



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

Name of the Centre:	The King Thomond
Centre ID OSV:	OSV-0008529
Provider Name:	King Thomond
Location of Centre:	County Clare
Type of Inspection:	Announced
Date of Inspection:	04/03/2024 - 05/03/2024
Inspection ID:	MON-IPAS-1016

Context

International Protection Accommodation Service (IPAS) centres, formerly known as Direct Provision (DP) 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* (National Standards). 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 (DCEDIY) published a White Paper to End Direct Provision and to establish a new International Protection Support Service.³ 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 time frame 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 09 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

The King Thomond is an accommodation centre located in Lisdoonvarna, County Clare. The centre provides accommodation for families, single females and couples. There are 165 residents living in accommodation provided in 75 units across three buildings, including two houses located in close proximity to the main building.

The main building comprises a large reception, dining area, a communal kitchen area with individual cooking stations and a well-stocked shop that residents use points to purchase items with. There are two meeting or social rooms, a gym, a laundry room and a play room for children. The external areas of the centre have a children's playground, and a large space for children to play football and basketball. Residents living in the two houses have access to a communal living space, a kitchen and laundry facilities. They also have access to the facilities in the main centre.

The centre is managed by a management team including a general manager, an assistant general manager and a duty manager, and is staffed by housekeeping and kitchen staff, night porters, shop assistants and a gardener.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	165
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

The inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
04/03/2024	10:30 – 19:00	Una Coloe	Lead Inspector
04/03/2024	10:30 – 19:00	Godfrey Mushongera	Support Inspector
05/03/2024	08:30 – 15:50	Una Coloe	Lead Inspector
05/03/2024	08:30 – 15:50	Godfrey Mushongera	Support Inspector

What residents told us and what inspectors observed

From speaking with residents and observations made during the inspection, the inspectors found that this was a person-centred service where residents for the most part experienced a good quality of life and were happy and safe living in the centre. Residents spoke positively about the staff team and were satisfied with the service they received. Residents were integrated into the community and had access to the services they required. This inspection found that some improvements were required across a number of the national standards including governance and management systems. While it was evident that the centre was led by a committed management team who was motivated to provide a good quality and safe service to residents, further work was required to ensure the views and experiences of the residents informed service delivery.

This inspection took place over two days. During this time, the inspectors met or spoke with 24 adult residents and eight children. The inspectors spoke with the general manager who was also the service provider representative, the assistant general manager and a duty manager. The inspectors also met with three members of the staff team.

The King Thomond accommodation centre was located in a small town in County Clare and provided accommodation to families, single females and couples. The residents were accommodated in bedrooms across three buildings including the main centre, which previously operated as a hotel, and two houses which were located in close proximity to the main centre. There was sufficient parking for residents and staff. The main accommodation centre had a large reception area, a dining room and a communal kitchen. Residents had access to two meeting or social rooms, a gym, a computer room and a well-stocked shop. The two houses had a living area, a kitchen and a laundry room. Residents living in the houses had access to all facilities available in the main centre.

There was a well-maintained playground and adequate outdoor space for children to play. Children had access to a well-equipped playroom which had a mural that was painted by residents. Children's art work and framed photographs of children engaging in activities were on display in the reception area. There was a room available for parents to book for family movie nights and birthday parties. This room had sensory equipment for children with additional needs to access.

The inspectors completed a walk around of the centre and while some health and safety hazards were evident, particularly in the outdoor space, overall, the centre was clean, safe and suitable for children and adults.

The centre accommodated 165 residents across 75 units. All of the families living in the centre had access to their own bathroom while three single females shared bathroom facilities. This inspection found that the accommodation was maintained to a high standard. There was adequate storage for residents to store their clothes and belongings without impacting on their living environment. Residents had sufficient equipment and facilities to cook meals and while most residents were happy with the kitchen facilities, some said the kitchen was often crowded and noisy. There was a well-stocked shop on-site but some residents were of the view that the points they received to buy their groceries were not adequate. While there was sufficient laundry facilities, some residents said they did not receive enough tokens on a weekly basis to use the laundry facilities, particularly larger families or those with young children.

The provider was proactive in meeting the needs of children, and staff members had engaged in specific training to enhance their understanding of working with children. A young person's charter was developed in consultation with the children which included direct statements from them on how they expected staff to treat them. This was good practice and demonstrated how the staff team valued the input of children and young people. Staff members engaged the children in group activities such as art work, cooking activities and celebrated events such as Pancake Tuesday, for example. Due to the nature of the accommodation provided, families did not have their own living space to allow children to play, develop and complete their school work. Despite this, the service provider ensured that there was adequate space within the accommodation centre to facilitate children to engage in normal childhood experiences. Children living in the centre had opportunities to visit local amenities and a group of children had recently performed at the Late Late Toy Show.

The rights of residents were mostly upheld and promoted. Residents were provided with information about their rights and had access to the health and social care services they required. The staff team advocated for residents when required but the provider did not have access to translators and information about the centre had not been translated into languages the residents could understand. Residents told the inspectors that they felt comfortable and respected in their interactions with staff members but it was not evident that their views and experiences contributed to changes to practice or a quality improvement plan.

Residents were well-integrated into the local community and there was an ongoing commitment, on the part of the service provider, to ensure this positive engagement with the community continued. Residents relied on public transport to access local towns and cities and they said that transport options were limited and did not support them getting to and from appointments, for example.

The inspectors observed residents sitting together and engaging in friendly conversations in communal areas and overall the atmosphere was pleasant and relaxed. The inspectors also observed children making jigsaws together and children telling staff members about

their day. Staff interacted in a kind and respectful manner with residents and attended to their requests promptly.

Children who engaged with the inspectors said they felt happy and safe living in the centre. Some children said they played sports with local clubs and went on outings with their families. Parents said they were supported to source school placements for their children but crèche placements were limited in the area. They said their children had access to computers to complete their homework.

In addition to speaking with residents about their experiences, the inspectors received nine completed resident questionnaires. The questionnaires asked for participant feedback 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. There was mostly positive feedback provided in the completed questionnaires with residents indicating that they felt respected and adequately protected while living in the centre. They said that staff members were easy to talk to and the majority said they felt listened to and safe. A small number of respondents said they did not know who the complaints officer was and did not have access to relevant policies and procedures.

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

Capacity and capability

This was the first inspection of The King Thomond accommodation centre by HIQA. The accommodation centre was managed by a committed management team who ensured residents received a good service, but governance and management systems required further development to ensure the service delivered was consistently safe and effective. Key areas for improvements identified related to risk management, safe recruitment practices and the ongoing monitoring and oversight of service provision. An urgent compliance plan was issued to the service provider in relation to An Garda Síochána (police) vetting of staff and the safeguarding of children when their parents were not in the centre. This will be addressed in further detail in the body of the report.

The organisational structure was outlined in an organogram and there were clear lines of reporting and accountability in the centre. The general manager was the owner of the company and had employed two managers, including an assistant general manager and a duty manager to manage the service on a day-to-day basis. The management team were clear about their individual responsibilities and rotated on the staff rota to ensure consistent management presence in the service, seven days a week. They were supported in their role by a staff team including housekeeping, shop and kitchen assistants, night porters and a gardener.

This inspection found mixed levels of compliance with national standards due to a limited awareness and understanding on the part of the service provider of the requirements and expectations of legislation, policy and the standards. While there was an annual review of the service, this was not sufficiently detailed. The service provider had not completed a self-assessment of their compliance with the standards. The management team understood their obligations to submit statutory notifications to HIQA as required by regulations, but inspectors identified one incident which had not been appropriately notified. Further improvements were required in the area of policy development to ensure that a comprehensive set of policies and procedures were put in place. The inspectors found that the service provider and centre managers were keen to learn from the inspection process in order to further develop the services provided in the centre to ensure the safety of their residents.

There was a governance and management structure in place but formal quality assurance, monitoring and auditing systems were required to strengthen the oversight of the service. The general manager of the service visited the centre regularly and was actively involved in the day-to-day operations of the service. They had developed systems to ensure all maintenance issues and the cleanliness of the centre were routinely checked. However, the service provider did not have a consistent auditing or monitoring programme in place. This meant that risks arising from incidents or

safeguarding concerns had not been identified or assessed. The impact of this was that there was a delay identifying a safeguarding concern due to a lack of oversight. This will be addressed later in the report.

The management team had recording systems in place but they required further development. The staff team consistently recorded key information regarding residents including incidents, protection and welfare issues and information regarding their health and wellbeing. Inspectors found that while this was a positive step, there were no records to evidence the follow-up action taken in response to an incident or concern. Managers did not routinely review centre records to ensure any necessary actions were completed or to assess if changes to practice were required. Inspectors found that there was duplication of some records and a structured record keeping system was required.

Communication systems were informal and not recorded. The management team had detailed knowledge of the service and the general manager had regular contact with the staff team to receive updates and to discuss concerns or issues relating to the residents. There were daily handovers between staff and regular meetings with the staff and management team; however, there were no records of this communication. This impacted on how the management team could maintain oversight of service provision and there was a risk that actions required were not appropriately managed or monitored.

The risk management system was underdeveloped. There was a risk management policy but this required review as it did not provide adequate guidance regarding the identification, assessment or management of risk. The management team had addressed some risks as they arose and this was recorded on the centres risk register. However, there were no completed risk assessments and the risk register did not contain a comprehensive list of all of the risks in the centre. Inspectors found risks relating to recruitment practices, child safeguarding and health and safety, for example, which had not been identified as such or assessed by the service provider. There were no contingency plans to ensure the continuity of the service in the event of a disaster or unforeseen circumstance.

The service provider had adequate systems in place to manage the risk of fire in the service. Regular fire drills had taken place and training in fire safety was planned for staff who had not completed this training. The inspectors observed firefighting equipment being checked during the inspection by an external agency. The service provider had taken appropriate action following a small fire in a resident's bathroom. This fire was caused by a faulty appliance and the provider ensured all the necessary fire safety checks were completed by trained personnel following this incident.

The management of complaints required improvement. There was no centre specific complaints policy and some residents did not know how to make a complaint about the

service. The service provider maintained a record of complaints that were sent to the Department of Children, Equality, Disability, Integration and Youth for their review but not all complaints within the centre's remit were managed appropriately or recorded. For example, a resident who complained about the laundry system did not have their complaint managed locally by the service. Centre managers told the inspectors that some complaints were managed informally and not recorded as a complaint. There was no centralised system to record or monitor all complaints. Therefore the service provider could not monitor or trend the issues arising to inform a quality improvement plan for the service.

The recruitment practices in place in the centre were found to be unsatisfactory. While all staff members had a personnel file and a written job description, there was no evidence that reference checks were completed for staff members. Garda vetting had not been obtained for some staff members before they commenced in their position. The service provider was aware of this deficit and the required application forms had been submitted prior to the inspection. Two staff members required updated Garda vetting and international police checks were not available for staff members who had lived in other countries for a period of six months or longer. The inspectors issued an urgent compliance plan to address these concerns and a satisfactory response was returned.

The staff team reported that they were well supported in their roles but regular, formal supervision was not provided to the staff members or management team. The service provider had a performance management system and it was evident that two managers had engaged in this process. This demonstrated an understanding of accountability on behalf of the provider. However, inspectors found that the records of this process were limited and did not list any actions or training required to further the staff member's development.

The centre was adequately resourced at the time of the inspection but there was no reception officer employed and the on-call arrangements required review. There was a member of the management team available to residents seven days a week and the service provider had a panel of relief staff to provide cover when required. The on-call arrangements were not sustainable as the three members of the management team were continuously on-call and, while they did not report an issue in relation to this, this system required review to ensure it was effective and appropriate.

The learning and development needs of some staff were prioritised but there was no training needs analysis completed to inform a training plan for the staff team. Managers had engaged in training in domestic violence, human trafficking and communication skills which included conflict management and self-awareness skills. The majority of staff had completed training in child protection, with the exception of one staff member

but training in safeguarding vulnerable adults had not been completed by the team. Although not all staff had training in first aid and fire safety, this training was scheduled.

There was a residents' charter that had a strong focus on rights but additional information was required to ensure it fully described the services available to residents living in the centre. The charter outlined how residents would be treated in the centre, their rights and general information about the service. Information regarding how the centre meets the needs of residents, the management of personal data and how residents were consulted with was not documented. In addition, the charter was not available in a variety of languages.

There was a positive culture within the service where residents stated they felt listened to and respected. Staff were observed as being respectful and kind in their interactions with residents and provided assistance without delay. Consultation with residents occurred at quarterly residents meetings and through day-to-day communication between the residents and the staff team. Records were limited to evidence this consultation process and how this informed service provision.

Governance and management systems were in an early stage of development. Auditing and monitoring systems were not well-developed and this limited the management team's oversight of the service provided. As a result, there were risks which had not been assessed and delays identifying concerns and areas which required development and improvement. The management team was eager to provide a good quality and safe service and there was a willingness to make changes to ensure the service delivered was of a high standard.

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 inspectors found mixed levels of compliance with the national standards due to a limited awareness and understanding on the part of the service provider, of the requirements and expectations of legislation, policy and the standards. The service provider had not completed a self-assessment of their compliance against the national standards. Further work was required in the area of policy development to ensure all of the required policies were in place for the safe delivery of services.

Judgment: Partially Compliant

Standard 1.2

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

The centre had a clear organisational structure in place and managers were aware of their roles and areas of responsibility. There were good records relating to residents but management systems required improvement to ensure there was appropriate and effective governance and oversight of all aspects of service provision. There were no formal quality assurance or reporting systems to ensure the service provider was aware of all risks, incidents and safeguarding concerns. The complaints management system was not effective.

Judgment: Partially Compliant

Standard 1.3

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

There was a resident’s charter developed for the service including a charter specifically for young people. These documented clearly outlined how residents should expect to be treated in the service but it required a further review to ensure it contained all of the information required.

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.

Systems in place to review and monitor the quality of the service delivered were not well developed. While the service provider had completed an annual review of the service, it was not comprehensive and did not inform a detailed quality improvement plan. There was an absence of an ongoing auditing programme to assess, evaluate and improve the quality of care and experience of residents living in the centre. In addition, improvements were required to ensure that residents’ feedback on the services provided was recorded and considered.

Judgment: Partially Compliant

Standard 2.1

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

Recruitment practices were not safe as some staff members had commenced in their position without the required Garda vetting disclosures and references had not been obtained. The service provider was aware of the deficits relating to Garda vetting and the required application forms had been submitted prior to the inspection. Two staff members required updated Garda vetting and international police checks were not available for staff members who had lived in other countries for a period of six months or longer. The inspectors issued an urgent compliance plan to address these concerns and a satisfactory response was returned.

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.

The staff and management teams reported that they were well supported in their roles but there was no formal, recorded supervision. Although a performance management system was in place, only two staff members had a completed appraisal. While it evident that their skills and competencies were reviewed, training needs or actions to progress their development were not recorded.

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.

The learning and development needs of the staff team had been considered and the service provider was proactive in sourcing various training sessions for staff members to support them in their practice. While the service provider outlined that training in each of the key areas required by the national standards had been completed by some staff, there was limited evidence to reflect their participation. Staff members had not completed training in safeguarding vulnerable adults and some staff required training in first aid and fire safety. A training needs analysis had not been completed to inform the training plan going forward.

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 and the risk management policy was not sufficiently detailed to guide the staff team in the management of risk. While the management team had responded to some risks as they arose, the risk register did not contain details of all risks in the service. The service provider had not completed a risk analysis or assessment of all risks in the centre. There were no contingency plans to ensure continuity of service in the event of a disaster or unforeseen circumstance.

Judgment: Not Compliant

Quality and Safety

Residents in this centre were provided with good quality accommodation and supports and as a result, they felt safe and had a positive experience while living there. The centre managers and staff team were committed to ensuring residents' rights were respected and promoted but further consideration was required regarding how residents were consulted about their views and experiences of living in the centre. This inspection found that a lack of formal consultation and limited oversight meant that residents' concerns in relation to day-to-day practices in the centre had not been identified.

The service provided residents with a good standard of accommodation across three settings including the main centre and two houses nearby. The inspectors found that the service provider had considered residents' ongoing and changing needs when allocating accommodation. Despite options being limited within the centre, the service provider ensured that alternative accommodation was provided to residents when required to prioritise their ongoing safety and welfare. For example, residents with a disability were accommodated on the ground floor of the centre so they could exit the building safely in the event of a fire. This was an area of good practice and while the general manager developed an allocations policy during the inspection, this policy lacked detail and required further review and development.

The service provider ensured that families were accommodated together. Where necessary, adjoining rooms were used to accommodate families and children. The inspectors found that rooms that were allocated to families were bedrooms that did not have a separate living room area. This meant that children did not have adequate space to play, develop and complete their homework. However, children had access to a large playroom, communal spaces and two meeting or social rooms to engage in normal childhood activities.

The inspectors found that residents' rooms were in a good state of repair and there was adequate storage facilities in most of the rooms observed. Some residents said they did not have sufficient space for their belongings in their bedrooms but they had access to insulated storage units on the grounds of the centre to store large suitcases. Single females were accommodated in a house with shared bathroom facilities and all other residents had en-suite bedrooms.

On a walk around the centre, the inspectors found that overall it was clean and well maintained. The service provider had a cleaning schedule and maintenance programme in place to ensure the rooms and buildings were checked on a regular basis. The inspectors found that there were some trip hazards present and areas with uneven

ground which posed a risk for residents. Children had access to a well-kept playground and a large area to play football and basketball. The service provider had provided bicycles for children to use and they had ample space to play on the grounds of the centre. Automatic barriers were installed at the entrance and exit of the car park as a safety measure to keep children safe in the outdoor areas and there was sufficient parking for staff and residents. There were three polytunnels for residents to grow their own fruit and vegetables with the support of a gardener if they wished. Residents had access to a computer room, a gym and two rooms for social activities or meetings.

Laundry facilities were adequate but there were limitations to the use of machines which required review. Residents received two tokens for the washing machine and two tokens for the dryer every week. The machines were larger than domestic machines but residents, particularly from larger families or those with young children, stated that this was not sufficient and they did not receive enough tokens to manage their laundry. Housekeeping staff provided clean linen weekly and facilitated the residents to receive extra provisions if required.

CCTV was in operation in external and communal areas of the centre but its use was not informed by a policy and had not been reviewed to ensure it was proportionate. This inspection found that there was CCTV in all communal spaces, including the gym and there was no space for residents to meet with visitors or professionals in private. Centre managers said residents could request to have the camera covered, to ensure their privacy, but inspectors found that the rationale for this level of monitoring had not been appropriately considered.

Residents prepared their own meals in communal kitchens. Residents in the main centre were allocated a kitchen unit which they shared with other families. Residents living in the two houses had access to a communal kitchen. Most of the residents were satisfied with this arrangement and while some residents complained that the kitchen in the main building was often busy and noisy, overall, the system worked well. The service provider had employed a kitchen supervisor to oversee activities and support residents while they were cooking if necessary. Residents had access to sufficient storage space for their cooking utensils and food.

There was a well-stocked shop onsite where residents used a points system to buy their groceries. There was a good variety of fruit, vegetables and dried goods. Some residents told inspectors that the allocation of points was not adequate to meet their needs. Inspectors observed that many of the food items in the shop were branded goods and therefore expensive. The management team told inspectors that they sourced food according to the residents' wishes and sourced non-branded goods when requested. However, there was no records to evidence this consultation. Residents were provided with sanitary wear free of charge and the provider had recently made the decision to

provide complementary nappies to residents. This was due to commence in the period following the inspection.

The rights of residents were promoted by the staff team but further consideration was required on how the views of residents were captured and responded to. Adults and children had information about their rights through notice boards and information leaflets and the staff team provided person-centred supports where they were required. Staff members were kind and respectful in their interactions with residents and they advocated for them when required. Despite this, the systems in place to formally consult with residents were limited and needed to improve to ensure residents' views were informing service delivery. In addition, the staff team relied on other residents to translate as they did not have access to translating services.

The centre was located in a small town and residents had access to local shops and amenities. The service provider ensured that residents were well supported to integrate into the local community. The general manager and a representative of the residents attended regular meetings with community organisations to ensure the continued integration of the residents within the community. This forum also considered residents' needs in terms of education, employment, health and wellbeing and how these needs could be met through community services. This was a very positive initiative and ensured residents had access to various recreational, health, educational and social supports. The inspectors observed volunteers visiting residents but records to demonstrate how often the centre welcomed visitors were limited.

Transport arrangements required review to ensure they were sufficient to meet the needs of residents. The service provided a bus service once a week to a larger town. There was also public transport to the nearby town and Galway city a number of times a day. Some residents found relying on public transport difficult given the location of the centre and frequency of buses. This was noted to be particularly difficult for residents with a disability or with young children. Residents told inspectors that they had to pay for taxis when public transport was not available and while managers in the centre obliged residents by providing transport in their own cars on occasion, it was not evident that the required insurance was in place to allow for this.

The service provider was proactive in meeting the educational and recreational needs of children. Transport was provided to bring children to and from school and they had access to a homework club off-site. Parents sourced primary and secondary school placements with the support of the staff team but there was difficulty sourcing crèche placements for children due to lack of available spaces in the area. Residents told inspectors that staff members had supported their children to cook and to help them prepare for exams while another resident highlighted the support they had received to access third level education. Children had access to a well-equipped playroom, books and arts and crafts supplies. They had many opportunities to visit local amenities,

participate in swimming and dance classes and had been chosen to perform on the Late Late Toy Show.

Safeguarding practices were well developed but deficits in the monitoring and oversight systems meant that not all safeguarding concerns were identified in a timely manner. The service provider had informed parents, with the support of The Child and Family Agency (Tusla), of their responsibilities with regard to the supervision of children. However, there was no policy regarding supervision or child-minding arrangements. While parents had to complete a form to indicate who was nominated to mind their child in their absence, the inspectors found that the management team did not review these forms. As a result, the service provider was unaware of a child safeguarding concern which was ongoing for a number of weeks prior to the inspection. The management team responded appropriately when they became aware of the concern but there were no formal arrangements to monitor children while their parents were absent from the centre. In addition, there was no system to develop a safeguarding plan to ensure children were safe, protected and cared for while their parent was not in the country. The inspectors issued an urgent compliance plan to the service provider regarding these deficits and a satisfactory response was returned.

Child protection concerns were reported to Tusla in line with *Children First: National Guidance for the Protection and Welfare of Children* (2017). There was a designated liaison person (DLP) appointed in the centre but there was no deputy DLP in place. There was a child safeguarding statement, a child protection policy and the majority of staff were trained in Children First. There was an adult safeguarding policy but the staff team had not received training in adult safeguarding. While there were no allegations against staff at the time of inspection, a policy was required to inform practice should such an allegation be made. Welfare concerns relating to children and adults were documented which demonstrated good practice and ensured staff were aware of key ongoing issues for residents.

The service provider had good systems in place for the recording of incidents within the centre. While all incidents were recorded, it was not always documented what follow up action took place in response to an incident. The service provider had identified this gap and had taken action to address this recently. A new system was implemented to ensure that the actions required and safeguarding responses were recorded on an overview record of incidents within the centre. Although incidents were reported to the Department of Children, Equality, Disability, Integration and Youth, as required, the service provider had not yet developed a system to regularly review or trend incidents and risks associated with incidents had not been assessed.

The service provider promoted the health, wellbeing and development of each resident. Staff in the service advocated for residents and it was evident that they understood their needs. Residents were referred to the services and had access to local mental health

supports if required. While incidents relating to alcohol or drug use were minimal, there was no risk assessment or policy on substance misuse.

Residents with identified special reception needs were well supported but there was no reception officer and a comprehensive approach to assessing the needs of residents had not been developed. The service provider had implemented a system to record some key information about newly arrived residents, if they consented, but this was not sufficient to assess or determine the needs of residents. This inspection found that when the staff team became aware of any special reception needs, the resident was referred to an appropriate service to receive the necessary supports. The management team alerted the Department of Children, Equality, Disability, Integration and Youth when the supports or services in the locality or the accommodation centre could not meet the special reception needs of residents.

The service provider had not developed a policy to guide staff on how to identify and address existing and emerging special reception needs as required by the standards. Members of the management team had received some training but there was no reception officer to provide the support to people with special reception needs.

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.

There were arrangements in place to ensure that, where possible, accommodation was allocated in a way that considered and facilitated residents' known needs. For example, residents with specific health needs were accommodated in the most appropriate room to meet their needs. The service provider had developed a policy on room allocation during the inspection but this required more detailed information to ensure a fair and transparent process was implemented and sustained into the future.

Judgment: Substantially Compliant

Standard 4.4

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

The privacy and dignity of family units was protected and promoted in this centre. The service provider ensured that families were accommodated together in rooms with private bathroom facilities. There was no private living space for families in addition to their sleeping quarters but the service provider ensured children had access to suitable facilities onsite to play and develop.

Judgment: Substantially Compliant

Standard 4.6

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

Children and young people were supported to reach their educational potential. There was access to Wi-Fi throughout the centre and children had access to computers and laptops, if required. Space was limited in residents' bedrooms but they had access to a computer room and meeting rooms to complete their homework. There was a dedicated play space for small children which was equipped with toys, art materials and books.

Judgment: Compliant

Standard 4.7

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

The centre was clean and well-maintained. While adequate facilities to promote the independence of residents in relation to laundry were provided, there was a need to review the system whereby residents were allocated a set limit of tokens to access washing and drying machines.

Judgment: Substantially Compliant

Standard 4.8

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

Members of the staff team had completed training in security measures and CCTV was in operation in the centre. This inspection found that there were no meeting rooms without CCTV for residents to access for visits or to meet with professionals. The use of CCTV was not subject to periodic review to ensure that it was proportionate and reasonable. In addition, the use of CCTV within the centre was not informed by a policy.

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.

Residents received bedding and towels on arrival and residents could ask for items, such as mattresses or duvets, to be replaced if needed. The provider ensured that residents had access to a range of non-food items in the on-site shop, such as nappies, wipes, feminine hygiene products and toiletries. The service provider had made changes to their system to ensure residents had complementary access to sanitary wear and nappies and this was due to commence following the inspection.

Judgment: Compliant

Standard 5.1

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

Food preparation and dining facilities met the needs of the residents and were appropriately equipped and maintained. Cooking equipment was provided to residents and they had adequate space to store their cooking equipment and food.

Judgment: Compliant

Standard 5.2

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

This centre was fully self-catered and there was a well-stocked shop in the centre that had a wide variety of food items. This included fresh fruit and vegetables and fresh meat that was suitable for residents' dietary and cultural requirements and preferences. The shop was open six days per week and while managers said that residents were encouraged to give feedback on the items in the shop and specific requests were facilitated where possible, this was not recorded.

Judgment: Substantially Compliant

Standard 6.1

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

The rights of residents were mostly respected and promoted. Residents, including children were provided with information about their rights and were treated with dignity, respect and kindness. The staff team provided person-centred care and advocated for the residents, when required. However, the systems in place to formally consult with residents were limited and needed to improve to ensure residents' views were informing service delivery. The staff team did not have access to translators if this service was required.

Judgment: Substantially Compliant

Standard 7.1

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

The service provider supported and facilitated the residents to develop and maintain their personal and family relationships. Families were accommodated together and there were facilities in the centre for them to spend time together outside of their rooms. There were rooms in the centre for residents to have meetings with visitors in private but it was not evident how frequently visitors were welcomed to the centre.

Judgment: Substantially Compliant

Standard 7.2

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

Residents had access to information about local services and amenities. Residents were well-integrated into the local community and their views and needs were consistently represented at meetings with local community services. While transport was available to bring children to school on a daily basis and once per week for residents to access a larger town, a review of transport arrangements was required to ensure residents had access to the health and social care services they required, when public transport options were limited.

Judgment: Substantially Compliant

Standard 8.1

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

The service provider had a child protection policy and an adult safeguarding policy. They had measures in place to protect residents from harm and abuse and they routinely recorded welfare concerns relating to adults and children. Not all residents were aware of the procedures in place for their own safety and protection. While there were no allegations against staff at the time of inspection, a policy was required to inform practice should such an allegation be made.

Judgment: Substantially 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.

Child protection concerns were reported to Tusla in line with Children First but there were no formal arrangements to monitor children while their parents were absent from the centre. In addition, there was no system to develop a safeguarding plan to ensure children were safe, protected and cared for while their parent was not in the country. While the service provider ensured parents were aware of their responsibilities with regard to the supervision of their children, a policy had not been developed regarding childminding arrangements.

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.

The service provider ensured all incidents were recorded but it was not always documented what follow up action took place in response to an incident. The service provider had recently introduced a new overview record to rectify this gap. A system to regularly review or trend incidents had not been developed and risks associated with incidents had not been assessed, as outlined earlier in the report.

Judgment: Substantially Compliant

Standard 9.1

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

The staff team provided support that was person centred and they promoted the health and wellbeing of residents. The service provider had appropriate links with community health and social care services and provided information or referrals, when appropriate, to services to meet a resident's health or social care needs. The centre did not have a policy or procedure in place regarding substance misuse.

Judgment: Substantially Compliant

Standard 10.2

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

Members of the management team had received some training to support them to identify and respond to some special reception needs. The service provider had informal arrangements in place to support the team in their roles and a self-care day was planned for staff as a measure to promote staff wellbeing. However, formal supports and training was required for all staff who provided support to residents with special reception needs.

Judgment: Substantially Compliant

Standard 10.3

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

The provider had not developed a policy to guide staff on how to identify and address existing and emerging special reception needs, as required by the standards. While the service provider had implemented a system to record some key information about newly arrived residents, if they consented, this was not sufficient to assess or determine the needs of residents.

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 had a recruitment plan in place to employ an appropriately qualified reception officer and although this position had not been filled at the time of the inspection, a recruitment process was underway.

Judgment: Partially Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Substantially Compliant
Standard 1.4	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Not 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	Substantially Compliant
Standard 4.4	Substantially Compliant
Standard 4.6	Compliant
Standard 4.7	Substantially Compliant
Standard 4.8	Partially Compliant
Standard 4.9	Compliant
Theme 5: Food, Catering and Cooking Facilities	

Standard 5.1	Compliant
Standard 5.2	Substantially Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Substantially Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Substantially Compliant
Standard 7.2	Substantially Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Substantially Compliant
Standard 8.2	Not Compliant
Standard 8.3	Substantially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Substantially Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.2	Substantially Compliant
Standard 10.3	Partially Compliant
Standard 10.4	Partially Compliant

Compliance Plan for The King Thomond

Inspection ID: MON-IPAS-1016

Date of inspection: 04/03/2024 and 05/03/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Self-assessments will be conducted quarterly to ensure continuous improvement. We will engage an external consultancy specializing in social care to review, train, and collaborate with our team on implementing best practices. This consultancy will also assist in policy creation, review, and risk assessment to align with national standards. These self-assessments will help identify areas where new policies are required.</p> <p>Currently, the consultancy is focused on reviewing existing policies and developing new ones.</p>	
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We are actively interviewing candidates for the Reception Officer position to enhance our administrative capacity. Additionally, we have a staff member with a Level 8 degree in psychology, who, although not currently employed in a social care role, brings valuable expertise to our team.</p> <p>A new complaints system has been established to increase responsiveness and transparency. Residents have been informed of this system during the quarterly meetings and can also reach us directly via a dedicated email address for complaints.</p>	

We will distribute questionnaires to residents on a quarterly basis to gather feedback on service and care, ensuring that their needs are consistently met.

Our consultant company will provide support in refining policies, conducting risk assessments, and optimizing procedures.

To ensure compliance and safeguarding, we will implement management recording and reporting systems for monthly reviews of documents related to incidents, health and welfare, needs assessments, and accidents. These reviews will be audited monthly to maintain high standards of care and accountability.

1.4

Partially Compliant

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

The complaints system has been updated to enhance transparency and accessibility, including a dedicated email address for ease of use. Residents were briefed on these changes through an in-person meeting where a comprehensive questionnaire on service and support was distributed, providing an opportunity for feedback.

Monthly staff meetings now incorporate review and action procedures that address residents' complaints and suggestions. Additionally, an external consulting firm will assist in conducting a detailed annual review, supplemented by quarterly assessments to ensure consistency throughout the year.

Going forward, staff meeting agendas will allocate time to discuss employee concerns and the support they may need. Furthermore, staff members will have quarterly one-on-one check-ins with management to maintain open lines of communication and address any issues promptly.

2.1

Not Compliant

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

All our staff have successfully completed Garda vetting. We are currently developing a new policy concerning the recruitment and training of all staff. Additionally, we have requested international police background checks from our staff and established a timeline for their completion. In the interim, we have implemented a policy for the ongoing review and monitoring of staff pending the results of these background checks. We have also assessed potential risks and established a supervision plan to ensure appropriate oversight of staff.

2.3

Partially Compliant

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

Monthly staff meetings will be formally recorded, and quarterly reviews will focus on the supervision needs and the support required. Training will be tailored based on the specific needs of the service.

Questionnaires will be issued to residents to gather feedback on how well the service is meeting their needs, ensuring they feel supported.

Performance reviews have been completed, and going forward, will be conducted annually. Additionally, supervision checks will be carried out quarterly or as needed to maintain high standards of oversight.

2.4

Partially Compliant

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

Attendance for additional staff training will be recorded diligently. All relevant staff will complete training on safeguarding vulnerable adults. For those who have missed essential training, sessions have been scheduled for May.

Furthermore, a monthly training program will be implemented, tailored to the needs of the service. This program will specifically focus on topics such as abuse, trauma, trafficking, and mental health to ensure our staff is well-equipped to handle these critical issues.

3.1

Not Compliant

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

A comprehensive review of the risk register and policies will be conducted with the guidance of an expert social care consultant. Management will participate in training to enhance their skills in identifying risks and understanding reporting structures.

Meanwhile, a detailed interim risk assessment for all residents will be completed by April 31st, involving one-on-one discussions with each family and management. Residents will have the option to disclose risk factors related to their health, medication, or mental wellness.

Additionally, we will develop a contingency plan in collaboration with an external consultant to ensure the continuity of service in the event of unforeseen circumstances. As a temporary measure, an agreement has been established with another local facility

owned by our proprietors, which can accommodate and meet the basic needs of our residents should an emergency arise.	
4.8	Partially Compliant
Outline how you are going to come into compliance with this standard: Additional training will be provided to staff focusing on cultural sensitivity, equality, and diversity awareness, alongside renewals for their security licenses. A comprehensive CCTV policy will be established, accompanied by a thorough risk assessment. Managers will undergo annual training on data protection to ensure compliance and security of information. Furthermore, a room assessment will be conducted to designate a private space without CCTV for meetings and visits, with an associated risk assessment to ensure safety and privacy.	
8.2	Not Compliant
Outline how you are going to come into compliance with this standard: Staff will complete training on safeguarding vulnerable adults. New policies will be developed for child-minding and procedures when parents are away from the center. All safeguarding policies have been reviewed, risk assessments completed, and will continue to be reviewed regularly. An external consultant will assist in developing all new policies and conducting the associated risk assessments. Additionally, an urgent compliance issue has been addressed, and a new policy has been implemented in line with national standards.	
10.3	Partially Compliant
Outline how you are going to come into compliance with this standard: Management will undergo training to enhance their skills in identifying and addressing welfare concerns. Together with an external consultant, management will develop a comprehensive policy on welfare and assessments of residents' needs. Records of vulnerabilities, welfare concerns, and service issues reported to the department regarding residents' welfare will be meticulously maintained.	
10.4	Partially Compliant
Outline how you are going to come into compliance with this standard:	

We are currently exploring options to fill the Reception Officer position, who will work closely with both managers and residents. In the interim, staff will undergo additional training to address specific needs, while management collaborates with an external consultant to develop robust governing policies and complete a comprehensive risk assessment.

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Partially Compliant	Orange	15/06/2024
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.	Partially Compliant	Orange	15/06/2024
Standard 1.4	The service provider monitors and reviews the	Partially Compliant	Orange	15/06/2024

	quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.			
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	14/05/2024
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Partially Compliant	Orange	20/05/2024
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	20/05/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	06/05/2024
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.	Partially Compliant	Orange	15/07/2024
Standard 8.2	The service provider takes all reasonable steps to	Not Compliant	Red	05/04/2024

	protect each child from abuse and neglect and children's safety and welfare is promoted.			
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	15/07/2024
Standard 10.4	The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.	Partially Compliant	Orange	15/09/2024