



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

Name of the Centre:	Ashbourne House
Centre ID:	OSV-0008413
Provider Name:	Barlow Properties
Location of Centre:	Co. Cork
Type of Inspection:	Announced
Date of Inspection:	03/04/2024 and 04/04/2024
Inspection ID:	MON-IPAS-1019

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

Ashbourne House is an accommodation centre located in Glounthaune in Cork. The centre has 33 bedrooms and a gate lodge with three bedrooms. Thirty one of the centre's bedrooms are en-suite. At the time of the inspection the centre provided accommodation to 65 residents. The centre is located within walking distance of Glounthaune village and is directly across from a train station which provides access to Cork City.

The centre consists of one main building with 19 rooms, 14 rooms outside of the main building in a second building and one gate lodge located at its entrance.

There are parking facilities onsite and access to the centre is via the main reception. The main building comprises residents' bedrooms, an office, a sitting room, a classroom, a large dining hall, two residents' kitchens, a crèche, a laundry room, library and a playground. The centre has a clinic room and residents use this for visitors. A stroller and bike shed is located on the premises also.

The service is managed by a centre manager who reports to a general manager. In addition there is a group administration manager who also holds the role of reception officer. The centre has general support staff including domestic staff, night porters and maintenance staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	65
---	----

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)
03/04/2024	10:40hrs-18:30hrs	1	1
04/04/2024	08:30hrs-13:10hrs	1	1

What residents told us and what inspectors observed

The inspectors found, through conversations with residents, a review of documentation and observations made during the inspection, that the residents at Ashbourne House were receiving good supports from the staff team and service provider. Residents who engaged in the inspection expressed satisfaction with the services and assistance they received at the centre and spoke highly of the staff team, director, deputy manager and centre manager. While there were positive findings identified during this inspection, the inspectors found areas for improvement, particularly in the further development of the role, guidance documents and training for the reception officer, and in the development of internal systems for the oversight and monitoring of the service provided.

Upon arrival at the centre, the inspectors entered a two-storey building which had a welcoming reception area. The inspectors were met by the director of services, the centre manager, deputy manager and administrative manager who directed them to a meeting room allocated to the inspectors for the course of the inspection. The inspectors had an introduction meeting with the management team and then completed a walk-through of the buildings with some members of management.

The accommodation centre was located in Cork City within walking distance of local services and transport links. The entrance to the avenue leading to the centre was well maintained and was lined with bluebells and hydrangeas, mature trees and gardens. The centre itself was described by the residents as safe and secure, with ample parking and storage facilities for their belongings. Residents, many of whom were families with children, consistently expressed their happiness and sense of security within the environment.

The main building comprised two storeys, with 30 bed spaces on the ground floor and 38 bed spaces on the first floor; all bar two rooms had en-suite facilities. Additionally, there was a detached gate lodge with three bedrooms, along with several outbuildings. Altogether, the centre accommodated a total of 65 individuals, including both adults and children.

The primary function of the centre was to provide accommodation to international protection applicants and it catered for families and couples. The resident group in the centre were from a number of different countries. While the centre provided accommodation to people seeking international protection, the inspectors found that 47 (72%) residents had received refugee or subsidiary protection status and had received notice to seek private accommodation outside of the centre. However, due to the lack of alternative accommodation available this was not always possible.

The inspectors observed the catering facilities in the centre. All residents prepared and cooked their own meals in Ashbourne House. Two of the bedrooms had kitchen facilities; the gate lodge and another large bedroom. The remaining residents used a communal kitchen with adequate food storage cupboards, fridges, freezers and cooking facilities. There was also a tea and coffee-making area. There was a spacious dining room with six dining tables and chairs and a second small kitchen with three cookers and fridge freezer. This centre was very suitable to family living and its environment met the needs of both children and adults.

While some of the bedrooms were somewhat dated, recent upgrades had been implemented, including new carpet and fresh paint which was an improvement. Overall the buildings were clean and well maintained.

There was an onsite crèche/playschool, operated by an external provider funded through the Health Service Executive (HSE), which was established over 20 years ago. There were also amenities such as a library, music room, play facilities, and an outdoor playground. A separate laundry facility equipped with six washers and six dryers was provided in an external building close to the accommodation building.

The centre had ample outdoor space, lovely gardens, a picnic area, nature reserves, and a poly tunnel was available for families to grow vegetables and herbs. A designated room/clinic was provided for visits by the public health nurse or General Practitioner, offering support for blood tests, health checks, vaccines, and sexual health services. There was storage for articles such as strollers, scooters and bicycles. A new generator had been installed as part of the providers contingency planning. Car parking facilities were available as some residents owned vehicles.

There was a playground located in the garden outside the dining room. Playground facilities included two swings, two slides, and hanging swing bars. There were also picnic benches, a little playhouse and a barbecue area. There were goal posts in the garden for playing soccer, football and hurling. The garden also contained a building that stored a variety of outdoor toys for children. The dining room also provided further facilities for children to play and leisure facilities for adults. In the living area alongside the dining room there were two table tennis and two pool tables as well as a bean bag area for children and a space for infants to play. The inspectors observed small children enjoying the playground and indoor play areas with parents having the opportunity for interaction with other parents which they appeared to enjoy.

A family of six resided in the gate lodge situated at the entrance of the centre. The parents occupied a small double room, while two of their children shared bunk beds in an adjoining space. Two other children shared bunk beds in another small room. The gate lodge featured a bathroom, kitchen, and dining area, and provided ample space for the children and adults alike. The provider carried out a risk assessment of the gate lodge and its location at the entrance of the centre, which determined there was minimal risk from vehicular traffic to the family living there.

In order to fully understand the lived experience of the residents, the inspectors made themselves available to them over the course of two days of the inspection. The inspectors engaged with 15 adults and eight children and overall, they said they were very satisfied with the support they received and were treated with respect. All of the residents with whom the inspectors spoke stated that they felt safe in the centre, however, some expressed dissatisfaction with the size of the family units. Ten residents returned questionnaires which were made available to them by inspectors, in order to ascertain their views of the quality of service provided. Overall, the comments were all positive and the residents said they were very happy in the centre. They liked the fact that they could cook their food of choice in line with their cultural needs and religious beliefs. In addition, the inspectors spoke with the domestic staff, centre managers, the general administration manager and the service provider's representative.

The centre was homely and the service provided was person-centred. One resident with a knee injury who was receiving physiotherapy received language support to understand their physiotherapy exercises. Another resident had spinal surgery and received assistance with accessing medical services. There were supports for people with additional needs; an autistic child was receiving additional support and their family had been moved to more suitable accommodation to meet their needs. The residents in the centre were supported to access healthcare and to complete the necessary documentation for this. There was considerable external agency support in terms of Friends of the Centre, the HSE, Cork City Council and the Immigrant Council of Ireland.

Although the centre did not provide transport, residents benefited from the convenience of having a train station directly opposite the entrance, as well as local bus services nearby. The centre was within walking distance of shops and restaurants. Leisure facilities such as football and basketball amenities were also within easy access.

There was information displayed in the reception area on notice boards for various support services and external agencies. For example, there was guidance available from the Irish Refugee Council who provided information regarding resident's rights and SECAD Employment, Enterprise, and Training Service which offered employment guidance. There was guidance on making complaints to the Ombudsman for Children's Office, alongside resources from voluntary agencies related to housing needs and family support. The noticeboard also provided information about translation services and important information for residents about their entitlements. Another noticeboard displayed a schedule for March 2024, featuring a seven-day week itinerary inclusive of events such as the crèche, HSE screenings, Friends of the Centre meetings, an Easter egg hunt, International Women's Day activities, Ramadan information, vaccine information, local playgroup times, and child safety practices.

In summary, by closely observing daily life and interactions within the centre and engaging with its residents, it was evident to the 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 there were areas for improvement in relation to oversight and monitoring, the staff team, managers and service provider demonstrated a commitment to delivering a service which was of a high standard and which adopted a human rights and person-centred approach. The observations of the inspectors and the views of residents presented in this section of the report reflect the overall findings of the inspection.

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

Capacity and capability

This was the first inspection of Ashbourne House by HIQA. The inspection found that while the service was effectively managed on a day-to-day basis and had a committed management and staff team in place, improvements were required to further develop the governance systems and ensure good oversight and monitoring of the service provided. For example, risk management, recording systems and internal audit systems for oversight were some of the key areas which required improvements and development. While the service provider had begun to put systems and processes in place to address the deficits identified, these processes were in the early stages of development and required further implementation.

The inspectors found that the service provider and centre management team did not have a comprehensive understanding of the legal and policy framework governing service operations, encompassing relevant legislation, national policy, and national standards, which impacted on their effectiveness in fulfilling their roles. Nonetheless, there was a shared commitment from the management team to improve their knowledge and establish systems and policies for better compliance.

To oversee quality and compliance, the service provider had employed an experienced general administration manager. Prior to the inspection, the service provider had conducted a self-assessment of their compliance with the national standards, indicating a level of understanding of their obligations. However, the inspectors emphasised the necessity of a thorough review to ensure full compliance and the integration of necessary actions into a quality improvement plan. Despite the lack of an audit framework, the provider demonstrated active engagement in learning and development concerning the implementation of national standards and quality improvement systems, indicating a commitment to the continual improvement of the centre.

The service provider had a clear governance structure in place. The centre was managed on a daily basis by a centre manager and deputy manager who worked opposite shifts. This ensured that there was a manager on shift seven days per week. The centre managers reported to the general manager for the service. The senior management team comprised of the centre manager and the newly recruited general administration manager, both of whom reported to the two company directors.

While there was a clearly defined governance and management structure in place, formal systems and processes for quality improvement, auditing and reporting were needed to strengthen the oversight and monitoring of service provision. This finding reflected the newness of the service provider to the national standards. The general administration manager had completed a review of the management systems of this centre. The service provider representative informed inspectors that they were

addressing the actions required from this review, some of which reflected the findings on this inspection. The quality assurance systems being implemented following this review provided a sufficient basis from which quality improvement could take place and bring about enhanced services which fully met the requirements of the national standards.

The senior management team had also completed a separate self-assessment of the service to review practice and compliance with the national standards. The inspectors found that the service provider was developing an internal audit system for the centre. A quality improvement plan, subsequent action plan and a progress monitor in relation to the identified actions were also being developed. The general administration manager told the inspectors that monthly reports were planned for the service directors to support them to monitor the implementation of the quality improvement plan, and to ensure that a good quality service was being provided to residents. Although the centre management had completed the self-assessment, they had not identified all deficits in service provision.

There was a complaints policy and process in place which was working well. Complaints were documented, complainants were consulted with, and complaints were resolved. A recording system ensured the provider had good oversight of complaints which informed service improvements. The complaints officer details were highlighted on the residents' noticeboard and there were no unresolved complaints at the time of inspection.

The service provider had a system in place to record and report on incidents that took place within the centre. In addition, the general administration manager was developing an incident learning log and meeting system whereby incidents would be reviewed at incident learning meetings. In the interim, incidents were not being reviewed for learning or skills development to empower staff to manage incidents.

The service provider did not have formal arrangements in place to actively seek the views of children and adults and improvements were required in this area to ensure that a culture of consulting with residents was embedded in practice in the centre. The general manager and service provider reported that residents' meetings were being re-established and they planned to develop a residents' committee that would broadly represent the diversity of residents residing in the centre. Residents did report that they had very positive relationships with staff members, they felt listened to and that they participated in decisions which affected them. Formal systems of seeking the experiences and opinions of residents would help to shape how the service was delivered going forward.

The provider had prepared a residents' charter that clearly described the services available, and had been made available to residents. It was available in seven languages and was discussed with residents during their induction meeting at the centre. This

ensured that residents had accurate information regarding the services provided to them in the centre.

The centre's risk management framework required further development to ensure that all risks were identified, assessed, monitored and appropriate control measures were in place to provide a safe service. The service provider had recently developed and implemented a new risk management policy and risk register. However, this register was general and did not identify resident specific risks. Some risks relating to individual residents had been assessed and control measures identified, but further improvements were required.

The service provider had a contingency plan in place to ensure the continuity of services in the event of an unforeseen circumstance. The emergency plan accounted for the needs of all residents including those with mobility issues and a resident who had autism and who may require additional support. Residents were informed about fire drills and emergency protocols were outlined on notice boards in the centre. Fire evacuation routes and exits were clearly marked and there was appropriate fire detection, alarm and emergency lighting systems in the centre.

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

The inspectors reviewed a sample of personnel files and found that there was an effective performance management and appraisal system in place. The general manager explained that new staff members participated in appraisal meetings during their probationary period while all other staff members received an annual appraisal meeting. These meetings were documented and reviewed the staff members' performance including areas where they required support.

The service provider had ensured that accurate personnel files were held securely and included role profiles and contracts for each staff member. In addition, the service provider had developed a supervision policy, however, it had not yet been implemented. Commencement of these procedures was needed to ensure that all staff members received regular, formal supervision to support them to carry out their roles. The recruitment policy had recently been implemented and it outlined that going forward references would be sought for all staff members prior to employment.

The inspectors reviewed training records and found that staff had received appropriate training and development opportunities, to meet the needs of the residents and to promote safeguarding in the centre. Training was provided to all staff including

safeguarding of vulnerable adults and Children's First, and a training needs analysis had been completed by the provider with a subsequent training plan developed.

Overall, it was found that residents were receiving a good quality and safe service that met their individual needs. While there were some improvements required to optimise the governance and management arrangement in order to fully meet the standards, the provider had initiated an informed quality improvement plan that provided a good foundation for progress in these areas.

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 provider and management team needed to increase their understanding of the legislation, national standards and national policy. The service provider had completed a self-assessment of their compliance against the standards. However this had been completed very recently and actions identified were required full implementation to improve the quality of support provided to residents and to achieve compliance with the standards. The provider had also developed a quality improvement plan however this was in the early stages of implementation.

Judgment: Substantially Compliant

Standard 1.2

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

The service provider had effective leadership, management and governance arrangements in place which clearly identified the lines of authority and accountability, specified roles and detailed responsibilities for areas of service provision. The provider had defined management roles in place, for example, there was a reception officer, centre manager and administration manager who had good knowledge of their individual responsibilities. However, there was limited understanding and guidance around the role of the reception officer. Also the service provider needed to develop formal quality assurance and reporting systems to support good oversight and monitoring of all aspects of service provision.

Judgment: Substantially Compliant

Standard 1.3

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

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

Judgment: Compliant

Standard 1.4

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

While residents' were consulted with regularly this was done on an informal basis and there were no records of this consultation informing the delivery and planning of the service. There was an annual review of the quality and safety of the service completed however the residents were not actively involved in its development in order to promote continual improvement in the service. The annual review also did not inform a programme of improvement within the service.

Judgment: Partially Compliant

Standard 1.5

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

Residents' meeting had recently commenced and while this was a positive indication of active inclusion of residents in the delivery of services it was still in the early stages of implementation. The provider had plans to develop a residents' committee but at the

time of inspection this had not commenced. The residents did however inform the inspectors that they had regular informal discussions with staff and felt listened to.

Judgment: Substantially Compliant

Standard 2.1

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

The provider had ensured that there were safe and effective recruitment practices in place for staff and management. On review of documentation the inspectors found that all staff had a valid Garda vetting disclosure and staff who had resided outside of the country for a period of six months or more had an international police check in place. A staff appraisal system had been developed by the provider however it had not been implemented yet.

Judgment: Substantially Compliant

Standard 2.2

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

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

Judgment: Compliant

Standard 2.3

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

The provider had recently developed a system for supervision of staff, however, this was not implemented at the time of the inspection as required. The provider had developed a supervision policy and was committed to implementing this. The inspectors noted that staff members demonstrated a good understanding of their roles and responsibilities in promoting and safeguarding the welfare of all residents. Staff members spoken with said they felt supported by the centre managers.

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.

Training was provided to all staff including safeguarding of vulnerable adults and Children's First and a training needs analysis had been completed by the provider. A training plan was developed and a record kept of all training completed. Some members of the management team had received training in areas such as mental health awareness and conflict resolution, however, these trainings had not been completed by all staff.

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 risk management framework required further development to ensure that all risks were identified, assessed, monitored and appropriate control measures were in place to provide a safe service. The service provider did have a risk management policy in place and a risk register had recently been developed, however, it was very limited in that it primarily outlined corporate and health and safety risks and not resident specific risks. The provider had not completed an in-depth risk analysis of the service and risks such as deficits in staff training had not been identified and added to the risk register.

Judgment: Partially Compliant

Quality and Safety

This inspection found that the service provider and centre managers were dedicated to the delivery of a consistently good quality and safe service which met the needs of all residents. Residents were supported to live independent lives and were treated with respect and dignity and said that they felt safe living in Ashbourne House.

Improvements which were required identified during this inspection were related to policy development and guidance on fulfilling the role of reception officer, recording systems and consultation on non-food items.

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

Bedrooms in the accommodation centre were clean and well maintained. There was adequate storage in bedrooms and the rooms were appropriately furnished. However, there was limited floor space for residents to move through, which in turn did not provide a good quality living environment. There was sufficient parking available for staff members, residents and visitors. Children had access to a playground and a football pitch on site. There were ample child friendly facilities for families.

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

The service provider was proactive in meeting the educational and recreational needs of residents. There was a crèche and playschool and a study room for older children and college students. The crèche was adequately equipped with educational resources and equipment to support the children's learning and development. The service provider was

also very aware of the need for health supports and there was a healthcare service available for residents.

There were adequate communal facilities for residents to use, including a dining room, a meeting room, study and a library and music room for children. There was Wi-Fi throughout the centre. The communal areas were in good condition and nicely decorated with bean bags and toys for the children and table tennis and pool tables for older children. There was also a welcoming sitting room with an open fire place and sofas for adults to relax. There was a well-equipped laundry room with adequate number of washers and dryers and residents were provided with laundry detergent by the centre managers.

The centre had a large kitchen with six cookers and three ovens while a smaller kitchen had three more cookers and two ovens. The kitchens were well equipped with dishwashers, fridge, freezer, toaster, and microwave and water dispenser. The inspectors observed residents cooking and using the kitchens and coffee station throughout the inspection. Residents explained that they were happy with the kitchen facilities. The inspectors observed that residents were cooking their meals in bulk and storing them appropriately in the fridges provided. The general manager explained that the residents' had full access to the kitchen at all times.

The centre was located on the outskirts of Cork city and had easy access to public transport links and some of the residents had their own vehicles. Residents had access to shops, amenities and educational facilities within the local community.

Residents were provided with bedding, towels and non-food items on arrival to the centre. Non-food items were purchased by the resident from their weekly allowance on their pre-loaded debit card. The management team explained that toiletries including toothpaste, shampoo and shower gel were included as the non-food items in the arrival pack. There was no evidence that residents were consulted with regarding the types or varieties of non-food items provided to them.

Through discussion with staff and speaking with residents, the inspectors found that the general welfare of residents was well promoted and concerns raised by residents were effectively dealt with. Residents informed inspectors that they were treated with respect and spoke very highly of the management team. Despite this, there were no procedures in place for residents to give their feedback on their experiences. Residents were encouraged to be independent and autonomous while receiving the necessary supports to achieve this. The centre manager informed the inspectors that residents' rights were promoted in the centre, however, there was no documentation that rights and entitlements were discussed with residents. While the staff members made efforts to consult with residents, there was no formal system in place whereby residents could provide feedback to the service provider, or be involved in meaningful consultation.

Residents were supported and facilitated to maintain personal and family relationships. Families were accommodated together and the family unit was further respected and promoted as residents were encouraged to bring their family members to communal areas for visits.

The service provider had made appropriate training available to staff in relation to child protection, and had a child safeguarding statement and policy, and staff had completed safeguarding of vulnerable adults training. The service provider had ensured that child and adult safeguarding concerns were identified, addressed and reported in line with national policy and legislation. No adult safeguarding concerns had been recorded or reported, and residents reported that they felt safe living in the centre. The service provider had identified a designated officer and a designated liaison person for the service, this was highlighted on the notice board at reception.

Improvements were required to ensure that incidents and adverse events were tracked and reviewed on a regular basis to ensure learnings from such events were captured and used to improve the service. While the service provider had policies in place for the management and reporting of incidents, a system to review and learn from such events was under development. The general administration manager explained that an internal incident report template was being developed to identify the issues that had arisen and the supports that were offered. The service was planning to review these reports at regular incident learning meetings to identify areas for service improvement.

The service provider endeavoured to promote the health and wellbeing of residents and links with local services were established and maintained where required. Residents were referred to mental health services where necessary and information about support services was available to residents. The general manager informed the inspectors that the centre had a nurse who visited the centre when new residents arrived or as requested for bloods and vaccines.

While individual files were held on residents, there was limited details recorded regarding the supports they received. This was a missed opportunity to capture and evidence the good work being carried out in the centre. The inspectors found that while there was no evidence of issues related to substance misuse a substance misuse statement or policy was required to inform staff in the event this issue arose.

The service provider had not developed a policy, procedure, or guidelines to recognise or address the reception requirements of residents. The general administration manager informed inspectors that such a policy was currently under development. Inspectors were informed that although vulnerability assessments hadn't been conducted yet, the senior management team was in the process of evaluating this approach and intended to conduct assessments in the future as needed. Additionally, the service provider needed to establish a recording system to effectively address and track the special reception needs of residents. When the staff became aware of special reception needs, they made arrangements to assist individual residents in accessing required services.

The service provider had appointed a general administration manager with the expectation that they would also serve as the reception officer. It was explained to the inspectors that this individual would fulfil both roles across three other centres as well. However, the inspectors found this arrangement to be unsatisfactory given the size of the centre and the location of the other centres, as it would potentially impact on the availability of the reception officer for residents who needed support and interventions. The service provider acknowledged that since this was a new role for the organisation, a review would be undertaken to ensure the reception officer role was fulfilled in the centre. While the appointed reception officer possessed the necessary qualifications and was part of the senior management team, further development of the role was deemed necessary. In particular, to ensure that the reception officer received adequate training and knowledge to become the primary point of contact for residents, staff, and management regarding special reception needs.

Standard 4.1

The service provider, in planning, designing and allocating accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.

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

Judgment: Compliant

Standard 4.2

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

The service provider had ensured that the accommodation for residents was of a good standard and the majority of residents had sufficient space in line with the requirements of the national standards. Some residents informed inspectors that their accommodation did not provide adequate floor area in order to provide good quality living space for their family. The buildings in general were homely and well maintained and a lot of the rooms had recently been carpeted and freshly painted.

Judgment: Compliant

Standard 4.4

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

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

Judgment: Compliant

Standard 4.5

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

Children and young people have sustained access to a range of age-appropriate toys and games, which were in good condition and met their developmental and creative needs.

Judgment: Compliant

Standard 4.6

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

The service provider had supported the development of a crèche and playschool, where children could learn and do artwork and which had age appropriate toys and books for the children. It was a child friendly, comfortable and inviting area and supported the educational development of each child. There was also a study room with computers and access to Wi-Fi to meet the educational requirements of children and young people.

Judgment: Compliant

Standard 4.7

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

There was a laundry room in the centre which was found to be clean and well maintained and contained adequate number of washers and dryers for the number of residents. All equipment was observed to be in working order and there was appropriate access to cleaning materials and laundry detergent.

Judgment: Compliant

Standard 4.8

The service provider has in place security measures which are sufficient, proportionate and appropriate. The measures ensure the right to privacy and dignity of residents is protected.

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

Judgment: Compliant

Standard 4.9

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

Residents were not provided with non-food items such as toiletries and baby care items such as baby creams or baby food and there was limited engagement or consultation with residents on the types or varieties of non-food items provided in the centre.

Judgment: Compliant

Standard 5.1

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

The centre provided self-catering options for residents where they could cook foods of choice and culturally sensitive meals. There were storage facilities available for residents' food and included ovens, cookers, microwaves, refrigerators, hot water and space for preparing meals.

Judgment: Compliant

Standard 5.2

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

Food preparation and dining facilities were appropriately equipped and maintained to meet the needs of residents. The service provider offered a fully self-catered service to the residents and they explained that they were happy with the option to cook meals in line with their cultural and religious beliefs. Residents received a preloaded debit card which was topped up weekly which allowed them to buy groceries from local shops and supermarkets. Residents overall expressed satisfaction with the debit card system.

Judgment: Compliant

Standard 6.1

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

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

Judgment: Compliant

Standard 7.1

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

Residents were supported to develop and maintain personal relationships and they could invite family and friends to visit them in the centre where they could meet in the communal areas. The family unit was respected in the centre and privacy and dignity were promoted and where possible, siblings had been facilitated to share a room.

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 the residents had access to local recreational, educational and health and social services. Residents had easy access to local bus and rail links. External agencies and NGOs attended the centre regularly to offer support and advice around education, training, employment and local services.

Judgment: Compliant

Standard 8.1

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

The service provider had policies and procedures in place to protect all residents from all forms of abuse and harm. The inspectors reviewed all incident records for the centre and noted that there was a very good reporting and recording system in place for child protection issues. All child protection incidents had been recorded and reported to Child and Family Agency and the Gardaí as per national requirements and recommendations and guidance followed. Residents were aware of and were actively supported to engage with the complaints process. The service provider had implemented risk management systems to manage the risk in relation to resident's safety.

Judgment: Compliant

Standard 8.2

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

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

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. Policies and procedures were in place to ensure the timely reporting, response, review and evaluation of adverse incidents and events.

Judgment: Compliant

Standard 9.1

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

The service provider promoted the health, well-being and development of each resident. The staff team provided person-centred support that was appropriate and proportionate to the needs of the residents. Residents were provided with information and assistance to access supports for their physical and mental health. The service provider had engaged with community healthcare services and also provided in-house healthcare including a general practitioner and a nurse to support resident's 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.

The provider ensured that any special reception needs notified to them informed the provision of accommodation and delivery of supports and services for the residents. Residents received information and referrals to relevant external supports and services as necessary. While these supports were person-centred, they were offered informally and there was limited records maintained of special reception need requirements.

Judgment: Partially Compliant

Standard 10.2

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

The service provider had not ensured that the staff team had received the appropriate training to support them to identify and respond to the needs of residents. While the service provider had plans in place to formalise meetings and incident reviews, at the time of the inspection the support provided to staff took place on an informal basis.

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 service provider did not have a policy in place to identify, address and respond to existing and emerging special reception needs. A recording system was required to ensure that the special reception needs of residents could be appropriately responded to and monitored.

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.

The service provider had recruited a general administration manager who was also due to hold the role of the reception officer. While the reception officer had the appropriate qualifications and was part of the senior management team, further development of the role was required to ensure that sufficient training and knowledge was attained to enable the reception officer to become the principal point of contact for residents, staff and management.

Judgment: Partially Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Substantially Compliant
Standard 1.2	Substantially Compliant
Standard 1.3	Compliant
Standard 1.4	Partially Compliant
Standard 1.5	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.2	Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.2	Compliant
Standard 4.4	Compliant
Standard 4.5	Compliant

Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Compliant
Standard 8.2	Compliant
Standard 8.3	Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Partially Compliant
Standard 10.2	Partially Compliant
Standard 10.3	Not Compliant
Standard 10.4	Partially Compliant

Compliance Plan for Ashbourne House

Inspection ID: MON-IPAS-1019

Date of inspection: 03 and 04 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
1.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Since April 2024, residents' meetings have been held at least once a month within the service. Each meeting is documented, and the minutes are accessible for review, ensuring transparency and continuous communication. Currently, an annual review is being developed. To gather comprehensive feedback, questionnaires have been distributed to all residents. Once these questionnaires are completed and returned, the annual review will be finalized, which will include a detailed program for service improvement by July 30, 2024.</p>	
3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A comprehensive risk register has been established to identify, assess, and monitor risks, with appropriate control measures implemented. This register encompasses service-related risks, such as staff training, and is maintained on an ongoing basis. Additionally, individual risk assessment forms are completed for all resident-specific risks, detailing control measures and actions, ensuring continuous and tailored risk management for each resident (complete and ongoing).</p>	

10.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A special reception needs policy and manual have been developed and are currently in place within the service (complete). Additionally, there is a plan to ensure that all residents with special reception needs have a designated care plan. This care plan will outline all necessary supports and referrals required to assist them. The completion date for these individual care plans is set for June 30, 2024.</p>	
10.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Monthly meetings are in place with the staff team to review incidents and discuss any existing and emerging special reception needs of residents. This is a standing agenda item for all team meetings in the centre (complete and ongoing).</p> <p>Training that provides staff with skills to recognize and respond to emerging and identified needs is being sourced at present and the Group Administration Manager is putting together a localized training program that is specific to the residents identified needs within this centre (30-07-2024).</p>	
10.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A policy and manual is currently in place with regard to identifying, communicating and addressing all existing and emerging special reception needs within the centre (complete).</p> <p>A plan is in place for all residents with special reception needs to have a designated care plan that outlines all supports and referrals in place and required to support them (30/06/2024).</p>	
10.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard::</p> <p>The Group administration manager remains in the role of reception officer at present and is the principal point of contact for residents' staff and management (complete).</p> <p>There is an active recruitment campaign in place at present to employ a reception officer within the service (31/07/2024).</p>	

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 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.	Partially Compliant	Orange	30/07/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	30/07/2024
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.	Partially Compliant	Orange	30/07/2024

Standard 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Partially Compliant	Orange	30/07/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	03/07/2024
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.	Partially Compliant	Orange	30/07/2024