



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

Name of the Centre:	Millstreet Accommodation Service
Centre ID OSV:	OSV-0008443
Provider Name:	Cromey Ltd
Location of Centre:	County Cork
Type of Inspection:	Announced
Date of Inspection:	13/02/2024 - 14/02/2024
Inspection ID:	MON-IPAS-1009

## 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

## About the Service

Millstreet Accommodation Centre is an accommodation centre located in Millstreet Co. Cork. The centre is situated on a scenic site of approximately 200 acres and comprises one main building and eight smaller buildings. An historical tower on site dates back to 1436. In the 1990s it was developed as an accommodation centre to provide support to international protection applicants. The main building contains 80 bed spaces, the other eight buildings provide accommodation for a mix of family units and single rooms with en-suite or dedicated bathrooms, and at the time of the inspection the centre accommodated 288 residents.

The buildings have kitchen facilities throughout for the residents to cook and there is a dining room in the main building. There is a large laundry room with washers and dryers and also a smaller laundry room in another building. In addition there is a reception area, offices, a large study room, visitor room, and meeting rooms.

The centre is managed by a centre manager who reports to the director of services and is staffed by a director of operations, administrative manager, reception staff, general support staff and cleaning staff.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	288
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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
13/04/2024	10:30 – 18:15	Cora McCarthy	Lead
13/04/2024	10:30 – 18:15	Thomas Hogan	Support
14/04/2024	08:30 – 13:00	Cora McCarthy	Lead
14/04/2024	09:15 – 13:00	Thomas Hogan	Support

## What residents told us and what inspectors observed

The inspectors found, through conversations with residents, a review of documentation and observations made during the inspection, that the residents at Millstreet Accommodation Centre were receiving good support from the staff team and service provider. Most residents expressed satisfaction with the service and assistance they received at the centre and spoke highly of the staff team, deputy manager and centre manager. However, the inspectors identified areas for further development, particularly in defining the roles and responsibilities of the reception officer in alignment with the national standards, establishing internal structures and processes for the oversight and monitoring of the service, and developing a system to increase service user consultation.

On arrival at the centre the inspectors were met by the director of services who introduced the inspectors to the centre manager, director of operations and administrative manager, all of whom had worked at the centre for a number of years. The inspectors were introduced to the receptionist, who manned the reception area and monitored individuals entering and exiting the centre, while offering assistance, guidance, and information to the residents. The inspectors had an introduction meeting with the management team and then completed a walk through of the buildings with some members of the management team.

The entrance area of the main building of the centre was observed as inviting for both residents and visitors alike. During the inspection, residents were seen communicating with the receptionist to reserve meeting rooms or, in the case of children, to obtain keys for the sports hall. Throughout the inspection, the inspectors observed courteous and respectful interactions between residents and staff members.

Residents' views on the service were gathered by inspectors through various methods of consultation including talking with residents, resident questionnaires, inspector observations and a review of documents. Inspectors met with 31 adult residents and 26 children throughout the course of the inspection. Resident questionnaires were completed by 31 residents and the majority of them reported that they felt safe and happy living in the centre. Some residents with whom the inspectors spoke said that they did not know how or with whom to raise a safeguarding concern. However, in the main, residents said that they were happy with the facilities and the accommodation. They said that the centre managers and staff were approachable and that they felt comfortable raising concerns with them.

The primary function of the centre was to provide accommodation to international protection applicants and it catered for families, single male and female residents. The resident group in the centre were from a number of different countries. While the centre provided accommodation to people seeking international protection, the inspectors found that some of the residents had received refugee or subsidiary protection status and had received notice to seek private accommodation outside of the centre. Due to the lack of alternative accommodation available this was not always possible.

The centre comprised nine buildings, with the main building housing offices, meeting rooms, dining room, sports hall and 37 bedrooms and five units. There were kitchenettes throughout the building with storage cupboards for food, and wash up areas. There was a large laundry room at the back of the main building containing 16 washers and dryers. The bedrooms in the centre had a maximum of two unrelated residents sharing a bedroom. Some rooms had an ensuite with a shower and toilet and other bedrooms had a bathroom on the same floor.

The other eight buildings were of a similar standard and had adequate bathroom and cooking facilities available to residents. The buildings overall were well maintained, although in the main house and one other building there was a shortage of communal living space with sofas for residents to relax.

While the centre was generally clean, the inspectors noted that some areas required fresh paint, and a bathroom in one of the buildings had mould on the ceiling. The windows in one building were dated, some didn't close properly and some window stays were broken. This presented risks particularly for young children. The grounds the centre was situated on were very well maintained and provided ample space for children to play and opportunities for walks and recreation. There was a football pitch and playground area for the children to play and an indoor sports hall to use in poor weather.

There was a second laundry room in one of the smaller buildings in the centre which held five washing machines and four tumble dryers. Residents received bedlinen and towels on arrival at the centre and there was adequate facilities to launder them as required. They could request fresh bed linen and towels when they were required.

There was in-house healthcare services available from a nurse and a general practitioner, and an after-school service for the children was provided by a local non-government organisation (NGO).

In order to fully understand the lived experience of the residents, the inspectors made themselves available to the residents over the course of the inspection. Some residents engaged with the inspectors and it was noted that overall they were very satisfied with the support they received. All of the residents with whom the inspectors spoke stated that they felt safe in the centre although some expressed dissatisfaction with the size of the family units. Thirty one residents returned questionnaires which were made available to them in order to ascertain their views of the quality of service provided. The residents said they were very happy that they could cook their food of choice in line with their cultural and religious beliefs.

Other residents with whom the inspectors spoke outlined positive experiences of living in the centre. They spoke of their involvement and integration into the local community and the use of services and facilities in the local town. While onsite healthcare supports were provided, some residents continued to access the local general practitioner and pharmacy. Children regularly went to the local town to use the astro turf soccer pitch, and the bus service offered by the provider facilitated this.

In summary, through careful observation of everyday activities and interactions within the centre, coupled with active engagement with the residents, it became clear that the centre provided a positive environment where residents had access to supportive staff and managers. Interactions with residents were marked by warmth, respect, and a focus on individual needs. Although some improvements were needed in the building, the proactive involvement of managers and staff helped alleviate these issues to some degree, striving to provide the best service possible within the operational limitations of the centre. The inspectors' observations and the feedback from residents detailed in this section of the report correspond with the broader conclusions drawn from 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 was the first inspection of this accommodation centre by HIQA. This inspection found that the service was effectively managed on a day-to-day basis by a dedicated management team, but some improvements were required to ensure there was effective governance and oversight of the service. Key areas for improvements were identified which related to risk management, safe recruitment practices, record keeping and the ongoing monitoring of service provision. An urgent compliance plan was issued to the service provider in relation to the requirement for Garda vetting for some staff members. This will be addressed in further detail in the body of the report.

Effective governance and leadership requires an understanding of the legal and policy framework governing service operations, encompassing relevant legislation, national policy, and national standards. Prior to the inspection, the service provider had completed a self-assessment of their compliance with the national standards. This was a positive step and demonstrated an understanding of their responsibilities under the national standards. Inspectors found that this required a further review to ensure it captured the actions required to reach full compliance, and to incorporate these actions in to a quality improvement plan. There was an absence of an audit framework, however the provider was positively engaged in a process of learning and development in terms of implementing the national standards and quality improvement systems and was committed to the ongoing development of the centre.

The provider did not have a full suite of policies available and as such both the management and staff team had limited guidance documents to inform their practice. There was a lack of understanding of the requirements of national policy, particularly in the case of safeguarding of vulnerable adults, and while staff actively promoted a safe environment for residents, there was no formal training or policy in place.

The provider had not ensured that an appropriate and well managed recording system related to supports for residents was in place. This limited the ability of the provider to effectively oversee and monitor practice and the level of supports provided to residents and to demonstrate how they were meeting the needs of vulnerable residents. In addition, the good work being undertaken in the centre was not captured either and as a result, the provider could not be of the effectiveness of the service.

There was a clearly defined governance and management structure in place but formal systems and processes for quality improvement, auditing and reporting were needed, which would strengthen oversight and monitoring of service provision. This finding reflected the newness of the service provider to the national standards. The service provider had engaged an external consultant who completed a review of the management systems of this centre. The service provider representative informed inspectors that they were addressing the actions required from this review, some of

which reflected the findings on this inspection. The quality assurance systems being implemented following this review provided a sufficient basis from which quality improvement could take place and bring about enhanced services which met the requirements of the national standards.

The day-to-day management of the centre was undertaken to a good standard, and was overseen by a capable and committed centre manager and operations manager who reported to the director of services. The centre manager oversaw the operations of an online food ordering system, and a points system for residents to purchase food and the operations manager organised the delivery of the orders. This was running effectively at the time of inspection.

The service provider had an informal on-call rota in place which was operated between the centre manager, director of services and operations manager. There was also a phone line the residents could call out-of-hours, and where necessary, issues arising were triaged and reported to the director of services to address if needed. The inspectors found that a formal on-call arrangement would provide security to centre staff and would be a valuable resource for them.

There were team meetings for staff to discuss the day-to-day running of the centre, however, there was no evidence to show that these meetings were utilised for learning from incidents or events. The centre manager and operational manager met with the director regularly and discussed matters pertaining to residents, the operation of the centre, maintenance issues and financial matters but these were all on an informal basis and not recorded. The provider was implementing a formal arrangement to allow for improved oversight and monitoring of the quality of the service provided to the residents.

The centre manager had overall responsibility for the operations of the service and all staff reported to them. There was no formal communication between local management and this was an area which was identified as requiring development. The provider had recently implemented a system of performance appraisal and review for staff, however, the provider had not yet implemented their supervision process although they had developed a policy in relation to same.

There was a good system in place to list maintenance requirements and respond to them, there were areas of the centre which needed attention.

The systems in place to identify and manage risk were not fully developed and therefore not as effective as they could be. The service provider had a risk management policy and critical incident policy in place, and had developed a risk register as required by the national standards. However, this register was limited in that it was mainly focused on health and safety risks, organisation or corporate related risks, and did not include all

risks or hazards relating to residents. The provider had identified and assessed some risks in relation to minors but not adults.

Some risks identified by the inspectors were not recorded on the risk register and assessed, with the necessary controls put in place. The completion of a detailed risk analysis of the service was required in order to identify, assess and manage risks and hazards which existed within the accommodation centre. The provider could not be assured that all risks in the centre were known and addressed and as a result could not demonstrate that the centre was consistently safe. The service provider did not have a formalised contingency plan in place in the event of a fire, flood or outbreak of an infectious disease.

There was a complaints policy and process in place which was working well. Complaints were documented, complainants were consulted with, and complaints were resolved. A recording system ensured the provider had good oversight of complaints which informed service improvements. There was an absence of a residents committee or residents' survey to seek the views of the residents, and this required improvement.

The provider had a reception officer employed in the centre as required by the national standards. On the day of inspection, the inspectors reviewed the staff rota for one month prior to the inspection, and found that there were 31 staff outlined on the rota and 27 whole-time equivalent posts. The number and skill level of staff was adequate to meet the number and needs of the residents.

Some staff were trained in areas such as child protection and fire safety. However, they had not received other training in safeguarding of vulnerable adults and a training needs analysis had not been undertaken against the requirements of the national standards and national policy. As a result there were significant training deficits identified by the inspectors.

From a review of centre records, the inspectors found that while all staff were vetted in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, three staff required updated Garda vetting, as they were outside the three-year period set out in national policy. International police checks were required for 26 staff members who had resided outside of Ireland for a period of six months or more. Employment references were not on file for any staff member and all staff members' files reviewed were without job descriptions.

The provider had prepared a residents' charter that clearly described the services available, and had been made available to residents.

### **Standard 1.1**

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

The management team had good awareness of the legislation, national standards and national policy. While the service provider had developed a suite of policies including child protection and welfare, this required further review as there was an absence of adult safeguarding policy to protect vulnerable adults. The service provider had completed a self-assessment of their compliance against the standards however this had been completed very recently and actions identified were required to be fully implemented to improve the quality of support provided to the residents and to achieve compliance with the standards.

Judgment: Substantially Compliant

### **Standard 1.2**

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

There was effective management of some key areas of service provision including child protection and welfare issues, maintenance issues and reporting of incidents. However, the service provider needed to develop formal quality assurance and reporting systems to support good oversight and monitoring of all aspects of service provision. The service provider had governance arrangements in place that set out the lines of authority and accountability and detailed responsibilities for areas of service provision. However, although there was a reception officer within the internal management structure, this role had not been effectively utilised to date. There was also an absence of effective monitoring systems to ensure good oversight and management of risk and fire.

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 service provider had a residents' charter in place which was available to residents and was displayed prominently. It outlined how new residents were welcomed, the name and role of staff members in the accommodation centre and how the centre meets the needs

of children and adults in the centre. The residents' charter also included how each individual's dignity, equality and diversity was promoted and preserved and how all residents were treated with respect. There was information available on the complaints process, how the service provider sought the views of the residents, the code of conduct and that residents personal information would be treated confidentially.

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 implemented some systems for the oversight and monitoring of the quality of care and experience of adults and children living in the centre. The provider demonstrated self-awareness and had identified some issues as part of the self-assessment process and was committed to ensuring that arrangements were put in place to continue to evaluate and manage the safety and quality of the service. An annual review of the quality and safety of care delivered to residents had not been completed.

Judgment: Substantially 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.

There was a complaints policy and procedure in place and there was documentary evidence of complaints made and how they were investigated and managed by the service provider. However the inspectors found that there was an absence of meaningful consultation with residents from the service provider as there was no residents committee or group to actively seek the views of adults and children or to provide them with information.

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 consistently safe and effective. Twenty six staff members who had periods of residence of six months or more outside Ireland did not have international police checks carried out. In

addition, three staff members did not have up-to-date Garda vetting completed in line with the requirement of national policy. An urgent action was issued the service provider regarding these findings. All staff files were reviewed and the inspectors noted that there were no written references available for staff members. A staff appraisal system had recently been developed but had not been implemented at the time of the inspection.

Judgment: Not Compliant

### **Standard 2.2**

Staff have the required competencies to manage and deliver person-centred, effective and safe services to children and adults living in the centre.

The service provider had ensured there were appropriate numbers of staff employed in the centre with regard to the number and needs of the residents and the size, layout and purpose of the service. The service provider had ensured that the staff team had the necessary experience and competencies to deliver person-centred support to the residents and to meet the individual needs of residents.

Judgment: Compliant

### **Standard 2.3**

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

The provider had recently developed a system for performance management, however, this was not implemented at the time of the inspection and there was an absence of formal supervision of staff and managers as required by the national standards. The provider had developed a supervision policy and was committed to implementing this and the inspectors noted that staff members demonstrated a good understanding of their roles and responsibilities in promoting and safeguarding the welfare of all residents. Staff members spoken with said they felt supported by the centre managers.

Judgment: Substantially Compliant

### **Standard 2.4**

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

The provider had not undertaken a training needs analysis to ensure all the required training as prescribed in the national standards was delivered to the staff team. The full

staff team had received child protection training but none had received training in the safeguarding and protection of vulnerable adults. Members of the management team had received training in mental health awareness and conflict resolution, however, there was a significant gap in the training requirements as outlined in the national standards.

Judgment: Not Compliant

**Standard 3.1**  
The service provider will carry out a regular risk analysis of the service and develop a risk register.

The service provider did have a risk management policy in place and a risk register had recently been developed, however, it was very limited in that it primarily outlined corporate and health and safety risks and not adult resident risks. The provider had not completed an in-depth risk analysis of the service and risks such as the absence of a safeguarding policy and training for staff had not been identified and added to the risk register.

Judgment: Partially Compliant

## Quality and Safety

This inspection found that while the service provider and centre managers were dedicated to the delivery of a consistently good quality and safe service which met the needs of all residents, this was not fully achievable within the context of the current governance and management arrangements and the absence of a robust risk management framework and system.

The accommodation centre was owned and operated by a private provider and while it had been maintained, it was an old building which required regular upgrade work. Some areas of the centre required painting, there was also limited living or lounge areas for some accommodation, and there were some maintenance issues which needed to be addressed. Bedrooms either had an ensuite with a shower, toilet and wash basin or a shared bathroom on the same floor. All bedrooms had a key door lock system and residents had access to secure storage for larger items on the grounds of the centre.

Inspectors reviewed the procedure for allocating rooms to residents in the centre and it was noted that room allocation was primarily determined by residents' needs and guided by the provider's policy. Upon residents' arrival, the centre's manager and staff team made allocation decisions based on the information accessible to them at the time. They made every endeavour to fulfill residents' needs by placing them in the most appropriate accommodation. In cases where immediate accommodation matching the residents' needs wasn't possible upon admission, the centre manager kept track of room vacancies and relocated residents to more suitable accommodations once available.

The inspectors found that the bedrooms in the accommodation centre were clean and in a good condition. Generally, there was adequate storage in bedrooms, however, in some accommodation there was limited storage and lounge or living space with sofas to relax. There was sufficient parking available for staff members, residents and visitors. Children had access to a playground and a football pitch on site. CCTV was in operation in external and communal areas of the centre and its use was informed by a centre policy.

The service provider was proactive in meeting the educational and recreational needs of residents. There was a playschool and after-school service for children and a study room for older children and college students. The after school room was adequately equipped with educational resources and equipment to support the childrens learning and development. The service provider was also very aware of the need for mental health supports and there was a psychology service and healthcare service available for residents.

There were adequate communal facilities for residents to use, including a dining room, a visitor or meeting room with seating, study and a sports hall for children. The inspectors observed residents using the kitchenettes throughout the inspection. There was Wi-Fi throughout the centre. Most of the communal areas were in good condition and nicely



decorated, but some spaces required painting. In addition, some areas required attention or repair such as the windows in some bedrooms were defective. There were two well-equipped laundry rooms with 21 washing machines and 20 tumble dryers. Laundry detergents were available in the on-site shop for purchase with points (in line with the points system residents avail of to meet some of their material conditions).

The centre was located on the outskirts of a small town and a regular bus service daily to the town was provided. There was also access to public transport links and some of the residents had their own vehicles. Residents had ready access to shops, amenities and educational facilities within the local community.

Through discussion with staff and speaking with residents, the inspectors found that the general welfare of residents was well promoted and concerns raised by residents were effectively dealt with. Despite this, there were no procedures in place for residents to give their feedback on their experiences. Residents were encouraged to be independent and autonomous while receiving the necessary supports to achieve this. The centre manager informed the inspectors that residents' rights were promoted in the centre, however, there was no documentation that rights and entitlements were discussed with residents.

Safeguarding practices required improvement in this centre. A child safeguarding statement was in place along with a policy on child protection and welfare. However, there were inadequate measures in place to protect vulnerable adult residents from the risks of abuse and harm in line with relevant legislation and guidance. The service provider had not implemented a policy regarding the safeguarding and protection of vulnerable adults. Some residents who completed the inspection questionnaire, said they did not know who the designated officer was for adult safeguarding or how to raise a safeguarding concern. A comprehensive policy was required to ensure that responses to adult safeguarding concerns were in line with best practice, fully informed and monitored for effectiveness.

There was a system in place to report and notify all incidents and serious events in the centre relating to children. There was evidence of good recording and reporting of child protection concerns to the relevant authorities. However, there was limited recording of adult safeguarding concerns so associated risks had not been assessed. There was no system to maintain oversight of adult safeguarding concerns. There were no arrangements in place for lessons learnt or debriefing following incidents and events for the purpose of service improvement.

Residents were supported and facilitated to maintain personal and family relationships. Families were accommodated together and the family unit was further respected and

promoted as residents were encouraged to bring their family members to their private living space for visits.

There were some residents living in the centre with known special reception needs. The provider had not, for the most part, been made aware of these vulnerabilities in advance of the resident arriving to the centre. Where special reception needs were identified the provider implemented additional supports or directed the resident to an appropriate service to receive the necessary assistance.

The service provider ensured that any special reception needs notified to them by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) were incorporated into the provision of accommodation and associated services for the residents concerned.

The centre had a dedicated reception officer and they or the centre manager reported any special reception needs of the residents that became apparent to the relevant government department. The reception officer had developed links with local services and it was evident that residents were appropriately referred to health and social care services in accordance with their needs. Despite this positive approach to identifying and responding to the special reception needs of residents, a policy had not been developed to support staff to identify, communicate and address existing and emerging special reception needs of residents as required by the national standards. The reception officer liaised with the DCEDIY if they considered that a resident with special reception needs would be better accommodated in a more appropriate accommodation centre.

The service provider and management team engaged with other agencies to provide information and access to a range of services for residents. The service provider supported residents to participate in education (both formal and informal), training, volunteering and employment opportunities. The service provider was supporting some residents to attend college and support was offered to residents regarding developing curriculum vitae for employment seeking.

#### **Standard 4.1**

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

The provider had recently developed a policy and procedure for allocation of rooms to residents. Rooms were allocated having regard to the needs of the residents including health conditions, familial links, cultural, linguistic and religious backgrounds. Residents with whom the inspectors spoke said they were happy with this approach and that the provider was accommodating in this regard. A small number of families that had increased in numbers resided in family units which were no longer suitable to the size of their family.

Judgment: Substantially Compliant

#### **Standard 4.2**

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

The service provider had ensured that the accommodation for residents was of a good standard and the majority of residents had sufficient space in line with the requirements of the national standard. There was adequate storage in bedrooms and table and chairs although in some accommodation there was limited lounge or living space with sofas to relax. The buildings in general were well maintained though one bathroom had mould on ceiling, window latches and stays required repair and some buildings needed to be freshly painted.

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 service provider had ensured that in the main the privacy and dignity of family units was protected and promoted, however, the inspectors noted one complaint from a mother who indicated that they could not use the bathroom facilities on the next floor to their bedroom as they would have had to leave their baby unattended. This complaint was addressed temporarily but a review was required to ensure that the family unit was protected going forward.

Judgment: Substantially Compliant

**Standard 4.5**

The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.

The children who resided in the centre had a dedicated playground area, a soccer pitch and a large indoor sports hall. Notwithstanding, the grounds surrounding the centre were vast and provided ample space for recreation, walks and cycling bicycles. There was a playschool and afterschool club where children could go to do homework, artwork and which had age appropriate toys and books for the children.

Judgment: Compliant

**Standard 4.6**

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

The service provider had supported the development by a local NGO of an after-school club where children could go to do homework, artwork and which had age appropriate toys and books for the children. It was a child friendly, comfortable and inviting area and supported the educational development of each child and young person. There was also a study room with computers and access to Wi-Fi to meet the educational requirements of children and young people.

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.

There were three laundry rooms in the centre which were found to be clean and well maintained, and contained adequate number of washers and dryers for the number of residents. All equipment was observed to be in working order and there was appropriate access to cleaning materials and laundry detergent.

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 implemented suitable security measures within the centre which were deemed proportionate and adequate and which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre only and was monitored in line with the service provider's policy.

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.

This inspection found good practice in relation to the provision of appropriate non-food items. Residents received two sets of bed linen and towels on arrival at the centre. Residents were provided with the necessary utensils and equipment in the individual kitchenettes to allow them to live independently. The additional costs associated with products for babies, sanitary wear and contraception was covered by the service.

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 self-catering options for residents where they could cook foods of choice and culturally sensitive meals. There were storage facilities available for residents' food and included ovens, cookers, microwaves, refrigerators, hot water and space for preparing meals.

Judgment: Compliant

**Standard 5.2**

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

The provider had developed an online food-ordering system where the residents could order their groceries and it would be delivered to their accommodation. The service provider had ensured that there was a variety of foods, brands and best value options which accommodated cultural, religious, dietary, nutritional and medical requirements.

Judgment: Compliant

### **Standard 6.1**

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

The inspector found that the provider promoted the rights of the residents and adults and children were treated with dignity, respect and kindness by the staff team employed in the centre. The staff team provided person-centred supports according to the needs of the residents. Equality was promoted in the centre in terms of religious beliefs, gender and age.

Judgment: Compliant

### **Standard 7.1**

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

Residents were supported to develop and maintain personal relationships and they could invite family and friends to visit them in the centre. The family unit was respected in the centre and privacy and dignity were promoted.

Judgment: Compliant

### **Standard 7.2**

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

The service provider facilitated residents to have appropriate access to local recreational, educational, medical, health and social care. The children attended the local primary school and some young people in the centre attended college in a nearby town. There was a general practitioner and community nurse on site several days per week and residents also utilised healthcare services in the local town. The centre was located on the outskirts of a town and there was positive community integration, the provider made a regular bus service available to the residents, there was access to public transport links also and some of the residents had their own vehicles.

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.

The service provider had engaged with two local NGOs and supported them to set up offices within the centre and provide support to residents including social inclusion, English language classes, computer classes, an integration programme, support with curriculum vitae and interview preparation.

Judgment: Compliant

### **Standard 8.1**

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

The inspectors reviewed all incident records for the centre and noted that there was a very good reporting and recording system in place for child protection issues. All child protection incidents had been recorded and reported to Tusla, the Child and Family Agency and the Gardaí as per national requirements and recommendations and guidance followed. The inspectors found that although there were policies and procedures in place concerning the safeguarding of children, there was an absence of a policy for adult safeguarding.

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.

There was a child protection policy and child safeguarding statement in place and staff had completed training in child protection. There was an appropriately trained designated liaison person appointed. The staff team provided support and advice to parents when required and children had access to additional supports, if this was required.

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.

There was a system in place to report and notify all incidents and serious events in the centre. However, there were no arrangements in place for lessons learnt or debriefing following incidents and events for the purpose of service improvement.

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 promoted the health, wellbeing and development of each resident. The staff team provided person-centred support that was appropriate and proportionate to the needs of the residents. The service provider had engaged with community healthcare services and also provided in-house healthcare including a general practitioner and a nurse to support residents needs.

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.

The provider ensured that any special reception needs notified to them informed the provision of accommodation and delivery of supports and services for the residents. While these supports were person centred, they were offered informally and there was limited records maintained of special reception need requirements.



Judgment: Substantially Compliant
<p><b>Standard 10.2</b></p> <p>All staff are enabled to identify and respond to emerging and identified needs for residents.</p>
<p>While staff members and managers had not received specialist training to identify and respond to the special reception needs and vulnerabilities of residents, they were responsive to residents need and person centred in their approach.</p>
Judgment: Substantially Compliant
<p><b>Standard 10.3</b></p> <p>The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.</p>
<p>The service provider did not have a policy in place to identify, address and respond to existing and emerging special reception needs.</p>
Judgment: Not Compliant
<p><b>Standard 10.4</b></p> <p>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.</p>
<p>There was a reception officer employed in the centre who was suitably qualified to carry out the role. Residents were linked with the appropriate healthcare services within the centre or local community.</p>
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
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Substantially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
Standard 1.5	Partially Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Not Compliant
Standard 2.2	Compliant
Standard 2.3	Substantially Compliant

Standard 2.4	Not Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Partially Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Substantially Compliant
Standard 4.2	Substantially Compliant
Standard 4.4	Substantially Compliant
Standard 4.5	Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant
<b>Theme 5: Food, Catering and Cooking Facilities</b>	
Standard 5.1	Compliant
Standard 5.2	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	Compliant
Standard 7.2	Compliant
Standard 7.3	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	Substantially Compliant
Standard 10.2	Substantially Compliant
Standard 10.3	Not Compliant
Standard 10.4	Compliant

## Compliance Plan for Millstreet Accommodation Centre

**Inspection ID: MON-IPAS-1009**

**Date of inspection: 13/02/2024 – 14/02/2024**

### 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
1.2	Partially Compliant
Outline how you are going to come into compliance with this standard:  <ol style="list-style-type: none"><li>1. Develop formal quality assurance and reporting systems to support good oversight and monitoring of all aspects of service provision.</li><li>2. The reception officer role had not been effectively utilised to date.</li></ol>	

3. There was an absence of effective monitoring systems to ensure good oversight and management of risk and fire.

1. Our reporting systems were recently implemented and included residents file recording, risk management, team meetings, supervision and staff appraisals.

A system of auditing will be implemented from 15 August 2024. The first audit will take place on the 09 September 2024. This will have a dual focus and includes:

(a) A once yearly improvement audit that will focus on specific areas of governance and service provision with actions to be identified, persons responsible and timeframe attached. Areas identified in the first audit include:

- Risk management practices
- Recording on resident's files
- Team meetings
- Supervision

(b) The centre annual 'Quality Review', where the quality and safety of service provision will be assessed in conjunction with staff, children and adults living in the centre. The findings of the audit will inform service improvement in the centre. A copy of this review will be available to residents and IPAS.

2. The reception officer role will be fully implemented at the outset of the new contract with IPAS, which is expected to be in place pending mobilization works and approval by IPAS.

A policy and procedure for the reception officer role will be written within a month of that contract being signed. Referrals from the center manager to the reception officer will commence within a month of that contract being signed. The reception officer will be available for clinics within a month of that contract being signed.

1.5

Partially Compliant

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

1. There was an absence of meaningful consultation with residents from the service provider as there was no residents committee or group to actively seek the views of adults and children or to provide them with information.

We will develop a residents consultation strategy that will use a blended approach to consult, seek the views and to provide information to residents. This includes:

1. Feedback mechanisms that are already in place:

An email alert system has always been in place. As has our open-door policy, the 'Friends of the Centre Group', along with the Non-Governmental Organization that advocates on behalf of residents and who is based on site. These systems are currently used to:

- (a) Provide all residents with up-to-date copies of the Centre Induction booklet and Residents Charter.
- (b) Ensure that all residents are provided with information on services locally.
- (c) Ensure that residents are encouraged to provide feedback to the center manager.

2. Improving recording practices in the center.

- (a) All significant day to day interactions between center manager, reception staff, the reception officer and residents, where residents are provided with information and provide feedback on the service are consistently recorded in resident's files and center documentation. This was implemented on the 01 February 2024.
- (b) Individual email communication between the center manager and residents will also be saved against resident's files. This was implemented on the 01 February 2024.
- (c) An information session was held with staff in the center on the 07 March 2024 to provide additional guidance to staff on recording requirements.
- (d) Further sessions will take place as required.
- (e) An audit of resident's files will take place on the 09 September 2024, which will be part of the center 'Quality Review'. Findings from the audit will be shared with staff to identify compliance with recording practices and to identify where improvements can be made.

3. Establish an online survey:

- (a) An online survey on the services received by Residents will be put in place. The survey will be developed by the Director of Operations by the 25 April 2024 and operational by the 07 May 2024. The survey will be anonymous- in that Residents will have the opportunity to provide feedback without having to provide their personal details.
- (b) The center manager will screen survey results for any immediate concerns and the remaining feedback will be collated as part of the center annual feedback analysis.

4. Conduct a center annual feedback analysis.

- (a) All feedback from residents will be collated on an annual basis to inform our Strategic planning and service provision. This analysis will be conducted at the end of the year and will include findings from the 'Quality Review' and online survey. To be completed by 01 April 2025.

2.1

Not Compliant

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

1. International police checks were not in place for twenty six (26) staff members, as required.

Since the inspection, Cromey Ltd determined that 26 staff members required International Police Checks to be completed. Evidence of International police checks were provided by 2 staff members, since the 13th February 2024. On the 22nd February 2024, 24 staff members were required to provide evidence of International Police Checks.

Staff members requiring International Police Checks have been directed to begin the process of seeking International Police Checks. As of the 25th March 2024, ten staff members have returned evidence of International Police Checks, while the remaining 16 are in progress. The Operational Director continues to monitor the progress of these checks. It is hoped that the International Police Checks will be completed by 29th April 2024. However, the timeframe for completion is dependent on Police authorities in countries where staff members resided, and is outside of the control of Cromey Ltd.

2. A number of staff members required updated Garda Vetting as per the RIA policy.

At the time of the inspection, all staff had Garda vetted as required by relevant legislation.



At the time of the inspection, 3 staff members did not have Garda re-vetting, in line with the requirements of the RIA November 2018 Policy. Requests for re-vetting were submitted to Garda Vetting for those 3 staff members, via IPAS on the 15th February 2024. As of the 25th March 2024, all re-vetting is up-to-date.

While these matters are in progress, the Cromey Operational Manager will maintain and update a register of Garda vetting requests and International Police Checks on a weekly basis until this matter is resolved. This register will track the progress of applications. The Company Director will be provided with assurances on all progress on a monthly basis.

Staff members whose re-vetting is awaited will receive supervision, in line with Cromey Ltd supervision policy and any risks identified will be risk assessed in line with Cromey Ltd Garda Vetting policy.

3. All staff files were reviewed and the inspectors noted that there were no references available for staff members.

A Recruitment Policy was implemented on the 01 February 2024. In line with that policy:

- a. All staff who are with Cromey Ltd over three years will not be required to have references. We will ensure that staff competencies for their respective various roles within the organisation will be reviewed annually in line with our Staff Appraisal Policy- also implemented on the 01 February 2024.
  - b. All new staff will be recruited and employed in line with recruitment policy which states that two written references are required prior to on-boarding of new staff.
  - c. For staff employed less than three years, the Director of Operations has begun the process of obtaining references for staff. This is scheduled to be completed by the 01 September 2024.
4. A staff appraisal system had recently been developed but had not been implemented at the time of the inspection.
    - a. Our Staff Appraisal Policy was implemented on the 01 February 2024. As stated in this policy, staff appraisal will occur by the end of the year. In line with that policy, all staff will undergo an annual appraisal before 31 December 2024.

2.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The provider had not undertaken a training needs analysis to ensure all the required training as prescribed in the National Standards was delivered to the staff team. None had received training in the safeguarding and protection of vulnerable adults. Members of the management team had received training in mental health awareness and conflict resolution, however, there was a significant gap in the training requirements as outlined in the National Standard.</p> <ol style="list-style-type: none"> <li>1. A formal comprehensive training needs analysis will be completed by 29 April 2024. This will: <ol style="list-style-type: none"> <li>(a) Identify all mandatory, essential and optional training requirements for specific roles within Cromey Ltd.</li> <li>(b) Identify the specific training requirements of each staff member.</li> </ol> </li> <li>2. Following the completion of the training needs analysis, a program of training will be Set out for the next three years.</li> <li>3. Training that is deemed to be mandatory such as Children First, Adult Safeguarding and Fire Safety will be prioritised. All staff will have mandatory training completed by 31 December 2024.</li> </ol>	
3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The service provider did have a risk management policy in place and a risk register had recently been developed, however, it was very limited in that it primarily outlined corporate and health and safety risks and not adult resident risks. The provider had not completed an in-depth risk analysis of the service and risks such as the absence of a safeguarding policy and training for staff had not been identified and added to the risk register.</p> <ol style="list-style-type: none"> <li>1. Cromey Ltd will continue with the implementation of our Risk Management Framework. This will involve: <ol style="list-style-type: none"> <li>(a) Information sessions for staff on a consistent application of the risk management framework. The first session was held on the 07 March 2024. Additional sessions will be held as required.</li> <li>(b) Team meetings held every month where risk management and the risk register is a standing item on the agenda. Risks that have been identified by the center manager and center staff will be discussed, with mitigating actions agreed.</li> </ol> </li> </ol>	

(c) Supervision sessions will be held every three months between the center manager and Director of Operations, in line with the supervision policy, to review the implementation of the risk management framework.	
8.1	Partially Compliant
Outline how you are going to come into compliance with this standard: 1. As stated on the resident's induction and charter, we use the HSE 2014 Policy and procedures for adult safeguarding.	
8.3	Partially Compliant
Outline how you are going to come into compliance with this standard: 1. We will include this as a standing item on monthly team meetings.	
10.3	Not Compliant
Outline how you are going to come into compliance with this standard: The service provider did not have a policy in place to identify, address and respond to existing and emerging special reception needs.  1. The reception officer role will be fully implemented at the outset of the new contract with IPAS, which is expected to be in place pending mobilization works and approval by IPAS. A policy and procedure for the reception officer role will be written within a month of that contract being signed. Referrals from the center manager to the reception officer will commence within a month of that contract being signed. The reception officer will be available for clinics within a month of that contract being signed.	

## Section 2:

### Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	15/08/2024
Standard 1.5	Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.	Partially Compliant	Orange	01/04/2025
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	29/04/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and	Not Compliant	Red	29/04/2024

	adults living in the centre.			
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	25/03/2024
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Partially Compliant	Orange	14/02/2024
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	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	29/04/2024