management of all events. All accidents, incidents and near misses are detailed in daily handovers and relayed to management. This new practice informs monthly surges in Manager's Meetings.

10.3

Not Compliant

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

Coolebridge Ltd is currently recruiting for the permanent role of reception officer. The role will capture all resident special reception needs, safeguarding practices, reporting to the relevant bodies. While identifying all residents needs, this role will encompass a multidisciplinary approach. A policy is being developed that will identify, communicate and address existing and emerging special reception needs of residents. We hope that this will implemented by early May 2024.

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	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	01/06/2024
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.	Not Compliant	Red	03/06/2024
Standard 1.5	Management regularly consult residents on their views and allow	Partially Compliant	Orange	01/06/2024

	them to participate in decisions which affect them as much as possible.			
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	01/05/2024
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.	Partially Compliant	Orange	01/06/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	30/04/2024
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	01/06/2024
Standard 4.3	The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.	Partially Compliant	Orange	01/06/2024

Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Partially Compliant	Orange	01/06/2024
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Not Compliant	Red	25/03/2024
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Not Compliant	Red	25/03/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	27/05/2024