



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

Name of the Centre:	Knockalisheen
Centre ID:	OSV-0008440
Provider Name:	Aramark
Location of Centre:	Co. Clare
Type of Inspection:	Unannounced
Date of Inspection:	28/05/2024 and 29/05/2024
Inspection ID:	MON-IPAS-1033

## 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

Knockalisheen accommodation centre is located in a rural area of County Clare, approximately five kilometres from Limerick city. It is a purpose-built complex owned by the State that has been in operation for over 20 years. The service is privately provided on a contractual basis on behalf of the Department of Children, Equality, Disability, Integration and Youth by Aramark.

The centre had capacity for 354 residents which had increased from 250, with the provision of 104 additional beds in tented accommodation. At the time of the inspection there were 299 residents living in the centre, 35 of which were children and a large proportion of the adult residents were single males. Accommodation was spread across six accommodation blocks and 13 tents.

The centre further comprised a reception area, a large dining area and a social room, a meeting room to facilitate visits with family, friends or professionals. There was a gym, two playrooms, a prayer room and an educational room. The outdoor area had small playgrounds for children to play.

The centre was managed by a centre manager who was supported in this role by a management team which included a deputy centre manager, a receptionist and a social inclusion officer. The centre manager reported to a regional manager, who in turn reported to a managing director within Aramark. The service was staffed by catering, maintenance, security and cleaning staff.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	299
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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)
28/05/2024	10:30hrs-18:30hrs	1	3
29/05/2024	09:00hrs-13:50hrs	1	2

## What residents told us and what inspectors observed

From speaking with residents and through the observations made during the inspection, the inspectors found there continued to be significant deficits across a number of the national standards. While the service provider had endeavoured to improve the governance of the service, considerable additional improvements were required to ensure residents felt safe and protected in an environment where their rights were promoted, protected and upheld.

This was an unannounced inspection of Knockalisheen which took place over two days. The inspection was carried out to monitor the implementation of the compliance plan submitted by the service provider to HIQA, following an inspection carried out in January 2024 (MON-IPAS-1006), which found significant levels of non-compliance with the national standards.

During this inspection, the inspectors spoke and engaged with 34 adult residents and four children. In addition, the inspectors spoke with the regional manager who was the nominated service provider representative to engage with HIQA inspectors, and the centre manager. The inspectors also spoke with three members of the management team and other staff members including a receptionist, security personnel, housekeeping and catering staff.

There were no significant changes to the accommodation centre since the previous inspection. Families and single females continued to live in two of the accommodation blocks and single males were accommodated in the remaining four accommodation blocks and the 13 military style tents on-site. There were 299 residents in total living in the centre at the time of the inspection, 98 of whom were living in tented accommodation.

On a walk around the accommodation centre, the inspectors observed that the physical structure of the building was showing signs of general deterioration. The centre was purpose built over 20 years previously as a temporary structure, and while general maintenance work was carried out on these structures, there was rust forming at the base of the accommodation blocks. This had led to a challenge for the provider to manage issues with rising damp and mould which required a long-term solution. Some areas of the centre had been painted since the last inspection and despite a detailed cleaning schedule for all areas of the premises, many areas of the centre were unclean including floors, ceiling tiles and communal showers and toilets. Fire safety equipment was visible in the centre but risks related to fire safety existed. In particular, fire containment measures were compromised throughout the building. This will be discussed later in the report.

The number of residents living in the 13 tented structures had increased significantly since the previous inspection. This meant that the tents were, for the most part, full to capacity, which resulted in cramped and overcrowded conditions. All residents living in the tents had a bedside locker and while some had access to a wardrobe, others did not. The inspectors observed large quantities of belongings stored in the tents which impacted on the already limited floor space. Risks evident on the last inspection remained, including for example, the use of extension leads and overloaded sockets. The temperature in the tents during the course of the inspection was uncomfortably warm and residents said this affected their sleep and their general comfort. Some residents said their tent leaked when it rained, however, this was not verifiable during the inspection due to the weather conditions at the time.

The inspectors observed that residents' right to privacy and dignity continued to be impacted, particularly in the tented area, but also for unrelated residents sharing accommodation in the accommodation blocks. Residents in the tented accommodation were sharing with up to seven other unrelated residents in an undignified environment. Some of these residents had created their own privacy screens while the majority had to walk outside to the shower and toilet facilities to change their clothes. Similarly, single males living in the accommodation blocks did not have ensuite facilities and therefore had to avail of communal showers and toilets to change their clothes.

The centre provided a catered service and the quality and variety of food provided was good. The service provider ensured that the dining hall was no longer closed for significant periods during the day, but the availability of snacks between meal-times for residents was limited during the inspection. Residents reported that they wanted to cook for themselves but there were no facilities provided to accommodate their wishes and therefore some residents had sourced their own cooking equipment and cooked in their rooms. For fire safety reasons, this resulted in residents receiving warning letters from the service provider, but interim plans to support resident's independence while awaiting self-catered facilities had not been considered.

The inspectors observed residents throughout the inspection and noticed that they did not, for the most part, use the communal areas in the centre. Residents told the inspectors that they preferred to stay in their rooms as they did not feel safe in the centre. Residents living in the tented accommodation said they had to "stick together" and "protect" each other from other individuals. Residents reported incidents of regular verbal and physical aggression and alcohol and drug misuse, and the inspectors observed evidence of alcohol consumption during the inspection. Some residents told the inspectors that they did not feel adequately protected, particularly when staffing levels were reduced in the centre. The service provider ensured that there was security personnel employed on a 24 hour basis and had committed to increasing the staffing presence and checks of the tented area, however, this had not improved the quality of life or experience of the residents in the centre.

The inspectors observed many residents who collected their food from the dining hall and returned to their room to eat their meals. Those who spoke with the inspectors said that they did not feel comfortable in the dining hall due to intimidation and incidents which had occurred. The impact of this was that they often had to reheat their meals as the food was cold when they arrived at their room. Parents faced additional challenges to carry meals for their family from the dining area to their sleeping accommodation while also ensuring their children were supervised.

There were 35 children living at this centre but the inspectors did not observe children playing in the recreational areas provided during the inspection. Parents who spoke with inspectors said it was their view that the centre was not a safe environment and they could not allow their children to play in the outdoor spaces. Children who spoke with the inspectors said staff had organised fun trips for them outside of the centre but also said that the playroom was always locked and they were not allowed to use it. They also said that the outdoor play equipment was broken and covered in moss. One child told the inspectors that they "need a new play area and a place to play with friends" and another child said they "would like a goal to play soccer with my friends". One child told the inspectors that adult residents in the centre had taken their football and two children told inspectors that they did not always feel safe living in the centre.



The provision of information about support services and residents' access to such services had improved since the last inspection. The inspectors observed residents receiving one-to-one supports from staff and positive interactions between staff and residents in the communal areas. The service provider had put systems in place to increase consultation with the residents but they required review. Residents chose not to engage in clinics run by management to facilitate engagement and there was a limited response to questionnaires circulated by the service provider. While some residents had highlighted concerns to the management team, actions had not been taken to address some of the issues raised.

In addition to speaking with residents about their experiences, the inspectors received 10 completed resident questionnaires from adult residents and four from children. The questionnaires asked for feedback from adults on a number of areas including safeguarding and protection; feedback and complaints; how the centre is managed; food, catering and cooking facilities; residents' rights; staff supports; and accommodation. Feedback from the adult residents was mixed with six out of 10 respondents reporting that they felt happy, safe and protected in the centre, and four did not. Some residents did not know who the complaints officer was. Six respondents said they felt respected and listened to and while this was an improvement on the previous inspection, there continued to be residents who did not. Half of the respondents said they were satisfied that the allocation of accommodation was based on fair and transparent criteria and not all residents were satisfied that they had access to sufficient snacks between meals.

Children who responded to the questionnaires all indicated that they attended school and had opportunities to engage in their hobbies, but stated they did not like the play area and that access to Wi-Fi was poor. The four children who responded said that they had not been asked about their views, or that their views had not been listened to. Finally, children reported that they did not like the food in the centre.

In summary, while some residents said that they felt happy and safe, others did not have a positive experience living in the centre. Many residents who spoke with the inspectors expressed dissatisfaction with the service and said they did not feel safe or protected. This was a direct impact of the poor governance and management arrangements in the centre. There was a lack of understanding on the part of the service provider with regards to their responsibility to proactively respond and address risk and safeguarding concerns. In addition, sufficient action had not been taken to improve the quality of care and support offered and the overall the lived experience of residents.

The observations of inspectors and the views of residents outlined in this section are generally reflective of the overall findings of the inspection. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

This was an unannounced inspection to monitor the implementation of the actions the provider said they would take in response to findings of a previous inspection carried out on 31 January and 01 February 2024 (MON-IPAS-1006).

The inspectors found that the service provider had taken some action to address the deficits relating to the governance and management of the service but these actions were at the initial stages of being embedded into practice, and required significant development to ensure effective and sustained change occurred. While improvements were found in relation to recruitment practices and staff training; management systems and practices, oversight arrangements and risk management systems remained poor. These deficits impacted on the lived experience of residents which had not improved sufficiently since the previous inspection.

The service provider had committed to completing 58 actions in their compliance plan by May 2024 and a further five actions by the end of June 2024. The inspectors found that some actions were completed, and others were in progress to varying degrees, though not all were on schedule. The inspectors found that while the actions taken to date had helped the service provider enhance aspects of their governance, management and oversight systems, it would take more time and change initiatives for the service to improve to a level at which it was operating well and in line with the expectations of the national standards.

This inspection found that while the management team had increased their understanding of the national standards, legislation and national policy; further work was required to ensure staff and the management team had the appropriate knowledge and skills to implement the systems required to ensure full compliance. Managers in the service had received a briefing on the national standards but this had not been delivered to the staff team despite it being due for completion by April 2024. The centre had not developed a quality improvement plan to provide an overview of all of the improvements required in the service and while there were some action plans developed in response to a resident survey, for example, the actions listed were not adequate to drive or deliver the necessary improvements.

The inspectors found that systems of oversight and accountability in the service, while developed since the last inspection, had not led to sustained changes in practice or improvements in service. Management meetings were held on a weekly basis to seek updates and address deficits in service provision but these meetings were not consistently minuted and therefore progress and actions were not recorded to

demonstrate oversight and monitoring. Regular management meetings took place but they focused mainly on maintenance and cleaning issues and had failed to address the non-compliances identified on the previous inspection. The management team had not developed systems to maintain oversight or collectively review risks, safeguarding concerns, complaints or incidents and accidents which had occurred. This demonstrated a lack of understanding at managerial level regarding their role in the management and oversight of the service. One team meeting had taken place with the staff team since the previous inspection and the record of this meeting identified that matters discussed related to staff issues, and did not hold team members to account for their responsibilities in the provision of a good quality service.

A centralised system to record key information relating to residents had not been developed. General interactions and supports provided to residents were recorded in personal diaries and while it was evident that staff were providing regular support to residents on a range of issues, minimal records were maintained. This meant that the management team could not have oversight of practice or track issues such as safeguarding or welfare concerns. Records relating to complaints and incidents had improved but there was no process developed to consistently review them, to ensure, for example, that associated risks were continuously addressed, or that safeguarding plans were developed and implemented where they were needed.

Quality assurance systems were in an early stage of implementation and were not yet effective to adequately monitor and improve the quality of care and support provided to residents. The regional manager had completed two sets of audits of the governance of the service and the standard of the accommodation. It was positive that this had led to improvements in staff personnel records and training, for example, but numerous deficits and risks identified during the previous inspection remained. Despite action taken to address the deficiencies in the standard of the accommodation including training of staff and monitoring of the premises by the management team, similar concerns to the previous inspection were evident during this inspection. A detailed quality improvement plan had not been developed to support the provider and staff team to drive incremental and sustained improvements in service provision.

The risk management system was ineffective and required significant improvement. The service provider had completed work on the centre's risks register and risk assessments since the last inspection but this had not contributed to a reduction in risks in the service. The inspectors found that the quality of the risk assessments was poor and ineffective in managing identified risks. For example, control measures identified were not consistently in place and risk ratings were inaccurate. The risk register needed further development as it did not present a comprehensive overview of the risks presented the service. Similar to the previous inspection, the inspectors found risks that had not been assessed including residents with physical or mental health

needs. Furthermore, risks relating to alcohol and substance misuse and residents' safety and welfare had not been addressed. The lack of oversight of incidents and safeguarding concerns meant that the associated risks had not been identified, assessed or captured on the centre's risk register.

Significant risks were evident in relation to fire safety. While residents were made aware of the evacuation procedures for the centre, the inspectors observed the fire alarm being activated during the inspection and there was a delayed response from the staff team and no response from the residents in the building. The fire alarm was defective and noticed to be on silent following activation, and this silencing of the fire alarm compromised the functionality of the alarm across other locations. None of these risks were reflected on the centre's risk register. In addition, fire containment measures were compromised across all buildings. For example, the inspectors observed fire doors to be wedged open, damaged and not closing correctly to ensure fire could be contained in all buildings. Despite requesting to view fire certification for the various buildings on the centre's campus, these were not provided and the service provider was not aware which buildings, if any, had such certification in place. Appropriate fire certification would act as a significant control measure in relation to fire safety risks and compliance with fire safety regulations.

The inspectors issued an immediate action to the service provider in relation to fire safety concerns. The provider's response assured the inspectors that residents and staff were aware of the necessary actions to take in response to a fire alarm and it was confirmed that the fire alarm had been serviced following the inspection. However, at the time of report writing, HIQA continued to liaise with the service provider on outstanding fire safety concerns.

The service provider had implemented various systems to increase consultation with residents but the response to residents' concerns was not adequate and had not improved their experience living in the centre. Residents had informed managers of some of their concerns in relation to their safety and protection and incidents that had occurred in the centre. The management response to these concerns required further action. For example, alcohol and drug misuse was noted as one issue on a residents' survey and while training for the staff team was prioritised, actions such as completing a risk assessment, increasing staff presence or completing safeguarding plans were not considered in the management team's action plans. This was a missed opportunity for the service provider to implement changes to practice and to drive improvements in the service based on their review of residents' feedback. In addition, the lack of response and change meant that a culture of welcoming feedback and concerns had not yet been fostered in the service. This may explain why residents had not engaged in weekly clinics to consult with the management team, and the service provider had not considered or reviewed this lack of engagement.

A complaints management system was developed since the last inspection but records relating to complaints were not comprehensive. Residents' complaints were recorded and it was evident that there was oversight on a monthly basis of the complaints received. However, comprehensive records on action taken and the management response to the complaints were not recorded and it was not evident that the details of complaints had been trended to drive improvements in the service. In addition it was not consistently recorded if the complainant was satisfied with the outcome of the complaint.

A recruitment policy had been developed by the service provider and while personnel files had improved, deficits remained in some areas of recruitment practices. The inspectors found that staff files were well organised and all staff had an up-to-date Garda Síochána (police) vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The service provider had completed a risk assessment when a positive disclosure was returned but they were not comprehensive and had not considered all of the potential risks identified. Some staff did not have an international police check but this action was not due to be completed until June 2024. Recruitment practices for staff employed recently were robust and they were appropriately vetted prior to their appointment.

Training for the staff and management teams was prioritised and there was a training plan in place for the centre. Staff members had engaged in training in *Children First: National Guidance for the Protection and Welfare of Children (2017)*, adult safeguarding, diversity and culture and mental health awareness. While this training increased the staff team's knowledge and skill base, the transfer of this learning was not yet evident in day-to-day practices in the centre. There was a training plan in place to ensure further required training was provided. Despite this positive progress, this inspection found that security personnel contracted by the service had not completed training and there was a risk that some of the personnel working in the centre did not have the necessary skills and experience to ensure the consistent delivery of a safe and good quality service.

Systems to hold staff to account for their practice and to ensure the delivery of a high quality service were limited at the time of the inspection but some progress had been made. The service provider had ensured that staff engaged in a performance review and supervision was due to commence in June 2024.

Staffing arrangements and rosters required review to ensure they met the needs of the residents. It was noted at the time of the previous inspection that staffing levels significantly decreased in the centre during evenings and weekends. This remained the case at the time of this inspection and staffing levels were further impacted due to staff vacancies which had arisen. The post of the receptionist was vacant from February

until the week prior to the inspection, and while the management team extended their hours on occasions to provide additional cover, staffing levels during the evening and weekends was not adequate.

The residents' charter was reviewed and updated by the service provider since the last inspection but additional information was required to ensure it met the requirements of the national standards. It was evident that residents had access to information in various languages and the regional manager ensured that information was translated into the most common languages spoken in the centre.

This inspection found that while some progress had been made, it was slow in relation to the implementation of the required changes in the leadership, governance and management arrangements for the centre, and these areas remained underdeveloped and ineffective in ensuring the service was safe and of a good standard. Some residents in this centre told inspectors that they did not feel comfortable raising concerns about their safety, and the overall culture of the centre needed serious consideration and review by the service provider.

### **Standard 1.1**

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

The service provider had not ensured that the service delivered was in line with the requirements of the national standards, relevant legislation and national policies. Some staff had engaged in training to enhance their knowledge in this regard but practices in the centre did not promote residents' rights or their welfare. While the service provider cooperated with the inspection process and showed a commitment to drive improvements, sufficient action had not been taken to improve service delivery to ensure a safe and good quality service was provided.

Judgment: Not 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.

Governance, management and leadership arrangements were not sufficiently developed to ensure the safe delivery of services. The qualifications, skills and competencies required for personnel to effectively manage this service, particularly considering the increase in size and changing needs of the residents, had not been reviewed.

The culture in the centre did not allow for the promotion of quality improvement, person-centred initiatives; and management systems to continuously monitor, review and have oversight of all aspects of service provision were not sufficiently developed. While record keeping and the complaints management system had improved, they needed further development and enhanced oversight by the service provider.

Judgment: Not 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 residents' charter had been reviewed since the last inspection. However, to further enhance this document, and in order to comply with the requirements of the national standards, the service provider needed to include information such as how residents were consulted with and how their personal information was managed, for example.

Judgment: Substantially Compliant

## Standard 1.4

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

The service provider had not developed effective and on-going auditing and monitoring systems which could promote a culture of continuous improvement in service delivery and improved outcomes for residents. A comprehensive quality improvement plan was

not developed and while consultation with residents had increased, this had not led to changes to practice to allow residents experience an improved quality or safe service.

Judgment: Not Compliant

### **Standard 2.1**

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

Recruitment practices were developed and improved since the previous inspection and staff members recently employed had the appropriate Garda vetting in place prior to their appointment. All staff members had up-to-date Garda Vetting but the quality of the risks assessments completed in response to positive disclosures was not adequate and posed a risk for the service. Staff members were proactively addressing the deficits relating to international police checks and this was on target to be completed by the end of June 2024.

Judgment: Partially 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 effectiveness of staffing arrangements had not been evaluated since the capacity of the centre increased and the needs of the residents changed. The management team needed to consider and organise the workforce to ensure that the number, experience, suitability and availability of staff employed was appropriate to meet the needs of residents at all times of the day and night.

Judgment: Not Compliant

### **Standard 2.3**

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



There was a lack of understanding of roles, responsibilities and accountability to promote and protect the welfare of all children and adults living in the centre. The service provider had plans to implement a formal supervision process for all staff, but at the time of the inspection staff were not supported to exercise their professional and collective accountability for the provision of a safe service.

Judgment: Not 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 staff team had engaged in a number of training courses to enhance their knowledge and skills but the transfer of this learning into practice was not monitored. While some core training as required by the national standards had not been delivered such as human rights and conflict resolution training, there was a plan in place to address the training needs of the staff and management teams.

Judgment: Partially Compliant

### **Standard 3.1**

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

The risk management system was not effective to identify, assess and manage risks within the service. The quality of completed assessments was poor and had not been effective in reducing the risks present in the service. A comprehensive risk register was not developed to provide an overview of all risks and some risks identified on the inspection had not been identified or assessed. An immediate action was required on the day of the inspection to address significant risks related to fire safety and the inspection team was continuing to liaise with the service provider at the time of the preparation of this inspection report, in seeking further assurances regarding fire containment measures and fire certification.

Judgment: Not Compliant

## Quality and Safety

Overall, the inspectors found that residents living in Knockalisheen accommodation centre were not enjoying a good quality of life and experienced living conditions which at times compromised the dignity and safety of some adults and children. A number of observed practices in the centre were institutional in nature and did not promote a person-centred or human rights based approach to service delivery. The organisational culture of the centre did not reflect best practice and allowed for the delivery of a poor quality service to be normalised in its day-to-day operations.

The standard of the accommodation provided to residents remained a concern since the completion of the previous inspection of the centre by HIQA. Tented accommodation continued to be provided on-site and instead of decreasing, the number of residents residing in these tents had risen from 52 to 98. Although the service provider had committed to exploring alternatives to this type of accommodation, the inspectors were informed by managers and the service provider that plans were in fact in train to further extend the number of tents and increase bed numbers in the centre significantly. A human rights based approach had not been adapted by the provider to inform decision making in this regard. In addition, the inspectors found that if the bed capacity of the centre were to further increase, and in the absence of the service provider addressing the ongoing high levels of non-compliance identified by HIQA, it would seriously impact on the service provider's capacity and capability to provide a consistently safe and effective service.

The service provider had developed a policy to guide the staff team in the allocation of single rooms but this was limited in detail and required review. The inspectors found that the staff team compiled a waiting list for single rooms but this was based on the length of the residents stay and not based on their identified needs. The single room policy had limited guidance regarding residents with special reception needs and needed to be revised to ensure centre staff had adequate guidance to make fair and transparent decisions on the allocations of rooms.

The conditions for residents living in the tented accommodation remained a concern for the inspectors who found that their accommodation did not provide for a dignified, private, respectful or equitable environment. The inspectors observed that residents were provided with lockers and small storage containers in the time since the last inspection but their right to privacy and dignity continued to be impacted as there were no privacy screens installed between beds, despite continued efforts by the management team to obtain these.

There were numerous risks relating to residents' health safety and welfare and the temperature of the tented accommodation was not within an acceptable range. Regular temperature checks were carried out but no action was taken in response to these checks and residents lived in uncomfortable temperatures which impacted the quality of their sleep. While the management team had completed daily check-ins with the residents living in the tents, little had changed to improve their quality of life. In addition, a central light remained on in all of the tents throughout the night and the inspectors observed some light switches tampered with in an attempt to turn it off and to allow for a dark environment in which to sleep.

There were some slight improvements in the standard of the accommodation blocks. This inspection found that residents were offered additional storage spaces which ensured they had options to increase the available living space in their accommodation. It was evident that internal walls in the accommodation blocks were painted and seating areas were in place in the kitchenettes. However, the cleanliness of the blocks remained a concern for the inspectors and many areas of the centre required a deep clean including floors, ceiling tiles and communal shower and toilet areas. The service provider had ensured staff were provided with additional training and cleaning schedules were updated but this had not led to sufficient improvements.

Furthermore, the centre was purpose built over 20 years ago as a temporary structure and the signs of general deterioration were evident including rust on the flashing at the base of the accommodation blocks. The regional manager had identified this concern during an audit and this had been appropriately reported to the relevant government department as the buildings and the site on which they were situated are owned by the state. These concerns provided challenges to the provider in relation to rising damp and mould. While the maintenance team ensured these issues were resolved temporarily, a long-term solution to the issue was required.

The laundry facilities provided to residents had improved. Renovation works had been completed and additional washing machines and dryers were provided for residents to use.

The facilities available for children were not adequate. Children had limited space to play in their private living area due to the nature of the accommodation provided. The playground on site was not appropriate for children to use as it was poorly maintained and needed refurbishment. There was no other outdoor equipment or toys for children to use. The service provider had plans in place to rectify this. Children could not access the on-site playroom and there were no organised activities on-site for the children to participate in. Risks related to fire safety, as outlined earlier in the report, had contributed to decision to stop the provision of on-site activities for children.

The centre continued to provide a catered service to residents and while some action was taken to address deficits previously identified, further action was required. The service provider had liaised with the relevant government department to request a solution to progress a long-term plan to provide a self-catering option and this remained at an initial proposal stage. Meals provided in the centre were varied and of good quality. The opening times of the dining hall had increased and while residents had access to hot drinks and a microwave, the availability of snacks throughout the day was limited. Similar to the last inspection, some residents said they did not feel comfortable accessing the dining hall and the inspectors observed many residents collecting their meals on paper plates to eat in their living quarters. Some residents continued to cook in their living quarters and while these issues were recorded and warning letters issued by the service provider in response to the risks this posed, the service provider had not considered or reviewed how they could reduce the related risks or to promote residents' independence while awaiting a self-catering facility, such as better equipped kitchenettes.

There was a lack of understanding regarding the protection and promotion of residents' human rights. Staff members met with were not familiar with the principles of human rights, for example, and had not been informed of how adapting such an approach would support them in delivering person-centred supports and high quality services. Residents' rights to privacy and dignity were not promoted while sharing sleeping accommodation with other unrelated residents. In addition, all of the single males living in the centre had to share communal showers and toilets which did not promote their privacy and dignity. The right to feel safe and protected had not been adequately addressed since the last inspection and while efforts had been made to ensure residents' views were heard, their concerns had not been addressed.

The promotion of human rights was restricted and negatively impacted by the nature of the accommodation provided but residents' rights were further impacted by institutionalised practices in the centre. For example, there was evidence to demonstrate that some beliefs, norms and values which were not reflective of the wider societal norms had been embedded within the practices of the staff team in the centre. These were evident, for instance, in how food was served to residents on paper plates and when staff members were asked why this was the case, they replied by stating that "...residents had requested this". Other examples included residents queueing in lines for meals, lack of urgency by the service provider in the response to concerns raised by residents, the manner in which some staff members spoke about or referenced residents, and the despondent experiences which residents reported having with some staff members when requesting supports.

Safeguarding practices, while improved, were not satisfactory. The majority of the staff team, with the exception of one member, had completed Children First training. Training in adult safeguarding was completed by the majority of staff team, with the exception of two staff members. The inspectors observed that there was information on display in relation to safeguarding and protection for residents to access. In addition, while it was evident that residents had regular access to a member of the staff team to discuss their needs, records regarding this support were minimal and the service had not yet developed a system to formally record or track welfare issues.

Parents living in the centre reported concerns about the challenges they faced to ensure their children were safe within the living environment. While parents took a proactive approach to safeguard their children, additional action could have been taken at provider level to address these concerns. Children living in the centre had limited opportunities to engage with staff members and the team were not aware of children's views or their experience of living in the centre. During the course of the inspection, an allegation of physical abuse of a child was disclosed to the inspectors which resulted in a notification being made to the Child and Family Agency (Tusla) by HIQA. While the service provider had not previously been aware of this alleged incident, it demonstrated how some children living in the centre were exposed to potential risks and hazards which had not been appropriately identified or assessed through a risk management framework by the service provider.

The centre's incident management system had improved but it was not evident that incidents were reviewed or risk assessed to ensure the safety and welfare of residents. Incidents were appropriately reported to the relevant government department and while the management team had issued warning letters to the residents involved in some incidents, there were no records to reflect how these scenarios were managed nor the support offered to all residents involved. The management team had not risk assessed or trended the information relating to incidents and accidents which had occurred and they had not developed safeguarding plans to address common areas of concern, such as incidents relating to aggression. There was a lack of understanding by the management team regarding their role in ensuring the service delivered was consistently safe.

Security arrangements in the centre were not adequate as some residents continued to feel unsafe and not adequately protected. While security personnel were contracted on a 24 hour basis seven days a week, this had not contributed to a feeling of safety amongst some residents. As noted previously, there were reports from multiple residents about violence, intimidation, drugs and alcohol misuse. Adults, including males and females, and children, reported that they felt unsafe in this centre. Residents told inspectors that members of An Garda Síochána were frequently called to manage situations in the service. This was not reflected in centre records and

managers confirmed that they did not always record occasions when members of An Garda Síochána were present onsite. The inspectors issued an urgent compliance plan requesting the service provider to develop a comprehensive security plan for the centre to promote the safety and wellbeing of all residents and to ensure all reasonable steps were taken to address residents concerns and risks in relation to their personal safety, safeguarding and wellbeing. A satisfactory response was returned by the service provider.

The health, wellbeing and development of residents was impacted by the nature of the accommodation and services provided, but residents' access to relevant services and information had improved. This inspection found that residents had access to information about health and social care services and there was personnel from a mental health service visiting the service weekly to support individuals, if they wished. In addition, there was a weekly calendar of events provided to residents to promote their wellbeing. The management team visited the residents in the tented accommodation on a daily basis but records to reflect the impact of this support were not maintained. The inspectors observed residents consuming alcohol during the inspection and records in the centre indicated there were issues with addiction amongst some resident groups. The staff team had completed training in drug and alcohol misuse but contracted security staff had not, despite the fact that their daily tasks and responsibilities brought them into regular and ongoing contact with the residents.

The service provider was in the process of recruiting a suitably qualified reception officer for the centre and was on track to achieve this within the timeframes set out in the previous inspection report. Furthermore, the service provider had developed a template to support staff in the assessment of residents' needs. While this was positive progress, the inspectors found that the template to record residents' identified or emerging needs was limited and needed to be developed further. Some residents chose not to participate in this process but when individuals engaged it was found that they were referred to the appropriate service as required. The needs of the residents in this centre were complex and varied and in the absence of a reception officer, staff members needed additional training in the interim, to ensure they had the skills to assess and appropriately respond to the needs identified.

#### **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 had developed a policy to guide practice, particularly in relation to the allocation of single rooms, but this was not sufficiently detailed and did not support the allocation of accommodation based on the needs of the residents.

Judgment: Not Compliant

### **Standard 4.3**

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

The privacy, dignity and safety of all residents was not protected and promoted. While additional storage spaces had been provided and all residents had received bedside lockers, not all residents had sufficient storage spaces for their personal belongings and clothes, particularly residents in the tented accommodation area. All single male residents had to share communal showers and toilets which were unclean at the time of the inspection. While there was a waiting list for residents wishing to request a single room, requests based on vulnerabilities had not been recorded.

Judgment: Partially Compliant

### **Standard 4.4**

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

Families were accommodated together and had access to private toilet and shower facilities. Families had limited living space in their accommodation which impacted on children's play and development.

Judgment: Partially Compliant

### **Standard 4.5**

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

The centre did not have adequate and accessible facilities for residents. The playground on site was not well-maintained or suitable for children. The playroom available for children was no longer accessible due to risks related to fire safety.

Judgment: Not 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.

Renovation works had been completed to the laundry room which ensured residents had access to suitable facilities. Cleaning schedules were updated and staff had engaged in training, but this did not have the desired impacted as the inspectors found that many areas of the centre required a deep clean as well as a sustained and monitored cleaning programme.

Judgment: Not 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 in the centre were not sufficient or adequate to ensure residents were consistently safe and protected. The inspectors issued an urgent compliance plan requesting the service provider to develop a comprehensive security plan for the centre to ensure the safety and wellbeing of all residents and to ensure all reasonable steps were taken to address residents' concerns and risks in relation to personal safety, safeguarding and wellbeing.

Judgment: Not Compliant

#### **Standard 5.1**

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



The service provider's plan to provide a self-catered service was at an initial proposal stage and the service provider had not considered or reviewed how they could promote residents' independence while awaiting such facilities to be made available. The inspectors observed that snacks were not freely available to residents throughout the day.

Judgment: Partially Compliant

### **Standard 6.1**

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

The rights of residents were not respected, safeguarded, promoted or upheld in the centre. A human rights risk analysis was not completed to guide the team to implement improvements or to ensure there was a culture which respected, promoted and protected the rights of residents was created, developed and sustained.

Judgment: Not Compliant

### **Standard 8.1**

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

Safeguarding practices had improved and the majority of staff had the appropriate training to safeguard adults and children in the centre. However, a system to track safeguarding or welfare concerns had not been developed and records to demonstrate how residents were supported were limited. Safeguarding plans were not devised or implemented in response to incidents of a safeguarding nature including aggression.

Judgment: Not 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.

Parents in the centre took a proactive approach to safeguard and protect their children but improvements were required by the provider to ensure children were accommodated in a safe environment where their experiences were understood and valued. Improvements were required to ensure the service provider was working in partnership with children and families to promote and prioritise their safety and wellbeing. During the course of this inspection a child protection and welfare concern was reported to Tusla by HIQA which had not been known to the provider.

Judgment: Not Compliant

### **Standard 8.3**

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

Some improvements were evident in the incident and accident management system and while incidents were reported appropriately in line with centre policy, there was a lack of understanding of the role and responsibilities of the management team to review and or risk assess incidents that had occurred. There were no records to reflect how incidents were addressed and support offered to all residents involved was not recorded.

Judgment: Not 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 information about health and social care services and initiatives were in place to support residents in relation to their mental health service and wellbeing. The staff team had completed training regarding drug and alcohol misuse but contracted security staff had not. There were no records to reflect how incidents relating to alcohol misuse were managed and as noted previously, they had not been reviewed to ensure action was taken to address the associated concerns and risks.

Judgment: Partially Compliant

**Standard 10.2**

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

Staff had engaged in a range of varied training programmes to develop their knowledge and skills but as there was no reception officer, they needed additional training and supports to identify and respond to the special reception needs of residents. Systems to encourage staff members to share experiences, best practice and lessons learnt had not been implemented and there were no process to determine if the knowledge obtained through training programmes was applied in practice.

Judgment: Partially Compliant

**Standard 10.3**

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

The service provider had provided a template to support staff members to record residents identified or emerging needs but the scope of this template was limited and needed to be developed further. Some residents chose not to participate in this process but when residents engaged it was found that they were referred to the appropriate service when required.

Judgment: Partially Compliant

**Standard 10.4**

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

The service provider was in the process of recruiting a suitably qualified reception officer for the centre and was on track to achieve this within the timeframes set out in the previous inspection report. Despite this, residents living in this centre did not have the support of an appropriately qualified reception officer at the time of the inspection.

Judgment: Not 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
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Not Compliant
Standard 1.2	Not Compliant
Standard 1.3	Substantially Compliant
Standard 1.4	Not Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Partially Compliant
Standard 2.2	Not Compliant
Standard 2.3	Not Compliant
Standard 2.4	Partially Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Not Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Not Compliant
Standard 4.3	Partially Compliant
Standard 4.4	Partially Compliant
Standard 4.5	Not Compliant
Standard 4.7	Not Compliant
Standard 4.8	Not Compliant

<b>Theme 5: Food, Catering and Cooking Facilities</b>	
Standard 5.1	Partially Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Not Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Not Compliant
Standard 8.2	Not Compliant
Standard 8.3	Not Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Partially Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.2	Partially Compliant
Standard 10.3	Partially Compliant
Standard 10.4	Not Compliant

# Compliance Plan for Knockalisheen

Inspection ID: MON-IPAS-1033

Date of inspection: 28 and 29 May 2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Standard	Judgment
1.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• A full annual review had taken place of the National Standards with the Management teams and actions from this review were recorded and are in progress.</li> <li>• All staff are fully trained as per the training plan which covers all aspects of the national policies and standards. A further review of this system is now underway for the monitoring of effectiveness of training for on-site practices.</li> <li>• A full compliance report was submitted following the previous audit and actions closed / in progress. Action report for the audit conducted on 28<sup>th</sup> May is also completed and actions closed / in progress.</li> </ul>	
1.2	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• Quality Improvement Plan is in place for the center which also includes for person centered initiatives, and management systems.</li> <li>• A full revised management review program is in place for effective monitoring. A skills review of all team members is being undertaken.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The complaints management system has been further updated and is filtered by area of complaint for review by senior management monthly.</li> <li>• An external company has been appointed to review systems in place to further ensure compliance with the National Standards.</li> </ul>
1.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• A full revised management review program is in place for effective monitoring,</li> <li>• The quality improvement plan is now updated to include consultation with residents.</li> </ul>	
2.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• An updated policy on disclosures is in place. This has been affected for any disclosures on file.</li> <li>• All employees have received international police checks and are on file. Two employees have been engaging with countries of origin for copies of clearance cert and await receipt of same.</li> </ul>	
2.2	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• When numbers increased on site additional staff were employed and taken on to support the existing team, a full action plane was completed at that time.</li> <li>• Staffing levels for nighttime are currently under review and to be completed by 15<sup>th</sup> August 2024.</li> </ul>	



2.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• Weekly Department Meetings are held on site weekly and record of same on site.</li> <li>• Department Heads will now meet teams weekly for any support required to ensure provision of a safe service.</li> <li>• Staff share back sessions have also been completed to monitor skills and training.</li> </ul>	
2.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• Human Rights training and Conflict Resolution training to be completed by 30<sup>th</sup> August 2024. <ul style="list-style-type: none"> <li>○ Module 1: Introduction to Human Rights in Health and Social Care – Applying a Human Rights-based Approach in Health and Social Care: Putting national standards into practice.</li> <li>○ Module 2: Role of Good Communication in Upholding Human Rights – Applying a Human Rights-based Approach in Health and Social Care: Putting national standards into practice.</li> </ul> </li> <li>• Ongoing skills and knowledge supervision is monitored and discussed at weekly meetings.</li> </ul>	
3.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• The risk register has been updated.</li> <li>• Weekly review of the risk register / risks on site will be completed and documented as part of the weekly management meeting.</li> <li>• Re-training of the team on the completing of risk assessments will be in place by the end of August.</li> <li>• All actions with regard to fire safety risk were completed following the inspection. Further requests for fire containment measure and fire certification have been requested from IPAS and the Office of Public Works. These will be forwarded on receipt.</li> </ul>	

	<ul style="list-style-type: none"> <li>A consultant has been engaged to complete a full fire safety risk assessment on site to ensure compliance.</li> </ul>
4.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>The single room policy has been updated to detail the allocation of accommodation based on the needs of the residents.</li> </ul>	
4.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>Single room policy has been updated.</li> <li>Meeting held and storage offered to residents for additional belongings.</li> <li>Toilets and showers in the tented area are deep cleaned daily and monitoring of these areas has increased.</li> </ul>	
4.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>An additional play area has been opened up in the administration building for children's play. There are supervised play areas and in agreement with parents, an opportunity to discuss services and facilities on the site will be discussed.</li> </ul>	
4.5	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>Awaiting a new playground requested from IPAS.</li> </ul> <p>The playroom is available to the residents, it is not in operation from the external provider as they were unable to secure insurance for operating on site.</p>	

4.7	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• A new cleaning program and support staff have been put in place to address the cleaning.</li> <li>• Additional training in place for the housekeeping supervisor to ensure ongoing monitoring of cleaning standards.</li> <li>• BICS training in progress with all staff.</li> </ul>	
4.8	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• A security plan is now in place for the centre with ongoing review, due for full completion 8<sup>th</sup> August 2024.</li> </ul>	
5.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• Food and snacks are available to residents except the 30 minutes for floor cleaning. Snacks are kept in the refrigerated area in the canteen which has open access. This is now recorded and documented by the chef manager.</li> <li>• Canteen is open from 3pm for the children who are returning from summer camps to have some hot snack items on their return.</li> <li>• A proposal on self-catering is being worked on by Aramark to have these facilities introduced.</li> </ul>	
6.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• Human rights risk analysis is being completed and will be finalized by 30<sup>th</sup> August.</li> </ul>	

8.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• The system for concerns / complaints has been updated to record actions on how residents' concerns have been addressed.</li> </ul>	
8.2	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• New child safeguarding log has been implemented to ensure all incidents are captured and followed up.</li> <li>• All visitors on site are informed of child and adult safeguarding on arrival using our visitor's information booklet.</li> <li>• Supervised playroom times will provide a safe space for children to discuss concerns with level 7 trained childcare staff.</li> <li>• A Children's Expression Session is held now monthly to allow children to discuss how they are feeling and plans for children activities.</li> </ul>	
8.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• The new online system is now tracking follow-up and record of all incidents.</li> <li>• The risk register is now also updated.</li> </ul>	
9.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• Security team are part of the training plan to have all training completed regarding drug and alcohol misuse.</li> <li>• All incidents relating to alcohol misuse are now documented and supports are offered to residents.</li> <li>• A HSE representative has now also been engaged on site to support residents.</li> </ul>	

<ul style="list-style-type: none"> <li>• A new 6-week program is in place on site for residents to support with any addiction issues.</li> </ul>	
10.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• Recruitment is ongoing for a reception officer.</li> <li>• A new system to record feedback on training will be implemented with live examples of incidents on site for review and shared experiences.</li> </ul>	
10.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• Template has been further developed for residents identified or emerging needs.</li> </ul>	
10.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• Reception officer recruitment in progress.</li> <li>• Support services are currently available to residents via Social Liaison officer.</li> </ul>	

## Section 2:

### Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Not Compliant	Red	26/08/2024
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.	Not Compliant	Red	26/08/2024

Standard 1.4	The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.	Not Compliant	Red	26/08/2024
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Partially Compliant	Orange	30/09/2024
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.	Not Compliant	Red	30/09/2024
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Not Compliant	Red	26/08/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Partially Compliant	Orange	30/09/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	29/07/2024

Standard 4.1	The service provider, in planning, designing and allocating accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.	Not Compliant	Red	28/10/2024
Standard 4.3	The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.	Partially Compliant	Orange	28/10/2024
Standard 4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.	Partially Compliant	Orange	28/10/2024
Standard 4.5	The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.	Not Compliant	Red	26/08/2024



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.	Not Compliant	Red	29/07/2024
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.	Not Compliant	Red	15/07/2024
Standard 5.1	Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.	Partially Compliant	Orange	30/05/2025
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Not Compliant	Red	29/07/2024
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Not Compliant	Red	15/07/2024

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.	Not Compliant	Red	15/07/2024
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Not Compliant	Red	15/07/2024
Standard 9.1	The service provider promotes the health, wellbeing and development of each resident and they offer appropriate, person centred and needs-based support to meet any identified health or social care needs.	Partially Compliant	Orange	30/09/2024
Standard 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Partially Compliant	Orange	30/09/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	30/09/2024

Standard 10.4	The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.	Not Compliant	Red	30/09/2024
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