



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

Name of the Centre:	Dídean Carlow
Centre ID:	OSV-0008808
Provider Name:	Dídean Dachas Eireann Teoranta Ltd
Location of Centre:	Co. Carlow
Type of Inspection:	Unannounced
Date of Inspection:	12/11/2024 and 13/11/2024
Inspection ID:	MON-IPAS-1055

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 Carlow is an accommodation centre comprising seven own-door houses located in local housing estates in Carlow town. At the time of the inspection, there were 11 families living in the centre made up of 14 adults and 16 children.

The accommodation facilitates residents to live independent lives while integrating into the local community. Each of the accommodation units have a kitchen and living room area, bedrooms, bathrooms and storage space for belongings. Families who shared accommodation with other families hadw their own bedrooms and were required to share bathrooms and 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, and health and social services.

The centre was managed by a social care leader who reportedw to the chief financial officer of the company. There as 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 worked from an office in the centre of the town where residents could attend to meet with staff members 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:	30
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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)
12/11/2024	10:30hrs–17:45hrs	1	1
13/11/2024	09:00hrs–15:00hrs	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. Residents were supported to live independently in accommodation that was of a good standard. Residents felt safe living in Dídean Carlow and were treated with kindness, care and respect by the staff team. Staff members working in the centre supported residents in line with their needs and helped them to integrate into the local community. Residents rights, for the most part were protected and promoted but some families were sharing bathrooms and some adults were sharing bedrooms with their children which impacted their right to privacy and dignity.

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

The main centre provided staff offices and meeting rooms that residents could use for meetings if they wanted to hold meetings outside of their home. As residents lived independently in houses that were located throughout the local town, the staff team visited families every 72 hours to ensure their safety and wellbeing.

Dídean Carlow provided own door accommodation to families in houses located throughout the local area. The standard of the accommodation provided was good and each of the houses had kitchen facilities, bedrooms, a living room area and a bathroom. Some of the families had their own house while other families shared a house with another unrelated family. There was adequate living space in each family unit where children could play and develop. Cohabiting families were required to share living space and bathroom facilities as there were no ensuite facilities or additional bathrooms.

The family units contained appropriate laundry facilities and kitchens were well equipped with the necessary cooking utensils and appliances. This ensured that residents were able to live their daily lives and cook meals for their families within their accommodation. Residents were provided with electronic cards that were topped up on a weekly basis which facilitated them to buy groceries for their family. This arrangement facilitated choice and promoted independence, as residents could purchase food in line with their own families' needs, dietary or cultural requirements.

Public transport was available in the area and residents were provided with prepaid cards to use on the local transport system. Due to the location of the houses, the families were required to either walk or use public transport to get children to school and preschools. Some residents said that the absence of a specific school bus created a challenge for them as children had to walk a distance to the closest bus stop.

The inspectors were invited into some residents' homes, and observed that the accommodation provided was well maintained and adequately furnished. Residents said that they were happy with the accommodation provided and that "everything is fine...they [staff] help with everything we need". While the inspectors observed that storage facilities were limited in some homes, residents told the inspectors that they were aware they could request additional storage from staff members, if they wished. The inspectors observed that accessories and décor, including pictures and children's posters or art work were minimal. Some residents explained that they were not permitted to hang photo frames or art work on the walls, and permission was needed to place a mirror or key holders on the walls. One child living in the centre told the inspectors that they would like to have their own bedroom as they were sharing with a parent and did not have enough space place for a study desk. This will be discussed later in the report.

Residents told the inspectors that they felt safe living in the centre. The staff team were described as being "kind and helpful", "respectful" and "good". One resident said that they "can ask for anything and they [staff] help" and another told the inspectors that the door to the office is always open and residents "can always rely on them [staff]". Some other residents explained that the staff team help them to set plans and outcomes for themselves, which was helpful in getting tasks completed. Residents said that the visits by individual staff members were prearranged at times which suited residents, and this was described as being helpful. Residents said that they got notified about different events and local support services on a regular basis and that they were facilitated to have visitors in their own homes. The centre was described by one resident as feeling "like home".

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 the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This was the first inspection of Dídean Carlow 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 effective 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. The risk management system employed in the centre required further development, but for the most part, the management systems were effective to ensure the delivery of a safe service.

The staff and management teams had a good understanding of the national standards, legislation and policies. There were comprehensive systems in place to review the quality and safety of the service. A detailed self-assessment of the service's compliance with the national standards had been completed. In addition, the service provider had carried out a comprehensive gap analysis and a quality improvement plan was developed based on these findings. This inspection found that appropriate actions had been taken to address the majority of the deficits identified. A suite of operational policies and procedures had been developed, and some of these were being reviewed at the time of the inspection to ensure they met the requirements of national policy. This review was taking place in response to feedback from a previous inspection of another of the company's centres, demonstrating the service provider's responsiveness to the monitoring process.

The service provider had clear governance arrangements in place. The staff team were clear on the reporting structures and their areas of responsibility. 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 normally reported directly to the chief operations officer for the service. At the time of the inspection the chief operations officer was on extended leave but there were appropriate alternative reporting arrangements in place. The senior management and staff teams were competent and had the appropriate qualifications and skills to carry out their roles. The management team provided effective leadership and demonstrated a commitment to continuous quality improvement in the service.

Oversight and monitoring systems were effective and ensured that that the local and senior management teams were aware of key issues within the service. The management team submitted weekly reports to the senior management team which contained an overview of resident welfare, concerns, incidents and accidents. Weekly written handover reports were compiled by a designated staff member to update the

staff team on significant events taking place the following week. There were a variety of monthly meetings that ensured the senior management team had appropriate oversight of the services provided. These included resident welfare, operations, administration, health and safety and executive management meetings. Monthly staff team meetings took place where residents' needs and supports were discussed and reviewed. Incidents, accidents, risk management, safeguarding and complaints were included as standing agenda items at these meetings.

The service provider had effective management systems in place to ensure the delivery of a safe and effective service. Monthly health and safety checks and quarterly checks of accommodation were recorded and the actions arising from these checks, including maintenance issues, were then allocated and tracked. The centre's quality improvement plan was recorded on an electronic application which allowed the management team to track progress. In addition, the service provider had a detailed register in place that ensured appropriate oversight and tracking of complaints, compliments, accidents, incidents, child protection and safeguarding concerns and statutory notifications to HIQA. This register was monitored by the management team and the designated liaison person for the centre. It was updated as required, and provided a comprehensive overview of activities that were taking place in the centre.

There were effective systems in place for engaging and consulting with residents. Monthly residents' committee meetings were facilitated by an external consultant and a member of the staff team. Residents were invited to provide feedback on their experience living in the centre during these meetings, including house maintenance, the visitor's policy, visits by staff members, and the pre-paid cards provided to residents. A review of the minutes found that residents were happy with the support provided to them while living in Dídean Carlow. A residents' survey was also completed and residents could provide feedback or discuss concerns with the staff team during their visits.

There was an effective system in place to manage both written and verbal complaints made by residents. Complaints made by residents were well managed and a response detailing the outcome was provided to the complainant. The system used to record complaints was comprehensive and provided a clear overview of the actions taken to resolve the issues raised.

The management of risk in the centre was guided by a risk management policy and framework, which included a regular review of the risk register. However, the risk management system needed further development to ensure it was specific to the centre and that all risks evident in the centre were appropriately assessed and addressed. The risk assessments which had been completed related to the entire organisation rather than the specific centre, and 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 involved and other risk assessments contained many risks which were not individually assessed. The risks associated with the allocation of accommodation, such as parents sharing bedrooms with their children or teenagers and unrelated families sharing bathrooms had not been assessed. The senior management team explained that a review of the risk register and risk management system had been scheduled for January 2025, where these deficits were to be addressed.

Fire safety precautions were satisfactory. Fire drills were carried out in a timely manner. Residents were provided with the necessary fire protection equipment, and the staff team carried out regular fire safety checks and information sessions with residents. Residents were provided with emergency contact numbers and plans were in place to ensure the continuity of the service in the event of unforeseen circumstances.

Recruitment practices were safe and effective and this was evident in the range of skills and competencies demonstrated by the staff team. A review of staff files found that personnel files were well maintained and contained the relevant documentation required. Garda vetting was available for all staff members and international police checks were available for staff members who required them. Probationary meetings were held regularly with newly recruited staff members and detailed appraisals took place annually for all staff members.

Staff members were appropriately supported and supervised to carry out their duties. The management team in the centre had completed professional supervision training. The staff team were provided with regular individual and group supervision sessions, where discussions and decisions were recorded. Monthly supervision sessions were provided for new staff members to support them in their practice.

The service provider had effective systems in place to ensure the staff team were provided with training and ongoing development opportunities appropriate to their roles. 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 staff team had completed a comprehensive training programme which included the mandatory trainings required by the national standards. A detailed training needs analysis and training matrix had been completed. These were monitored regularly to ensure that all refresher training was completed when required.

Standard 1.1

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

The service provider performed its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre. There were comprehensive systems in place to review the quality and safety of the service and to ensure compliance with the national standards. A suite of operational policies and procedures had been developed, and some of these were being reviewed at the time of the inspection to ensure they were in line with the requirements of national policy.

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 service provider had adequate governance and management arrangements in place to ensure the delivery of a safe and effective service. The management team provided effective leadership and demonstrated a commitment to continuous quality improvement in the service. There was a centralised recording system and a process to trend and review risks, safeguarding concerns, complaints and incidents. Complaints were well managed.

Judgment: 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 residents' charter in place that contained the relevant information required. This was provided to residents in various languages as required, and explained to residents during key working sessions.

Judgment: Compliant

Standard 1.4

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

The service provider had effective systems in place to monitor and review the quality of care and experience of residents living in the centre. Oversight and auditing systems were in place which informed the quality improvement plan. The service provider sought, valued and acted upon feedback received from residents.

Judgment: Compliant

Standard 2.1

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

There were safe and effective recruitment practices in place for staff members and managers. All staff had up-to-date Garda vetting disclosures and international police checks were obtained for staff members who had resided outside of the country for a period of six months or more. There was a satisfactory induction and probationary process in place for new staff members.

Judgment: 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.

Staff members were appropriately supported and supervised to carry out their duties. They understood their roles and responsibilities and were held to account for their practice. The service provider ensured the staff team engaged in appraisals and personnel files 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.

The service provider ensured continuous training was provided to the staff team which ensured residents living in the centre benefited from a good quality service. The staff team had completed a comprehensive training programme which included the mandatory trainings required by the national standards. A detailed training needs analysis and training matrix had been completed.

Judgment: 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 required further development and this was a known deficit by the service provider, who had plans in place to review their risk management policy and risk register. While it was evident that significant efforts were made to complete a thorough risk analysis, the risk assessments on file related to organisational wide risks and those specific to this centre or individual residents had not been assessed.

Judgment: Partially Compliant

Quality and Safety

This inspection found that residents living in this centre were provided with good quality, homely accommodation. The staff team endeavoured to be person-centred in their approach and the services delivered to residents were safe and of a good quality. Residents were supported to live independent lives while integrating into the local community. Residents' rights were, for the most part, promoted and protected but residents' rights to privacy and dignity had not been considered in some instances where they shared bedrooms or bathrooms.

The centre provided each family with own-door accommodation in either their own house or a house shared with other families. The service provider endeavoured to consider the needs of residents when allocating accommodation through their admissions policy and process. For example, factors such as the ethnicity of the family were considered. However, the service provider had not developed a specific room allocation policy for the centre, to include the process whereby residents could request a change of accommodation within the centre. The inspectors were told that residents could request transfers across IPAS accommodation centres, however, internal moves within Dídean accommodation centres were normally based on an identified risk. This inspection found that adult residents with specific health conditions or disabilities had not been provided with individual rooms and shared a bedroom with their children and in another case, an adult sibling. These scenarios had not been risk assessed.

The accommodation provided was of a good standard and allowed residents to live independently. The houses were spacious which ensured that children had sufficient space to play. They were adequately furnished, clean and well maintained. Regular maintenance checks were completed on the houses, and issues were addressed in timely manner. Laundry facilities were provided within each house. Residents were generally satisfied with the accommodation provided, however, some residents said that they needed to seek permission to place any pictures or accessories onto the walls. This was an area of practice that needed to be reviewed by the service provider as there was no evidence of consultation with residents regarding the decoration of their homes.

The service provider ensured that families were placed together but in some cases, the allocation of bedrooms did not promote the privacy and dignity of residents. There were situations where parents had to share accommodation with their young children and as mentioned previously, adult children who shared a bedroom and one case of a parent who shared with their teenager. Furthermore, some families in shared

accommodation were required to share one bathroom, which was not in line with the requirements of the national standards, nor had it been risk assessed.

Residents were provided with all the necessary cooking utensils, cutlery and crockery which allowed them to cook meals for themselves and their family in their own accommodation. Prepaid cards which were topped up each week were provided to residents to enable them to purchase their own groceries and non-food items. Additional payments were added to the prepaid cards for families who had children where nappies, baby formula and other additional products were required. Residents had access to a variety of shops in the locality and this facilitated choice and promoted independence, as residents could purchase food in line with their own families' needs, dietary or cultural requirements.

The educational development of children living in the centre was prioritised. Parents were supported to source pre-school, school and afterschool placements for children. Pre-paid public transport cards were provided to residents to support them to get children to school in situations where school bus transport was not available. The staff team endeavoured to provide the necessary study materials and facilities to residents. However, not all children had a dedicated space to study or complete their homework, particularly in houses where families shared kitchen and living spaces. For example, one child was not able to place a study table in the bedroom they shared with their parent due to space limitations.

The rights and diversity of residents were generally respected, safeguarded and promoted by the staff team. The inspectors reviewed residents' files and found that the supports provided were needs based and person-centred. On arrival to the centre, each resident had an assessment of need completed. Monthly outcomes were established with individual residents based on their needs and goals for their future. The inspectors found that while residents were visited by a staff member on a regular basis, the support provided was based on the identified needs of residents and in a manner that was considerate of the resident's other commitments and family life. The service provider had systems in place to consult with residents to gather their feedback and residents told the inspectors that the staff members were responsive to their needs. Information and discussions were held with residents regarding various cultural and religious practices. Residents were able to practice their religion within their own private living space. As noted previously, there were instances where residents' rights to privacy and dignity were not promoted.

Residents were supported and facilitated to develop and maintain personal and family relationships. Residents were supported to have visitors to their homes. The service provider also made private meeting rooms available to residents if they wanted to meet with professionals outside of their homes.

The staff team had developed strong links with local services to ensure residents had access to local public services, healthcare, recreational, community and educational supports. Referrals for residents to appropriate services were made based on the needs of residents. Residents were supported to integrate into the local community, and English classes were available through local services. Information regarding residents' rights, support services and local activities were provided to residents on a regular basis. A regular transport service was not required due to the location of the centre and access to public transport. In addition, the staff team organised activities and events in the main office for residents to attend.

Safeguarding practices were adequate. There was a detailed child protection and safeguarding vulnerable adults policy in place. A child safeguarding statement had also been developed which considered possible risks for children living in the centre. An appropriately trained designated liaison person had been identified for the service, and their details had been shared with residents. The staff team were appropriately trained in safeguarding both adults and children, and were aware of their roles and responsibilities in relation to safeguarding vulnerable adults and children.

The service provider had developed a child friendly document outlining children's right to safety and protection and parents were provided with information regarding parenting requirements and practices in the Irish context. Key working sessions were completed with parents about safeguarding and the supervision of children. While no adult safeguarding concerns had been identified at the time of the inspection, child protection and welfare concerns had been reported to the Child and Family Agency (Tusla) and An Garda Síochána in line with the requirements of relevant national policy and legislation. There were appropriate childminding practices in place which were guided by the centre's child protection policy.

Incidents which occurred in the centre were well-managed in line with national policy. The service provider had recently updated their internal incident management process to ensure that it was fair and proportionate. There was a tracking system in place to maintain oversight of all incidents, including safeguarding concerns relating to both adults and children. The management team met monthly to discuss and review all incidents and safeguarding related issues or concerns.

The service provider promoted the health, wellbeing and development of each resident. Residents were provided with access to a general practitioner while they were waiting to receive their medical cards. Information was provided to residents on local health and social care services, including vaccinations clinics, for example. While substance misuse was not an issue in the centre, there was a substance misuse policy in place.

At the time of the inspection, the service provider was in the process of recruiting for the role of reception officer. While there was no reception officer appointed, the social care leader had been carrying out the tasks associated with this role. The reception officer policy and procedure manual was also being revised and redeveloped by the service provider.

The centre received limited information about new arrivals to the centre but the service provider ensured that residents needs were assessed and plans developed to support them in relation to their needs. Many of the staff team were qualified social care staff, with the skills and experience to support residents with special reception needs. Residents with special reception needs were appropriately supported and the staff team ensured residents 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.

Accommodation, for the most part, was allocated to residents based on their needs and there was appropriate consideration of the needs of families who shared accommodation. However, single rooms had not been allocated to residents with specific health conditions or disabilities and a specific room allocation policy had not been developed to outline the process whereby residents could request a change of accommodation within the centre.

Judgment: Partially Compliant

Standard 4.4

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

Families were placed together in own-door accommodation which allowed them to live independently and this promoted family life. However, the privacy and dignity of family units was not consistently protected or promoted. While families lived in suitable, well-furnished and safe homes, some unrelated families who shared a house, were required to share bathroom facilities. In addition, some parents were sharing a bedroom with their young children and or teenager which had not been risk assessed from a rights perspective.

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.

Parents were supported to source pre-school, school and afterschool placements for children. In some cases, the educational facilities were within walking distance and bus tickets were provided to parents for those who required this. In most cases, children had appropriate space to complete their homework or to study but this presented as a challenge for some children who were in shared accommodation.

Judgment: Substantially 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 accommodation provided to residents was clean and well maintained. The system in place to manage maintenance issues was effective and ensured any concerns were addressed in timely manner. Laundry facilities were provided within each house.

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.

Residents lived independently within the community and therefore closed-circuit television (CCTV) or security personnel were not in place or required. Appropriate arrangements were in place in the event that security personnel were required at any point.

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.

Residents were provided with a prepaid card to buy all non-food items in local shops. Two set of bed linen and towels were provided to residents when they arrived at the centre.

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 residents and supported family life. Residents were provided with all the necessary cooking equipment, utensils, cutlery and crockery to cook meals in their own home.

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.

The inspectors found that the provider promoted and respected the rights of residents. Residents were treated with dignity, respect and kindness and they received provided person-centred supports which met the needs their needs. Residents had sufficient information about their rights and they had the opportunity to practice their religion within their own private living space. The service provider had appropriate systems in

place to consult with residents. As mentioned previously, residents rights to privacy and dignity was not protected or promoted for all residents.

Judgment: Substantially Compliant

Standard 7.1

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

Residents were supported and facilitated to develop and maintain personal and family relationships and could welcome visitors to their home.

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.

The staff team had developed strong links with local services to ensure residents had access to local public services, healthcare, recreational, community and educational supports. Residents were supported to integrate into the local community. Due to the location of the accommodation, residents had access to public transport.

Judgment: Compliant

Standard 8.1

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

There were appropriate measures in place to protect residents from the risk of abuse or neglect and their safety and welfare was promoted. The staff team had a good understanding of their role and responsibilities and understood the centre's policies and procedures with regard to safeguarding both adults and children. All staff members 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. There were adequate systems were in place to maintain oversight of safeguarding related concerns.

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.

The staff team were aware of their responsibilities to ensure children were safeguarded. Parents were supported to understand their responsibilities in relation to safeguarding and childminding arrangements. Child protection and welfare concerns were reported to Tusla in line with Children First.

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.

There was a system in place to manage and review all adverse events and incidents. Incidents were well managed and recent changes to centre policy ensured they were responded to in line with national policy.

Judgment: 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. The staff team provided person-centred support that was appropriate to the needs of residents. The service provider had engaged with community healthcare and support services to ensure the needs of residents were addressed.

Judgment: Compliant

Standard 10.1

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

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

Judgment: Compliant

Standard 10.2

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

Many of the staff team were qualified in the area of social care and together with the ongoing training they received, they were enabled to identify and respond to the needs of residents. The staff team had frequent 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 members on how to identify and address existing and emerging special reception needs. In addition, there was an assessment process in place to identify such needs.

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.

Despite the service provider being in the process of recruiting an individual at the time of the inspection, there was no reception officer employed. The service provider was also in the process of developing a specific policy and procedure manual to guide 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	Compliant
Standard 1.3	Compliant
Standard 1.4	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.3	Compliant
Standard 2.4	Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Partially Compliant
Standard 4.4	Substantially Compliant
Standard 4.6	Substantially 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	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 Carlow

Inspection ID: MON-IPAS-1055

Date of inspection: 12 and 13 November 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
3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The development of a comprehensive risk management system is actively underway, with significant efforts focused on ensuring it meets organisational needs and regulatory requirements. Once finalised, management plans to seek a thorough review of the updated system by an external party to provide an independent assessment. This review will help confirm that the system aligns with national standards and incorporates best practices in risk management. The goal is to create a robust framework that enhances operational resilience and ensures compliance with all relevant guidelines.</p>	
4.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A room allocation policy is currently being developed to align with national standards. This policy aims to ensure fairness, consistency, and compliance with all relevant guidelines, enhancing the quality of service provided.</p>	

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 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	31/05/2025
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.	Partially Compliant	Orange	28/02/2025
Standard 10.4	The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation	Partially Compliant	Orange	28/02/2025

	centre and with outside agencies.			
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