



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

Name of the Centre:	Kinsale Road Accommodation Centre
Centre ID:	OSV-0008439
Provider Name:	Aramark
Location of Centre:	Co. Cork
Type of Inspection:	Unannounced
Date of Inspection:	18/09/2024 and 19/09/2024
Inspection ID:	MON-IPAS-1059

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

Kinsale Road accommodation centre is located on the outskirts of Cork City in a primarily industrial area, with some nearby houses. The centre consists of seven prefabricated buildings and an administration block across a campus setting and at the time of inspection the centre provided accommodation to 175 residents, 50 of whom were children. The centre caters for families and single males and females.

The buildings are owned by the State and the services are provided on a contractual basis on behalf of the DCEDIY by Aramark.

Kinsale Road accommodation centre has a centre bus that runs to the city a number of times per day and good access to transport links, recreational facilities and there are restaurants and shops within walking distance.

There are parking facilities on site and access to the building is gained through the main reception. The centre is comprised of residents' rooms, a reception area, offices, a common room, a central kitchen and dining room, meeting rooms, education room and a playground with picnic benches outside.

The service is managed by a centre manager and deputy managers who report to the regional manager. In addition there is a chef, kitchen staff and general support staff including domestic staff, security and maintenance staff employed in the centre.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	175
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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)
18/09/2024	12:00hrs-18:30hrs	1	1
19/09/2024	08:30hrs-16:10hrs	1	1

What residents told us and what inspectors observed

The inspectors found, through conversations with residents, a review of documentation, and observations made during the inspection, that the residents at Kinsale Road were receiving good supports from the staff team and service provider. Residents expressed satisfaction with the services and assistance they received at the centre and spoke highly of the staff team, regional manager, deputy managers and centre manager.

On arrival, the inspectors observed an electronic barrier at the entrance of the centre which was operated by security personnel. There was also pedestrian access which meant that the residents could come and go freely. The security officer on duty informed the inspectors that the purpose of the barrier was to ensure only vehicles owned by residents, staff members, delivery services, campus transport and visitors, had access to the parking areas within the centre grounds.

The inspectors entered the centre through a bright and welcoming reception area, with comfortable armchairs, where residents could request information or supports as necessary. The inspectors had an introduction meeting with the management team and then completed a walkthrough of the buildings with some members of the management team.

The centre itself was a moderately sized campus comprising eight prefabricated buildings. There was an administration building and seven residential buildings. Three residential buildings catered for families, three for single males and one for single females. There was an in-house crèche and afterschool service which was operated by a private provider.

The provider had carried out a number of renovations and upgrades to the physical environment of the centre in the last year. There were improved outdoor storage facilities for residents' personal items, which meant larger or infrequently used goods such as suitcases or children's car seats could be safely stored. The provider had also upgraded the playground facilities and improved outdoor seating arrangements. There were additional facilities for storage of outdoor toys and buggies.

Additionally, the centre manager had overseen a programme of renovations to improve the physical environment and living conditions for residents. They arranged for the six accommodation blocks to be painted, new skirting had been fitted in accommodation buildings, and the kitchens and tearooms had been updated. Additional storage was added to the communal rooms and new fridges, microwaves and cookers had been installed in the communal kitchens. Additional facilities were provided for children who lived in the centre, for example, there was a new sensory room, a mother and toddler

room, and a play area had been placed in the dining hall. Several parents told the inspectors that the play area was a valuable addition and meant they could have their meal while watching their children.

Improvements were also noted in facilities for adults who live in Kinsale Road. The centre manager had arranged for the recreation room to be updated to include a pool table, juke box, play station, dart board and a small library. Sofas and a new kitchenette had also been added and a printer had been made available in the recreation room for residents' use. There were plans in place for the completion of safety checks on the windows of the accommodation blocks and fire doors by an external agency, and the gutters were to be cleaned and assessed for damage. Documentation viewed indicated that this work was scheduled to be completed within four weeks of the inspection. The outdoor gym had also been inspected to ensure it was safe for residents.

The primary function of the centre was to provide accommodation to international protection applicants and it catered for families, couples, single females, and single males. The centre manager informed the inspectors that 111 (63%) of the residents had received refugee or subsidiary protection status. Due to the lack of alternative accommodation options available to residents, they were unable to avail of private accommodation options.

In order to fully understand the lived experience of the residents, the inspectors made themselves available to the residents over the course of the inspection. The inspectors engaged with 11 adults and nine children and it was noted that overall, they were very satisfied with the support they received and states that they were treated with respect. All of the residents with whom the inspectors spoke stated that they felt safe in the centre and were satisfied with the size of the rooms and facilities provided. Overall, the feedback to the inspectors from residents was positive and they said they were happy in the centre and they liked the fact that meals were provided in line with their cultural needs and religious beliefs.

The centre was homely and the service provided was person-centred. The inspectors met with one resident who had two children and was expecting their third child and they were receiving appropriate support from the management and staff team. There was documentation indicating that the resident was to be moved to a larger room once it became available and this was done in line with the room allocation policy. Residents who had or were expecting babies were provided with high chairs and strollers and other baby equipment. Parents of children who had additional needs were receiving support and one single parent had been directed to parenting support and counselling services. There were good supports provided from external agencies including the Health Service Executive (HSE) social inclusion team, St. Vincent de Paul and the Immigrant Council.

Although the centre didn't provide transport, residents benefited from the convenience of having local transport services nearby. The centre had easy access to shops, restaurants, and health services, and leisure facilities such as sports grounds were also within easy access.

There was information displayed in the reception area on notice boards from various support services and external agencies, for example, there was guidance available from the Irish Refugee Council and there was guidance on making complaints to the Ombudsman for Children, alongside resources from the HSE, Ruhama, Barnardo's and The McVerry Trust Housing Clinic. The noticeboard also provided important information for residents about their rights and entitlements.

In summary, by closely observing daily life and interactions within the centre and engaging with residents, it was evident to the inspectors that the centre was a supportive space where the staff team and managers were readily available to provide supports to residents. Interactions with residents were characterised by respect, and were person-centred in nature. The staff team, managers and service provider demonstrated a commitment to delivering a service which was of a good standard and which adopted human rights based and person-centred approaches. The observations of the inspectors and the views of residents presented in this section of the report reflect the overall findings of the inspection.

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

Capacity and capability

The inspection of Kinsale Road by HIQA found that the service was well managed on a day-to-day basis and had a committed management and staff team in place, however, some improvements were required to ensure there was effective governance and oversight of the service. Key areas for improvements which were identified related to record keeping and the ongoing monitoring of service provision.

The inspectors found that the centre management team had a good understanding of the legal and policy framework governing service operations, encompassing relevant legislation, national policy, and national standards, which enhanced their effectiveness in their roles. There was a strong commitment from the centre management team to enhance their knowledge further and embed a culture which strove for sustained compliance. To oversee quality and compliance, the service provider had employed an experienced management team including a centre manager and deputy managers.

The service provider had a clear governance structure in place. The centre was managed on a daily basis by a centre manager and deputy managers who reported to the regional manager of services. However, while the reporting arrangements within the local management structure were clearly defined, improvement was required to ensure that the reporting and communication arrangements between local and senior management was more formally established. This was necessary to ensure that all members of the management team had access to timely and pertinent information in order to inform service developments and operations.

Prior to the inspection, the service provider had completed a self-assessment of their compliance with the national standards. This was a positive step and demonstrated an understanding of their responsibilities under the national standards. The inspectors found that this required a further review to ensure it captured the actions required to reach full compliance for each standard, and to incorporate these actions in to a quality improvement plan. The audit framework needed to be improved, however, the provider was positively engaged in a process of learning and development in terms of implementing the national standards and quality improvement systems and was committed to the ongoing development of the centre.

There was a complaints policy and process in place and a template to record complaints, however, there were no complaints at the time of inspection. A recording system ensured the provider had good oversight of complaints which would inform service improvements. The complaints officer's details were highlighted on the residents' noticeboard.

The service provider had a system in place to record and report on incidents that took place within the centre. However, while incidents were logged and addressed through the appropriate channels, there was no incident review and learning system in place. A forum for reviewing, trending and facilitating learning from adverse events was required to reduce the likelihood of incidents reoccurring and promote the safety and wellbeing of residents.

The service provider had formal arrangements in place to actively seek the views of children and adults in the form of a survey and resident meetings. However, the inspectors found that this engagement strategy could be better utilised to inform staff practices in the centre and support quality improvement initiatives. Other forms of engagement were conducted on an informal basis and need to be recorded to ensure the views of residents were heard and acted upon. Residents reported that they had very positive relationships with staff members and they felt listened to.

The provider had prepared a residents' charter which clearly described the services available, and this document had been made available to residents. The charter was discussed with residents during their induction meeting at the centre. This ensured that residents had accurate information regarding the services provided to them.

The service provider had a risk management policy and critical incident policy in place, and had developed a risk register as required by the national standards. The provider had identified some risks including special reception needs and the risk ratings and control measures were found to be appropriate to the levels of risks identified.

The service provider had a contingency and emergency preparedness plan in place for scenarios including a flood, the outbreak of a fire, outbreak of an infectious disease, and should a staff shortage occur. Residents were informed about fire drills and emergency protocols were detailed on notice boards in the centre. Fire evacuation routes and exits were clearly marked and there was appropriate fire detection, alarm and emergency lighting systems in the centre.

The practices for the recruitment of staff members in this centre were safe and effective. The inspectors found that all staff members had a valid Garda vetting disclosure on file and staff members who had resided outside of the country for a period of six months or more had an international police check completed. The service provider had a system in place to risk assess positive disclosures identified through their vetting process, where applicable.

The inspectors reviewed a sample of personnel files and found that service had an effective performance management and appraisal system in place. The centre manager explained that new staff members participated in appraisal meetings during their probationary period while all other staff members received two appraisals annually.

The service provider had ensured that accurate personnel files were held securely and included role profiles and contracts for each staff member. In addition, the service provider had developed a supervision policy which had recently been implemented. This ensured all staff members received regular formal supervision to support them to effectively carry out their roles.

The inspectors completed a review of the training records and found that the staff team had received appropriate training and development opportunities to meet the needs of residents and to promote safeguarding in the centre. Training was provided to all staff including safeguarding of vulnerable adults and Children's First, and a training needs analysis had been completed by the provider with a subsequent training plan developed.

Overall, it was found that residents were receiving a good quality and safe service that met their individual needs well.

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 in a manner which promoted their welfare and respects their dignity. The centre was operating in compliance with the relevant regulatory requirements and the centre manager had implemented monitoring and review systems to ensure residents received a good quality of care and support.

Judgment: 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.

There was effective management of some key areas of service provision including child protection and welfare issues, maintenance issues and reporting of incidents. The service provider had governance arrangements in place that set out the lines of authority and accountability and detailed responsibilities for areas of service provision. For example, the centre manager oversaw a team of service area managers who had defined roles and responsibilities, with clear reporting requirements that ensured the centre manager had good oversight of the operation of the centre. However, it was found that the while the centre manager was competent and capable in their role, the reporting arrangements between the centre manager and their own manager needed to be formalised to ensure effective communication and oversight at a provider representative level.

The centre manager had a good understanding of the standards and legislation and the role of the reception officer. Also, the centre manager had developed formal quality assurance and reporting systems to support good oversight and monitoring of all aspects of service provision.

There was no reception officer within the internal management structure.

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.

The service provider had a residents' charter in place which was available to residents and was displayed prominently. It outlined how new residents were welcomed, the name and role of staff members in the accommodation centre and how the centre met the needs of children and adults in the centre. The residents' charter also included how each individual's dignity, equality and diversity was promoted and preserved and how all residents were treated with respect. There was information available on the complaints process, how the service provider sought the views of the residents, the code of conduct, and about how residents' personal information would be treated confidentially.

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.

There were deficits in the systems for the monitoring of the quality of care and experience of adults and children living in the centre. The provider demonstrated self-awareness and had identified several issues as part of the self-assessment process however there were areas that had not been identified and incorporated in the audit framework. The provider was committed to ensuring that arrangements were put in place to evaluate and manage the safety and quality of the service.

Judgment: Substantially Compliant

Standard 1.5

Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.

Management consult residents on their views and facilitate them to participate in decisions which affect them. The provider had initiated a residents' committee and meetings of this group were planned. The provider outlined a plan to further consult with residents through a resident's questionnaire or survey. The residents did, however, inform the inspectors that they had regular informal discussions with staff and felt listened to.

Judgment: Substantially Compliant

Standard 2.1

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

The provider had ensured that there were safe and effective recruitment practices in place for both the staff and management teams. On review of documentation, the inspectors found that all staff had a valid Garda vetting disclosure and those who had resided outside of the country for a period of six months or more had an international police check completed. A staff appraisal system had been developed by the provider and had been implemented.

Judgment: Compliant

Standard 2.2

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

The service provider had ensured there were appropriate numbers of staff members employed in the centre with regard to the number and needs of the residents and the size, layout and purpose of the service. The service provider had ensured that the staff team had the necessary experience and competencies to deliver person-centred support to the residents and to meet the individual needs of residents.

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.

The provider had recently developed a system for supervision of staff, which they had begun to roll out to the staff team. The centre manager had received supervision from the regional manager and there was a schedule in place for the staff team to receive supervision. The provider had developed a supervision policy and was implementing this in practice. The inspectors noted that staff members demonstrated a good understanding of their roles and responsibilities in promoting and safeguarding the welfare of all residents. Staff members spoken with said they felt supported by the centre manager and deputy managers.

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.

Training was provided to all staff including safeguarding of vulnerable adults and Children's First. A training plan was developed and a record was kept of all training which had been completed. Members of the management team had received additional training in areas such as indicators of human trafficking and conflict resolution.

Judgment: Compliant

Standard 3.1

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

The service provider had completed a risk analysis of the service and had developed a risk register. The measures and actions in place to mitigate the risks identified were also outlined.

Judgment: Compliant

Quality and Safety

This inspection found that the service provider and centre managers were dedicated to the delivery of a good quality and safe service which met the needs of all residents. Residents were supported to live independent lives and were treated with respect and dignity. Residents informed the inspectors that they felt safe living in Kinsale Road and were supported to live active and meaningful lives as part of their local community.

The inspectors reviewed the procedure for allocating rooms to residents at the centre and it was noted that allocation was primarily determined by residents' needs and guided by the provider's newly developed policy. Upon residents' arrival, the centre's manager and staff team made allocation decisions based on the information available to them at the time. They endeavoured to fulfil residents' needs by placing them in the most appropriate accommodation. The inspectors found that factors such as family links and health needs were taken into consideration, with residents who had specific health needs being given individual rooms, where possible. In cases where immediate accommodation matching residents' needs wasn't possible upon admission, the centre manager kept track of vacancies and relocated residents to more suitable accommodations once available. The allocation policy ensured that there were clear and transparent criteria considered when making decisions regarding apartment allocation.

The inspectors found that the rooms in the accommodation centre were clean and well maintained. There was adequate storage in bedrooms and the rooms were appropriately furnished and there was adequate space in line with requirements of the national standards. The numbers in the centre had been reduced in the last year to provide more space to residents and this was found to be a very positive improvement. The living and sleeping accommodation now provided a good quality living environment for residents. There was sufficient parking available for residents and visitors. Children had access to a play area and there were ample child friendly facilities for families locally.

Closed-circuit television (CCTV) (visual) was in place in the communal and external areas of the centre and its use was informed by data protection legislation and centre policy. Security arrangements were in place and there was adequate checks of people entering the building. There were no unnecessary restrictive practices in use in the centre.

The centre offered Wi-Fi internet access throughout the buildings which supported residents who were attending school and university. The service provider was proactive in meeting the educational needs of residents and offered support in accessing schools for children and supports for those who had returned to education. The service

provider was also very aware of the need for health supports and there was a healthcare service available for residents. There was a nurse on site weekly and support was offered to access screening and vaccination clinics.

Each kitchen was equipped with a fridge, freezer, microwave, toaster, kettle and pots and pans for the residents to cook and prepare food with. The inspectors observed residents cooking foods specific to their culture during the inspection and they were very happy to have the opportunity to maintain their cultural traditions.

Residents were provided with bedding, towels and non-food items on arrival to the centre. The management team explained that toiletries including toothpaste, shampoo and shower gel were supplied on an ongoing basis free of charge.

Through discussion with staff members and speaking with residents, the inspectors found that the general welfare of residents was well promoted and any concerns raised by residents were effectively dealt with. Residents informed the inspectors that they were treated with respect and spoke very highly of the management team. Residents were encouraged to be independent and autonomous while receiving the necessary supports. The centre manager informed the inspectors that residents' rights were promoted in the centre and there was documentary evidence that rights and entitlements were discussed with residents as part of an induction to the centre.

Residents were supported and facilitated to maintain personal and family relationships. Families were accommodated together and the family unit was further respected and promoted as residents were encouraged to receive visitors.

The service provider had made appropriate training available to staff in relation to child protection, and had a child safeguarding statement and policy and staff had completed safeguarding of vulnerable adults training. The service provider had ensured that child and adult safeguarding concerns were identified, addressed and reported in line with national policy and legislation. No adult safeguarding concerns had been recorded or reported, and residents reported that they felt safe living in the centre. The service provider had appointed a designated officer and a designated liaison person for the service and their contact details were listed on a notice board at reception. The service provider had policies in place for the management and reporting of incidents and the centre manager was committed to developing a system to review and learn from such events.

The service provider endeavoured to promote the health and wellbeing of residents and links with local services were established and maintained where required. Residents were referred to mental health services where necessary and information about

support services was made available. The inspectors found that the provider was in the process of developing a substance misuse policy.

The service provider had established a policy to identify, communicate and address existing and emerging reception needs. However, at the time of the inspection a dedicated reception officer, who had the required skills and experience, had not been employed to fulfil the role. The provider was actively recruiting for the role at the time of inspection. A vulnerability assessment and a guidance manual had not been developed to identify residents with special reception needs. The supports offered to residents was informal and limited records were maintained to effectively address and track these needs. When the staff became aware of special reception needs, they made arrangements to assist individual residents in accessing the required services.

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 provider had a policy and procedure for allocation of rooms to residents. Rooms were allocated having regard to the needs of the residents including health conditions, familial links, and cultural, linguistic and religious backgrounds. Residents with whom the inspectors spoke stated they were happy with this approach and that the provider was accommodating in this regard.

Judgment: Compliant

Standard 4.2

The service provider makes available accommodation which is homely, accessible and sufficiently furnished.

The service provider had ensured that the accommodation for residents was of a good standard. The provider had reduced the resident numbers in the centre which ensured that sufficient space was made available in line with the requirements of the national standards. The rooms in general were homely and well maintained and all rooms had been freshly painted.

Judgment: 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 service provider had ensured that the privacy and dignity of family units was protected and promoted. Family members including children and their care givers were placed together in the accommodation centre in line with the best interest of the child.

Judgment: Compliant

Standard 4.5

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

Children and young people had access to a range of age-appropriate toys and games, which were in good condition and met their developmental and creative needs. The children had assessable facilities, including dedicated child friendly play and recreation facilities.

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.

The service provider made Wi-Fi available throughout the centre to meet the educational requirements of children and young people. Staff members supported families in securing school placements for children and childcare supports. The children who resided in the centre had a dedicated playground area, a crèche and there was a playroom where children could play, complete artwork and which had age appropriate toys and books.

Judgment: Compliant

Standard 4.7

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

There was a laundry room in the centre which was clean and well maintained, and contained adequate number of washing machines and tumble dryers to meet the needs of residents. All equipment was observed to be in working order and there was appropriate access to cleaning materials and laundry detergent. Residents consulted with were happy to maintain their independence in relation to laundry and cleaning.

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 inspectors found that the service provider had implemented suitable security measures within the centre which were deemed proportionate and adequate and which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre and was monitored in line with the service provider's policy.

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.

This inspection found good practice in relation to the provision of appropriate non-food items. Residents received two sets of bed linen and towels on arrival at the centre. Residents were provided with the necessary utensils and equipment in the kitchens to allow them to live independently. Products such as nappies, wipes, toiletries, sanitary items, and contraception was made available without charge as required by the national standards.

Judgment: Compliant

Standard 5.1

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

The centre provided self-catering and catered options for residents where they could cook or choose foods of choice and culturally sensitive meals. There were storage facilities available for residents' food and the kitchen facilities included an oven, cooker, microwave, fridge, freezer, hot water and space for preparing and eating meals.

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.

Each accommodation block had a communal kitchen and dining area and these were appropriately equipped with cooking equipment and food storage facilities to allow residents to cook meals of choice. In addition, there was a fully catered canteen where residents could avail of meals which met their cultural, religious, dietary, nutritional and medical requirements.

Judgment: Compliant

Standard 6.1

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

The inspectors found that the provider promoted the rights of the residents and adults and children were treated with dignity, respect and kindness by the staff team employed in the centre. The staff team provided person-centred supports which met the needs of the residents. Equality was promoted in the centre in terms of religious beliefs, sexual orientation, gender and age.

Judgment: Compliant

Standard 7.1

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

Residents were supported to develop and maintain personal relationships and they could invite family and friends to visit them in the centre. The family unit was respected in the centre and privacy and dignity were promoted.

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 service provider facilitated residents to have appropriate access to local recreational, educational, medical, health and social care services. External agencies attended the centre to offer support and advice around education, training, employment and local services. Children attended the local primary school and some residents in the centre attended college. There was a nurse on site weekly and residents also availed of local health care services. The centre was located on the outskirts of a city where there was access to public transport links while some of residents had their own vehicles.

Judgment: Compliant

Standard 8.1

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

The inspectors reviewed all incident records for the centre and noted that there was an effective reporting and recording system in place for child protection issues. All child protection incidents had been recorded and reported to the Child and Family Agency (Tusla) and an Garda Síochána as per the requirements of national policy and arising recommendations and guidance were followed. Residents were aware of, and were actively supported to engage with, the complaints process. The service provider had implemented risk management systems to manage the risk in relation to residents' safety. Residents reported feeling safe living in the accommodation centre.

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.

There was a child protection policy and child safeguarding statement in place and staff members had completed training in child protection. There was an appropriately trained designated liaison person appointed. The staff team provided support and advice to parents when required and children had access to additional supports if necessary.

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 report and notify all incidents and serious events which occurred in the centre. Policies and procedures were in place to ensure the timely reporting, response, review and evaluation of adverse incidents and events. The service provider did not have a system in place to review adverse events for the purpose of learning and informing practice.

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 services and also provided in-house healthcare including a nurse to support residents.

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.

The provider ensured that any special reception needs notified to them informed the provision of accommodation and delivery of supports and services for residents. Residents received information and referrals to relevant external supports and services as necessary. The service provider offered person-centred supports and maintained records of special reception needs requirements.

Judgment: Compliant

Standard 10.2

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

The service provider had ensured that the staff team had received the appropriate training to support them to identify and respond to the needs of residents. The service provider reviewed residents' needs at team meetings to support staff members in responding appropriately to those who presented with special reception needs.

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 in place to identify, address and respond to existing and emerging special reception needs. There was a need, however, for the development and implementation of a formal recording system to ensure that the special reception needs of residents could be appropriately responded to and monitored.

Judgment: Substantially 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 did not have a reception officer employed in the centre but were actively recruiting for one. Residents were linked with the appropriate healthcare services within the local community by the centre manager. A guidance manual and vulnerability assessment had not been developed to support the identification of special reception needs and to enable the reception officer to become the principal point of contact for residents, staff and management.

Judgment: Not Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Compliant
Standard 1.2	Substantially Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
Standard 1.5	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.2	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	Compliant
Standard 4.2	Compliant
Standard 4.3	Compliant
Standard 4.4	Compliant
Standard 4.5	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	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	Substantially Compliant
Standard 10.4	Not Compliant

Compliance Plan for Kinsale Road Accommodation Centre

Inspection ID: MON-IPAS-1059

Date of inspection: 18 and 19 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	Not Compliant
Outline how you are going to come into compliance with this standard: Reception officer has been appointment and is it the Gardai Vetting / induction stage.	

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.	Not Compliant	Red	30/11/2024

