



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

Name of the Centre:	Great Western House
Centre ID:	OSV-0008433
Provider Name:	Sidetracks ULC
Location of Centre:	Co. Galway
Type of Inspection:	Unannounced
Date of Inspection:	25/03/2025 and 26/03/2025
Inspection ID:	MON-IPAS-1087

Context

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

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

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published a White Paper to End Direct Provision and to establish a new International Protection Support Service³. It was intended by Government at that time to end direct provision on phased basis by the end of 2024.

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

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

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

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

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

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

About the Service

Great Western House is an accommodation centre located in Galway City. The centre accommodates single men and has capacity to accommodate up to 156 people. At the time of inspection there were 148 residents living in Great Western House.

The centre comprises a large five-storey building located off a busy city street. The ground floor includes a reception upon entry, staff offices, laundry facilities, kitchen and dining facilities, and a meeting room. Further communal facilities are located on the first floor, including additional kitchen and dining facilities, lounge areas and a games room.

The remainder of the ground and first floors comprises resident bedrooms and bathrooms, accessible from two additional points of entry. The rest of the accommodation is provided in bedrooms across the second, third and fourth floors, accessible through the main entrance. Some bedrooms in the centre had an en-suite bathroom, while other residents share communal bathroom facilities. There are 69 bedrooms in total, of which, 17 are single bedrooms, 30 are double rooms and the maximum occupancy of any room is five people.

The centre is located in close proximity to many local amenities and services, including train and bus services, shops, restaurants and cafés.

Great Western House is managed by a centre manager, who reports to the managing director of the service. The centre manager oversees a staff team including two duty managers, security, maintenance and housekeeping personnel.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	148
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

The inspection was carried out during the following times:

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
25/03/2025	10:15hrs-18:00hrs	1	1
26/03/2025	08:30hrs-14:30hrs	1	1

What residents told us and what inspectors observed

From speaking to residents and through observations made during the course of the inspection, the inspectors found that the service provider was providing a good quality service where residents felt safe and protected. Residents were well supported by the staff team and they were treated with kindness, care and respect and experienced a good quality of life while living in this centre. Residents' rights were, for the most part, protected and promoted but further consultation was required with residents to ensure they contributed to decision making with regard to grocery shopping and access to private spaces for visitors.

The inspection took place over two days. During this time, the inspectors spoke with 19 adults living in the centre and met several other residents as they were going about their day. In addition, resident questionnaires were completed by 13 adults. The inspectors also spoke with a director of the service, the managing director and the centre manager. The inspectors also spoke with duty managers, security personnel, maintenance staff and housekeeping staff.

Great Western House provided accommodation to single males. There were 148 residents living in the centre at the time of the inspection, seven (4.7%) of whom had received refugee or subsidiary protection status.

On a walk around the centre, the inspectors observed that it was clean and well-maintained throughout. While some maintenance related issues were observed, the service provider had appropriate plans in place to manage them. There were recreational facilities available for residents such as a snooker and pool table. Residents had the opportunity to relax and socialise together in comfortable communal rooms and a lounge room which had adequate seating. There was a prayer room, areas for residents to use to study and they had access to a computer and printing facilities.

The reception area of the centre had a reception desk where residents could seek support from staff on a 24 hour basis, seven days each week. The accommodation provided included 69 bedrooms, of which 34 were en-suite. There were 17 single bedrooms, 30 double bedrooms and the remaining bedrooms had a capacity to accommodate between three and five residents. While many of the residents shared their room with other unrelated residents which impacted on their rights to privacy and dignity, the standard of the accommodation was adequate and all residents had access to communal living spaces outside of their rooms.

Residents cooked for themselves and had access to two communal kitchens. There were adequate cooking stations and ample dining spaces for residents to enjoy their meals. For the most part, residents were satisfied with the cooking facilities, but some told the inspectors that they had to buy their own cutlery, crockery or cooking equipment. Furthermore, some residents told the inspectors that the vouchers they received to buy

their groceries limited them to accessing one shop only, which residents said did not stock sufficient produce to meet their cultural needs.

Residents had access to appropriate storage areas for their personal belongings and while they had adequate space to store their dried foods, the storage arrangements for their chilled goods was not acceptable. Some residents told the inspectors that they did not have space to store their food in the fridge, while others said they bought a fridge for their bedroom. The inspectors observed unsafe storage of cooked and uncooked produce and food stored in shopping bags which had the potential to pose health risks to the residents.

The centre was located in the centre of Galway city which allowed residents access to a wide range of amenities, support services, employment and educational opportunities within walking distance. The service provider was not required to provide transport due to the centre's location and residents had access to the public transport system, when required. Residents told the inspectors that they liked the area, felt safe living in the centre and had opportunities to work and study, if they wished.

The feedback from residents about their experience living in the centre was mostly very positive. Residents said they felt happy and safe living there. One resident said there were "very good people living here", another said they were "really impressed, so pleased to be here" while another resident said the centre was a "great house to live in". They told the inspectors that the centre was consistently clean and that the staff team fixed and resolved any issues that arose promptly. Many of the residents said they were satisfied with the accommodation, while some described the challenges they faced sharing their bedroom with other adults. Residents were happy to bring their visitors to the centre and described how the staff team were welcoming.

Residents were satisfied with the support and treatment they received from staff members. The staff team were described as "good people", who listened to residents and treated them with respect and dignity. Some of the comments from residents when asked about their experience of the staff team included; "top guys", "every-one is amazing" and "they treat us equally, always kind and never any attitude". Overall, residents were satisfied with the support they received and were content living in the accommodation centre. One resident told the inspectors that they "feel very lucky to be here, very grateful" while another said they "always have peace of mind here".

Over the course of the inspection, the inspectors observed many interactions between staff members and residents. It was evident that they engaged in a kind, friendly and caring way. There was a mutual respect between the staff team and residents. Some staff members spent their lunch break in communal dining spaces where residents and staff members could chat together. The inspectors observed residents approaching staff for various reasons and their needs were addressed promptly in a respectful and kind manner.

In addition to speaking with residents about their experiences, the inspectors received 13 completed questionnaires from adult residents. The questionnaires asked for feedback on a number of areas including safeguarding and protection; feedback and complaints; residents' rights; staff supports and accommodation. The response to the questionnaires was similar to the feedback received from residents who spoke directly with the inspectors. All of the residents who responded to the questionnaire said they felt safe and the vast majority reported that they were happy living in the centre. All respondents reported that staff members were helpful and provided assistance when required and were sensitive to cultural, religious and other matters. In addition, all of the respondents said they felt respected and supported to live a meaningful life. Two residents said they did not know who the complaints officer was and three did not know who the designated officer for safeguarding vulnerable adults was.

In summary, residents were safe and protected and they had access to adequate supports from a committed and dedicated staff and management team. Overall, residents living in this centre experienced a good quality of life. There were good practices taking place in relation to the promotion of human rights, however, some residents were dissatisfied with the arrangements in place for purchasing groceries and the availability of storage facilities for their chilled goods.

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

Capacity and capability

This was the second inspection of the Great Western accommodation centre and it was carried out to assess compliance with the national standards, and to monitor the provider's progress with the compliance plan submitted in response to an inspection (MON-IPAS-1029) carried out in May 2024.

The inspectors found that the service provider was actively working on improving the governance, oversight and management arrangements in the centre. Some of these systems were in an early stage of being embedded in to practice and others were in development at the time of this inspection. As a result, the effectiveness of these could not be fully assessed. Despite the on-going progress observed, improvements were required in the management of risk and the formal process to supervise and oversee staff development.

This inspection found that the management team had a good understanding of the national standards, legislation and national policy and were developing the systems and processes to ensure compliance with the national standards. There were some areas of good practice and there was evidence of progress made with regard to some standards, while other areas required further consideration and development to ensure the appropriate oversight arrangements were in place and to enhance consultative process with residents with regard to their rights.

The management team were in the process of completing a self-assessment tool to determine their compliance with the standards, but this was incomplete at the time of the inspection. Significant efforts were made to develop the centre's policies and procedures and while most of the required policies were in place, there was no recruitment or reception officer policy and procedure manual, and the risk management policy lacked adequate guidance to support the practices of the staff team.

The service provider had a clear governance structure in place and lines of reporting and accountability were evident. The centre was managed by a centre manager who reported to the managing director of the service. The centre manager was recently promoted from the deputy centre manager position and a new deputy centre manager was due to commence the week of the inspection, who would also carry out the role of the reception officer. The staff team comprised of duty managers, security personnel, maintenance and housekeeping staff who reported to the centre manager. There was a consistent management presence in the centre which included the managing director.

While the management team were going through a period of change, this inspection found that they were competent, provided effective leadership and ensured there was a strong positive culture across the service. The inspectors found that each member of the staff and management team were clear about their responsibilities in the delivery of a safe and effective service. They prioritised the needs of residents, were responsive and tried to ensure residents experienced a good quality life while living in the centre.

Oversight and management systems were in a development phase at the time of the inspection. The staff and management team used a computerised programme to communicate key information about residents' needs, the day-to-day operations and to allocate and track tasks such as maintenance issues to various team members. A second computerised system was also in development and when finalised, would allow the management team have full oversight of all risks, policies, training and audits, for example. This was a comprehensive system and while not fully operational, the arrangements in place ensured the management team maintained oversight of the day-to-day operations of the centre. The management team had drafted a tracking system to maintain oversight of incidents and complaints but as this was finalised during the course of the inspection, the effectiveness of this tool could not be determined.

A quality assurance system was developed recently to monitor the quality of care provided to residents but this was not optimal. The management team completed regular audits and checks of various aspects of the service. This inspection found that audits were completed in a range of areas including room checks, health and safety, fire and maintenance, facilities in the centre and incidents. This was positive progress and while these processes had been effective in driving some improvements, they had not identified some deficits identified by inspectors. For example, risks relating to the storage of chilled food, the limited private space available, and the absence of essential crockery and cutlery for residents. The management team had addressed deficits, when known, and while actions required were recorded, they had not compiled a formal quality improvement plan to guide consistent and phased improvements based on self-identified deficits.

Systems to consult with residents were well-established but not yet fully effective. Residents had ample opportunities to meet with the staff and management team as the managers operated an open door policy for residents to meet with them. The staff and management team spent time in residents' communal spaces which allowed residents the opportunity to engage with them. The management team sought the views of residents in some key areas using voting polls on a messaging application and they were in the process of developing a questionnaire to seek the views of residents. Formal residents meetings did not occur upon request from residents

previously but there were areas of dissatisfaction noted by residents who spoke with the inspectors which the service provider was not aware of, as noted previously.

Communication systems required improvement. The reporting arrangements were mainly through verbal communication and through handover messages on a computerised system. While lines of communication were evident, there were no formal team meetings or minutes of meetings to evidence how the staff team had opportunities to collectively debrief or discuss practice within the centre. For example, it was not evident that risks, safeguarding concerns, incidents and complaints were discussed as a team to identify learning or improvements required or to identify associated risks.

The risk management system required improvement. The service provider ensured there was a risk management policy but this was not adequately detailed to guide the management of risk, including the process to escalate risk or step-by-step process to assess risks. There was a detailed risk register which was regularly reviewed and contained detailed control measures. Despite this, the inspectors identified a number of risks in the centre which had not been assessed, some of which related to residents including the risk of violence and aggression, drug and alcohol misuse and some mental health related concerns. In addition, the inspectors observed health and safety concerns regarding the storage of chilled food in resident's fridges and the difficulties encountered by some residents sharing bedrooms which had not been assessed. Despite this, the staff and management team actively addressed risks when they were known.

There were appropriate systems in place to manage the risk of fire. There was fire safety equipment available and the staff team completed regular checks of the accommodation to ensure fire related risks were continuously managed. Residents had participated in two fire drills since the previous inspection but they had not participated in a drill after dark as required by their own policy. The service provider had the required policies in place to manage an unexpected emergency.

Complaints were well managed but a centralised system to record all complaints about the centre was not operational. This inspection found that there were no formal complaints since the previous inspection of the centre and while informal complaints were addressed as they arose, they were not captured on a centralised complaints log. In addition, there was no system to collectively review complaints to identify any learnings or quality improvement initiatives arising from these complaints. The management team were aware of this deficit and provided the inspectors with a draft tool they had developed to track complaints, going forward, to ensure the service provider had adequate oversight and to identify any learnings or quality improvement initiatives arising from these complaints.

Recruitment practices were adequate, despite practices not been guided by a recruitment policy. Staff files contained most of the required information. The management team were in the process of transferring their files to an online system but they had ensured that there was evidence of staff member's identity, the dates in which they commenced employment, and security personnel had the appropriate security licence. They had employed two staff members since the previous inspection and a third was due to commence. For the most recent recruits, they had obtained three references in line with the requirements of national policy but not all staff had a detailed job role description.

The service provider identified adults residents with vulnerabilities as defined by the National Vetting Bureau Act 2012 and had taken all the necessary steps to ensure staff members were appropriately vetted, however, due to circumstances beyond the control of the service provider, Garda (police) vetting was not completed. While international police checks were available for some staff members, they were not present for all staff who required them. The service provider took action during the inspection to progress this deficit.

Formal supervision was not offered to the staff team. Staff members reported to the inspectors that they felt well supported by the management team but there were no records of support, annual appraisals or probation meetings with staff members, as these processes remained informal.

The learning and development needs of the staff team were prioritised but not all of the mandatory training had been completed. The management team were in the process of developing a computerised system to maintain oversight of all training completed by the staff team. This was a positive development as the centre's training log was not up-to-date to reflect all of the training completed. There was a training needs analysis but not all staff had completed the mandatory training required including training in conflict resolution, sensitivity training on issues that impact vulnerable groups and safeguarding vulnerable adults, for example.

In summary, this centre was going through a period of change whereby there were changes to the management structure and the systems to support the governance and oversight of the service were being developed. While the service provider had the capacity and capability to provide a service that was safe and effective, the management of risk and systems to ensure residents had input in the planning and delivery of a good quality service required further development.

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 staff and management team were actively implementing new systems and processes to enhance their compliance with the standards but they did not have an up-to-date self-assessment of their compliance and some actions identified on a previous inspection report had not been completed. The service provider had developed a set of policies and procedures which the staff team understood but some of the required policies were not in place and others required did not contain sufficient information.

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.

The governance and oversight systems in place were not yet fully effective. The structures to review incidents, risk management, complaints and safeguarding concerns were informal as there were no team meetings to ensure they were collectively discussed and reviewed with the staff team. The centre manager maintained oversight of incidents and complaints but a tracking system, while developed, was not operational at the time of the inspection. Despite this, the management team had made significant progress to develop their governance and management systems, which in time, would support their oversight of the service.

Judgment: Substantially Compliant

Standard 1.3

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

A residents' charter was available to residents in various languages which included relevant information required by the national standards.

Judgment: Compliant

Standard 1.4

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

The service provider had not completed an annual review of the service and while there were actions noted sporadically throughout their documents to drive improvements in service delivery, they were not compiled in a formal quality improvement plan for the centre. Systems to consult with the residents were well-developed but the views of residents in relation to some areas of practice were not known by the service provider.

Judgment: Substantially Compliant

Standard 2.1

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

There was no recruitment policy but the service provider ensured they had obtained three references in line with National policy for most staff recruited. Not all staff had a detailed job role description or records of induction and probation. While not all staff had Garda vetting disclosure, this was beyond the control of the service provider. Some members of the staff team who required an international police check on file did not have one available on file.

Judgment: Partially Compliant

Standard 2.3

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

The staff team felt well supported but they were not in receipt of formal supervision. While the management team outlined that staff engaged in an annual appraisal, records of these meetings were not maintained.

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.

<p>The learning and development needs of the staff team were prioritised. There was a training needs analysis but not all staff members had completed the mandatory training as set out in the national standards including safeguarding vulnerable adults.</p>
<p>Judgment: Substantially Compliant</p>
<p>Standard 3.1</p> <p>The service provider will carry out a regular risk analysis of the service and develop a risk register.</p>
<p>The risk management policy was not sufficiently detailed to guide the management of risk. While there was a risk register and evidence of on-going risk assessments, not all risks evident in the centre had been assessed.</p>
<p>Judgment: Partially Compliant</p>

Quality and Safety

Residents in this centre had access to good supports from a committed and dedicated staff team and for the most part, felt happy and safe living in this centre. The centre was centrally located and residents had access to a wide range of amenities and services in the locality. The communal facilities in the centre were of good quality but private spaces for residents to meet with visitors were limited. Residents had access to a committed staff team but there was no qualified reception officer to identify vulnerable residents.

The allocation of accommodation was guided by a room allocation policy. The service provider received limited information about residents before they arrived to the centre but the management team considered residents' needs, when known, while allocating accommodation. They also facilitated residents to change rooms when this was requested or required to meet their needs. Resident requests to change rooms were logged and those with a specific health or medical need, for example, were prioritised for a single or twin room, as appropriate.

The standard of the accommodation was adequate. The accommodation observed by the inspectors was well-maintained and residents had sufficient storage for their personal belongings. While the right to privacy and dignity was impacted for some residents who shared with up to five residents, residents reported that they were, for the most part, satisfied with their accommodation.

On a walk around the building, the inspectors found that overall it was clean and well-maintained. The service provider had a cleaning schedule and maintenance programme in place, and any issues which were identified were addressed promptly. The service provider was responsive when maintenance related issues were highlighted by the inspectors such as issues which needed to be addressed in a communal bathroom.

Residents had access to a range of facilities onsite to meet their social and recreational needs while in the centre. They had access to many communal spaces to read, relax or socialise with other residents as well as appropriate spaces to study.

Closed circuit television (CCTV) including audio recording was in operation in external and communal areas and its use was informed by a centre policy. The service provider was very clear on the rationale to warrant this level of monitoring and while they had completed a risk assessment on this, it was not sufficiently detailed to outline the rationale for audio recording. Staff members were onsite 24 hours a day to ensure the safety of all residents and there was appropriate monitoring of CCTV.

Residents cooked their own meals in a communal kitchen, of which there were two. Overall the residents were satisfied with the cooking equipment but there was no crockery or cutlery and very limited cooking utensils available for residents to use. This meant that residents had to purchase these items themselves. The service provider outlined that these items were usually provided but stocks had diminished. Residents had lockers to store their dried food and cooking equipment. There were shared refrigerators and freezers but the inspectors found that the storage of cooked and uncooked food presented a potential health and safety risk and there was no space allocated for each resident to ensure they had adequate and safe storage facilities for their chilled foods.

Residents received a voucher that was topped up fortnightly to allow them to purchase their own groceries and non-food items. Many residents told the inspectors that this system limited their choice as they were permitted to purchase items from one chain of supermarket only, which did not stock the range of cultural specific goods, the residents desired, such as halal meats. While the service provider had consulted with the residents previously in relation to their preferences in this regard and had explored various options to meet the majority of residents' needs, many residents told the inspectors that they were not satisfied with the current arrangements.

Residents were required to buy their own non-food items which was not in line with the requirements of the national standards. While residents had access to cleaning supplies, they bought their own toiletries. Following discussions with the inspectors, the service provider put plans in place to address this deficit during the inspection. At the end of the inspection, the service provider confirmed that they had made the necessary arrangements to ensure residents were facilitated to obtain toiletries in line with the requirements of the standards.

Visitors were welcomed to the centre and there was adequate communal spaces for residents to meet their friends. However, private spaces for residents to meet with their visitors or professionals were limited. There was one room that was adequate to facilitate two people but the second space was very small and did not allow for a comfortable environment to accommodate visitors. While many of the residents were satisfied with the current arrangements with some choosing to meet their family and friends in the local area, the limited private spaces warranted consideration.

Residents were well-integrated within their local community. The staff team had developed strong links with community organisations and residents had information about community supports, education, employment and social groups.

This inspection found that residents' rights were, for the most part, protected and promoted. The service provider had procedures and guidance in place to guide good practices in relation to the promotion of rights. Residents were treated with kindness and respect and the staff team responded to resident's needs and requests without delay. Residents had opportunities to engage with the members of the staff team on a day-to-day basis and their views, when known, were valued, with action taken to improve the service in line with their needs. Despite this, consultation with the residents had not taken place recently with residents specifically in relation to the purchasing and storage of food items, for example. Visitors were welcomed to the centre but spaces to meet in private were limited. As previously stated, the configuration of the accommodation meant that residents shared their bedrooms with unrelated residents which impacted on their privacy and dignity.

Safeguarding practices ensured residents were safe and protected. The service provider had the appropriate policies and procedures in place to guide practice in relation to the safeguarding adults. The staff and management team completed welfare checks on residents when required and ensured that any concerns were addressed promptly.

Incidents were well managed and appropriately responded to and reported in line with national policy. A system to track and have oversight of all incidents was in the process of being developed and while the staff team engaged in informal discussions about events that took place, a formal structure to ensure staff were debriefed and learning took place with risks assessed had not been developed.

The service provider ensured there were good practices to promote the health, wellbeing and development of each resident. The management team advocated for residents and there was evidence of a balanced approach to managing health concerns relating to residents whereby observations were collated overtime to help determine the course of action required in line with the resident's needs and wishes. The management team had appropriate arrangements in place to ensure residents awaiting a medical card had access to general practitioner, medical care and prescriptions. While the misuse of substances had not presented as a significant concern, the related risks had not been assessed.

The staff team received limited information about new arrivals to the centre and there was no reception officer to assess the needs of the residents. Residents had access to a supportive staff and management team who addressed their needs as they became aware of them but as residents had not engaged in an assessment process, there was a risk that not all of the residents' needs were known. This was a known deficit and the service provider was in the final stages of recruiting a reception officer, who was due to start work during the week of the inspection.

The management team had identified a small number residents with special reception needs and made every effort to ensure they were referred to the services they required. Staff members had advocated for residents and had ensured they received support in line with their needs. The service provider were in the process of finalising the job description for the reception officer but did not have a policy and procedure manual devised at the time of the inspection. There was an assessment tool available which needed some tweaks to ensure it captured all of the required information.

Standard 4.1

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

The service provider received limited information about residents before they arrived to the centre but the management team considered residents' needs, when known, while allocating accommodation. They also facilitated residents to change rooms when this was requested or required to meet their needs in line with their room allocation policy.

Judgment: Compliant

Standard 4.7

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

The service provider had the appropriate schedules in place to ensure the centre was clean and well-maintained throughout. Residents had access to appropriate laundry facilities.

Judgment: Compliant

Standard 4.8

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

Security measures were sufficient, proportionate and appropriate. CCTV including audio recording, was in operation and its use was guided by a centre policy. However, the rationale for the use of audio recording was not clearly recorded on the centre's risk assessment, despite the management team having a clear explanation for this level of restriction.

Judgment: Substantially 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.

There was a lack of clarity on the part of the service provider in relation to the provision of certain non-food items, however, following discussions with the inspectors, the management team ensured the appropriate arrangements were put in place. This meant residents, following the inspection, would have access to a range of toiletries in the centre in addition to an extra allowance to purchase their own personal items.

Judgment: Compliant

Standard 5.1

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

There was adequate food preparation and dining facilities to meet the needs of the residents but they did not have access to sufficient cooking utensils, crockery or cutlery. Residents had adequate storage facilities for their dried food but the arrangements in place for storage of refrigerated goods was not appropriate.

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.

The centre was fully self-catered and residents bought their own groceries using a voucher system which was topped up every fortnight. This allowed residents the opportunity to buy their own groceries from a specific supermarket. Some residents said this place limitations on them, particularly in relation to purchasing specific cultural food but this deficit had been addressed previously in the report.

Judgment: Compliant

Standard 6.1

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

There were many good practices which promoted and protected residents' rights. They had access to information about their rights, community and support services and educational and employment services. Residents were treated with care and kindness, and they felt that staff members listened to them and valued their opinions. Despite this, some resident's views were not known by the provider and deficits in service delivery had not been highlighted through the centre's own oversight process. These deficits have been highlighted previously in the report.

Judgment: Compliant

Standard 7.1

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

Visitors were welcomed to the centre and there was adequate communal spaces for residents to meet their friends. However, private spaces for residents to meet with their visitors were limited. This had not been risk assessed, particularly in light of new staff on boarding who would also require private meeting spaces.

Judgment: Partially 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 well-integrated within their local community. Residents had opportunities to engage in a variety of social, recreational and cultural activities and events. Due to the location of the centre, a regular transport service was not required.
Judgment: Compliant
Standard 8.1 The service provider protects residents from abuse and neglect and promotes their safety and welfare.
There were measures in place to protect adults from the risk of abuse or neglect. Policies and procedures were in place to guide practice but not all staff were trained in adult safeguarding. This deficit was addressed previously in the report. Welfare concerns were well managed and monitored with appropriate supports put in place for residents who required this.
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.
Incidents were reported as required in line with national policy and concerns were managed as they arose. While the centre manager had oversight of incidents and followed up accordingly with the residents, a system to track incidents over time for trends or learning opportunities, while being developed, was not operational.
Judgment: Substantially 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.
Residents had access to appropriate health and social care services to promote their health, wellbeing and development. They received person-centred supports in line with their needs and had access to appropriate medical care while awaiting their medical cards.

Judgment: Compliant

Standard 10.1

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

For the most part, the provider was not made aware of any special reception needs in advance of an admission to the centre. Despite this, the staff team endeavoured to provide the required support and assistance to residents when they became aware of their needs.

Judgment: Compliant

Standard 10.2

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

The staff team were skilled and experienced and some, but not all of the staff team had completed the training required to identify and respond to special reception needs. There were limited formal opportunities for the staff team to review or share learning following incidents and to share best practice. These deficits have been addressed previously in the report.

Judgment: Compliant

Standard 10.3

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

The service provider did not have a policy to identify, communicate and address existing and emerging special reception needs. While a reception officer was due to commence in position in the days following the inspection, the absence of reception officer meant that assessments of residents' needs had not been completed. Nonetheless, when needs were known, they were responded to and they were referred to the appropriate services.

Judgment: Partially Compliant

Standard 10.4

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

At the time of inspection residents living in this centre did not have the support of an appropriately qualified reception officer but this position was due to be filled imminently. The service provider had not developed a policy and procedure manual to in relation to the role of the reception officer.

Judgment: Partially Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Substantially Compliant
Standard 1.2	Substantially Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Partially Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.7	Compliant
Standard 4.8	Substantially Compliant
Standard 4.9	Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Partially Compliant

Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Partially Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Compliant
Standard 8.3	Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Partially Compliant
Standard 10.4	Partially Compliant

Compliance Plan for Great Western House

Inspection ID: MON-IPAS-1087

Date of inspection: 25 and 26 March 2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
2.1	Partially Compliant
Outline how you are going to come into compliance with this standard: We are currently developing a recruitment policy to formalise the recruitment process we already have in place. This policy is expected to be completed by 29/09/2025. A detailed job description is now complete for each role with records of induction and probation. Some staff members are unable to obtain international police checks, and these people have now been risk assessed.	
2.3	Partially Compliant
Outline how you are going to come into compliance with this standard: With our newly appointed centre manager, formal supervision has now started along with quarterly reviews and annual appraisals, records of these will be kept in staff files going forward.	

3.1	Partially Compliant
Outline how you are going to come into compliance with this standard:	
<p>We have updated our risk management policy with a detailed process guide.</p> <p>We have a live risk register in place that is regularly reviewed, any new or potential risk is added to the register as it is identified.</p>	
5.1	Partially Compliant
Outline how you are going to come into compliance with this standard:	
<p>While we review this with IPPS, we have already started supplying residents with individual crockery and cutlery and resupplied the cooking utensils. We have also purchased 23 new refrigerators for resident use.</p>	
7.1	Partially Compliant
Outline how you are going to come into compliance with this standard:	
<p>We have a private meeting room on the ground floor which is used regularly. If this is unavailable, or a larger space is needed, we allocate one of the communal rooms for private meetings upon request and can stop the CCTV monitoring and recording during that time. We have also facilitated meetings in the manager's office when needed, for example if our reception officer needs to meet a resident when the meeting room is not available.</p> <p>A risk assessment has now been completed.</p>	
10.3	Partially Compliant
Outline how you are going to come into compliance with this standard:	
<p>We have completed a policy to identify, communicate and address existing and emerging special reception needs. This is now in force.</p> <p>Reception officer now in place.</p> <p>The Centre manager and Reception officer have devised a plan to ensure the residents needs are met.</p>	

10.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We are happy to report that the position of a reception officer is now filled, HR and the centre manager are currently developing and updating a policy & procedure manual specific to this role.</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 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 2.1	There are safe and effective recruitment practices in place for staff and management.	Partially Compliant	Orange	29/09/2025
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	14/11/2025
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	07/05/2025
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	15/04/2025

Standard 7.1	The service provider supports and facilitates residents to develop and maintain personal and family relationships.	Partially Compliant	Orange	08/05/2025
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	07/04/2025
Standard 10.4	The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.	Partially Compliant	Orange	23/10/2025