



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

Name of the Centre:	Dídean Portlaoise
Centre ID:	OSV-0008807
Provider Name:	Dídean Dachas Eireann Teoranta LTD
Location of Centre:	Co. Laois
Type of Inspection:	Announced
Date of Inspection:	25/09/2024 and 26/09/2024
Inspection ID:	MON-IPAS-1063

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

Dídean Portlaoise is an accommodation centre comprising nine own-door apartments and houses located in Portlaoise, Co. Laois. The houses are situated in a housing estate and the apartments within an apartment block located nearby. At the time of the inspection 42 residents were living in the centre which included 19 adults and 23 children. All residents live with their family members and of the nine family units, six units were shared between families.

The accommodation provided facilitates residents to live independently, with each unit having a kitchen and dining room, a living area, bathrooms, and sufficient space for storage of personal items. Families who share accommodation with other families have their own bedrooms and bathrooms and share a kitchen and living space. The centre is located on the outskirts of the town, and is in close proximity to local schools, crèches, pre-schools, shops, transport links, health and social services.

The centre is managed by a social care leader who reports to the chief operations officer of the company. There is a deputy social care leader and a team of social care workers and assistant support workers also employed in the centre. The staff and management team work from an office in the centre of the town where residents can attend to meet with staff or access a meeting and computer room.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	42
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

The inspection was carried out during the following times:

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
25/09/2024	09:45hrs-16:30hrs	1	1
26/09/2024	09:00hrs-16:50hrs	1	1

What residents told us and what inspectors observed

From speaking to residents and through observations made during the inspection, the inspectors found that residents experienced a good quality of life living in this centre. The service provider was providing a service that was of high quality where residents felt safe and protected and lived in accommodation that met their needs. Residents were well supported by the staff team and while there was a structured support programme in place, this was not consistently led by the needs or preferences of the residents.

The inspection took place over two days. During this time, the inspectors spoke with 13 adults and 10 children living in the centre. In addition, the inspectors spoke with the chief financial officer, the chief operations officer, and the social care leader, who was the manager of the centre. In addition, the inspectors spoke with the administration manager, the designated liaison person, and members of the staff team including social care workers and assistant support workers.

The centre accommodated 42 residents across nine properties, which included seven houses and two apartments. Of the 16 families, 13 shared their accommodation with other families. Five of the houses accommodated two families and one house had three families who shared with each other. The apartments and houses had their own bathrooms, kitchen facilities and living areas. The family units were located within the local community and residents could access the main office by local bus transport.

This inspection found that the accommodation provided to residents was maintained to a high standard and had sufficient equipment and facilities for residents to live their daily lives, cook and complete their own laundry. The houses were spacious with ample space for children to play, and develop. There was adequate storage for residents to store their clothes and belongings without impacting on their living environment. Residents told the inspectors that they were very happy with the standard of accommodation but some reported that they were not permitted to personalise their accommodation with photographs or their children's art work. The inspectors observed that while the houses were very clean and well-maintained, accessories and decor were limited. Visitors were welcomed to the centre and residents' right to privacy was promoted, as guests met with their family and friends in their own accommodation.

The main centre comprised a staff office and a meeting room in which residents could book if they preferred to meet with professionals outside of their family home. In addition, residents had access to computers in the main centre if they wished. Otherwise, residents lived independently within their own accommodation. As residents lived in properties a distance from the staff office, staff members met with them every 72 hours to ensure their safety and well-being.

This inspection found that the staff team endeavoured to promote and protect residents' rights. Residents were facilitated to live an independent life with supports available from an experienced and professional staff team, many of who had qualifications in the area of social care. It was evident that residents benefited from this professional support. Despite this, some residents told the inspectors that they found the level of interaction from staff to be overwhelming at times. The inspectors found that while it was evident that there was a structured support programme and record keeping system developed by the service provider, all residents engaged in similar key working sessions with staff members which were not always guided by the resident's needs or preferences.

Children and adults were referred to health and social services as required and they had access to recreational and social activities in the local community. They were also supported to integrate in to their local community. The staff team developed outcomes with the residents on a monthly basis to support their integration or to focus the resident on a particular area of interest. While their staff team were well-intended, the inspectors found that this had the potential to place additional pressure on residents and potentially impact on their autonomy in relation to day-to-day life.

Residents purchased their own food and non-food items using an electronic card which they used in a variety of shops and supermarkets in the local area. This arrangement facilitated choice and promoted independence, as residents could purchase food in line with their own families' needs, dietary or cultural requirements. Residents were provided with essential non-food items on arrival to the centre, such as bedding and towels as well as basic food items.

There was information available for residents about the centre, community services, and other supports. The staff team had access to translation services when required. The inspectors found that residents were regularly consulted with about their views on the service and that their feedback influenced change.

Residents told the inspectors that they felt safe living in the centre. They said that they could talk to staff if they had concerns, and they generally felt heard by staff. Residents spoke fondly of the staff team and said they were kind and treated them with respect. One resident described staff as "wonderful" and "super" and said "staff go the extra mile to discharge their duties". Some residents said the visits from staff were too frequent but all residents said they were well supported by the team. They were happy with their accommodation, particularly as they could cook for themselves and complete their own laundry. Some residents said they would like access to a tumble dryer and another complained that the temperature of the water was not hot enough, however, overall residents said maintenance issues were managed without delay and they were content with their accommodation.

In addition to speaking with residents about their experiences, the inspectors received four completed questionnaires from adult residents. The questionnaires asked for feedback on a number of areas including safeguarding and protection; feedback and complaints; residents' rights; staff supports and accommodation. There was mostly positive feedback provided in the completed questionnaires with residents indicating that they felt happy, safe and adequately protected in the centre. Three of the four respondents stated the management team involved and consulted with them about the operation of the centre and about matters which affected them. All respondents stated that the staff team were approachable and that staff members were easy to talk to, helpful and provided assistance when required. Two residents indicated that they did not know who the designated person for child protection or adult safeguarding was and one did not know who the complaints officer was. Two residents reported that they would not feel comfortable making a complaint about the centre.

In summary, residents were safe and protected living in this centre and they had access to supports from a competent and skilled staff and management team. The accommodation provided met the needs of the residents and allowed them to live independent lives. There were many examples of good practice in relation to the promotion of human rights, however, resident's views and needs, particularly in the areas of to the model of support offered and some practices in the centre, needed further consideration.

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

Capacity and capability

This was the first inspection of Dídean Portlaoise by HIQA. The inspection found that the service was effectively managed on a day-to-day basis by a committed and dedicated management team. There were strong governance systems in place which ensured good oversight and monitoring of the services provided. The centre was well resourced and service provider was committed to providing a high-quality service that met the requirements of the national standards. There were some areas in which some improvements were necessary, but for the most part, these were needed to optimise systems that were already developed and in place.

This inspection found that the management team had a good understanding of the national standards, legislation and national policy and had the systems and processes in place to support ongoing compliance with the national standards. The service provider had completed a comprehensive self-assessment of their compliance against the national standards as well as a detailed gap analysis which incorporated a quality improvement plan for the service. The service provider ensured that notifications were submitted to HIQA in line with the requirements of the regulations. They had developed and implemented a suite of operational policies and procedures which were understood by the staff team. However, some local policies required review to ensure they aligned with national policy and the DCEDIY house rules. This included the policy provided to residents in relation to the management of incidents, as it did not reflect the actual practice in the centre.

The service provider had a clear governance structure in place and lines of reporting and accountability were evident. The centre was managed by a social care leader and they were supported in the role by a deputy social care leader and a team of social care workers and assistant support workers. The social care leader reported directly to the chief operations officer for the service. Wider organisational structures including administrative and human resources support assisted the team in their roles. The service was led by a competent management team who provided effective leadership and there was a strong positive culture across the service. The inspectors found that each member of the staff and management team were clear about their responsibilities in the delivery of a safe and effective service.

Oversight and monitoring systems were effective. The social care leader compiled a weekly report for the chief operations officer with an overview of resident welfare, concerns, incidents and accidents. There were a number of meetings on a monthly basis which provided oversight to the management team on how the service was operating. For example, the management team attended resident welfare meetings, administration meetings and health and safety meetings on a monthly basis. In

addition, the social care leader facilitated a monthly staff meeting which reviewed the supports in place for residents and included discussions in relation to incidents and safeguarding concerns, for example. The chief operations officer then reported to the executive management team monthly. These reporting systems were effective in ensuring all members of the management team were aware of key issues which presented in the service.

Management systems were also well-developed and effective. The management team maintained a register of complaints, incidents, hospital admissions, safeguarding concerns and notifications to HIQA. All members of the management team had access to these logs and they were regularly updated and reviewed. Weekly health and safety checks and quarterly checks of accommodation were recorded on an application on an electronic device and the actions arising from these checks, such as maintenance issues, were then allocated and tracked. The centre's quality improvement plan was also recorded on this application which allowed the management team to track progress in relation to the actions required to continuously improve the quality of the service.

The service provider had employed effective systems for engaging and consulting with residents. There were regular resident meetings which were facilitated by staff members and an external consultant. Residents from across the provider's centres attended these meetings which were held either in person or online. Residents had opportunities to submit their feedback on the service through a resident's survey and could also highlight any issues or concerns during their contact with the staff team. While these systems to consult with residents were effective, the focus of the resident meetings had not provided an opportunity for residents to provide feedback on some practices in the centre, such as, monitoring of their weekly allowance and their views in relation to the accommodation.

The complaints management system required improvement. Formal complaints were recorded and appropriately reported in line with centre policy but the management team did not record, track or trend informal complaints made by residents. This was a missed opportunity to ensure feedback and complaints from residents were analysed to support the service to drive quality improvements in service provision over time.

The risk management system was well-developed but further work was required to ensure it was tailored to this specific centre. There was a risk management policy and numerous risk assessments completed which had been recently reviewed. The risk assessments in place in the centre related to the entire organisation but there was no overarching risk register to provide an overview of the key risks within this service. Additionally the risk description on some risk assessments did not specify the actual risk and other risk assessments contained many risks which were not individually

assessed. For example, safeguarding was assessed as single risk assessment but this contained several potential risks for the centre and needed to be considered separately.

There were appropriate systems in place to manage the risk of fire. Residents were provided with the necessary fire safety equipment in their homes which were serviced regularly. They had participated in fire drills and the staff team completed regular checks of the accommodation to ensure fire related risks were continuously managed. The service provider had the required policies in place to manage an unexpected emergency in the centre.

Recruitment practices were safe. The service provider had recruited an experienced and professional staff team. Staff files reviewed contained all of the required information including job descriptions, records of induction and probation and annual staff appraisals. All staff had up-to-date Garda Vetting disclosures and international police checks had been obtained for staff who required this.

The staff team were appropriately supervised and supported in their roles. The staff team engaged in regular supervision with their line manager and had opportunities to discuss their work and how they were meeting the needs of residents. Supervision sessions were frequent, focused on practice and clearly documented.

The learning and development needs of the staff team were prioritised. Many of the staff team had qualifications in the area of social care and had benefited from a comprehensive training programme offered by the service. The staff team had completed training in *Children First: National Guidance for the Protection and Welfare of Children (2017)* and in the protection and welfare of vulnerable adults. The majority of the staff team had completed all of the training as required by the national standards and the service provider was aware of a small number of staff members who required some training and was in the process of scheduling this. There was a training needs analysis and a good system to monitor the training needs of the staff team. This inspection found that the staff team had the appropriate knowledge and skills to support people in the international protection process and the application of this knowledge in practice was very evident.

There was a residents' charter in place but this required some additional information to accurately describe the services available to residents. The inspectors found that the residents' charter contained a large proportion of the information required but it did not outline how residents' dignity was preserved or how residents were treated with respect. Despite this, it was evident from residents' files that they had been informed of the centre's practices in this regard. As mentioned previously, the

residents' charter required review to ensure residents had access to accurate information in relation to the management of incidents by the service provider.

Overall, it was found that the service provider had the capacity and capability to provide a service that was safe and effective and met residents' needs. While not all standards were found to be fully complaint, the service provider had effective governance and monitoring systems in place and were committed to continuously improving the service to ensure the experience of the residents was positive and the service delivered were 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 staff and management team had thorough knowledge of the standards, regulations and national policy. They had self-assessed their compliance with the national standards and incorporated any actions required in to a quality improvement plan for the service. The service provider had developed a comprehensive set of policies and procedures which the staff team understood but the centre's policy to guide the response to incidents was not adhered to in practice.

Judgment: Substantially Compliant

Standard 1.2

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

The lines of accountability and authority and reporting structures were clear. Systems to maintain oversight of the service were effective. There was centralised recording system and a process to trend and review risks, safeguarding concerns, complaints and incidents. A culture of continuous quality improvement and valuing feedback from residents had been fostered but they had not reviewed practices such as monitoring of residents weekly allowance. The management team were not aware of some views of the residents in relation to their accommodation or support plans. Complaints were well-managed but the staff team were not recording or tracking informal complaints made about the centre.

Judgment: Substantially Compliant

Standard 1.3

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

There was detailed residents' charter which clearly described the services available to the residents and while residents were informed by the staff team how they could expect to be treated while living in the centre, this was not outlined in the charter as 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.

The service provider had effective systems in place to monitor and review the quality of care and experience of the residents living in the centre. They had a detailed quality improvement plan to guide the continuous improvements and systems in place to obtain the views of both residents and staff members.

Judgment: Compliant

Standard 2.1

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

The provider ensured that there were safe and effective recruitment practices in place for staff and managers. All staff had up-to-date Garda vetting disclosures and while the service provider had assessed risks relating to positive disclosures, this had not been documented. Staff members who had resided outside of the country for a period of six months or more had an international police check in place. There was a satisfactory induction and probationary process in place for new staff.

Judgment: Substantially Compliant

Standard 2.3

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

The staff team understood their roles and responsibilities and were well supported in their roles. All staff members had engaged in regular formal supervision and participated in performance appraisals. Personnel files contained all of the required information and were well-maintained.

Judgment: Compliant

Standard 2.4

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

Staff employed in the service had appropriate qualifications and experience necessary for their roles. The service provider was proactive in identifying additional training courses for staff members to attend based on the needs of the residents. A training needs analysis was in place to guide the training plan for the staff team and the majority of the staff team had completed all of the training as required by the national standards.

Judgment: Compliant

Standard 3.1

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

The management of risk in the centre was guided by a risk management policy and risks within the service had been assessed and reviewed. There was no overarching risk register to provide an overview of the key risks within the service. While there were no risks identified by inspectors that had not been assessed, the inspectors found that some risk assessments contained numerous risks which had not been individually assessed.

Judgment: Substantially Compliant

Quality and Safety

This inspection found that the service provider ensured that the services delivered were safe and of a good quality which supported residents to live full and meaningful lives. Residents were supported to live independently and had integrated well into the local community. The staff team in the centre provided extensive support to residents, however, the model of support offered was standardised for all residents and had not been individually tailored in line with residents' needs or their preferences.

The centre provided own-door accommodation for families and each family was either allocated their own apartment or house or shared a house with other families. The management team ensured residents' needs were considered in the allocation of accommodation which was guided by the centre's policy on admissions. For example, the service provider considered the age range of children and the family's ethnicity when placing families together in the same house. Residents had the opportunity to request a change in their accommodation and while the management team were aware of such cases, they had not developed a system to record or manage these requests.

The standard of the accommodation provided was satisfactory with adequate facilities to allow the residents to live independently. Each unit had a kitchen and living area and the necessary equipment to allow residents cook for themselves and complete their own laundry within the privacy of their own home. While 13 of the 16 families shared a house with another family or families, this arrangement had not caused any difficulties for these residents. These families shared the kitchen and living space but they had access to their own private bathroom. Children had ample space to play and develop and those living in the houses had access to a small, safe and secure back garden. Overall, the quality of the accommodation provided was sufficient and ensured adequate space for residents to live a normal family life.

The inspectors found that the accommodation was well-maintained and clean. The service provider ensured routine health and safety checks were completed and maintenance issues were addressed without delay. Residents had access to all of the fire safety equipment they required and first aid boxes were also available. The homes were adequately furnished and residents had sufficient storage for their belongings. Residents told inspectors that they were not permitted to personalise their homes, the living room or kitchen in particular, with photographs or their children's art work for example. As noted previously, the service provider had not consulted with the residents in relation to this matter.

Residents prepared meals for themselves in their own accommodation. They were provided with all necessary cooking utensils, cutlery and crockery. They received a

prepaid card that was topped up on a weekly basis to allow them purchase their own groceries and non-food items. Residents had access to a wide range of shops and supermarkets to ensure they had varied choice with regard to their grocery shopping. Residents had to upload receipts which the management team confirmed was to monitor their shopping to ensure the allowance was appropriately spent but the need for this level of monitoring had not been risk assessed or reviewed for individual families.

The service provider was proactive in meeting the educational and recreational needs of children. Parents were supported to source school placements for their children and transport was provided to bring children to and from school. The staff team liaised with parents to ensure their children had the necessary equipment to support their education development but not all children had a dedicated space to study or complete their homework, particularly in houses where families shared kitchen and living spaces. The management team assured the inspectors that desks were provided when requested by residents. Children with additional needs had access to the support services they needed and the staff team had liaised with external organisations, as required. Children had access to local playgrounds and amenities within the community and the staff team had organised many fun, family friendly activities such as day trips and cultural events.

The rights of residents were promoted by the staff team but there was a standardised model of support offered to all residents and records lacked detail to evidence how this was person-centred and in line with residents' identified needs. Each family had an assessment of need completed which reflected best practice. However, family integration plans were developed for all families and residents received a minimum of two key working sessions per month regardless of their needs. For example, staff members liaised with residents monthly to reiterate the need to adhere to health and safety procedures, including the supervision of children but this was not led by analysis of risk for the individual families. Residents were also required to set monthly outcomes with staff, some of which included having their children prepared for returning to school and attending local cultural events. While staff members endeavoured to support residents to live independently, it was not consistently evident that the staff team offered different levels of support in accordance with residents' identified needs and preferences.

Residents were well-integrated within their local community. The centre was located on the outskirts of a large town and residents were provided with bus tickets for public transport to ensure they had access to a wide range of shops, services and amenities. The staff team had developed strong links with community organisations and residents had information about community supports, English classes and social

groups. They had opportunities to engage in a variety of social, recreational and cultural activities and events.

Safeguarding practices in the centre were satisfactory. Residents informed the inspectors that they felt safe living in the accommodation centre. The staff members met with by the inspectors were aware of the actions required by them if an allegation of abuse or neglect was suspected or reported to them. The centre had the required policies and procedures regarding child protection and welfare and safeguarding adults. The staff team were appropriately trained in safeguarding both adults and children and they had access to a competent designated liaison when concerns relating to safeguarding arose. There was a tracking system in place which provided oversight of all safeguarding concerns relating to both adult and children. In addition, the management team met monthly to discuss and review all safeguarding related issues and concerns.

The staff and management team were aware of their roles and responsibilities in protecting children from abuse and ensuring their safety and welfare was promoted. All staff had the required training in Children First and they reported any concerns to the Child and Family Agency (Tusla) in line with national policy. The staff team completed key working sessions with parents about safeguarding and the supervision of children and they ensured parents were aware of their responsibilities in line with national policy.

Incidents which occurred in the centre were well-managed in line with national policy but the service operated a dual incident management process which required review. There were a small number of incidents recorded and these were found to have been managed effectively by the team and reported to DCEDIY, as appropriate. However, the centre had another internal procedure which was operated in tandem with the national incident management policy whereby residents received a 'strike' from the centre following a breach of house rules. For example, incidents relating to child protection concerns were appropriately reported to the Tusla and the DCEDIY but the centre also issued a 'strike' notice to the resident(s) involved. The management team had a clear rationale for this process but it required review to ensure the approach was fair and balanced for the residents.

The service provider promoted the health, wellbeing and development of each resident. Staff in the centre ensured residents had access to a general practitioner and residents had medical care while they were awaiting issuance of their medical cards. It was evident that staff members advocated for residents and supported them in relation to their health needs. Information was provided to residents on local health and social care services and the team had organised events to inform families about vaccinations and speech and language services, for example. The staff team had risk

assessed and put control measures in place to manage the spread of contagious infections and a policy was in place in relation to substance misuse.

Residents with special reception needs were well supported, however, the role of the reception officer was not dedicated and in practice it was carried out by the centre manager. The service provider had not considered the capacity of the centre manager to effectively carry out both roles. The centre had developed a policy and procedure manual for the role of the 'social care leader/reception officer' but this required review as the role of the reception officer was not clearly defined. While the manual did include responsibilities relevant to the role, there was no differentiation between it and the role of a centre manager. The inspectors found that the manual included duties related to a manager of a centre such as ensuring staff rosters were accurate and fire precautions were adhered to, however, these duties were not relevant to the role of a reception officer.

The centre received limited information about new arrivals to the centre but the centre manager completed a comprehensive assessment with each resident to determine their needs. Following the assessment, they developed an action plan and allocated the individual or family to a keyworker to support them in relation to their needs. Many of the team were qualified social care staff, with the skills and experience to support residents with special reception needs. These residents with special reception needs were appropriately supported and the staff team ensured they were referred to the services they required.

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 ensured the allocation of accommodation was informed by the needs and best interests of residents. They ensured residents' ethnicity and family composition was considered when allocating the accommodation. This was guided by an appropriate policy, however, while residents had the opportunity to request a change to their accommodation, this was not always recorded by the service provider.

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. Families had access to a private living space and while this was a shared space for families who shared accommodation, residents were satisfied with the space allocated. The service provider ensured that each family unit had access to their own bathroom and a sufficient number of beds were provided to each family. Families had sufficient space to engage in normal family life.

Judgment: Compliant

Standard 4.6

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

Parents were supported to obtain suitable crèche, preschool and school placements for their children and suitable transport arrangements were in place to ensure each child could attend their educational facility. Children had sufficient space within their living environment to complete their homework but not all children had a desk to facilitate their study. The management team confirmed that desks were provided when requested and confirmed they would liaise with residents regarding this.

Judgment: Compliant

Standard 4.7

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

The service provider ensured that the accommodation was clean and well-maintained. Residents had access to laundry facilities including a washing machine and indoor and outdoor areas to dry their clothes.

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 residents in this centre lived independently within the community and therefore closed-circuit television (CCTV) or security personnel were not required. Residents reported that they felt safe and their right to privacy and dignity was protected.

Judgment: Compliant

Standard 4.9

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

The centre provided residents with a prepaid card to buy all non-food items in local shops. Residents were satisfied that they received a sufficient allowance to buy the toiletries and cleaning products they required. Residents received two set of bed linen and towels when they arrived and additional bedding was available as required.

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 supported family life. Residents had kitchen and dining areas in their accommodation and had adequate cooking and storage facilities to prepare meals for their family.

Judgment: Compliant

Standard 5.2

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

The centre was fully self-catered and residents were provided with a prepaid card to buy their own groceries. This arrangement met the needs of the resident living in the centre.

Judgment: Compliant

Standard 6.1

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

There were many good practices in the centre which promoted and protected residents' rights. They had access to a wealth of information about the centre, community and support services and had access to advocacy supports. While staff endeavoured to support residents to live independently, records of the interventions and support offered by the staff team did not consistently evidence how different levels of support were provided in accordance with residents identified needs and preferences.

Judgment: Substantially Compliant

Standard 7.1

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

The residents were supported and facilitated to develop and maintain personal and family relationships. Residents' right to privacy was promoted as residents could welcome visitors to their own living space.

Judgment: Compliant

Standard 7.2

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

Residents had access to information about public services, local amenities and support services and they were well-integrated within their local community. They were encouraged to engage in social, leisure and cultural activities and events. Residents had access to public transport and were provided with tickets to access this transport.

Judgment: Compliant

Standard 8.1

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

The service provider had the appropriate child protection and adult safeguarding policies in place. All staff were trained in Children First and safeguarding vulnerable adults. There was a designated liaison person available for staff members and residents to discuss their concerns with. A comprehensive log was in place which provided an overview of all safeguarding related concerns which was monitored and reviewed.

Judgment: 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 and welfare concerns were reported to Tusla in line with Children First and the staff team were aware of their responsibilities to ensure children were safeguarded. Parents were well supported by the staff team in relation to welfare concerns.

Judgment: Compliant

Standard 8.3

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

The service provider ensured that incidents were managed in line with national policy but there was a dual process for responding to incidents. Following an incident, residents were issued with a 'strike' letter by the centre and reported to the DCEDIY which was not always proportionate. This process had not been reviewed to ensure it was a fair and balanced approach for residents.

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 service provider promoted the health, wellbeing and development of each resident. Residents were provided with information about a wide range of health and social care services in the locality and appropriate referrals were made from residents who required additional supports.

Judgment: Compliant

Standard 10.1

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

For the most part, the provider was not made aware of any special reception needs in advance of an admission to the centre. Despite this, residents with special reception needs or vulnerabilities were provided with the required assistance and support.

Judgment: Compliant

Standard 10.2

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

The service provider ensured the staff team had received the appropriate training to support them to identify and respond to the needs of residents. The staff team had opportunities to discuss their work with the management team and they were well supported regarding their wellbeing and self-care.

Judgment: Compliant

Standard 10.3

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

The service provider had a policy to guide staff on how to identify and address existing and emerging special reception needs, as required by the standards. The staff team had a detailed assessment process which ensured they were aware of the needs of residents upon their admission to the centre.

Judgment: 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 centre manager was the nominated reception officer for the centre but their capacity to carry out a dual role had not been assessed by the service provider. The centre had developed a policy and procedure manual but this did not clearly differentiate between the role of the social care leader and the role of the reception officer.

Judgment: Partially Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Substantially Compliant
Standard 1.2	Substantially Compliant
Standard 1.3	Substantially Compliant
Standard 1.4	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.3	Compliant
Standard 2.4	Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.4	Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant

Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Substantially Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Compliant
Standard 8.2	Compliant
Standard 8.3	Substantially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Compliant
Standard 10.4	Partially Compliant

Compliance Plan for Dídean Portlaoise

Inspection ID: MON-IPAS-1063

Date of inspection: 25 and 26 September 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
10.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Following a recent review of the national standards, it has been determined that the role of the reception officer must be designated as a dedicated resource within the organisation. This adjustment is intended to align with updated requirements and enhance support for residents. In compliance with this standard, the business will allocate one specific staff member to fulfill this role, always ensuring consistent oversight and assistance. The time commitment of this role, whether part-time or full-time, will be determined based on the current number of residents within the service. This approach allows for flexibility in staffing while ensuring the needs of all residents are adequately met.</p>	

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated 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 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	28/02/2025

