



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

Name of the Centre:	The Grand Hotel
Centre ID:	OSV-0008453
Provider Name:	Vesta Hotels Limited
Location of Centre:	Co. Wicklow
Type of Inspection:	Announced
Date of Inspection:	09/04/2024
Inspection ID:	MON-IPAS-1021

## 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 national<sup>1</sup> and international level<sup>2</sup> 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 Service<sup>3</sup>. 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 permanent<sup>4</sup> International Protection Accommodation Service centres against national standards on 9 January 2024.

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<sup>1</sup> Irish Human Rights and Equality Commission (IHREC); The Office of the Ombudsman; The Ombudsman for Children

<sup>2</sup> United Nations Human Rights Committee; United Nations Committee on the Elimination of All Forms of Racial Discrimination (UNCERD)

<sup>3</sup> Report of the Advisory Group on the Provision of Support including Accommodation to People in the Protection Process, September 2022

<sup>4</sup> European Communities (Reception Conditions) (Amendment) Regulations 2023 provide HIQA with the function of monitoring accommodation centres excluding temporary and emergency accommodation

## About the Service

The Grand Hotel is prominently located in the centre of Wicklow town, Co. Wicklow. The centre provides accommodation to people seeking international protection and had a recorded capacity of 111 people. At the time of inspection, it was accommodating 104 residents, and nine of these were children.

The centre operated from a two-storey building located on a busy street in the centre of the town. The entrance to the building was located on the ground floor with direct street access, where a large reception was located. To the right of this reception area, there were an additional 175 single males being provided with emergency accommodation in a dormitory-style room, under a separate arrangement with the Department of Children, Equality, Disability, Integration and Youth. Under the current regulations, emergency and or temporary accommodation does not fall under the remit of HIQA, therefore this aspect of the premises was not inspected by HIQA.

The centre was accessible to public transport links and close to a wide variety of shopping, leisure and public service facilities.

The centre was staffed by a management team, administrative staff, security and catering staff. The buildings were privately owned and the service was privately provided by Vesta Hotels Limited on a contractual basis on behalf of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY).

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	104
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**The inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
09/04/2024	9:30am - 7:30pm	Godfrey Mushongera	Lead Inspector
09/04/2024	9:30am - 7:30pm	Bronagh Gibson	Support Inspector

## What residents told us and what inspectors observed

At the time of this inspection, the provider was operating an accommodation centre and separate emergency accommodation through a different contract from the same premises. Both services were provided under the same governance arrangements and staff team, and with shared recreational, dining and laundry facilities. Overall, the inspectors found that there was a need for improvement across a number of standards to ensure residents enjoyed a good quality and safe service. These areas included governance and management, the management of risk, safeguarding and protection, accommodation and residents' rights.

While the inspectors found that the residents of the accommodation centre (referred to as residents throughout this report) were generally well provided for, the findings of this inspection are not reflective of people accessing the emergency accommodation provided, who are not afforded the protection of national standards and therefore their accommodation is not subject to monitoring or inspection by HIQA.

The inspection took place over the course of one day. During this time, the inspectors spoke and engaged with six residents. A total of 10 questionnaires were also completed by residents during the inspection and some were submitted online. In addition, the inspectors spoke with the provider and members of the staff team.

On arrival at the centre, the inspectors were met by a representative of the service provider who was also the centre manager. The inspectors were brought through the porch where they were introduced to a security officer on duty whose office was inside the entrance hall, and who monitored people coming and going. The inspectors observed closed circuit cameras (CCTV) signage and electronic keypad at the entrance of the centre. The security officer on duty told inspectors later on during the inspection that their main responsibility was to ensure only people living on the premises, staff and appropriate visitors, entered the building. The inspectors were introduced to staff at the reception desk and were directed to an office on the upper floors for an initial introduction meeting.

On a walk around the accommodation centre, the inspectors observed that the physical structure of the centre was in good condition and the common areas and communal toilets were well-maintained. The centre, which previously operated as a hotel, was a two-storey building with distinctive features and characteristics of a hospitality type accommodation. This was reflected in some of its facilities. For example, there was a spacious reception area on entry to the building. The reception area provided access through internal doors to different areas within the premises. A large reception desk was manned by staff and behind the reception desk were private staff rooms and facilities which were not accessible to residents including a staff office, the centre's private kitchen, staff canteen and private storage facilities. This area gave access to the rear exit and delivery door.

A residents' dining room adjoining a communal kitchen was on the right of the reception area. The dormitory where the emergency accommodation was provided was on the left, and was accessible through internal doors typical of those of a hotel lounge. In this space, there were 175 men accommodated in two large rooms and they had access to showering and toilet facilities in an adjacent area. Bedrooms for residents of the accommodation centre were accessed through a door leading to stairs on the rear right of the reception desk. The accommodation centre (which HIQA had responsibility for monitoring under the regulations) and the emergency accommodation (for which HIQA had no remit for monitoring) shared many services including the reception area, laundry, catering, dining and recreational facilities.

The accommodation centre catered for single males, families and couples and had a contractual capacity of 111 residents living across 34 en-suite bedrooms. At the time of the inspection, there were 104 residents living in the accommodation centre, including nine children. These 104 residents were from 21 different countries.

There were six rooms utilised by families with children with a total occupancy of 16 residents, while 28 shared bedrooms accommodated 88 unrelated residents. The highest number of unrelated residents sharing one bedroom was six. It was noted that most residents worked and some who worked at night were sleeping during the time of the inspection. Others were busy with their daily routines, and as a result inspectors did not have an opportunity to view many of their sleeping quarters. Notwithstanding the fact that those sharing did not have their own separate rooms, some residents who engaged with the inspectors said they were happy with the space and facilities available to them. Others, however, said that they felt more than two people in one room was too many, particularly in relation to the sharing of bathroom facilities.

The inspectors observed that while the centre was busy, it was a welcoming environment for both residents and visitors. Some residents were constantly walking across to the dining room or going in or out of the building. Residents were observed sitting in the main reception area and along corridors, talking to each other and on their mobile phones. The inspectors observed residents seeking information and advice at the reception desk and engaging with staff members and management in small talk when they met in the communal areas. The inspectors also observed residents asking staff members to speak with them privately on occasion and this was facilitated in a prompt, respectful and friendly manner. During the inspection, the inspectors noticed a visitor at the reception desk who had found a lost wallet outside the centre. The staff respectfully directed them to the An Garda Síochána (Ireland's National Police Service).

Inspectors observed the facilities in use throughout the centre. There was a multi-purpose room on the ground floor with two television sets, a table tennis table, darts, and board games. At the time of the inspection, a section of this room was dedicated for Muslim prayers during the period of Ramadan and inspectors observed several prayer mats on the floor. While most areas of the centre were widely utilised by all who lived on the premises, the centre manager told inspectors that the multi-purpose room was rarely used. A bunk bed was placed on one side of this room and inspectors were told that it had been intended for use in the emergency accommodation side of the centre. There was a study room on the upper floors with desks, tables and two computer desktops, and Wi-Fi was available throughout the centre. While showing signs of age, the staircases were adorned with flower vases, adding a welcoming touch.

There was a laundry area on the first floor which had six washing machines and seven tumble dryers. This facility was utilised by a total of 279 people who were living in both the accommodation centre and the emergency accommodation. The laundry was open from 5am and closed at 10pm for the purpose of limiting fire risk at night. The laundry area was bustling and warm and required a tidying up, however, this was reflective of its high level of usage and activity. There were notices regarding use of the laundry. Bed linen and towels were laundered by the centre and the inspectors observed a linen exchange in the reception area, with residents bringing their items to get washed and collecting new supplies. The common areas, communal toilets and showers were found to be very clean throughout.



The centre provided dual catering facilities to residents. Residents (with the exception of those accessing emergency beds, who were fully catered for) had a choice to either use a voucher system to buy food from the local supermarkets and prepare their own meals, or to access the fully-catered meals in the centre. There was a private kitchen and a communal kitchen for residents. The communal kitchen had five cooking stations, and one of these was assigned for preparing Halal meals. Both kitchens were well-equipped and clean and they reflected the traffic of their usage and the age of the building. While the inspectors found that the communal kitchen was pleasant and spacious, it was closed to residents for 12 hours each day from 7pm to 7am. During these times, residents did not have access to facilities for preparing hot meals. However, there was flexibility around the Ramadan period in that residents had access to it under supervision from staff. There were fridges for residents in the communal kitchen, and dry food storage facilities and a cold room where residents could store food in sealed and labelled containers. The dry food storage facilities and cold room were accessible to residents 24 hours a day, but there was no facility for residents to heat their pre-prepared food should they wish to do so outside of kitchen opening hours.

Inspectors found that the dining room was large and spacious with lots of natural light. This area was utilised by both residents in the accommodation centre and those in the emergency accommodation. Breakfast, lunch and dinner were provided in the dining room at predetermined times. The dining room was available 24 hours a day for residents to get cold, hot drinks and a snack, for example fruit. There was a 28 day rotational menu in place which was on display, and inspectors observed a good selection of meal options available during the inspection. Residents had a choice of three options for meals. It was evident that the dining and kitchen areas were well-utilised areas of the centre. Inspectors observed residents walking across the reception area going or coming from the dining and kitchen areas, and during lunchtime some residents were sitting and eating together in the dining area and engaging in friendly conversations. Residents who met with inspectors were complimentary of the kitchen and dining facilities and said they were always clean. One resident said that the dining room was their favourite area of the premises.

The inspectors observed information on display on the notice boards in the multi-purpose room and in the reception area about local support services, and it was evident that non-governmental organisations regularly visited the centre to support people in relation to housing, legal and advocacy needs.

The inspectors gathered the views of residents in the centre through various methods of consultation, including discussions with residents during the inspection, resident questionnaires, inspectors' observations and a review of documents. During this time, inspectors met or spoke with six adult residents and one child who was in the company of their parent. Residents who spoke with inspectors said that they were happy with the facilities and services provided, and that they felt safe living in the centre. They also said that the centre manager and staff were approachable, that they felt comfortable raising any concerns with them and that they were helpful and provided assistance when needed. Some of the residents expressed appreciation for the practical support provided by staff, particularly during their initial days at the centre, in terms of facilitating access to local services and supports.

In addition to speaking with residents about their experiences, the inspectors received 10 resident questionnaires completed and handed to the inspectors during the inspection and some submitted online. There was mostly positive feedback provided in the completed questionnaires, with residents indicating that they felt respected and adequately protected while living in the centre. They said that staff members were easy to talk to and the majority said they felt listened to and safe. A small number of respondents said they did not know who the complaints officer was and did not have access to relevant policies and procedures. One of the respondents wrote on the questionnaire that they were not happy with the behaviour of some of the people living on the premises. Three residents who completed the questionnaires said that the management team did not actively seek to involve or consult with residents on the operation of the centre or on matters which affected them. This is discussed later in the report.

In summary, by closely observing daily life and interactions within the centre and engaging with its residents, it was evident to inspectors that the centre was a supportive space where staff and managers were readily available to residents. Interactions with residents were characterised by respect and were person centred. While the impact of 175 single males in emergency accommodation in the centre was yet to be considered or appropriately assessed, it was clear that the service provider along with the management and staff teams were well intended and striving to provide a good quality service within the context which the centre was operating. The observations of inspectors and the views of the residents presented in this section of the report are reflective of the overall findings of the inspection.

The next two sections of the report present the inspection findings in relation to governance and management of the centre, and how governance and management affected the quality and safety of the service being delivered.

## Capacity and capability

This was the first inspection of The Grand Hotel accommodation centre by HIQA. Inspectors found that while the service was being managed on a day-to-day basis by dedicated managers and staff team, who were endeavouring to provide a good service, there was an absence of defined roles and responsibilities and a full suite of policies and procedures to guide practice. Priority areas for improvement identified by inspectors included governance and management systems, risk management, record keeping and formal reporting mechanisms.

This accommodation centre was provided privately by Vesta Hotels Limited. There was evidence of strong leadership and decision-making at a senior level. There was a governance structure and clear lines of accountability, but this inspection found that the centre would benefit from formal systems of reporting and accountability. There were two directors of this company, one was primarily responsible for property management and maintenance, while the other looked after the daily operations of the centre and fulfilled the duties of centre manager. All staff reported to the centre manager. The centre manager was supported by a deputy centre manager and duty managers. Two duty managers took on additional roles of reception officers, however, they did not have the necessary qualifications as required by the national standards. The provider was exploring the possibility of supporting a staff member to achieve a qualification at the appropriate level for this post. In addition, other duty managers took on responsibilities as resident welfare officer and complaints officer. Together, the centre manager, deputy centre manager, and duty manager posts made up the management team for the centre. While it was evident that the service provider had started the process of reflecting the needs of the centre in the development of this structure and different roles, there were no job descriptions for these posts. As a result, the duties and responsibilities attached to these positions were not clearly defined for the staff team or residents.

While there was a clear organisational structure, there were inadequate reporting systems in place and there were limited formal mechanisms established to hold staff or managers to account for their practice. As a representative of the provider held the responsibilities of the centre manager, they worked alongside the staff team, were in regular communication over the course of their shift and were involved in the day-to-day operations of the centre. However, there were no formal or recorded team meetings where collective and transparent decisions were made and issues such as national standards, centre policies and procedures, concerns about the centre or residents, or areas of risk and improvement for the centre were discussed or shared. Although the staff team reported that they were well supported and received informal support from management, there were no systems in place to provide formal

supervision to staff or to appraise their practice on an ongoing basis. Coupled with the lack of defined roles and responsibilities at management team level, the lack of formal systems of reporting meant that staff members and managers were not formally held to account for their individual practice on an ongoing basis. Defined arrangements for periodic supervision meetings with staff were required to ensure consistent support was provided to staff members and to promote individual accountability.

There were very few policies and procedures available to direct staff practice. Of the policies available, most were developed at a national level and related to a generic provision of service and were not interpreted at local centre level. Examples of policies required included adult safeguarding and risk management.

The inspectors found an overall absence of formal systems or arrangements to monitor or review the quality of the support being provided to residents. While improvements were made in some areas, there was no annual review of the quality and safety of the service completed, no programme of auditing, quality improvement plans, or culture of striving for the continual improvement of the service. In addition, there was no residents' charter or a written description of the centre in place as required.

The service provider had not ensured that residents were regularly consulted on their views or supported to participate in decisions that affected them. Since the last residents' meeting held in the centre in August 2023, management efforts to facilitate further meetings had been unsuccessful. A suggestion box, deemed ineffective, was subsequently removed and no alternative methods were pursued by management to engage residents. While management and staff members explained that they operated an open-door policy whereby residents could give feedback, there was no documentary evidence of feedback from residents. There was an over-reliance on complaints by residents to inform improvements. The absence of meaningful consultation with residents limited the ability of the provider to monitor practice and improve the quality of services provided in the centre on a continual basis.

Residents were supported to make a complaint and there was a locally-developed complaints policy and procedure in place. A monthly compilation report was provided to the DCEDIY as required. The inspectors reviewed the complaints logged in the centre and found they were well recorded. Complaints were acknowledged and the outcome of investigations were clearly documented. In addition, complaints about staff were well managed. The vast majority of complaints were upheld. However, there was a need for trending and analysis of complaints to support the provider in maintaining better oversight of how residents experienced the centre and to ensure learning from complaints informed service improvements.

A review of staff records found that all staff members were vetted as per the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. While all permanent staff were Garda vetted and security staff were licensed, there was a need to develop systems which would assure the provider that all contracted staff were appropriately vetted for their role within the centre, and that staff who had lived outside of Ireland prior to their employment had international police clearances. There was no record of appropriate vetting of visiting volunteers to the centre.

The centre was appropriately resourced to meet the needs of the current number of residents, with the exclusion of the 175 people accessing emergency accommodation. The management team were rotated on the staff rota to ensure consistent management presence in the centre, seven days a week. There was sufficient managers and staff on duty during business hours, at nights and on the weekend.

The service supported staff to continually update and maintain their knowledge and skills. Many staff members had completed training in areas specific to residents' existing or potential support needs, for example, first aid for mental health, substance use, and suicide awareness. However, there was no training on adult safeguarding completed by staff. There was also a need for the service provider to complete a training needs analysis to identify any training gaps and to ensure that all staff attended refresher courses on Children's First training.

The risk management system for the centre was underdeveloped and therefore not effective. While the management and staff team proactively managed individual incidents and risks as they arose, there was no risk register for the centre where known or potential risks were identified, recorded, rated and reviewed to ensure the controls put in place were effective. There was no policy to guide the management of risk within the service. The inspectors identified multiple risks which were present at the time of the inspection. For example, an unsupervised child had managed to gain access to the dormitory where emergency accommodation was being provided, there were incidents of aggression between people living in the centre and incidents where this aggression had been directed at staff members, and there were inherent risks related to residents in terms of their identified vulnerabilities and complex mental health needs. In addition, emergency accommodation for an additional 175 people was being provided from the same premises with shared amenities, and delivered by the same management and staff team. The consideration of potential or actual risks this posed to the delivery of a consistently safe, adequately resourced and effective service was not in evidence in the centre. While the provider explained that there was additional space within the premises to respond to an unforeseen emergency whereby residents would need to be relocated within the premises, there was no contingency in place should the centre premises be out of commission for any length of time.

Inspectors issued an urgent compliance plan to the provider following the inspection to carry out a comprehensive assessment of risks in the centre.

There were fire safety arrangements in place in the centre. There were fire evacuation systems, emergency lighting systems, smoke and heat detectors and alarms, and containment measures in place throughout the centre. Residents participated in planned fire evacuation drills and there were effective systems in place to monitor the condition and status of fire safety measures. However, the inspectors based this finding on observations and a review records for the accommodation centre only, with the exclusion of the part of the premises where emergency accommodation was being provided.

Overall, while the management and staff team endeavoured to provide a good service, sustained improvements across key areas were necessary to consistently comply with the requirements of the national standards. There was lack of consultation with residents, limited recording and reporting systems, lack of an effective risk management system, and under-developed governance arrangements in place. The provider presented as committed and engaged in addressing these issues.

### **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.

While there was a level of understanding of the requirements of relevant legislation and national standards, a full suite policies and procedures was required to support the delivery of good quality and safe services and to guide staff in providing appropriate and informed supports to residents. For example, there were no policies on risk management, adult safeguarding and the identification of special reception needs.

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.

While there were governance arrangements in place which clearly identified the lines of authority for the various positions in the staff team, the effectiveness of this structure was compromised by underdeveloped reporting systems and the absence of clearly defined roles and detailed responsibilities for the various positions in the staff team. There were no formal quality assurance or reporting systems to ensure the service provider was aware of all risks, incidents and safeguarding concerns. While residents were comfortable speaking to staff and giving feedback to the centre manager on an informal basis, there was no formal system for consulting with residents.

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 no residents' charter in the centre available to residents at the time of inspection. While there was a checklist completed with a residents as part of the arrivals process, there was no information for residents describing where services are provided, about staff roles, or how the centre consults with residents regarding their welfare and experience of the service.

Judgment: Not Compliant

### **Standard 1.4**

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

The service provider had not yet implemented formal systems for the oversight and monitoring of the quality of care and experience of residents in the centre. There was no annual review, surveys, audits or continual improvement plans developed in consultation with residents. The provider was committed to ensuring that arrangements were put in place to evaluate and manage the safety and quality of the service, however, at the time of inspection there was an absence of quality assurance systems to ensure the best outcomes for the residents living in the accommodation centre.

Judgment: Not Compliant

### **Standard 2.1**

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

While there was evidence of Garda vetting for staff directly employed by the provider, this was not the case for staff contracted to work in the centre. International police checks were not in place for directly-employed staff who had resided outside of Ireland prior to their employment.

Judgment: Not Compliant

### **Standard 2.3**

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

The staff and management teams reported that they were well supported in their roles; however, there was an absence of regular, formal and recorded supervision for staff or centre managers as required by the national standards. A formal performance appraisal system was not in place for staff members at the time of the inspection.

Judgment: Not Compliant

### **Standard 2.4**

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

The learning and development needs of the staff team had been considered and the service provider had ensured that centre mandated training for all staff members was up to date. While staff members had received child protection training, none had received training in the safeguarding and protection of vulnerable adults. There was a need to undertake a training needs analysis to ensure all the required training as prescribed in the national standards was delivered to the staff team and to inform the training plan going forward.

Judgment: Substantially 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 not developed or implemented an effective risk management framework and policy to guide the staff team in the management of risk. While the management team had responded to some risks as they arose, there was no risk register and the service provider had not completed a risk analysis or assessment of all risks and hazards that may compromise the safety and wellbeing of residents and the quality of service provision. In addition, there were no contingency plans to ensure continuity of service in the event of a disaster or unforeseen circumstance.

Judgment: Not Compliant

## Quality and safety

This inspection found that while there were some governance systems that required further development, residents were receiving support to meet their individual needs and goals. Notwithstanding the good care and support practices observed throughout the course of the inspection, there was a need for significant improvement across a number of key areas to ensure that a consistently safe and good quality service was provided to residents.

There were arrangements in place to ensure that, where possible, accommodation was allocated in a way that considered and facilitated residents' known needs and was guided by the service provider's policy. For example, families were accommodated together, and where possible, efforts were made to accommodate unrelated residents in shared rooms on the basis of nationality, language and or the geographic regions they originally came from. While the admissions process somewhat limited the ability of the provider to always accommodate people in the most appropriate way, it was evident that the provider made attempts to meet people's needs.

Communal areas of the centre were clean and well maintained throughout. The physical structure of the centre was in good condition. There were clear arrangements in place to manage the upkeep and general maintenance of the building. Generally, maintenance issues were reported and addressed in a timely manner. The inspectors reviewed records which demonstrated that equipment at the centre was maintained and serviced appropriately.

In terms of living arrangements, the centre offered two types of accommodation. There were six en-suite bedrooms utilised by families with children with a total occupancy of 16 residents, while 28 en-suite shared bedrooms accommodated 88 unrelated residents. The highest number of unrelated residents sharing one bedroom was six. There was space available beneath the staircases on the ground floor for families to safely store prams, strollers and car seats to maximise space in their rooms. While some residents who engaged with the inspectors said they were happy with their bedrooms, others felt more than two people in one room was too many, particularly in relation to sharing of bathroom facilities. While it was not possible to provide each resident with their own room, the arrangements in place could not promote each individual's right to privacy.

The inspectors found that catering facilities in the centre were satisfactory, but kitchen access needed to improve outside of opening hours. The kitchen and dining areas were clean and there was good-quality food provided. The centre provided both catered and self-catering facilities for residents. Residents had an option to choose self-catering,

which allowed them to use a voucher system to buy food from the local supermarkets and cook food for themselves and their families. Alternatively, they could eat food prepared in the centre and provided in the dining room at pre-determined times. The availability of these options were found to facilitate independence and choice for residents. Residents who cooked for themselves did not have access to the kitchen to cook outside of kitchen opening hours (7am-7pm). The provider explained that some residents cooked in batch and could access this food, which was labelled and held in fridges, at any time while the kitchen was closed, but there was no option to heat this food if needed. This arrangement was not in line with the national standards.

The inspectors found that there was choice and culturally-sensitive menus provided to residents who accessed the catered meals. There were people from 21 different countries living in the centre at the time of inspection. From a review of the rolling 28-day menu, it was evident that steps were taken to cater for this wide range of cultures through the provision of a well thought-out and diverse menu. Additions were made to the menu when the need was identified. For example, the introduction of a continental breakfast came following a residents' meeting held in August 2023. Hot and cold drinks were available in a large dining room outside of the times of catered meals. Residents spoken with told inspectors they were happy with the catering facilities.

There was a laundry room located at the end of a bedroom corridor with six washing machines and seven tumble dryers, which was open between 5am and 7pm. An urgent compliance plan issued to the provider included risk assessment of this arrangement. This facility was available to residents of the accommodation centre and those accessing the emergency accommodation, which amounted to 279 people in total. This meant that in practice, there was one washing machine available for every 47 individuals residing at this location and one tumble dryer for every 40 individuals.

All equipment was observed to be in working order, and there was appropriate access to cleaning materials and laundry detergent. While the residents did not raise any concerns about laundry services, the inspectors found that there was a need for the provider to review the number of machines available to ensure they consistently met the needs of residents. Residents were provided with items such as bedding, towels, crockery, and cutlery on arrival to the centre. Bed linen and towels were laundered by the provider and there was a fortnightly linen exchange, where residents brought these items for laundering.

Closed-circuit television (CCTV) (visual) was in place in communal and external areas of the centre, including the large car park at the rear of the building. Security arrangements were in place and a visitor's book was maintained. The adequacy of these security arrangements was considered in the context of the accommodation centre and not the emergency accommodation provided.

There was appropriate fire detection and emergency lighting system in the accommodation centre. Fire safety equipment was visible throughout the buildings, and fire evacuation routes and exits were clearly marked. Records for the accommodation centre showed that planned evacuations took place for residents. As inspectors did not have access to records or the emergency accommodation area, they could not validate fire safety arrangements in that part of the premises. Although the provider was confident that fire safety arrangements were in place for the whole premises, there was no risk assessment completed to reflect the dual function of the premises, and any potential risks this may pose.

The educational development of children and young people was supported by the service provider. Children had access to school, crèche and afterschool placements in the community. There was a study room available with desks, tables and desktop computers. However, there was no outdoor play area or dedicated play space for younger children within the centre which was equipped with appropriate materials.

The inspectors found that residents' rights were not consistently protected, promoted or respected. Residents had opportunities to exercise their right to choose their own daily activities and what food they prepared. There was evidence available to demonstrate that the staff team advocated for residents when required and were supported to exercise their rights to access information and entitlements. Families were facilitated to live together. The provider did not have access to interpreters, however, some of the information displayed on notice boards in the centre had been translated into languages that some residents could understand. Residents told the inspectors that they felt comfortable and respected in their interactions with staff members but it was not evident that their views and experiences contributed to changes to practice or a quality improvement plan. There were significant numbers of unrelated residents sharing bedrooms in the accommodation centre which did not promote their rights to privacy, dignity or autonomy.

Through discussion with staff and speaking with residents, the inspectors found that the welfare and wellbeing of residents was promoted. The provider had implemented a system of induction to the centre for residents through which they would (with agreement from residents) identify and discuss their needs on arrival. This process included identifying the support and welfare needs of each resident. This was to ensure that any response to supporting their needs or goals was informed by the resident's individual circumstances and expressed wishes.

There was clear evidence of the centre supporting residents to access public services, health services, education and community supports. For example, there were notice boards in communal areas with up-to-date information on local and national services in areas such as healthcare, legal aid, child protection and mental health support services.

There was a child safeguarding policy in place and a child safeguarding statement available which was displayed in the centre. All staff had received training in child protection and there was a designated liaison person appointed. There were no active child protection or welfare concerns recorded in centre records at the time of inspection, and those on record were reported appropriately. However, records showed that one unsupervised child had gained access to the emergency accommodation area within the building. There was no evidence that this had, with the exception of talking with the child's parent to ensure they were supervised at all times, informed any practical response by the provider in relation to the entrance to the accommodation centre. The provider was issued an urgent compliance plan to assess risks in the centre including any potential risks in this regard. A central log of all reported concerns would be of benefit in terms of a quick view of all incidents, learning, trending and oversight of practice.

While this inspection did not identify specific vulnerable adults that the centre manager was unaware of, there was a lack of local policy, procedures and training on adult safeguarding, which limited the ability of staff members to identify adults at potential risk, and to respond appropriately. This coupled with the fact that there were no risk assessments on the welfare of residents in the centre meant that there were potentially unidentified risks in the service. Records of incidents showed that multiple risks existed in this centre primarily related to the behaviours of people living there. These records did not distinguish between residents of the accommodation centre and those accessing emergency accommodation. Incidents recorded included alcohol and substance misuse, assaultive and aggressive behaviour directed at others living on the premises and at staff members. While the provider had taken some steps to protect residents from known safeguarding risks, such as calling An Garda Síochána, and requesting onward placements for those who presented a sustained risk through their behaviour, potential and actual risks to the safety of residents in the centre were not formally assessed to ensure effective controls were in place. The urgent compliance plan issued to the provider included assessing risk in this regard.

There were arrangements in place to record and report critical incidents that occurred in the centre. A total of 91 incidents had been reported since January 2024, and multiple incidences related to the same individuals. Incident records showed that where there were multiple incidents of challenging behaviour by a resident they were moved from the centre with collaboration of the DCEDIY and some reported to the An Garda Síochána when needed. Incidents were not routinely analysed for learning and improvement in the centre.

The service provider promoted the health, wellbeing and development of each resident. Staff members in the service understood the needs of residents and their welfare and well-being was prioritised. For example, the inspectors reviewed residents' files and

found that the centre had links with local health services and some residents with long-term illnesses were supported to attend appropriate services, and it was evident that staff members also advocated on the behalf of residents. Some residents who engaged with inspectors were complimentary of the support from staff around access to healthcare services. The centre provided a varied and healthy diet to residents availing of the catered food in the centre.

While the role of reception officer was assigned to members of the centre management team, there was no appropriately-qualified reception officer employed in the centre as required by the national standards. The inspectors found that generally the special reception needs of residents were identified and responded to, however, there were no formal arrangements or policies in place to guide this process.

In summary, this inspection found that while the accommodation centre was in good condition and residents had their basic needs met, the rights of residents could not be fully promoted within the current context. While individual incidents were responded to, the impact of the behaviours of some residents on others was not formally assessed and as a result, the provider could not be assured that they had taken all available steps to consistently promote the safety and welfare of all residents.

#### **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.

Although there were arrangements in place to accommodate families together, the provider had not assessed the centre's capacity to accommodate 175 men while prioritising the interests of residents, the best interests of children within the centre, and meeting the needs of residents. While the centre was always not informed of the initial needs of residents at the time of admission, it was evident that the centre worked with the DCEDIY to ensure people were suitably accommodated in the accommodation centre on an ongoing basis.

Judgment: Partially Compliant

#### **Standard 4.4**

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

The provider had ensured that the privacy and dignity of family units was promoted and protected. For example, families were accommodated together with private bathroom facilities. Family rooms were well furnished and maintained in good condition. It was clear that the interests of the family was considered in the allocation of rooms. Residents spoken with were generally satisfied with how accommodation was allocated to them.

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.

There was no designated play space for small children in the centre. However, there was a vacant room that the provider was willing to consider converting into a playroom for them. A room with two computers was available for older children to study and complete homework. There was access to Wi-Fi throughout the centre.

Judgment: Partially Compliant

#### **Standard 4.7**

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

The number of washing machines and dryers did not reflect the size of the population residing in the centre. At the time of the inspection, 279 residents shared six washing machines and seven dryers.

Judgment: Not 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 noted that the service provider had implemented suitable security measures within the centre. There was CCTV in most communal areas, such as the reception area, hallways and the dining room. There was clear signage in place regarding the presence of CCTV in relevant areas of the building.

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 service provider ensured sufficient and appropriate non-food items and products were available to residents. Residents were provided with bed linen and sets of towels on arrivals and there were replaced as required. They also received the basic equipment required to prepare and cook their meals

Judgment: Compliant

#### **Standard 5.1**

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

There were adequate and suitable food preparation and dining facilities available to residents. Residents had access to a communal kitchen. There were adequate food preparation facilities and cooking utensils in the kitchen. There were five fully-equipped cooking stations, including one designated for the preparation and cooking of Halal food. However, the kitchen was not available to residents for 12 hours each day. The dining space was bright and well furnished with sufficient tables and chairs. Residents spoken with expressed satisfaction with the quality and quantity of facilities in the kitchen and dining areas.

Judgment: Substantially 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 provided self-catering and fully-catered facilities for residents where they had a choice of foods and could cook culturally sensitive meals. This centre offered both self-catered and catered accommodation. Residents who chose the self-catered option used the voucher system which allowed them to buy food from local supermarkets and cook for themselves and their families. There was a 28-day menu cycle for the catered option which was informed by residents. At a minimum, residents were provided with a choice of three options for every meal. Most residents said this system worked very well. There was fresh drinking water available in the dining hall as well as equipment and provisions to make tea and coffee.

Judgment: Compliant

### **Standard 6.1**

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

Residents were provided with information and the necessary support to avail of services and resources they were entitled to. Residents were treated with respect and kindness by the staff team employed in the centre. However, the systems in place to formally consult with residents were limited and needed to improve to ensure residents' views were informing service delivery. The staff team did not have access to translators if this service was required. In addition, many unrelated residents shared bedrooms and this did not promote their privacy and dignity.

Judgment: Partially Compliant

### **Standard 7.1**

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

The service provider supported and facilitated the residents to develop and maintain their personal and family relationships. Families were accommodated together and there were facilities in the centre for them to spend time together outside of their rooms. There were clear arrangements in place for residents to receive visitors, which were facilitated in common areas. Residents were observed sharing meals together during the inspection.

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 provider was ensuring that residents had access to information about local services and facilities in the community. It was found that the centre manager and staff were supporting residents to avail of resources in the local area and providing information about their rights and entitlements. It was evident that the centre had strong working relationships with support services in the area. Support services routinely visited the services to support the residents in relation to housing and advocacy needs. The service provider had developed links with local community initiatives to facilitate children accessing crèche and afterschool facilities, for example. The centre was located in the town centre and there was access to public transport links, some of the residents also had their own vehicles.

Judgment: Compliant

## Standard 8.1

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

There was no policy for adult safeguarding. There was a lack of awareness among the service provider, centre managers, and staff regarding their responsibility to safeguard vulnerable adults in accordance with national policy requirements. While it was evident that centre staff provided appropriate supports where an adult safeguarding concern arose, there were no risk assessment and management policies and procedures in place for dealing with situations where the safety of residents may be compromised.

Judgment: Not 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 evidence that the provider took all reasonable steps to protect children in the centre from abuse and ensured that children’s safety and welfare was promoted. There was a child safeguarding policy and staff had received the appropriate training and were knowledgeable on the policy and procedures. There was a designated liaison person in place and where allegations and concerns had been made by or about a child within the centre, it was reported and managed in line with relevant legislation, national guidance and policies.

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 in the centre. Significant adverse incidents were reported to the relevant department as required and appropriate supports were provided to residents affected, where necessary. However, there were no arrangements in place to learn from these incidents as part of continual quality improvement and to reduce the likelihood of reoccurrences.

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.

Inspectors found that arrangements in the centre ensured that each resident received the necessary support to meet their individual needs. The staff team provided support that was person centred and they promoted the health and wellbeing of residents. The service provider had appropriate links with community health and social care services and provided information or referrals, when appropriate, to services to meet resident health or social care needs.

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.

In the event that the provider was notified of any special reception needs, it was found that they strived to meet them. For the most part, the provider was not made aware of any special reception needs in advance of resident admissions.

Judgment: Compliant

### **Standard 10.2**

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

While staff members and management had not received specialist training to identify and respond to the special reception needs and vulnerabilities of residents, they were responsive to residents need and person centred in their approach. The staff team oversaw a defined admissions and induction process for all residents, which provided an opportunity for residents to share any specific needs they may have. Staff had received training in a wide range of areas that equipped them with the knowledge and skills required to provide person-centred care and provide necessary support.

Judgment: Partially Compliant

### **Standard 10.3**

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

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

Judgment: Not 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.

Although duty managers undertook many of the responsibilities associated with the reception officer role, the service provider had not employed a dedicated reception officer with the required qualifications in line with the requirements of the national standards.

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
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Not Compliant
Standard 1.4	Not Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Not Compliant
Standard 2.3	Not Compliant
Standard 2.4	Substantially Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Not Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Partially Compliant
Standard 4.4	Compliant
Standard 4.6	Partially Compliant
Standard 4.7	Not Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant
<b>Theme 5: Food, Catering and Cooking Facilities</b>	

Standard 5.1	Substantially Compliant
Standard 5.2	Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Partially Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.1	Compliant
Standard 7.2	Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Not Compliant
Standard 8.2	Compliant
Standard 8.3	Partially Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.1	Compliant
Standard 10.2	Partially Compliant
Standard 10.3	Not Compliant
Standard 10.4	Not Compliant

# Compliance Plan for The Grand Hotel

Inspection ID: MON-IPAS-1021

Date of inspection: 09 April 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>In addition to certain IPAS policies and codes of practice we have in place the following:</p> <ul style="list-style-type: none"> <li>• Antbullying Policy</li> <li>• Complaint Policy</li> <li>• GDPR Policy</li> <li>• Internet Policy</li> <li>• New Child Protection/Vulnerable Adult Policy (alongside existing child safeguarding)</li> </ul> <p><i>This compliance plan response from the service provider did not adequately assure the Director of Healthcare Regulation that the actions will result in compliance with the national standards.</i></p>	
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We will implement clearly defined roles and detailed responsibilities for the various positions in the staff team over the next month notwithstanding that we are satisfied that staff are clear on their roles and responsibilities driven by active owner involvement and day to day management of staff through continuous and real time feedback.</p>	

*This compliance plan response from the service provider did not adequately assure the Director of Healthcare Regulation that the actions will result in compliance with the national standards.* |

1.3

Not Compliant

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

A Residents charter has been drafted and made available to residents on 12/6/24. All existing bedroom residents have received same, and any new residents will also receive same in conjunction with our existing policy of providing house rules upon arrival. |

1.4

Not Compliant

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

By 31 July 2024, We will install a mechanism of monthly residents surveys leading to annual review, audits and or continual improvement plans developed in consultation with residents.

*This compliance plan response from the service provider did not adequately assure the Director of Healthcare Regulation that the actions will result in compliance with the national standards.* |

2.1

Not Compliant

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

*This compliance plan response from the service provider did not adequately assure the Director of Healthcare Regulation that the actions will result in compliance with the national standards.* |

2.3

Not Compliant

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

A formal performance appraisal system for staff members will be put in place by 30<sup>th</sup> June 2024.

*This compliance plan response from the service provider did not adequately assure the Director of Healthcare Regulation that the actions will result in compliance with the national standards.* |

3.1

Not Compliant

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

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

By 28th June 2024	
We note that A safety statement is in place outlining a risk assessment for Health and Safety related issues.	
A contingency plan has already been considered to ensure continuity of service in the event of a disaster or unforeseen circumstance and was outlined in our tender of February 2022 however this will be revisited and a separate document created by 28th June 2024.	
4.1	Partially Compliant
Outline how you are going to come into compliance with this standard:  <i>This compliance plan response from the service provider did not adequately assure the Director of Healthcare Regulation that the actions will result in compliance with the national standards.</i>	
4.6	Partially Compliant
Outline how you are going to come into compliance with this standard:  Designated play space for small children has been established in the centre. Family recreation space has been created internally and external space is in the process of being made available to families to the exclusion of others.	
4.7	Not Compliant
Outline how you are going to come into compliance with this standard:  We operate extended opening times for our laundry services and and we provide fortnightly linen exchange for residents.  We will examine the electrical load in our laundry room with a view to increasing the number of washers and dryers.  <i>This compliance plan response from the service provider did not adequately assure the Director of Healthcare Regulation that the actions will result in compliance with the national standards.</i>	
6.1	Partially Compliant
Outline how you are going to come into compliance with this standard:  <i>This compliance plan response from the service provider did not adequately assure the Director of Healthcare Regulation that the actions will result in compliance with the national standards.</i>	
8.1	Not Compliant

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

- We adhere to IPAS policy and procedures re incidents and reporting
- We have initiated a Child Protection/Vulnerable Adult Policy (alongside existing child safeguarding).
- The service provider will carry out a risk analysis of the service and develop a risk register By 28th June 2024

*This compliance plan response from the service provider did not adequately assure the Director of Healthcare Regulation that the actions will result in compliance with the national standards.* |

8.3

Partially Compliant

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

*This compliance plan response from the service provider did not adequately assure the Director of Healthcare Regulation that the actions will result in compliance with the national standards.* |

10.2

Partially Compliant

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

*This compliance plan response from the service provider did not adequately assure the Director of Healthcare Regulation that the actions will result in compliance with the national standards.* |

10.3

Not Compliant

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

The provider will develop a policy to guide staff on how to identify and address existing and emerging special reception needs by 28<sup>th</sup> June 2024.

We note that special reception needs are not only identified at induction stage which tends to be effective, but we also identify same whenever residents come to us looking for medical assistance or appointments. When referrals are made to GP or hospital those entities are charged with medical care. It is also evident to us after an incident if a resident has special reception needs eg epilepsy.

We also note IPAS has/had its own vulnerability assessment process should a resident wish to submit a request for assessment.

We have a dedicated resident welfare email address for residents to identify their special needs to us or forward any specific information.

Where necessary we make any necessary referrals to resident welfare in IPAS.

*This compliance plan response from the service provider did not adequately assure the Director of Healthcare Regulation that the actions will result in compliance with the national standards.* |

10.4

Not Compliant

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

Managers undertake many of the responsibilities associated with the reception officer role. We employ staff with extensive relevant real-world experience and have operated as a DP centre since 2018. We have not employed a dedicated reception officer with the required qualifications for that reason.

However, two managers have expressed an interest in acquiring formal relevant qualifications which the service provider will encourage and fund for Autumn 2024. Should this not be feasible the service provider will look to recruit externally by 31 August 2024 should that be a requirement of our contracted services at that time.

*This compliance plan response from the service provider did not adequately assure the Director of Healthcare Regulation that the actions will result in compliance with the national standards.* |

## 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	<i>No date was inserted by the service provider</i>
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	<i>No date was inserted by the service provider</i>
Standard 1.3	There is a residents' charter which accurately and	Not Compliant	Red	28/06/2024

	clearly describes the services available to children and adults living in the centre, including how and where the services are provided.			
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.	Not Compliant	Red	31/07/2024
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	31/05/2024
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Not Compliant	Red	21/06/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Substantially Compliant	Yellow	No date was inserted by the service provider
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	28/06/2024
Standard 4.1	The service provider, in planning, designing and allocating	Partially Compliant	Orange	No date was inserted by the service provider

	accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.			
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.	Partially Compliant	Orange	No date was inserted by the service provider
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.	Not Compliant	Red	31/05/2024
Standard 5.1	Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.	Substantially Compliant	Orange	No date was inserted by the service provider
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Partially Compliant	Orange	No date was inserted by the service provider
Standard 8.1	The service provider protects residents from abuse and neglect	Not Compliant	Red	07/06/2024



	and promotes their safety and welfare.			
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	No date was inserted by the service provider
Standard 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Partially Compliant	Orange	No date was inserted by the service provider
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	07/06/2024
Standard 10.4	The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.	Not Compliant	Red	30/08/2024