



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

Name of the Centre:	Knockalisheen Accommodation Centre
Centre ID:	OSV-0008440
Provider Name:	Aramark
Location of Centre:	Co. Clare
Type of Inspection:	Announced
Date of Inspection:	22/10/2024 and 23/10/2024
Inspection ID:	MON-IPAS-1064

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

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 has capacity for 354 residents which has increased from 250, due to the provision of 104 additional beds in tented accommodation. At the time of the inspection there were 289 residents living in the centre, 38 of which were children and a large proportion of the adult residents were single males. Accommodation is spread across six accommodation blocks and 13 military style tents which accommodate up to eight persons each.

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

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

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	289
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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)
22/10/2024	10:00–18:45	1	2
23/10/2024	09:00–14:15	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 that the residents' experience of living in the centre had begun to improve. The staff team were committed to meeting the needs of and supporting the residents living in the centre and there was a greater understanding and awareness of the need to promote and protect the rights of the residents. Despite this, there continued to be deficits across a number of the national standards, some of which impacted on the health, safety and welfare of residents. Sufficient action had not been taken by the service provider to create a consistently safe environment for residents or to ensure a zero tolerance approach to violence was fostered. In addition, the standard of accommodation provided was not adequate for some residents who lived in cramped, undignified and unsafe spaces.

This was an announced inspection of Knockalisheen accommodation centre which took place over two days. This was the third inspection of the service and it was carried out to monitor the implementation of the compliance plan submitted by the service provider to HIQA, following an inspection carried out in May 2024 (MON-IPAS-1033), which found significant levels of non-compliance with the national standards.

During this inspection, the inspectors engaged with 25 adult residents and four children. In addition, the inspectors spoke with the managing director and the regional manager who were members of the senior management team. The inspectors also met with the centre manager, the assistant manager and the receptionist, as well as members of the staff team including security personnel, catering and housekeeping staff. Finally, the inspectors engaged with one external professional who provided supports to residents at the centre.

There were no significant changes to the accommodation provided to residents 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 289 residents in total living in the centre at the time of the inspection, 90 of whom were living in tented accommodation.

On a walk around the accommodation centre, the inspectors observed significant improvements in the overall cleanliness and maintenance of the centre, including the communal spaces and accommodation blocks. The centre was bright, clean and more comfortable for residents than it was at the time of the previous inspections. It was evident that many areas had been painted, some renovation works completed and noticeable improvements in the condition of the centre had been made. This meant that residents had access to pleasant and comfortable spaces outside of their accommodation.

Despite these improvements, the inspectors observed health and safety concerns in some of resident accommodation, both within the accommodation blocks and the tented areas. For example, the inspectors observed risks relating to damp and mould in some bedrooms and bathrooms in the accommodation blocks and there was mould and algae present in the showering areas of a communal bathroom. In addition, while additional storage facilities were made available, there was insufficient space in some bedrooms and tents for residents to store their personal belongings, which in some cases were stacked in bags and boxes, posing a potential risk to their safety. This also limited residents' available floor space in accommodation that was already cramped.

The conditions for residents living in the tented area had improved slightly but risks which were identified during previous inspections continued to exist including cramped, undignified living spaces with limited storage and no privacy available for residents. There were numerous insects present in two tents observed by the inspectors, overloaded electrical sockets and uncomfortable temperatures within the tents. While residents were provided with lockers, headboards and some wardrobe space since the last inspection; residents told inspectors that they were dissatisfied with the accommodation, which was "not suitable for people to live in", particularly on a long-term basis.

Children and their families were provided with their own sleeping quarters, but did not have access to a private living space, and some lived in cramped living environments. The inspectors observed the accommodation provided to a family where parents and their two children chose to share one bedroom, to free up the second bedroom for living space. In another case, a family where siblings, aged over 10 years, and who were of different genders, were required to share a bedroom as there was no alternative sleeping arrangement available to them. The impact of living in cramped conditions meant that families had limited space to engage in normal activities and children did not have enough space to play and develop in line with normal childhood experiences.

Notwithstanding these concerns, the facilities in the centre had improved for children. Maintenance work was carried out on the playgrounds and these were now appropriate and suitable for children to play on. The playroom was bright, clean and child-friendly with ample resources and toys for children to enjoy. Children had opportunities to engage in play sessions with staff which allowed them the space and time to discuss their experience of living in the centre. This initiative had led to children discussing their concerns and also giving their views on activities and events, including a 'back to school party' that was arranged for the children, following their requests.

Residents who spoke with the inspectors had mixed feedback on their experience of living in the centre. While many residents expressed concerns for their safety living in the centre, there was a positive change in what residents said about their interactions with staff. Many of the residents said that staff members were respectful and that they listened and supported them in relation to their concerns or needs. This was a considerable difference from the previous inspections which was indicative of the noticeable cultural shift within the service. One resident said "they [staff] talk to residents every week to see if they are okay" and this was echoed by many residents who spoke with the inspectors. Another resident said "staff are always there to assist". Parents expressed appreciation for the support they received in relation to their children going back to school and they said they enjoyed the activities and outings organised during the summer, such as a trip to the beach.

However, the majority of residents who spoke with the inspectors said they felt unsafe at times, or had witnessed incidents in the centre that made them fearful or scared. While staff members engaged regularly with the residents to check on their welfare and were aware of resident safety concerns, all incidents of concern had not been appropriately managed or addressed. Therefore, residents' right to feel safe and protected in their living environment was not fully promoted or protected and some residents were impacted negatively as a result. This posed additional challenges for parents who described placing restrictions on their children's movement, to prevent them from witnessing aggression or substance misuse in the environment of the centre.

In addition to speaking with residents about their experiences, the inspectors received 13 completed resident questionnaires from adult residents and two 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. Eight of the adult respondents said they felt happy living in the centre but only five of those said they felt safe. All respondents said the management team were approachable and five of those believed the centre welcomed their feedback and complaints in the interest of quality improvement. Eight residents said they felt staff were respectful and 10 of the 12 adults who responded, said they felt listened to.

The two children who responded to the questionnaires said they had friends in the centre or friends that visited them. One child said they took part in activities and had access to toys and games, while the other did not. One child knew how to make a complaint and had been asked for their feedback while the other had not.

There was no reception officer available to residents at the time of the inspection. As an interim measure, the service provider nominated a staff member to support residents in relation to their day-to-day needs. Residents told the inspectors that they were satisfied with this support and assistance. Communication with residents had improved and it was evident that both adults and children had access to a range of social and recreational activities as well as support services. There was a large friends of the centre group who were actively supporting the residents, both onsite and offsite. Residents also benefited from an additional bus service which was put in place to ensure residents got to the city on time to attend educational courses.

The staff team had created a video to describe the centre and the services available to new residents which had subtitles in different languages. This was a creative and innovative approach to ensuring new residents to the centre understood the service provided.

In summary, this inspection found the experience of residents living in this centre had improved since the previous inspection of the service. Some action had been taken to address deficits which had impacted positively on residents but governance and management systems needed to be developed further to ensure residents lived in a consistently safe, comfortable and dignified environment.

The observations of the 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 announced 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 28 and 29 May 2024 (MON-IPAS-1033). This was the third inspection of the centre due to continued non-compliances and risks evident on both of the previous inspections.

The inspectors found that the service provider had taken some action to address the deficits relating to the governance and management of the service. While oversight, governance and management systems were at the initial stages of being developed and embedded into practice, they had contributed to some improvements in service delivery which had impacted positively on the lived experience of residents. Despite this, this inspection found significant risks in relation to the reporting and management of incidents that had occurred in the centre and the overall management of risk within the service required further development. In addition, oversight and monitoring systems were ineffective due to poor reporting and record keeping practices.

This inspection found that the management team had enhanced their understanding of the national standards, relevant legislation and national policy and had begun to implement the required systems and processes to support the centre to achieve compliance over time. The service provider ensured that action was taken to address the non-compliances identified during the previous inspection of the service. The inspectors found that 36 of the 42 actions from the compliance plan were completed, four were ongoing and two had not been completed. It was evident that the team were striving to improve the quality of the service provided and had a clear vision for the centre going forward. The management team had developed a quality improvement plan and while efforts were made to self-assess against the standards, this process had not been fully effective in identifying key deficits or to drive sufficient and timely improvements in the service. Improvements were required to ensure policies and procedures were adequately detailed and implemented to deliver a safe and effective service, in line with the national standards.

The management team in the centre had gone through a period of change since the previous inspection. A new centre manager commenced in position the week prior to this inspection. There was evidence demonstrating that improvements had been made to enhance the overall governance and management of the service and a cultural shift was obvious, whereby the promotion of residents' rights and their experience of living in the centre was valued. The management team were eager to learn from the

inspection process and to implement the necessary changes to achieve compliance with the national standards.

The inspectors found that systems of oversight and accountability in the service had improved but the effectiveness of these systems was impacted by poor reporting and record keeping practices. The management team had developed a tracker to support them to maintain oversight of the service. The tracker contained details of support provided to residents, resident requests, and incidents and safeguarding concerns, for example. This had the potential to be an effective oversight tool but the inspectors found evidence of complaints, incidents and safeguarding concerns which were not recorded on the tracker. In addition, the information that was recorded was limited in detail and did not consistently outline the follow-up action taken, for example. Therefore, it was not effective for the centre manager or senior managers to have a thorough oversight of the service. While management meetings occurred frequently, the minutes of these meetings contained limited detail and did not demonstrate a comprehensive review of key risks, safeguarding concerns and incidents that had taken place.

Furthermore, a failure in the centre's electronic incident reporting system had not been identified and went unresolved for two months. Significant incidents that had occurred during this time had not been reported, reviewed or received a management response.

Wider organisational governance structures had been developed and improved since the previous inspection but more was needed. The managing director and regional manager of the service had a good understanding of key deficits within the service and were actively working on, and were committed to, driving the necessary improvements. While it was evident that there were communication and reporting structures, records were not maintained of all meetings to demonstrate their oversight. Consistent poor record keeping practices meant that it was not possible for senior managers to track decision making or to demonstrate how risks, incidents or safeguarding concerns, for example, were discussed or followed up on.

An effective quality assurance system was not yet in place, but progress had been made in developing systems to monitor the quality of care provided to residents. The management team ensured residents had the opportunity to provide feedback about their experiences of the service through monthly welfare checks and a suggestion box was available for residents to report their concerns anonymously, if they wished. These efforts demonstrated a commitment to seek resident feedback but it was not always evident that action was taken in response to concerns raised, particularly in relation to safeguarding.

Auditing systems had been developed since the previous inspection but they needed to be expanded further to ensure the consistent and safe delivery of the service. This was a known deficit on part of the service provider and a plan was progressing to develop a comprehensive approach to routine auditing and monitoring of the service. When established, this will inform quality improvement initiatives and the annual review of the service.

The risk management system in place had improved but was not operating at an optimal level yet. The management team had completed numerous risk assessments since the previous inspection and while the risk register provided an overview of these risks, they were not comprehensive. The assessments did not accurately describe the nature of the risks, and the control measures were not monitored to ensure they were effectively reducing the risks identified. Furthermore, the lack of reporting and oversight of incidents and safeguarding concerns meant that the associated risks had not been identified, assessed or captured on the centre's risk register. For example, risks relating to trespassers on site, interpersonal and intercultural differences, addiction issues and deterioration in residents mental health had not been assessed. Similarly, risks identified by the inspectors during checks of the accommodation, had not been highlighted or addressed during the centre's routine checks and therefore not risk assessed.

The service provider had some systems in place to manage the risk of fire in the service but there were no assurances that residents could be evacuated safely in the event of the fire. The inspectors found that despite regular fire drills taking place, a full evacuation of all residents had not been successful and therefore it was not evident that all residents understood the procedure relating to fire safety. The centre manager advised the inspectors that they were in the process of sourcing additional advice and support in relation to fire safety procedures in the centre. Concerns with regard to fire certification, as noted on the previous inspection report, had been escalated to the relevant government department, as required.

Recruitment practices were safe and effective. The service provider addressed the deficits reported previously and ensured that all staff had Garda Síochána (police) vetting and staff members who required an international police check had obtained the required documents. A comprehensive risk analysis was completed in instances where there was a positive disclosure returned.

There was an improvement in staff training but additional training was required to ensure staff had the knowledge and skills necessary to effectively carry out their roles. Not all of the training required by the national standards had been completed, including responding to the possible needs of victims of torture and trauma and conflict resolution training, for example. Members of the staff team told the inspectors that they did not have the required skills and knowledge to effectively deal with

incidents that occurred in the centre, particularly in relation to conflict management. There was no training needs analysis completed but there was enhanced oversight of the training completed by the staff team.

Systems to hold staff members to account for their practice and to ensure the delivery of a high quality service had improved but required further development. Supervision was taking place on a quarterly basis, for some staff members, which was positive progress but the records did not contain sufficient information to evidence a good quality supervision process. While security staff were supported by the agency who contracted them to the centre, there was no supervision process in place where the centre manager could ensure they were held to account for their practice at centre level.

Staffing arrangements and rosters required a further review to ensure they met the needs of the residents. The service provider had employed additional housekeeping staff members but they had not reviewed or assessed the ongoing challenges within the centre to determine if other staffing requirements were adequate to provide a safe service.

This inspection found some positive developments and improvements in the governance and management of the service which had helped improve the culture within the service and therefore the experiences of residents. However, the effectiveness of governance and management systems were compromised by poor reporting and record keeping practices and sufficient action had not been taken by the service provider to create a safe environment for residents.

Standard 1.1

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

The service provider had made considerable efforts to drive improvements in service delivery and there was a commitment and vision to deliver the service in line with the requirements of the national standards, relevant legislation and national policies. Despite the improvements made, these actions had not increased the level of compliance with the national standards, as current practice and lack of adherence to national policy and legal requirements directly impacted on the safety and welfare of the residents. Some areas required urgent action to be taken by the provider to ensure a safe living environment was provided to residents. Policies and procedures were not adequately detailed and implemented to deliver a safe and effective service. The service

provider had not made the necessary notifications to HIQA and other departments in line with the requirements of regulations and national policy.

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 arrangements in the centre had improved but management and oversight systems were in an early stage of being developed and embedded in to practice. This inspection found that management systems had been ineffective to highlight areas of concerns in relation to the accommodation and a failure in the electronic reporting system had gone unnoticed for two months. Furthermore, the effectiveness of oversight tools was compromised by poor reporting and record keeping systems. This impacted senior managers' ability to maintain sufficient oversight and governance of the service and resulted in several concerns which had not been assessed or managed.

Judgment: Partially 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 was in the process of developing quality assurance systems and processes had been put in place to monitor the quality of care provided to residents. The culture of the service had shifted and resident feedback was valued. While this was positive progress, sufficient action had not been taken in response to resident feedback and the auditing programme was not finalised to inform the quality improvement plan for the service.

Judgment: Partially Compliant

Standard 2.1

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

The service provider took the necessary action to improve the recruitment practices in the centre which were found to be safe and effective on this inspection.

Judgment: Compliant

Standard 2.2

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

The service provider had not completed a comprehensive review of staffing levels or an analysis of the professional skills required by the staff team to determine if they were adequate to meet the needs of residents in the centre.

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.

Systems to hold staff to account for their practice required further development. While some staff had engaged in supervision sessions, security staff had not. The records of supervision meetings were limited in detail and did not demonstrate how staff were held to account for their practice or performance.

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.

Changes in some of the practices in the centre showed that the training provided to the staff team had positively impacted the lives of the residents. However, there were deficits in some areas of practice in which staff needed training, particularly in relation to the management of conflict and meeting the specific needs of residents. While oversight of training had improved, the service provider had not completed a training needs analysis.

Judgment: Partially Compliant

Standard 3.1

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

While an updated risk register was available for the centre, the risk management system was not effective. The actions identified to mitigate against risk had not been consistently implemented and not all risks were noted on the risk register. The deficits in the oversight and management of incidents and concerns in the centre meant that associated risks had not been identified, assessed or managed. Despite regular fire drills taking place, a full evacuation of all residents had not been successful and therefore the service provider could not be assured that residents understood the procedure relating to fire safety.

Judgment: Not Compliant

Quality and Safety

This inspection found that improvements had been made across a number of themes of the national standards and there was progress in terms of establishing culture where residents' rights were respected and promoted. However, further action was required to ensure residents consistently received a safe service. The inspectors identified risks relating to the accommodation provided to some residents and there were concerns for the safety of some residents due to the poor management response to incidents and safeguarding concerns.

The service provider had taken action to address concerns relating to the physical condition of the centre, including cleanliness and maintenance related concerns identified during previous inspections of the centre. This inspection found that communal spaces were clean and well-maintained, with some spaces newly refurbished. This ensured residents had comfortable and clean areas to access outside of their sleeping accommodation. While the general deterioration of the building structures due to its age remained a concern, this had been appropriately escalated to the relevant government department by the service provider.

Despite these improvements, the standard of accommodation provided did not always ensure resident's rights to privacy, dignity and safety were promoted or protected. The conditions of the accommodation blocks varied with health and safety risks evident in some bedrooms and bathrooms, including concerns relating to damp and mould. The inspectors had further concerns in relation to the cleanliness and cluttered nature of some accommodation which had not been assessed. While additional storage spaces were made available to residents, some chose not to access this and as a result some residents had large quantities of belongings, in some cases stacked in bags and boxes, which posed a risk to their safety. Some residents lived in overcrowded accommodation with limited floor space and families did not have a private living space in addition to their sleeping quarters. The inspectors brought these concerns to the attention of the management team who provided assurances that they would be addressed and subsequently assessed across all accommodation provided.

The conditions of the tented accommodation remained a concern for the inspectors. While some measures were put in place to improve the living conditions for these residents, including the provision of storage facilities and additional bed linen, access to drinking water and headboards for the beds; ongoing health and safety risks remained. These included, cramped, unclean and cluttered living spaces, overloaded electrical sockets and uncomfortable temperatures within the tents. The staff team

had increased their availability to the residents living in the tents and security personnel increased their presence in the area, but this had not enhanced the feeling of safety amongst this resident group. They continued to report to inspectors that they felt unsafe and uncomfortable in the tented area. This was a direct impact of the poor living environment and the lack of an adequate management response to the ongoing incidents and safeguarding concerns, which is outlined later in the report.

The facilities in the centre for children had improved. The service provider had plans in place to source a new playground for the children but in the interim they had addressed the concerns highlighted in the previous report with regard to the standard and condition of the play equipment onsite. This meant that children could use the swings and slides in the playground. A well-equipped and child-friendly playroom was available for parents to access with their children. Play sessions facilitated by staff were scheduled weekly which provided children with an opportunity to play and have fun while also building relationships with staff members. This afforded children the opportunity to disclose their experiences of living in the centre with the staff team.

There had been some improvements in the promotion and protection of residents' rights but further work was required to reach compliance in this area. There was a noticeable cultural shift in the centre and the inspectors noted that the staff team were more focused on improving the experience of residents and valued their feedback. The staff team treated residents with respect and dignity and the inspectors observed kind and caring interactions between staff members and residents. Residents reported that the management team were approachable and that staff members listened to them. Formal systems to consult with residents had been developed but it was not consistently recorded what action had been taken in response to resident feedback. The service provider had progressed plans to provide self-catering facilities, in tandem with the catered service, however, these plans remained at an early design stage at the time of the inspection. Despite the positive developments, the promotion of residents' rights to privacy and dignity was significantly compromised by the nature of the accommodation provided as some residents lived in cramped, undignified and overcrowded accommodation. Also, the poor safeguarding practices in the centre impacted the rights of residents, as outlined below.

Safeguarding practices in the centre were not effective to ensure residents felt consistently safe and protected while living in the centre. This inspection found that there were multiple incidents of physical and verbal abuse and aggression which had not been appropriately managed, risk assessed or reported in line with national policy. In addition, in many cases, these incidents had not been notified to HIQA as required by the regulations. Similar to previous inspections, some residents told the inspectors that they felt unsafe living in the centre due to the nature of the incidents that had taken place. Some staff members told the inspectors that they did not report all

incidents of verbal abuse and aggression and they stated that they were not equipped to manage the conflict within the centre as they did not have the required training. Following the inspection, the inspectors issued an urgent compliance plan seeking assurances that a comprehensive review of incidents took place with appropriate actions put in place to ensure that satisfactory safeguarding and reporting arrangements were in place.

Safeguarding arrangements for children had improved but concerns as noted above posed additional challenges for parents living in the centre to ensure their children were always safe within the living environment. Parents took a proactive approach to safeguard their children and opportunities for both children and parents to engage with staff members to disclose their concerns had increased. This was a positive step and it was evident that staff team were aware of their responsibilities to report child protection and welfare concerns to the Child and Family Agency (Tusla). However, there was no centralised system to maintain records relating to the safety and protection of children. This impacted the management team's ability to track or have oversight of these concerns.

Furthermore, the arrangements in place to ensure adults were appropriately safeguarded were not optimal. While there was some improvement in how a small number of adult safeguarding concerns were responded to, this was not consistent practice and needed to be standardised. The staff and management team had not devised safeguarding plans when they were required to support the residents following a significant event.

The service provider had recruited a reception officer who was due to commence in position the month following the inspection. In the interim, residents had access to a staff member, who despite not having the necessary qualifications, had provided support to residents in relation to a wide range of issues and concerns and ensured they were linked with the appropriate services for any additional supports they required. While this was a supportive interim measure, some residents living in the centre needed a thorough assessment of their needs, particularly for residents where there were concerns relating to mental health, addiction, or difficulties maintaining their living space. The management team had plans to develop their assessment templates and policy and procedure manual in conjunction with the newly recruited reception officer when they joined the team.

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 updated their room allocations policy which outlined the criteria for allocation of single rooms which was based on identified health needs and length of stay in the centre.

Judgment: Compliant

Standard 4.3

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

The privacy, dignity and safety of all residents was not protected and promoted. Some residents lived in cramped conditions and there were health and safety concerns evident including the presence of mould and damp in some bedrooms and bathrooms. The inspectors identified further concerns in relation to the cleanliness and cluttered nature of some accommodation which had not been identified or assessed by the service provider in a risk context.

Judgment: Not Compliant

Standard 4.4

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

The privacy and dignity of family units was not protected and promoted as not all families had their own private living space. The inspectors found that the sleeping arrangements for some families was not appropriate with adults and children sharing bedrooms and children over the age of ten who were of different genders also sharing bedrooms due to the lack of alternative space. The accommodation provided was not child-friendly as there was insufficient space for children to play and develop in line with normal childhood experiences.

Judgment: Partially Compliant

Standard 4.5

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

The service provider improved the facilities available to residents including children. There was adequate indoor and outdoor facilities for residents to engage in recreational activities. The playground and playroom, as well as the activities available to children and families, were adequate, accessible and child friendly.

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.

Significant improvements were noted in relation to the upkeep, maintenance and cleanliness of communal areas. Additional housekeeping staff were employed who ensured the communal areas were adequately clean and comfortable for the residents to enjoy.

Judgment: Compliant

Standard 4.8

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

The security measures in place were not effective to ensure residents were safe and protected. Security staff were well-intended and they responded to concerns as they arose but they were not provided with the training, guidance or support they required to effectively carry out their role.

Judgment: Partially Compliant

Standard 4.9

The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.

The service provider had not ensured that residents were provided with all of the non-food items they were entitled to. A plan was immediately put in place by the service provider to address this during the inspection.

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 ensured residents had access to a variety of snacks outside of meal times and plan were underway to provide access to self-catering facilities to residents, in conjunction with the catered service.

Judgment: Substantially Compliant

Standard 6.1

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

There was an improvement in how residents' rights were promoted and protected including how residents were supported and consulted with. Despite this, considerable risks continued to exist which impacted negatively on some residents' rights. A human rights risk analysis was in the process of being developed but at the time of the inspection concerns remained in relation to the privacy and dignity afforded to residents.

Judgment: Not Compliant

Standard 8.1

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

While there was a greater understanding of the staff team's responsibilities to safeguard all residents, they had not been empowered or supported to implement safeguarding measures to ensure residents felt safe. Safeguarding policies required review to ensure they provided adequate guidance to the team in relation to the identification, immediate response, and reporting of safeguarding concerns. 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.

The staff and management team were appropriately trained and the necessary policies and procedures were in place to ensure children were protected from harm. There was no system to track welfare concerns or reports submitted to Tusla and there was no procedure to guide staff in the development of safeguarding plans based on their assessment of risk, if this was required.

Judgment: Partially Compliant

Standard 8.3

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

The inspection found that some serious incidents which had occurred in the centre were not managed in line with the requirements of national policy. These incidents were not reported, risk assessed, reviewed or escalated as appropriate by the centre management team. There was a lack of an appropriate follow up management response to ensure the ongoing safety and welfare of residents. An urgent compliance plan was issued following the inspection in response to these concerns and an appropriate response was received.

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.

The service provider had effective infection prevention and control measures in place to manage a recent outbreak of an infectious disease. Residents had access to wealth of information relating to their health and welfare and they had access to community and specialist supports in line with their needs. The role and responsibilities of the staff team in the response to substance misuse was not understood and therefore such incidents went unreported and unmanaged, as outlined in standard 8.3.

Judgment: Substantially Compliant

Standard 10.2

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

Staff members had received some training to support them in identifying specific vulnerabilities but further training was required to ensure all staff were equipped to identify special reception needs. While there were some opportunities for staff to discuss the needs of residents, this had not led to the identification of specific needs of individuals in the centre.

Judgment: Partially Compliant

Standard 10.3

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

An internal procedure was required to guide staff to identify and respond to residents' special reception needs.

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 did not have access to a dedicated reception officer but the service provider had recruited for this position and they were due to commence in the role shortly after the inspection. Plans were in place to develop a policy and procedure manual when the reception officer commenced in the position.

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	Not Compliant
Standard 1.2	Partially Compliant
Standard 1.4	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.2	Partially Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Partially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Not Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.3	Not Compliant
Standard 4.4	Partially Compliant
Standard 4.5	Compliant
Standard 4.7	Compliant

Standard 4.8	Partially Compliant
Standard 4.9	Not Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Substantially Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Not Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Not Compliant
Standard 8.2	Partially Compliant
Standard 8.3	Not Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Substantially Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.2	Partially Compliant
Standard 10.3	Partially Compliant
Standard 10.4	Partially Compliant

Compliance Plan for Knockalisheen

Inspection ID: MON-IPAS-1064

Date of inspection: 22 and 23 October 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
<p>Outline how you are going to come into compliance with this standard:</p> <p>Knockalisheen Accommodation Centre have implemented an Incident Management Policy and Procedure, to ensure all adverse events, incidents, or potential incidents, which occur in the service are identified, documented, rectified, reviewed, and appropriately communicated.</p> <p>The policy includes an incident reporting pathway which will ensure effective governance arrangements are in place to support timely and effective review of adverse events and incidents. A central logging system for adverse events and incidents on site ensures reporting takes place in line with the policy. This now forms part of the weekly management team meetings. A debriefing document has been introduced to close out each incident.</p> <p>Risk Assessments and the Risk Register will be reviewed and updated accordingly.</p> <p>Training has been provided to all management on the steps involved in reporting incidents to the relevant government bodies and is included in the reporting policy/procedure.</p> <p>Additional Training for Conflict Management/Management of Violence and Aggression is underway and will be ongoing over the coming months. In addition, further SAOR Screening and Brief Intervention of Problem Alcohol and Substance use will be rolled out and additional classroom based training is also scheduled to commence in January 2025.</p>	

A New daily security reporting procedure (per shift AM & PM) is in operation and reports recorded as received improving communication between the security and management

A refresher training for all staff on the Child & Adult Safeguarding Statements for completion in Jan 2025

A new weekly reporting & Auditing procedure from HOD's, to Centre Manager to regional

manager is now being piloted

A Reception Officer has been appointed and will commence the role in January. This will greatly improve the care and effectiveness of the service as a whole in the development of individualized care plans for residents with special reception needs.

1.2

Partially Compliant

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

Implementation of New Incident Reporting Policy & Procedure.

New Daily Security Incident reporting procedure has been introduced that eliminates any discrepancies in daily reporting for both AM & PM shifts

Accommodation Maintenance schedule and plan to be devised for Blocks and Tents to include cleaning and Painting schedules

Ongoing review of the Risk Register and further development of Risk Assessments as they arise throughout the site. Further training provided around this area.

A new method of conducting Weekly Management and Departmental meetings is now in operation.

Any incidents are reviewed, monitored, investigated and discussed until management are confident there has been a satisfactory outcome to each adverse incident. All incidents are consistently being reported to the relevant government bodies and the recording of information on the resident welfare log has been further developed to enhance communication and awareness for better outcomes for all.

1.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The appointment of a new Reception Officer, commencing January 2025, will enhance the service delivery.</p> <p>A calendar of events is being developed for 2025 with Monthly events for residents for both Adults and Children alike which will improve engagement with all residents. With each event we will issue surveys to residents to gain more feedback and develop action plans around this feedback.</p> <p>Improved weekly departmental reporting & auditing procedure has commenced which will improve communication and awareness amongst the service team which will lead to an improvement in service quality and delivery.</p> <p>Efforts to reestablish a residents committee for 2025.</p>	
2.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>All staff and security to review Child & Adult Safeguarding Statements and Policies</p> <p>Security has conducted a risk assessment around staffing levels at night and this has been added to the risk register</p> <p>Conflict Management and Management of Violence & Aggression training to be carried out by all staff.</p> <p>Recruitment of Reception Officer Confirmed and commencing in January 2025 Additional staff have been recruited for key areas within the service.</p>	

2.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Supervision Policy and Schedule to be drafted and introduced to employees on site Synergy Staff to role out an independent Supervision Plan</p> <p>FLP – Front Line Performance completed annually by all staff, Engage quarterly check-in with HOD's their team members</p> <p>New weekly reporting structure from HOD's to Centre Manager to Regional Manager to Managing Director.</p>	
2.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Conduct a Training Needs Analysis for all Staff</p> <p>Specific training requirements around conflict management, Managing Violence & Aggression, And Substance Abuse to be carried out by all staff members</p> <p>Reception officer recruitment confirmed</p> <p>Improvements around Incident Reporting conflict Management and reporting initiated to ensure person centered care and support is provided</p> <p>Improved internal communication process through scheduled weekly management meetings, HOD weekly reporting and analysis of reported incidents so learnings can be taken and acted upon to improve service for all residents.</p>	
3.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Introduction of a New Fire Drill Evacuation Schedule with more frequent drills, announced and unannounced, with subsequent communications to the residents to improve compliance with fire safety.</p> <p>Fire Briefing update will be added to resident Monthly check-ins Review of Risk Register and Risk assessments to include Human Rights/Social Care Risk Assessments</p>	

Further training and development for staff in relation to identifying risks and carrying out risk assessments

4.3

Not Compliant

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

The following applies to both the Accommodation Blocks and Tented area. Detailed Maintenance Plan devised for each accommodation block.

Enhanced Cleaning schedule to include deep cleaning and more detailed room checks.

Improved and Enhanced storage facilities for resident belongings so to reduce risk associated over cramped living spaces. This is being requested through IPAS

Maintenance and Housekeeping Auditing improvements to identify risk and areas of concern

Dedicated detailed maintenance plan and schedule specific to the tented area

4.4

Partially Compliant

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

Liaise with IPAS in relation to family size, age & gender of Children, currently on site at Knockalisheen and the potential of moving to alternative accommodation dependent on their needs as per our Family Room Allocation Policy

Engage with residents about availing of Designated Play Areas located in the Admin Building; Mother & Toddler Room, Childrens Playroom

Review of Risk register as it relates to this standard.

4.8	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A training Needs Analysis Identified for all of security</p> <p>Enhanced and improved incident reporting with consistency ensured throughout each 24hr period.</p> <p>Improved communication between management and security team through reporting and meetings in a weekly structured systematic approach</p>	
4.9	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The following items are now available for all families with young infants: Baby Food, Nappies, Wipes, Lotions, Disposable bags, Pureed food (on request from Kitchen) Moses Baskets, cots.</p> <p>Resident Charter and Operations Manual has been updated to inform both residents and staff of what is now available.</p> <p>Management have communicated this initiative to those residents currently residing in Knockalisheen who are entitled to these amenities. For any new residents arriving it will be outlined to them at induction.</p> <p>Residents will be asked to sign a document when they either accept or decline any additional amenities now being supplied.</p>	
6.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Human Rights Risk Assessments to be finalized and Human Rights Policy updated.</p> <p>Appointment of the new Reception Officer where they will meet with each resident, identify their needs (if any) and develop a care plan around provisions for those needs.</p> <p>A greater emphasis on engagement with Residents through a planned event calendar for each month of 2025 in operated in conjunction with updated resident survey, feedback considered and actioned upon.</p>	

Reestablish a residents committee and drive greater engagement with a representative group from within the larger resident group on site.

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

Review current Adult & Child Safeguarding Policy and update accordingly. Issued to staff to confirm their understanding.

New Incident management Policy and procedure introduced and executed to ensure all incidents are dealt with in a timely efficient manner, recorded and documented correctly and where necessary safeguarding plans initiated. In addition, demonstrating a Zero Tolerance approach to any breach of house rules (violent/abusive behavior) will not be tolerated.

Newly devised format of weekly management meetings and reporting from HOD's will ensure all safeguarding concerns are addressed and reported to relevant bodies ensuring adherence with National Policy.

Continuous review of any safeguarding issues with regular check ins with the resident involved to a point where management and residents deem the case closed or ongoing depending on the circumstances.

A debrief is conducted with the resident involved to ensure they feel their safety and well being is of utmost importance to Centre Management.

New Resident Meeting template has been introduced for resident check in's/welfare meetings and any issues pertaining to residents' concerns around their safety and wellbeing will be documented and actioned where necessary.

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

Child Safeguarding Policy reviewed and updated accordingly and issued to staff to confirm their understanding.

Development of Incident Management Policy & Procedure will improve the process around initiating & recording details of child safeguarding plans, how they are actioned, monitored, reported to the relevant bodies, and followed through to ensure

compliance with National Standards to a point where they are closed out with a satisfactory outcome.

Newly devised format of weekly management meetings and reporting from HOD's will ensure all safeguarding concerns are addressed and reported to relevant bodies ensuring adherence with National Policy. This coupled with the new Incident Reporting & Management Policy and Procedure will ensure more awareness from the team in initiating safeguarding plans where applicable.

8.3

Not Compliant

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

Additional risk assessment training has taken place and further developments are ongoing in this area.

A new Incident Management Policy & Procedure will improve how the Centre manages adverse events in terms of investigation, documentation, management, reporting in line with National Policy, initiating safeguarding plans, improved monitoring with a view to satisfying all regulatory bodies and placing residents safety and wellbeing at the forefront of our service.

A review of security site assignments and several meetings with Synergy have led to agreed new patrolling duties and improved reporting making both the security team and Centre Management more accountable in terms of daily report monitoring. Daily AM & PM report is sent by security and must be recorded upon receipt ensuring consistency and eliminating any gaps in the reporting system.

An improved internal reporting and communication system through weekly management meetings HOD's and their teams ensures the team as a whole is kept informed about incidents that have occurred and safeguarding plans in place.

An improved central welfare log capturing all incidents, actions taken and outcomes recorded so that information can be easily accessible and categorized and used for further learning for the team so that elements of the service improve.

10.2

Partially Compliant

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

Further training identified e.g; Conflict Training, Managing Violence & Aggression. A greater emphasis placed on Adult & Child Safeguarding so that staff of all levels are aware of the positive impact they can make to incidents as they arise.

Enhanced engagement with residents using a new welfare meeting template to ascertain needs, satisfaction with the service and what actions need to be taken to address individual needs. For 2025 a new calendar of events is being established with monthly events to improve engagement. For each event Residents will be asked to complete surveys and feedback acted upon.

Improved internal communications through an enhancement of structured reporting and management meetings with both Aramark staff and Security Team

More detailed analysis of Resident welfare log to help identify areas of concern, and/or improvements within the service where positive feedback is received so that continuous improvements are to the fore in all aspects of the service.

Appointment of Reception Officer confirmed commencing January 2025

10.3

Partially Compliant

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

On commencement of the Reception Officer a thorough review of current residents and those with specific needs will be identified and engagement arranged thereafter to develop a tailored care plan to meet those needs.

Enhance communication and reporting procedure with IPAS regarding those residents with identified reception needs, that the Centre may not be best placed to cater for those needs

All new arrivals will meet with the Reception Officer within the 1st week of arriving to identify any reception needs and a care plan developed specifically for those residents

10.4

Partially Compliant

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

Reception Officer is due to commence in January 2025.

A clear policy and procedure manual will be developed by the Centre management and Reception officer in conducting vulnerability assessments for residents, liaising with relevant services, supporting the reception needs of individual residents, sensitive communication around individuals special needs, monitoring the care plans allowing for amendments and revisions.

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	31/01/2025
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	31/01/2025
Standard 1.4	The service provider monitors and reviews the	Partially Compliant	Orange	31/01/2025

	quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.			
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.	Partially Compliant	Orange	31/01/2025
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	31/01/2025
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	31/01/2025
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	31/12/2024
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.	Not Compliant	Red	31/01/2025

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	28/02/2025
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.	Partially Compliant	Orange	28/02/2025
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.	Not Compliant	Red	30/11/2024
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Not Compliant	Red	31/12/2024
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Not Compliant	Red	31/12/2024

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.	Partially Compliant	Orange	31/01/2025
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	20/12/2024
Standard 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Partially Compliant	Orange	31/03/2025
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	31/03/2025
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	31/03/2025

