



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

Name of the Centre:	Johnston Marina
Centre ID OSV:	OSV-0008438
Provider Name:	Onsite Facilities Management
Location of Centre:	County Kerry
Type of Inspection:	Announced
Date of Inspection:	07/02/2024 – 08/02/2024
Inspection ID:	MON-IPAS-1007

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

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

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

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

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent<sup>4</sup> International Protection Accommodation Service centres against national standards on 9 January 2024.

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

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

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

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

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## About the Service

Johnston Marina is an accommodation centre located on the outskirts of the town of Tralee, Co. Kerry. The centre contains 34 bedrooms, all of which have their own bathroom facilities. At the time of the inspection Johnston Marina accommodated 78 residents, of which 60 were adults and 18 were children. The centre has 11 rooms that were used to accommodate families.

The centre provided a fully catered service to residents within a dining room. In addition, there was a large reception area, a laundry room, a family play room, a multi-purpose room and a small gym area. The multi-purpose room was used as a study, recreation and religious practice space. The centre also had an outdoor play area. The centre is close to local amenities including doctors, play grounds, schools, shops and local transport.

The building is owned by the State and the service is privately operated on a contractual basis by Onsite Facilities Management Ltd. The centre was managed by two centre managers who reported to the managing director of the company. Both centre managers were directors of the company also. The centre was staffed by kitchen staff, general support staff, cleaning staff and reception staff.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	78
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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	11:30 – 18:15	Pauline Clarke	Lead Inspector
07/02/2024	11:30 – 18:15	Amy McGrath	Support Inspector
08/02/2024	08:30 – 14:40	Pauline Clarke	Lead Inspector
08/02/2024	08:30 – 14:40	Amy McGrath	Support Inspector

## What residents told us and what inspectors observed

From speaking with residents and through observations made during the course of the inspection, the inspectors found that residents were generally well supported to live independent lives while availing of the services of this centre. The service provider had ensured that the centre was a safe, warm and welcoming place for individuals seeking international protection. Residents were satisfied with the service provided by the centre and spoke positively about the staff team. Residents were consulted with and their feedback was taken on board by centre managers. Inspectors found that while there were improvements required in relation to governance, leadership and risk management systems, staff recruitment and files, and safeguarding policies and processes, it was evident that the centre managers and staff were motivated to provide a good quality service to residents.

The inspection took place over two days. During this time, the inspectors spoke with 10 residents, the service provider representative (acting in an interim capacity), who also held the reception officer role, two centre managers and other team members including reception, laundry and kitchen staff. In addition, 24 resident questionnaires were completed and returned to the inspectors.

Johnston Marina is a three-story building located on the outskirts of Tralee Town. The centre was a former hotel and it included a reception area, dining area with fully catered kitchen, laundry room, two multi-purpose rooms, a storage area and a small gym. The centre had car parking facilities to the front, and a children's play area to the rear of the building. Inspectors observed that the building and the common areas were homely, clean and well maintained throughout. Communal areas were decorated with art work, pictures and murals completed by residents. Storage space was limited, and the provider had plans in place for addressing this, which will be discussed later in the report. Despite the limited storage space, the provider had made space available to store children's buggies indoors, ensuring that they were dry.

At the time of the inspection the centre accommodated 78 residents, of which 60 were adults and 18 were children. The centre contained 34 bedrooms, 11 of which were used to accommodate families. Each bedroom had its own bathroom facilities. The centre provided accommodation to families and single females with a maximum of three single adults per room. While storage was limited within residents' rooms, the inspectors found that the furniture in the rooms provided for the basic needs of residents.

In order to fully engage with residents, and gain their views on life in the centre, the inspectors were available to talk with residents who wished to do so. Questionnaires for children and adults in seven different languages were placed in the dining hall and the

reception area for any resident who wished to complete them during the course of the inspection.

Adults and children living in the centre said they felt safe and protected. They were aware of how to make a complaint and said that they felt comfortable to do so if they needed to. Generally, residents felt that the provider welcomed feedback on the service. Some of the residents that spoke with the inspectors stated that the staff team responded in a timely way when issues or concerns were raised with them. They described the staff team as welcoming, supportive and helpful. One resident told inspectors that they had received support from staff to return to education. Through observations made, residents appeared comfortable while in the company of staff and were seen to engage in conversation with the staff on the reception desk, when moving through the centre.

The majority of residents were complimentary of the food provided in the centre. At the time of the inspection Johnston Marina was a fully-catered service. The centre operated a 14-day menu cycle, and inspectors were told that the menu was under review. The inspectors observed mealtimes in the communal dining room during the inspection. Breakfast, lunch and dinner were served at set times during the day and the dining room remained open 24 hours a day. Inspectors observed a good selection of meal options available during the inspection and allergen information was on display.

While there was no option for residents to cook their own food, the centre had provided four fridges in the dining room where residents could store food in sealed, labelled containers. Inspectors observed that kitchen staff were accommodating with residents' preferences and provided additional portions of food that residents could store in the communal fridge, so they could heat it up later. Hot water, snacks, juice and microwave facilities were available to residents at all times. Some residents said that they would like to see more culturally diverse options on the menu.

While the provider did not operate a transport system, children were transported to school through the public school bus system. The centre was within walking distance of local services, shops and amenities. In addition, the centre worked closely with a local resource centre where children and families were provided with transport to attend support groups in the local area. Taxis were also provided for residents in emergency situations.

Overall, residents felt welcomed within the centre, and centre staff and managers were supportive of, and available to residents. The observations of inspectors and the views of residents outlined in this section are generally reflective of the overall findings of the inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these

arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.



## Capacity and capability

This was the first inspection of the Johnston Marina accommodation centre by HIQA. The inspectors found that while the service was effectively managed on a day-to-day basis by a management team who were committed to providing person-centred care, there was a lack of understanding and awareness of the full extent of their responsibilities under the national standards. As a result, priority areas for improvement were identified by the inspectors and these included governance and management systems, risk management, record keeping, accountability and oversight of the service. In addition, an urgent action was issued to the service provider in relation to Garda vetting records. This will be discussed in more detail within the report.

While it was evident that there was a culture of respect and kindness towards residents in the centre, the leadership provided by the service provider and centre managers required improvement to ensure compliance with the national standards. The national standards require a service provider to ensure that staff are clearly accountable for their areas of responsibility within the service. In addition, there must be systems in place to monitor and review the quality of the service provided. The provider did not have an audit or self-assessment framework in place, and as a result, was unable to identify areas requiring service improvement. There was no system for monitoring the quality of the service and contingency plans in case of emergency were not in place. The inspectors met with members of the management team throughout the course of the inspection and found that they were respectful in their approach to interacting with residents, and demonstrated a commitment to continual quality improvement within the centre.

Inspectors found mixed levels of compliance on behalf of the service provider due to a lack of awareness and understanding of the requirements and expectations of legislation, policy and the national standards. For example, the provider did not have a policy in place in relation to adult safeguarding or the supervision of staff in the centre.

Improvements were required to ensure that there were clear lines of accountability and effective governance systems in place. There were two centre managers employed who reported to the managing director. The provider had appointed a reception officer. However, individual roles and specific areas of responsibility had not been identified, and the centre managers acknowledged that this created a duplication of roles and responsibilities at times. In addition, while managers were always available to centre staff, the provider had not put a formal on-call arrangement in place.

The centre managers told inspectors that they had daily contact with staff where issues or concerns were raised and discussed. However, there was no formal system for recording these interactions and there was no record of any meetings or discussions that took place between the management team. The centre had a diary which was used

as a means of communicating information between management and staff. While the diary provided limited information by way of a handover, it was a positive base from which to develop a more formal handover system. Improvements were required to develop a formal recording system to ensure transparent decision making, and provide the opportunity for oversight of practice and holding staff to account.

Information was provided to residents on the complaints process. Inspectors found that complaints were dealt with in a timely and respectful manner. However, there was no evidence of the outcome of the complaints process being communicated to the complainants, or whether they were satisfied with the outcome. While there was a system in place for recording complaints, inspectors found that complaints which were recorded on daily diaries had not been added to the complaints log. This impacted the service provider's ability to have oversight of all complaints made in the centre and to learn from them.

The service provider had developed a residents' charter which was provided to residents and was available in different languages. While the residents' charter did not contain all the information required under the national standards, additional information was available in an information folder and booklet that was available to residents from the reception desk. Centre managers were open to reviewing the residents' charter and including the necessary information from the welcome folder, in order to meet the requirements of the national standards.

The centre had a risk management policy and system in place to identify and manage risk, but inspectors found that these were ineffective. There was a risk register in place, however, it did not reflect all risks known in the centre. The risk register included some risks relating to health and safety, but did not identify a range of other risks and hazards which existed, including those related to the welfare and safety of residents. In addition, there were a number of control measures entered on the risk register which were not implemented at the time of the inspection, despite having been identified as required by the service provider up to seven months prior to inspection.

The provider had not completed a risk analysis of the service to identify, assess or control risks and hazards which may potentially compromise the safety and wellbeing of residents and the quality of service provision. For example, adult safeguarding and continuity of service in the event of fire or unforeseen circumstances had not been identified as risks. In addition, while the centre had significant fire safety arrangements in place, inspectors found that the smoke alarm in the kitchen had been disabled for six days due to a leak in the kitchen ceiling. When discussed with the centre managers it was discovered that no interim arrangements had been made to ensure that staff and residents would be alerted in a timely manner in the event of a fire in this space. The inspectors were provided with assurances that the smoke alarm was repaired on the day of the inspection. The centre management team acknowledged that improvements were

required to ensure that the risk management systems for the centre were effective and provided appropriate oversight.

A review of staff files found that the service provider had not ensured that Garda vetting had been updated every three years for staff members as required by national policy, and the service provider's recruitment policy. Police checks were not available for staff members who had lived in other countries for a period of six months or longer. In addition, the service provider had failed to ensure that Garda vetting had been completed for some support workers providing services in the centre. The service provider was issued with an urgent compliance plan to address these concerns and later provided assurances that actions had been taken to address them. Inspectors also found that all documents required by the national standards were not available in staff files.

The centre was appropriately staffed during the inspection period. Staff members were observed as being respectful and kind in their dealings with residents. While staff were aware of their duties and who they reported to, regular formal supervision was not provided to staff or centre managers as required by the national standards. There was no formal performance appraisal system in place for staff members to review their performance over time, or hold them accountable for their practice.

The centre had a policy in place to manage protected disclosures.

There was a good culture of learning and development in the centre. Staff in the centre had completed a significant range of training, including child protection, adult safeguarding, food safety, manual handling and mental health awareness. However, an analysis of the training needs of staff had not been completed. There was also the absence of a system to ensure that the service provider had oversight of training completed by individual staff and when refresher training was due.

### **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's adherence to, and understanding of the national standards was limited. While staff had knowledge of some relevant legislation and policies, further work was required to fully meet the standards. There were mixed levels of compliance with the national standards and an urgent action was issued to the service provider as a result of risks identified by inspectors.

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 there was a culture of respect and kindness evident in the centre, improvements were required to ensure that there were clear lines of accountability leading to effective leadership, governance and management systems. The centre had two centre managers who reported to the managing director, however, individual accountability and specific areas of responsibility had not been identified leading to a duplication of roles. The service provider had not identified all possible risks and hazards in the centre. There was no system in place to monitor the quality of the service or establish contingency plans in case of emergency. Improvements were required to ensure that all complaints were logged appropriately to ensure the service provider had the necessary oversight of the issues arising in the centre.

Judgment: Partially Compliant

## Standard 1.3

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

The centre had a residents' charter in place; however, it did not contain all of the necessary information as required by the national standards. While the centre had taken steps to ensure that relevant information was available to residents through other means, and in different languages, improvements were required to ensure compliance with the national standards.

Judgment: Substantially 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.

There was evidence of consultation with residents and responding to feedback through residents' meetings. Other than food and fire safety checks, the service provider had no systems in place to monitor, review or evaluate the quality of the service being provided. There were no internal audits taking place and the service had not engaged in any self-assessment or annual review process to identify areas of practice requiring improvement, as required by the national standards. Improvements were required to ensure that a

review of the service took place regularly to monitor and improve the services provided on an ongoing basis.

Judgment: Partially Compliant

### **Standard 2.1**

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

Garda vetting had not been updated every three years for staff in line with the service provider's recruitment policy and also as set out in national policy. In the case of staff members who lived overseas for a period of six months or more, police checks were not available on staff files. There was no evidence of Garda vetting for support staff members who were indirectly employed in the centre. In addition, references and photo identification was not available on all staff files as required.

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.

A formal performance appraisal system was not in place for staff members. There was an absence of regular formal supervision for staff members and centre managers as required by the national standards. Improvements were required to ensure that staff files contained the documents required for each staff member as set out in the national standards.

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.

Staff in the centre had completed a significant range of training, including child protection, adult safeguarding, food safety, manual handling and mental health awareness. Improvements were required to ensure that a training needs analysis was completed on a regular basis. A system to provide the management team with oversight of training completed and to identify when staff members were due to complete refresher training was required.

Judgment: Substantially Compliant

**Standard 3.1**

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

There was an absence of an effective risk management policy, framework and register in the centre. Risk assessments completed were limited to health and safety and had not considered risks and hazards which may potentially compromise the safety and wellbeing of residents and the quality of service provision, including adult safeguarding and continuity of service in the event of fire or unforeseen circumstances. A fire safety risk that was being addressed during the inspection had not been risk assessed or included on the risk register. In addition, action had not been taken to implement control measures that were identified seven months prior to the inspection.

Judgment: Not Compliant

## Quality and Safety

The inspectors reviewed the quality and safety of the care provided to residents in Johnston Marina and found that while efforts were made by the management and staff team to deliver a good quality, safe service, this was not fully achievable within the context of the current governance and risk management arrangements, and the dated building from which the centre operated.

The accommodation centre was owned by the State and operated by a private service provider. This created some challenges for the provider as larger structural repairs, such as replacing windows to ensure upstairs rooms for children were safe and to prevent draught and rain water coming in, had to be completed by the State. Centre managers told inspectors that there was a plan in place to replace all windows in the 12 month period following the inspection. The building was generally in good repair, and the communal spaces were welcoming spaces where residents interacted freely with each other and staff.

The centre had a small gym, one large and one smaller multi-purpose room available to residents. These were well decorated, but access to the smaller multi-purpose room and also the gym area was through the main multi-purpose family play area. This impacted residents' ability to have private visits in this space. While there were age appropriate toys available in both of the multi-purpose rooms, some of these toys were in poor condition. The smaller multi-purpose room was used as space for religious practice, study area, storage space and an activities area. CCTV was used in each of these spaces. The lack of independent access to each of these rooms and the use of CCTV impacted residents' ability to engage in activities or meetings in private.

Inspectors found that residents' rooms were in good condition. All rooms had en-suite facilities. Where three adults were sharing a bedroom, there was limited space for storing clothes and personal belongings. Inspectors observed two rooms which were used to accommodate single adults. The rooms were equipped with single beds and a table, and one of the rooms had additional seating. The majority of residents said they were happy with their accommodation, albeit that they shared with other residents.

While there was no formal written policy or procedure in place in the centre for assigning or allocating rooms, the centre had made efforts to allocate bedrooms based on family or friendship links, needs or culture where possible. The centre managers told inspectors that they received limited information prior to new residents arriving to the centre. Where a resident had an issue with other residents in their room, a request to move room was facilitated by the centre managers if another room was available.

The provider ensured that family members were placed together. Where necessary, adjoining rooms were used to accommodate families and children. The inspectors observed three family rooms and found that families had limited private living space separate to their sleeping quarters. The rooms were well furnished and children had some limited room to play within their family's bedroom. The service had also made an additional storage area available for families to store buggies and larger items. However, the communal storage area required additional works to ensure that larger items were stored in a safe and secure manner. In addition, the centre had worked with a local resource centre to provide offsite play and support sessions for parents and children.

Inspectors found that all common areas were cleaned regularly and to a high standard. There was a laundry room in the centre which was found to be clean and well maintained. The centre had staff members who took care of the laundry for the residents on a rota system. Inspectors were told that if a resident requested to do so, they were facilitated to do their own laundry. Residents told inspectors that they were satisfied with the laundry facilities provided, however, on occasion clothes were mixed up or were not fully dried. These issues were managed appropriately by staff. Overall, the laundry arrangements within the centre impacted residents' ability to be independent. The laundry arrangements needed to be reviewed in consultation with residents to ensure it meets their needs and promotes their independence.

Residents reported that they felt safe living in the centre. The centre had proportionate security measures in place. All security staff were licensed and vetted, and there was a diary system in place for the communication of issues that arose while security staff were on duty overnight. As mentioned previously, CCTV was used in all communal areas including multi-purpose rooms. This meant that there was no private meeting space available for residents. Inspectors found that residents were supported and encouraged to have visitors call to the centre.

While the centre operated a fully-catered facility which offered a choice of culturally sensitive meal options, there was no facility for residents to prepare or cook food themselves. Residents were able to get additional portions of food to store in communal fridges for later in the day or evening. Snacks, yogurts, fruit, hot water and juices were available to residents at all times. There was a microwave and communal fridges where residents could store their own food. Residents provided feedback regarding food choices available through the residents' committee meetings. The inspectors found that this feedback had been taken on board by the centre staff and changes had been made to the menu options. At the time of the inspection, the centre operated a 14-day menu which was not in line with the requirements of the national standards. The inspectors were told that the menu was under review. Specific dietary requirements of residents were accommodated and kitchen staff were flexible when trying to meet residents' needs. The food options available on the menu were varied and nutritional, with staff in the centre encouraging healthy eating. There was fresh drinking water available to



residents at all times. The dining hall was a welcoming space, and well equipped with tables, chairs and high chairs. While meal times were scheduled for specific windows, the dining area remained open at all times. Kitchen staff members met with during the course of the inspection demonstrated an awareness of the cultural needs of the residents in the centre.

The inspectors observed that residents were treated with respect and kindness. It was evident that they were encouraged to provide feedback on the services provided through residents' meetings and a suggestion box. Issues raised by residents were addressed in a timely manner. Information on services and supports was displayed throughout the centre on noticeboards. The centre had also developed a comprehensive information folder and welcome booklet for residents, which contained information about local services and supports. Generally residents said they felt respected while living in the centre.

The service had developed strong working relationships with a resource centre in the local area which actively provided support services to residents. Some of these activities took place outside of the centre and transport was provided to ensure residents were able to attend and to encourage integration. When new residents arrived to the centre they were provided with the opportunity to meet with staff from the local resource centre to support the residents to integrate into the local community. Residents were provided with extensive information about local services including healthcare, education and leisure activities. This information was available in multiple different languages as required. The centre had information boards throughout the dining and communal areas with information about local support and wellbeing services. Centre staff had supported adult residents to return to education, and the centre had a multi-purpose room that had desks and was available as a study area. Information technology facilities were also available in the reception area of the centre for residents to use as they needed. However, some residents reported that the Wi-Fi signal throughout the building was poor and this limited their ability to access online services within their own rooms.

Children were transported to and from school by the public school transport service. Crèche and pre-school facilities were available in the local area. The centre provided taxis for residents in emergency situations and the cost of these taxis was covered by the service. A review of the transport arrangements in the centre, in consultation with residents was required to ensure that residents' needs to access necessary services were being met.

Inspectors found that adult safeguarding practices in the centre required significant improvement. The centre did not have policies or procedures in place for the management of adult safeguarding issues, and risks relating to adult safeguarding had not been identified by the service provider. Inspectors found that where incidents had occurred, or complaints had been made, the centre had taken appropriate steps to manage these situations. Staff had completed training in relation to adult safeguarding. Generally adult residents said they felt safe living in the centre.

The centre had a child safeguarding statement in place which had been reviewed and updated. The service provider had ensured that staff were aware of and trained in national policy and legislation related to the protection of children. The service provider had a policy in place to manage allegations made against staff. Inspectors found that incidents of a child protection nature had been reported to Tusla appropriately. The centre had three designated liaison persons in place and the majority of residents were aware of who they were.

While the centre had a policy and process in place to report and notify incidents and serious concerns, there was no system in place to review or learn from incidents in order to continually improve the service provided. Inspectors also found that incidents and complaints recorded in the centre's daily diary were not consistently added to the relevant log. This impacted the service provider's ability to have oversight of all incidents in the centre.

The inspectors found that where the provider was informed of the special reception needs of a resident, such as a mental health need, the service endeavoured to support the residents while also respecting their right to privacy and personal decision making. The inspectors noted, however, that the provider was not always made aware of special reception needs in advance of residents arriving to the centre for admission. Centre managers and staff were alert to the possible needs of residents living in the centre. However, there was no specific or specialised training provided to staff in relation to assessing or responding to special reception needs of residents. The service provider did not have any policy or procedure in place to identify, communicate and address emerging special reception needs.

The service provider had a suitably qualified reception officer in place. However, the reception officer also held the role of centre manager for another accommodation centre in the area which was their primary work base. The reception officer was available in Johnston Marina one day per week, limiting their availability to residents and staff. The service provider had a guidance document in place to support the role of the reception officer. Improvements were required to ensure that the reception officer was available to residents in the centre in line with their needs, and had the necessary procedures and supports to fulfil their role.

**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 efforts were made to allocate bedrooms based on family and friendship links, needs or culture where possible, the service provider needed to develop a system to ensure that the allocation of rooms was carried out through a clear and transparent process.

Judgment: Substantially Compliant

**Standard 4.4**

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

The provider ensured that family members were placed together. However, families did not have living space that was private or separate to their sleeping quarters. Rooms were well furnished and children had some space to play. Limited additional storage space was available for families to store buggies and larger items.

Judgment: Substantially Compliant

**Standard 4.6**

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

Transport was provided to bring children to and from school. Crèche and pre-school facilities were available in the local area. Study areas were available within the centre. Educational support and information technology facilities were provided to residents.

Judgment: Compliant

**Standard 4.7**

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

All common areas were cleaned regularly to a high standard. The laundry room in the centre was clean and well maintained. The centre had staff members who did the laundry for the residents on a rota system. A review of the laundry system in the centre, including consultation with residents, was required to ensure the system in place supported residents to be independent. Cleaning materials were provided by the centre.

Judgment: Substantially Compliant

**Standard 4.8**  
The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.

Residents reported that they felt safe living in the centre and there were proportionate security measures in place. CCTV was used in all communal areas including multi-purpose rooms. Improvements were required to ensure that a meeting space is made available for residents without CCTV present where they could meet with visitors or services in private as required.

Judgment: Substantially Compliant

**Standard 5.1**  
Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.

While the centre operated a catered dining facility which offered a choice of culturally sensitive meal options, there was no facility for residents to prepare or cook their own meals. Residents were able to get additional portions of food to store in communal fridges and snacks were available to residents at all times. Residents had access to a microwave and communal fridges in the dining room.

Judgment: Partially 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.

At the time of the inspection, the centre operated a 14-day menu which was not in line with the national standards. Inspectors were told that the menu was under review to include feedback from residents to ensure that the menu included culturally appropriate meal choices over a 28-day menu cycle. Specific dietary requirements of residents were accommodated and kitchen staff were flexible when trying to meet residents' needs. There was fresh drinking water available to residents at all times. Kitchen staff demonstrated an awareness of the cultural needs of the residents in the centre.

Judgment: Substantially Compliant

**Standard 6.1**  
The rights and diversity of each resident are respected, safeguarded and promoted.

Residents were treated with respect and kindness and were encouraged to provide feedback on the services provided through residents' meetings and a suggestion box. Issues raised by residents were addressed in a timely manner. Information on services and supports was displayed throughout the centre on noticeboards. The centre had also developed a comprehensive information folder and welcome booklet for residents which contained information about local services and supports.

Judgment: Compliant

**Standard 7.1**  
The service provider supports and facilitates residents to develop and maintain personal and family relationships.

The service supported residents to develop and maintain their personal and family relationships. Families were accommodated together and residents were supported to have visitors call to the centre. Contingency planning for school holidays needed to be considered in relation to the use of communal spaces. Improvements were also required to ensure that residents had a space to meet visitors in areas which did not have CCTV in place.

Judgment: Substantially 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 were provided with extensive information about local services including healthcare, education and leisure activities. The centre had strong working relationships with support services in the area. A review of the transport arrangements in the centre was required to ensure that residents' needs to access necessary services were being met.

Judgment: Substantially Compliant

## Standard 8.1

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

While staff had completed training in relation to adult safeguarding, the centre did not have policies or procedures in place for the management of adult safeguarding issues, and risks relating to adult safeguarding had not been identified by the service provider. Inspectors found that where incidents had occurred, or complaints had been made, the centre had taken appropriate steps to manage these situations. Additional measures were required to safeguard vulnerable adults in line with the requirements of the national standards. In addition, enhanced storage facilities were required to ensure that residents could safely store their belongings.

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 centre had a child safeguarding statement in place, and staff were aware of and trained in national policy and legislation related to the protection of children. There was a policy in place to manage allegations made against staff. Inspectors found that incidents of a child protection nature had been reported to Tusla appropriately. The centre had three designated liaison person's in place, and the majority of residents were aware of who they were.

Judgment: Compliant

### Standard 8.3

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

While the centre had a policy and process in place to report and notify incidents and serious concerns, there was no system in place to review or learn from incidents in order to continually improve the service provided. Incidents and complaints that were recorded in the centre's daily diary were not consistently added to the relevant log and this impacted the service provider's ability to have oversight of all incidents which occurred in the centre.

Judgment: Partially Compliant

### Standard 9.1

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

The service provider had an information folder and welcome booklet available for residents which contained information on relevant health and support services available in the area. This information was available in multiple different languages. The centre had information boards throughout the dining and communal areas with information about local supports and wellbeing services. The centre worked closely with local services to provide person-centred services and supports.

Judgment: Compliant

### Standard 10.1

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

Where the provider was informed of the special reception needs of a resident, such as a mental health need, the service endeavoured to support the residents while also respecting their right to privacy and personal decision making. Inspectors noted, however, that the provider was not always made aware of special reception needs in advance of residents arriving to the centre for admission.

Judgment: Compliant

**Standard 10.2**

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

Centre managers and staff were alert to the possible needs of residents living in the centre. However, there was no specific or specialised training provided to staff in relation to assessing or responding to special reception needs of residents. While staff and managers spoke with each other on a daily basis, there were no formal arrangements in place for the recording these discussions, sharing of learning, or the support of staff.

Judgment: Partially Compliant

**Standard 10.3**

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

The service provider did not have any policy or procedure in place to identify, communicate and address emerging special reception needs. Where the service provider had been made aware of the existing special reception needs of a resident, the staff and managers had supported the resident where possible, and cooperated with the relevant services involved.

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.

The service provider had a suitably qualified reception officer in place. However, the reception officer also held the role of centre manager in another accommodation centre in the area which was their primary work base. The reception officer was available in Johnston Marina one day per week limiting their availability to residents and staff. While the reception officer had a guidance document in place, improvements were required to ensure that the reception officer had the necessary procedures, supports and availability to fulfil their role.



Judgment: Not 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
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Substantially Compliant
Standard 1.4	Partially Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Not Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Substantially Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Not Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Substantially Compliant
Standard 4.4	Substantially Compliant
Standard 4.6	Compliant
Standard 4.7	Substantially Compliant
Standard 4.8	Substantially Compliant
<b>Theme 5: Food, Catering and Cooking Facilities</b>	
Standard 5.1	Partially Compliant

Standard 5.2	Substantially Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.1	Substantially Compliant
Standard 7.2	Substantially Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Partially Compliant
Standard 8.2	Compliant
Standard 8.3	Partially Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.1	Compliant
Standard 10.2	Partially Compliant
Standard 10.3	Not Compliant
Standard 10.4	Not Compliant

# Compliance Plan for Johnston Marina Accommodation Centre.

Inspection ID: MON-IPAS-1007

Date of inspection: 07/02/2024 - 08/02/2024

## 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>Training for all management and staff by HCI or equivalent experts on the understanding and adherence to the national standards to be completed by 10th June 2024.</p>	
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Updated Job descriptions including areas of accountability and reporting procedures to be implemented by 10th July 2024. Risks and hazards to be identified and held in a new assessment folder with clear actions on and recording procedures defined and completed by 10th June 2024. Quality of service to be monitored by recording of resident's comments, suggestions and meetings with feedback for residents being held on and completed by 07th May 2024. All complaints are currently recorded and acted on as appropriate and held on file for resident and management.</p>	
1.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Internal audits covering all areas of operations are currently being recorded and held on file since 15.03.24</p>	

2.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The urgent action taking re compliance plan For the Johnston Marina Hotel. Vetting Invitations for all staff to be re-vetted have been sent to Ipas as of 12.02.2024.</p> <p>All staff have been informed they require police checks from countries where they have lived more than 6 months.</p> <p>Now in place bar 2 staff awaiting reports as they are required to collect them in person.</p> <p>Supervision arrangements have been put in place with vetted staff in receipt of police checks on each shift.</p> <p>All External volunteers vetting in place on site.</p> <p>Garda vetting and overseas checks for all completed by 02.04.24 and held on file.</p>	
2.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Staff appraisals for each member to be completed by 10th July 2024 and carried out bi-annually from then. All staff files are currently updated as set out in national standard.</p> <p>Manager has meeting with each staff member every quarter to discuss training needs and any resident awareness/concerns issues.</p> <p>Training matrix to be completed by 10th July 2024.</p>	
3.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Expert safety statement consultants, HCI or equivalent experts, will be engaged to update the existing site-specific safety statements and risk assessments completed by 10th July 2024. The risk plan is to cover all aspects and as much as is possible of a residential centre focusing on resident's safety. Fire safety risk on the day was a water leak through one fire detector that was being dealt with. New and similar instances will be recorded on the risk assessment on the same day.</p>	
5.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Current management are not able to provide this facility in a state-owned building. Current management are not permitted to make structural changes to the state-owned</p>	

building. A request has been made to OPW on 10.04.24 (Ipas monitoring ccd) to install adequate self-catering facilities. No completion date from the OPW is currently available but will be forwarded as soon as is possible.

8.1	Partially Compliant
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Outline how you are going to come into compliance with this standard:  
A new adult safeguarding statement is in place as of 09.04.24. New storage facilities are in place as of 28. 03. 2024.

8.3	Partially Compliant
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Outline how you are going to come into compliance with this standard:  
An updated incident log was implemented on 25 march 2024 to include existing records.  
An action plan follow up log is completed in conjunction to close off the incidents and provide learning to prevent further incidents occurring.

10.2	Partially Compliant
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Outline how you are going to come into compliance with this standard:  
A multi layered inexhaustible continuous training program (online and onsite) for all staff that covers vulnerable residents, safeguarding adults at risk of abuse, mental well-being, suicide awareness, violence against women, LGBTQIA+ awareness, child protection and safety, understanding child development through a trauma lens, introduction to human rights in health and social care. IPAS, HSE and expert stakeholders to assist with provision of extra training packages. Record of training to be noted on individual staff training cards.  
Discussions amongst staff regarding emerging and identified needs of residents to be recorded weekly commencing 13th march 2024 on emerging and identified needs log of concerns, actions, reporting and outcomes. The reception officer to oversee same.

10.3	Not Compliant
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Outline how you are going to come into compliance with this standard:  
The reception officer will publish by 01 July 2024 the company emerging special reception needs policy for all staff and residents. This policy will outline ancillary supports by health and welfare services and areas of responsibility.

10.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>By 09.09.2024 additional reception officers will be employed to provide appropriate cover for the centre. The resources required will be provided to ensure the residents get whatever is necessary.</p>	



## Section 2:

### Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 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	10/06/2024
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable	Partially Compliant	Orange	10/07/2024

	for areas within the service.			
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.	Partially Compliant	Orange	15/03/2024
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	19/04/2024
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	10/07/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	10/07/2024
Standard 5.1	Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.	Partially Compliant	Orange	TBN
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Partially Compliant	Orange	09/04/2024
Standard 8.3	The service provider manages and reviews	Partially Compliant	Orange	25/03/2024

	adverse events and incidents in a timely manner and outcomes inform practice at all levels.			
Standard 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Partially Compliant	Orange	13/03/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	01/07/2024
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.	Not Compliant	Red	09/09/2024