



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

Name of the Centre:	Milligan Court
Centre ID:	OSV-0008812
Provider Name:	Brava Capital Ltd.
Location of Centre:	Co. Sligo
Type of Inspection:	Announced
Date of Inspection:	29/10/2024 and 30/10/2024
Inspection ID:	MON-IPAS-1062

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

Milligan Court is an accommodation centre based in Sligo Town which comprised 46 own door family apartments and townhouses. At the time of the inspection 32 families were living in the centre which included 64 children and 60 adults.

The accommodation facilitated residents to live independently. Each of the apartments and townhouses had a kitchen and living area, bathrooms and sufficient storage space for personal belongings. The centre is located in the centre of the town in close proximity to local schools, crèches, pre-schools, shops, transport links and health and social services.

The service was managed by a centre manager who reported to the company's senior manager. In addition there were two duty managers, two reception officers, two child and youth support and advocacy officers employed in the centre. There were also a team of general support staff including maintenance, cleaning and security personnel.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	124
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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)
29/10/2024	10:25hrs-18:30hrs	1	1
30/10/2024	09:15hrs-16:20hrs	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 were supported to experience a good quality of life while living in the centre. Residents felt safe living in Milligan Court and were treated with kindness, care and respect by the staff team. Staff working in the centre supported residents to integrate into the local community and the majority of residents said they felt safe, heard and listened to by staff. While there were improvements required regarding the governance, risk management and safeguarding systems in place, it was evident that the service provider and staff team were committed to delivering a good quality and safe service to residents.

The inspection took place over two days. During this time, the inspectors spoke with three children and 11 adults living in the centre. In addition, resident questionnaires were completed by 13 children and 34 adults. The inspectors also spoke with the service provider representative, a general manager, a management consultant, a property manager, both reception officers, the duty managers and general maintenance and housekeeping staff.

Milligan Court provided accommodation to families in own door townhouses and apartments. During a walk around the centre, the inspectors observed that residents had access to communal areas and outdoor spaces that were clean and well decorated and maintained. Picnic benches were provided in the outdoor areas where residents could relax with family and friends.

The centre provided a meeting room and a larger communal room which residents could use as required. The communal room had relevant information displayed and resources available for residents of all ages. The inspectors observed that staff members were pleasant and interacted in a respectful manner with residents. Residents were able to move freely through the centre.

Information on local activities and relevant supports and services were displayed throughout the reception area of the centre. The inspectors were invited into some of the townhouses and apartments by residents. Each unit had a kitchen and living area, bedrooms and bathroom facilities. Kitchens were well equipped with the necessary cooking utensils and appliances.

The accommodation was adequately furnished with appropriate storage available to residents for their personal belongings. Additional storage was also available to residents for larger items. Laundry facilities were available in some of the units, and a large, well maintained communal laundry room was available to all residents living in the centre.

Families had access to their own private living space within each apartment or townhouse. However, as discussed later in the report, there were some situations where parents or adult children were required to share bedrooms with younger children due to family size and the configuration of the accommodation.

Residents who spoke with the inspectors or completed the questionnaires shared that they felt safe and adequately protected while living in the centre. One of the residents told the inspectors that the "staff are good to talk to" while another resident described the staff members as being "kind and responsive". Residents told the inspectors said that they felt welcomed when they arrived to the centre. For example, basic food and household supplies were available in each unit when residents arrived. One family explained to the inspectors that life in the centre was "very beautiful".

The majority of residents who spoke with the inspectors or completed the questionnaires were aware of the complaints process in the centre. Residents said that they felt listened to by the staff members, and feedback was welcomed. Residents felt that they were treated with dignity and respect while living in Milligan Court. The staff team were described as being "wonderful people" by residents. The inspectors were told that the staff team were helpful and easy to talk to. The majority of residents were aware of the centre's complaints process, and said that they felt comfortable to make a complaint if the need arose.

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 Milligan Court by HIQA. The inspection found that the service was managed on a day-to-day basis by a committed and dedicated management team. The centre was well resourced and the service provider was committed to providing a high quality service that met the requirements of the national standards. There were some areas of practice that required improvement including the governance arrangements, incident and risk management systems, recruitment of staff members, and child protection systems. Improvements in these systems were required to ensure the safety of residents and to ensure ongoing compliance with the national standards.

The management and staff team had an awareness and understanding of their responsibilities as set out in relevant legislation, national standards and policies. The service provider was responsive to feedback from residents and the monitoring process. However, comprehensive systems to review the quality and safety of the service and to ensure compliance with the national standards were not in place. For example, statutory notifications regarding incidents that had arisen in the centre had not been submitted to HIQA as required by the regulations.

There was a clear management structure in place. The centre was managed by the general manager who reported to the service provider's internal senior manager. There was a duty management team in place which ensured a management presence in the centre seven days per week. Staff were clear on their roles and areas of responsibility. The inspectors observed a culture of respect and kindness towards residents amongst the management and staff team. Staff members were person-centred in their approach, and were committed to providing a good quality and safe service.

Oversight and monitoring systems in place in the centre were not fully effective. The inspectors were told that the service provider was establishing bi-weekly team meetings and monthly regional meetings for the staff teams. In addition, the senior management team held regular meetings to review the operation of the service and agree actions. However, there were no minutes held for any of these meetings. Audits of practice had not commenced. While the service provider had completed an initial self-assessment of the services delivered, there were no records available of the findings or actions required following this assessment. This lack of records limited the service provider's ability to ensure that actions agreed were completed, and did not provide appropriate oversight of the service.

Management systems in place in the centre required improvement. The management and staff team maintained handover records relating to various roles and areas of

responsibility. Items that had been completed were clearly identified. Security staff maintained a log of their patrols, and where incidents arose, these were recorded in the incident log for the centre. Incidents, safeguarding and child protection concerns were appropriately managed. However, the system in place for staff members to log these events did not provide assurance that all incidents were appropriately and consistently recorded. For example, some incidents and concerns were recorded in the incident log book while others were only recorded on the national incident report form, though they did not meet the threshold for being reported to the DCEDIY. This impacted the ability of the management team to have the necessary oversight and ensure that all necessary actions were taken in a timely manner. In addition, a review of the recording systems was required to ensure that residents' information was appropriately stored in line with the relevant legislation.

The service provider had established effective systems for engaging and consulting with residents. While residents had only arrived to the centre seven weeks prior to the inspection, suggestions made by residents had been responded to by the staff team in a timely manner. However, the actions taken by staff to address this feedback had not been recorded on the residents' suggestion log. A meeting with residents had taken place and the service provider was working to establish a residents' committee. Suggestion boxes were located throughout the centre. Residents told the inspectors that the staff members were open to hearing their suggestions and feedback on the service.

There was a system in place to manage both written and verbal complaints made by residents. At the time of the inspection, there were no complaints recorded. There was a complaints officer in place, and the majority of residents were aware of the complaints process.

The management of risk in the centre was guided by a risk management policy and framework. The service provider had developed a risk register for the service which focused on key areas of practice, including safeguarding, health and safety, security and data protection. Not all risks evident in the centre had been assessed, such as adult siblings sharing a bedroom with younger siblings of the opposite gender. In addition, there was no evidence that the risk register had been reviewed or that the impact of the control measures on reducing risks had been considered. Fire drills were being carried out in a timely manner.

Recruitment practices in the centre required improvement to ensure that they were adequately safe and effective. Job descriptions and relevant identification was available for all staff members. References for staff members were not available on file. The recruitment policy did not state the number and type of references required, or include guidelines for the management of positive disclosures returned following

Garda vetting. International police checks were available where required. However, Garda vetting was not available for one member of staff. Satisfactory assurances were provided to the inspectors that appropriate supervision measures were in place pending the return of the vetting disclosure. However, this practice was not in line with the requirements of the centre's recruitment policy.

Staff members were appropriately supervised and supported in their roles. The staff team engaged in regular supervision with their line manager and had opportunities to discuss their work and how they were meeting the needs of residents. Staff members had the opportunity to add to the agenda for the supervision session. Managers working in the centre had completed supervision training. The service provider had developed a supervision policy, however, it did not provide details regarding the frequency of sessions for staff members.

The learning and development needs of the staff team were prioritised, though not all staff had completed the mandatory training required by the national standards. The staff team had completed training in *Children First: National Guidance for the Protection and Welfare of Children (2017)*. Eleven of the 21 staff members employed in the centre had completed training relating to the safeguarding of vulnerable adults, and there was a plan in place for the remaining staff to complete this training. While staff members were encouraged to identify training needs during supervision sessions, a training needs analysis had not been completed. There was no system in place to maintain oversight of when training was completed, or when refresher training was required. In addition, there was no clear plan in place for when staff members would complete the remaining mandatory training.

Overall, while there were some non-compliances identified during this inspection, the management and staff team were committed to improving the quality of the services provided to ensure that residents were safe. While the governance, risk management, training and recruitment practices required improvement, the service provider was responsive to addressing these deficits identified.

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 management and staff team were aware and had an understanding of their responsibilities as outlined in the national standards, regulations and national policy. They were responsive to feedback from residents and the monitoring process. The systems required to review the quality of the service and ensure compliance with

relevant standards were not in place. For example, statutory notifications regarding incidents that had occurred in the centre had not been submitted to HIQA, and one staff member had commenced employment without having their Garda vetting.

Judgment: Partially Compliant

Standard 1.2

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

Management and oversight systems were not effective. This limited the service provider's ability to ensure a good quality and safe service was delivered to residents. The system for recording incidents and adverse events, including those of a safeguarding and child protection nature, did not provide assurance that all incidents were appropriately and consistently recorded. A review of the centre's system for recording and managing resident's information was required to ensure that information was appropriately stored in line with the relevant legislation.

Judgment: Partially Compliant

Standard 1.3

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

There was residents' charter in place that contained the relevant information required. This was made available to residents in various languages when they arrived to the centre.

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.

An initial self-assessment of the service had been completed but there were no records available of the findings or actions required following this assessment. Audits of the

service had not commenced, and a quality improvement plan had not been developed for the centre.

Judgment: Not Compliant

Standard 2.1

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

Recruitment practices in the centre required improvement. Written references for staff members were not available on file. The recruitment policy did not contain required information including the number and type of references required for each potential employee, and the process for the management of positive disclosures returned on Garda vetting applications. One member of staff had commenced work in the centre prior to their vetting disclosure being returned.

Staff members who had resided outside of the country for a period of six months or more had an international police check in place. Job descriptions and relevant identification was available for all staff members.

Judgment: Not Compliant

Standard 2.3

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

Staff member were appropriately supervised and supported in their roles. Regular supervision was provided to staff members. Supervision sessions were clearly documented. There was a supervision policy in a place, however, it did not provide details regarding the frequency of supervision sessions.

Judgment: Substantially Compliant

Standard 2.4

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

Not all staff members had completed the mandatory training required by the national standards. Managers working in the centre had completed supervision training. A training needs analysis had not been completed. There was no system in place to maintain oversight of when training was completed, or when refresher training was required. There was no clear plan in place for when staff members would complete the remaining mandatory training.

Judgment: Partially Compliant

Standard 3.1

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

A risk management policy and framework had been developed for the service. There was a risk register in place which had focused on key areas of practice, including safeguarding, health and safety, security and data protection. However, not all risks evident in the centre had been identified, assessed, reviewed or managed appropriately. There was no evidence that the risk register had been reviewed or that the impact of the control measures on reducing risks had been considered.

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 supported residents to integrate into the local community. However, improvements were required to ensure that the adult safeguarding policy provided clear guidance to staff, and that the child protection practices in the centre were in line with the requirements of national policy.

The centre provided each family with their own independent apartment or townhouse. The staff team endeavoured to consider the needs of residents when allocating accommodation. A room allocation policy had been developed but it had limited detail regarding the factors to be considered when allocating accommodation. In addition, it did not outline how residents could request a change of accommodation.

The accommodation provided was homely, accessible and sufficiently furnished. Residents were generally satisfied with their accommodation, and said that it allowed them to live with privacy and dignity. There were adequate facilities to allow residents to live independently. Each apartment and townhouse had an open plan kitchen and living area, with a dining table where families could share meals together. Bedrooms were appropriately furnished and had adequate storage space. Children had sufficient space to play and develop. However, the inspectors found that there were situations where older siblings were sharing rooms with younger siblings of a different gender, which was not in line with the sleeping protocols of the Housing Act 1966. The service provider had not risk assessed this issue or considered the risk when residents were received to the centre.

The educational development of children was prioritised. Parents were supported to source crèche and school placements for their children. Bus transport was available to take children to and from school. Children had ample space to complete their homework within their own living space. A homework club was being developed by the staff members for children living in the centre. Residents had access to computers and adequate study facilities, where required.

Security measures were sufficient, proportionate and appropriate. Security personnel were onsite during the evening time and overnight. Security staff maintained appropriate records of incidents that occurred for the management team to follow up on as required. Closed circuit television (CCTV) was in operation in external and communal areas of the centre and its use was informed by a centre policy. Residents had private spaces to meet with visitors where CCTV was not in operation.

Residents were able to prepare meals for themselves in their own accommodation. They were provided with all necessary cooking utensils, cutlery and crockery. Residents received a prepaid voucher for local shops on a weekly basis to allow them purchase their own groceries. Residents had access to a wide range of shops and supermarkets to ensure they had varied choice with regard to their grocery shopping. Non-food items were provided to residents by the service provider in addition to the prepaid vouchers.

The rights and diversity of residents were respected, safeguarded and promoted by the staff team. The inspectors observed pleasant interactions and conversations between residents and the staff members. Residents were able to practice their religion within their own private living space. The inspectors observed that residents were treated with dignity, respect and kindness. Information on residents' rights was displayed throughout the centre in various languages. This included age appropriate information for children regarding their rights. The service provider had systems in place to consult with residents to gather their feedback. Residents told the inspectors that the staff members were responsive to their needs, and they felt that they were treated with dignity and respect.

Residents living in the centre were supported and facilitated to develop and maintain personal and family relationships. Children and adults were facilitated to have visitors to the centre, both in the communal spaces and within their private living accommodation. Families were accommodated together and had their own private space to share cultural knowledge with their children.

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. Information regarding support services was displayed throughout the centre and some of this information was available in different languages. The staff team were person-centred in their approach. Referrals for residents to appropriate services were made based on the needs of residents. Vaccination clinics were facilitated in the centre. English language classes were provided and were also available in the local community. A regular transport service was not required due to the location of the centre and access to public transport. The inspectors found that where medical emergencies arose, transport was made available to residents. In addition, the service provider made transport available for expectant mothers to attend their hospital appointments.

The inspectors found that the service provider had an appropriate adult and child safeguarding statement and child protection policy in place. However, the adult safeguarding policy required further development to ensure it clearly outlined the actions required and the process to be followed in the event of an adult safeguarding

concern arising. While all staff had completed the Children First 2017 training, not all staff had completed training in relation to safeguarding vulnerable adults. Appropriate designated liaison persons had been identified to ensure that there was a designated liaison person available for the centre at all times. The staff team had made reported child protection and welfare concerns to the Child and Family Agency (Tusla) and the Gardaí. However, the timeliness and format of the reports made to Tusla needed to be reviewed to ensure that they were in line with the requirements of national child protection policy. In addition, where actions to ensure the safety of residents were identified, these plans had not been centrally recorded. This impacted the ability of the staff team to ensure that they were consistently adhering to the agreed safety plan.

The majority of residents who completed a questionnaire said that they felt adequately protected, and were aware of how to raise a safeguarding or child protection concern. A small number of residents were not aware of who the designated officer or liaison person was, and said they did not have access to the child protection or safeguarding policies.

There was a policy in place which clearly outlined the process for reviewing incidents and adverse events for learnings and possible actions required. As residents had recently arrived to the centre, this policy had not yet been implemented in practice. The system in place to provide the management team with oversight of all incidents, including those of an adult safeguarding or child protection nature, was not effective. While some of these incidents were recorded in a log book, others were not. This limited the service provider's ability to maintain oversight, or to ensure that all incidents were reviewed for learnings and trends that could be shared across the staff team.

There were two reception officers available in the centre. Both had suitable qualifications and skills to support residents with special reception needs. In addition, there were two child and youth advocacy officers in place to offer support to residents. These four staff members worked across two centres which were located in close proximity to each other. The staff roster system ensured that the reception officers and child and youth advocacy officers maintained a regular presence in the centre to meet the needs of residents. The inspectors found that the reception officers knew the residents and had established effective working relationships with other staff members, support groups and local organisations. There was policy in place for identifying, communicating, and addressing special reception needs, and a reception officer policy and procedure manual had been developed. While the policy contained information regarding the identification and monitoring of special reception needs, the procedure manual needed to be reviewed to ensure it contained all relevant information regarding the assessment and monitoring of special reception needs.

The centre received limited information about new arrivals to the centre but the reception officers invited residents to complete a vulnerability assessment questionnaire following their arrival. Residents were allowed time to settle into life in the centre, and the reception officers then organised follow up meetings with residents to determine their needs. Following the assessment, individual residents were assigned to one of the reception officer who ensured that appropriate support was offered, and referrals to relevant services were made. Follow up actions and conversations were recorded and monitored by the reception officers and management team. Many of the team were qualified social care staff, with the skills and experience to support residents with special reception needs. Residents were aware that they could go to the staff team for support at any stage.

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.

A room allocation policy had been developed but it had limited information regarding the factors to be considered when allocating accommodation, or the process where residents could request a change of accommodation.

Judgment: Substantially Compliant

Standard 4.4

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

The accommodation provided to residents were homely and residents were generally satisfied. Families were placed together in own-door accommodation. Each family had their own private bathroom facilities. However, there were situations where the sleeping arrangements for families was not in line with the requirements of the sleeping protocols of the Housing Act 1966, and this impacted the privacy and dignity of these families. The service provider had not risk assessed this issue or considered the risk when residents were received to the centre.

Judgment: Partially Compliant

Standard 4.6

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

Children and young people were supported to reach their educational potential. Parents were supported to source crèche and school placements for their children. Bus transport was available to take children to and from school. Children had sufficient space to complete their homework within their own living space. A homework club was being developed and appropriate information technology facilities were available.

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 service provider had appropriate and proportionate security measures in place which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre. The use of CCTV was guided by 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.

The provider had made sufficient and suitable non-food items available to residents.

Judgment: Compliant

Standard 5.1

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

Residents had kitchen and dining facilities available within their own accommodation. All necessary cooking utensils, cutlery and crockery had been made available.

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 meeting the needs of the residents and their families. Residents were provided with prepaid vouchers for local shops on a weekly basis. Residents had access to a wide range of shops and supermarkets to ensure they had varied choice with regard to their grocery shopping.

Judgment: Compliant

Standard 6.1

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

The rights and diversity of residents were respected, safeguarded and promoted by the staff team. Residents felt that they were respected and listened to by the staff members. Residents were able to practice their religion within their own private living space. Information on residents' rights was displayed throughout the centre, including age appropriate information for children regarding their rights. The service provider had systems in place to consult with residents, and a residents' committee was being established.

Judgment: 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. Residents were facilitated to welcome visitors to their own apartments and to the meetings rooms available.

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 ensured that residents were supported to access all necessary public, recreational, education and social support services. Additional transport was made available to residents to attend appointments when required.

Judgment: Compliant

Standard 8.1

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

The service provider had an appropriate adult safeguarding statement in place. The adult safeguarding policy required further development to ensure it clearly outlined the actions required and the process to be followed in the event of an adult safeguarding concern arising. Not all staff had completed training in relation to the safeguarding of vulnerable adults. Residents said they felt protected living in the centre.

Judgment: Substantially Compliant

Standard 8.2

The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.

There was an appropriate child safeguarding statement and policy in place in place. All staff had completed the Children First 2017 training, and designated liaison persons had been identified for the centre. Child protection and welfare concerns had been reported to Tusla, however, the timeliness and format of these reports were not in line with the requirements of national policy.

Judgment: Partially Compliant

Standard 8.3

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

There was a policy in place which clearly outlined the process for reviewing incidents and adverse events for learnings and possible actions required. The system in place to provide the management team with oversight of all incidents, including those of an adult safeguarding or child protection nature, was not as effective as it needed to be.

Emergency contacts were displayed in the accommodation units and communal areas.

Judgment: Partially Compliant

Standard 9.1

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

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

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.

Staff members were appropriately trained to identify and respond to the needs of residents. Staff members were supported by the management team to carry out their work.

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 an established policy to identify, communicate and address residents' existing and emerging special reception needs. Residents were supported and encouraged to take part in vulnerability assessments. Prompt referrals were made to the relevant support services, where required.

Judgment: Compliant

Standard 10.4

The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.

The service provider had appointed suitably qualified reception officers for the centre. The reception officers had established links with local services in the area to meet the needs of residents. The policy and procedure manual had been developed to guide the work of the reception officer. Information regarding the assessment and monitoring of special reception needs had not been included in the manual.

Judgment: Substantially 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	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Not Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Not Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Partially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.4	Partially Compliant
Standard 4.6	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	Substantially Compliant
Standard 8.2	Partially Compliant
Standard 8.3	Partially 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	Substantially Compliant

Compliance Plan for Milligan Court

Inspection ID: MON_IPAS_1062

Date of inspection: 29 and 30 October 2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>To ensure compliance with relevant legislation, regulations, national policies and standards we have started service audits, self-assessments and quality improvement plans which will be carried out every month.</p> <p>The incident that occurred in the centre has been retrospectively submitted to HIQA and our incident management policy has been updated.</p> <p>Garda vetting has been received for the one staff member who's Garda vetting was being processed. We have updated our recruitment policy to include management of Garda vetting positive disclosures.</p>	
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The incident management policy has been updated to include HIQA reporting details, increased oversight from DLPs and management and improved reviewal of incidents including safety plans. All staff have been trained on the updated incident and adverse events policy.</p> <p>A review of the centre's system for recording and managing resident's information has been conducted. All Reception Officer files have a separate password and each resident has their own file for special reception needs.</p>	

1.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Monthly self-assessments are now written and recorded on file, including findings and actions required.</p> <p>An audit of the service has been completed and a quality improvement plan is in place. The audit and quality improvement plan will be conducted and reviewed every two months.</p>	
2.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Written references for all staff are now on file.</p> <p>The recruitment policy has been updated to include the number and type of references required and the process for the management of positive disclosures returned on Garda vetting applications.</p> <p>A risk assessment for the one member of staff with Garda vetting in process had been completed prior to the inspection.</p> <p>No potential applicants will commence employment until we have received Garda vetting confirmation and the disclosures have been reviewed by management.</p>	
2.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>All staff members have completed the mandatory training required by the national standards. The remaining staff who required additional training have completed courses in the following areas; safeguarding vulnerable adults, domestic, sexual and gender based violence and harassment, mental health awareness, equality, diversity and cultural competency, conflict resolution, disability and anti-bullying.</p> <p>We have developed an in-depth training needs analysis spreadsheet which identifies each staff members' key roles and responsibilities, assesses current training and experience, identifies skill gaps, develops an action plan, and includes a follow up and evaluation section. This will be assessed every three months for each staff member with their manager.</p>	

3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We have reviewed our risk register and have updated it to be more person centric, including pregnant women and single parents.</p> <p>To ensure risks are identified, assessed and reviewed in accordance with the national standards we have allocated a person responsible for each area, included risks to our team meeting agendas and have increased overall management oversight by the General Manager.</p> <p>Any time a potential or new risk is identified a risk assessment is carried out and the risk register is updated immediately. An official review is completed every two months to ensure our mitigation strategies are effective.</p>	
4.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>For families with siblings over the age of ten of different genders sharing we have conducted risk assessments for each property. These include consulting with the family, increased welfare checks and adding families to our internal property wait list.</p> <p>We have consulted with IPAS to ensure best practice going forward.</p>	
8.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The incident management policy has been updated and all staff have been trained to ensure all child welfare and protection concerns are reported within 24 hours, the correct forms are filled out with relevant reference numbers and that the relevant agencies are made aware.</p>	
8.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>As outlined, the incident management policy has been updated and all staff have been trained to ensure all incidents and adverse events are responded to, reported and reviewed effectively. To improve oversight of incidents, all incidents and adverse events are reported to the DLP on shift. From there the DLP and centre manager consult on the course of action. The person involved in reporting the incident to the DLP and the</p>	

DLP will then make the report to ensure accuracy, within 24 hours. The centre's TUSLA social worker and HIQA will be contacted if we have reporting queries.

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Partially Compliant	Orange	06/11/2024
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	08/11/2024
Standard 1.4	The service provider monitors and reviews the	Not Compliant	Red	05/12/2024

	quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.			
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	04/12/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Partially Compliant	Orange	26/11/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	26/11/2024
Standard 4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.	Partially Compliant	Orange	26/11/2024
Standard 8.2	The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.	Partially Compliant	Orange	21/11/2024

Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	21/11/2024
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