



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

Name of the Centre:	Atlas Killarney
Centre ID:	OSV-0008417
Provider Name:	On-Site Facilities Management Ltd
Location of Centre:	Co. Kerry
Type of Inspection:	Unannounced
Date of Inspection:	16/10/2024
Inspection ID:	MON-IPAS-1058

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

Atlas Killarney is a 90 bed accommodation centre based in a suburban area of Killarney, Co. Kerry. It provides accommodation to families and single women in the international protection process across shared bedrooms and family units. At the time of the inspection there were 14 families and 35 single female residents from 14 different countries accommodated at the centre. In addition to sleeping accommodation and bath and shower rooms, the centre provided a dining room, small playroom, lounge area with a small gym space, computer and study space and small outdoor playground. The centre was located within a 15 minute walk of the local town and close by to a number of amenities including transport links, schools, health centres and shops.

The buildings were owned by the State and the service was privately provided on a contractual basis on behalf of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) by Onsite Facilities Management Ltd.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	73
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

The inspection was carried out during the following times:

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
16/10/2024	11:00hrs–21:10hrs	1	1

What residents told us and what inspectors observed

The inspectors found, from speaking with residents and reviewing documentation and observations made during the inspection, that residents were generally well-supported while living at Atlas Killarney. While there was an ongoing investment in facilities and amenities in the centre, the inspectors observed unsuitable living arrangements for residents and an overall need to improve the governance arrangements and oversight systems in the centre.

This was an unannounced inspection that lasted one day. During this time, the inspectors spoke with 15 adults and four children, and an additional five adults completed and returned HIQA resident questionnaires. The inspectors also spoke with the service provider, centre manager, assistant centre managers, reception officer, and members of the general staff team.

Upon arrival at the centre, the inspectors entered a two-storey building with a welcoming reception area decorated for Halloween. They met with the centre manager and assistant managers, who directed them to a meeting room allocated to them for the duration of the inspection. The inspectors had an introduction meeting with the management team and then completed a walk-through of the buildings with the assistant manager.

During the walk-around of the centre, the inspectors observed residents engaging in daily activities, interacting with each other and staff, and using the centre's services and facilities. There was constant movement in and out of the centre and between floors and the kitchen and dining rooms. Interactions between residents and staff were courteous and respectful, contributing to a calm and relaxed atmosphere during the inspection.

The accommodation centre, previously a hostel, featured a welcoming reception area, a staff office, and a multi-purpose social room equipped with gym facilities. Additional amenities included a small children's playroom, a residents' storage room and a combined dining and kitchen area. The playroom contained various toys, puzzles, books, and games, though children could only access it through the multi-purpose room, limiting access when it was in use. All these amenities and laundry facilities were located on the ground floor. Resident bedrooms were on the upper floor, along with a newly installed multi-faith room and a room being converted into a sensory room for children at the time of the inspection. Residents who engaged with the inspectors expressed satisfaction with access to the multi-faith room and felt their beliefs were respected. All these rooms, including showers and toilets, were exceptionally clean throughout.

The centre provided accommodation for families and single females, with a maximum of four single adults assigned to each room. At the time of inspection, there were 73 residents living in the centre, slightly below the centre's total bed capacity. However, the inspectors found that some residents were living in cramped and undignified conditions. In one bedroom, the inspectors observed four unrelated adults sharing a space with bunk beds, which did not meet the requirements of the national standards. In total, 31 residents were sharing rooms with unrelated individuals. One resident told the inspectors that "it was hard to be sharing" bedrooms, with some residents being particularly concerned about sharing with individuals with significantly different needs. This lack of vigilance, and consideration of who shared rooms in a centre where residents' needs had not been properly assessed, meant that the rights of some residents were not being protected.

Due to the configuration of the building, parents and children were required to share the same bedroom. These family units were observed to be small and cluttered, offering little, if any, space for both children and adults. These areas often lacked sufficient room for toddlers to crawl or engage in activities that support healthy development, such as gross motor skill activities. The overall living arrangements compromised residents' dignity, privacy, safety, and well-being.

The centre lacked facilities for residents to prepare their meals, resulting in catered meals being the only option available. Some residents spoken with were complimentary of the food available, but most reported that they would prefer to have the option to prepare and cook their own meals. Although a 28-day menu was in place, the inspectors observed that meals served did not always match the planned menu, with catering staff citing challenges from inconsistent food supplies. While residents appreciated the spacious and clean dining and kitchen areas, they were closed for four hours daily for cleaning, during which residents had no access to fridges, microwaves, hot water, or facilities to prepare snacks or bottles for babies. This limited access did not adequately meet residents' needs and support family life.

The inspectors observed that the centre's communal areas were clean, warm, thoughtfully decorated, creating a homely atmosphere. Information boards in the centre displayed information about local services and activities. A small study area with two computers and a printer was located underneath the staircase near the reception area. Wi-Fi access was limited to the reception area and did not connect to residents' living quarters. This meant that some residents spent a portion of their weekly payment in order to use the internet in their living quarters. Limited Wi-Fi access was one of the complaints lodged regularly by residents in the documentation reviewed during the inspection. The service provider acknowledged this issue and told the inspectors that it had been raised with the relevant government department.

The centre's laundry room had four washing machines and dryers, with a nearby storage room where residents' belongings were neatly packed and labelled. A new storage shed for strollers was also available in the backyard. Though outdoor space was limited, the provider had created a playground for children and set up picnic benches for residents.

To better understand residents' experiences, the inspectors made themselves available, engaging with 15 adults and four children. Overall, residents felt safe in the centre and reported being treated with respect. Many appreciated the support from the staff and local community, feeling well-integrated. They felt informed about their rights and available services, though some lacked awareness of centre policies, like the complaints procedure. Several residents voiced concerns that the centre was unsuitable for children and individuals with specific needs, citing privacy and dignity issues in shared bedrooms. They also expressed a desire for access to the kitchen to prepare culturally and religiously appropriate meals, noting the inconvenience when the kitchen was closed for cleaning.

Children mentioned the lack of Wi-Fi in their rooms and limited study areas but spoke positively about certain aspects, such as art classes facilitated by volunteers who come to the centre, and other centre events such as summer camps and barbecues.

The centre's location offered convenient access to shops, restaurants, and leisure facilities. While centre transport was not provided, public transport was accessible. However, parking was limited, leading some residents to park at a nearby retail centre.

Overall, while it was evident that the staff team were endeavouring to provide a good service and that residents felt safe living in the centre, the living arrangements, facilities and limited resources did not facilitate the provision of a service that fully met residents' needs and upheld their human rights. An absence of forward planning, limited governance arrangements, and overcrowding meant that residents lived in cramped and undignified conditions. The observations of the inspectors and the residents' views 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 about the governance and management arrangements in place and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This inspection found that while residents generally felt safe, inadequate governance and management arrangements meant that there was limited oversight of service delivery, plans to improve the service were not in place, the centre was under-resourced and staff members were not held to account for their practice. In addition, there was a lack of adherence to and awareness of legislation, national policy and standards. These deficits impacted on the daily lives of residents in the centre, and highlighted the need for improvement and the opportunity to enhance the quality of the service provided.

The inspection found that the service provider had limited knowledge of their responsibilities under relevant legislation, regulations, and national standards. For example, there was no system to review compliance with these standards or ensure safe, effective services were provided. While relevant policies and procedures were in place, some of them had not yet been implemented. The impact of these findings was underscored by the mixed levels of compliance observed during the inspection.

The centre was managed by a manager who reported to a company director. The centre's management team included an assistant manager and a reception officer, who was suitably trained and qualified. The centre manager oversaw a team of 13 staff members, including maintenance staff, housekeeping staff, catering staff and security personnel. The inspection found that while residents were generally aware of the governance arrangements in the centre, some were less informed about the specific responsibilities of the reception officer. This will be explored further in the next section of the report.

Although a clear governance and management structure was in place, the inspection revealed that the systems for oversight and monitoring were not effective. While staff meetings had begun, critical topics such as risk management, complaints, and incidents were not included as regular agenda items. Furthermore, there was no evidence that actions from previous meetings were followed up on or completed. For example, a discussion about converting an unused room into a study space lacked management oversight to ensure it was carried out. Although communication between the centre manager and staff members was strong, effective formal monitoring systems were needed to ensure the provider had adequate oversight of the centre's operations.

The service provider had developed a residents' charter, which was provided to residents and was available in different languages. Some residents engaged with reported they had been supported in understanding the charter and had received

welcome packs on arrival. However, there was no centre-specific complaints procedure, and all complaints noted were directed to DCEDIY. These complaints were particularly about the lack of catering facilities and limited Wi-Fi in the centre.

The service provider had not established effective systems to monitor and review the quality of care for residents in the centre. There were no internal audits or quality improvement plans, for example. The provider informed the inspectors they were awaiting a new digital information management software package to formalise oversight and monitoring systems. This lack of systems hindered the provider's ability to identify actions for continuous improvement and promote optimal resident outcomes. Notwithstanding, the provider had made arrangements for gathering resident feedback, including a residents' committee that met as needed, and which led to improvements in services, such as changes to laundry room opening times. Additional feedback mechanisms included a suggestion box and residents' satisfaction surveys.

The inspectors reviewed the centre's recruitment practices and found that the service provider had implemented measures to ensure safe and effective recruitment of staff members. All staff, including volunteers and externally contracted personnel, had undergone Garda vetting, and international police checks were obtained where necessary. Although clear job descriptions were in place for all staff, there was a misalignment between their duties and contracts. The service provider was committed to addressing this finding.

The centre's staffing arrangements required review to ensure they matched the number of residents supported at the accommodation centre. The inspectors noted that the centre manager was responsible for another centre, and the reception officer, along with two other staff members, had duties at additional centres, reducing their availability and effectiveness for residents. Additionally, on the day of the inspection, a catering assistant, supported only by a kitchen staff member whose primary duties were cleaning, was responsible for preparing meals for 73 residents. This issue was further compounded by the lack of contingency plans in case of staffing emergencies, which prevented the provider from ensuring effective, person-centred services for residents.

Staff reported feeling supported by the management team, noting that managers were approachable and available when needed. While a supervision policy had been developed, supervision had not yet begun in the centre. Coupled with lack of effective oversight systems and understaffing in the centre, this meant that staff members and the centre managers were not held to account for their individual practice, and as a result the provider could not be fully assured of the quality and safety of the service on an ongoing basis. A performance appraisal system was in place, but only one staff

member had undergone this process, with implementation across the entire staff team still pending.

The inspectors reviewed staff training and development arrangements and found that most staff had completed mandatory training, along with training in adult safeguarding and human rights. A training matrix was in place to track each staff member's progress, however, limited oversight of staff training needs, resulted in some training gaps for specific roles, such as kitchen staff. In addition, there was no training needs analysis to identify any training gaps.

A risk management policy was established in the centre, outlining how risks were to be managed, but improvements in practice were necessary. While a risk register and corresponding assessments supported the policy, the register was not comprehensive and failed to identify all potential risks. For instance, individuals with significant illnesses and disabilities noted by the inspectors were not recognised as vulnerable and associated risks were not identified, assessed or included in the risk register. Although some risks were assessed with control measures identified, the risk ratings needed to be reviewed to ensure accuracy. For example, child protection and welfare issues were rated as high, but the centre had only lodged two referrals to TUSLA since January 2024.

While the service provider had a detailed plan in place to ensure the continuity of the service in the event of a fire, similar procedures had not been developed to ensure the continuity of the service in the event of other unforeseen circumstances, such as flooding and staff shortages. Fire drills were being carried out in a timely manner, and all staff had completed fire safety training.

Overall, while it was evident that the staff team were endeavouring to provide a good service and residents informed the inspectors that they felt safe living in the centre, the inspection found that there was a lack of forward planning, there were inadequate governance and management arrangements, the risk management systems employed were ineffective, and there were no systems in place to supervise staff members. As a result, the service provider could not ensure that good quality services were provided to residents which were consistently safe, met their collective and individual needs, and promoted their dignity. Consequently, sustained improvements across a number of key areas were necessary in order to ensure compliance with the National Standards.

Standard 1.1

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

The service provider and management team demonstrated limited understanding of their responsibilities outlined in relevant legislation, regulations, and national standards. Compliance with the national standards was inconsistent across the service, with some necessary policies and procedures either missing or not implemented. Additionally, there was no system in place to monitor compliance or to ensure that services were delivered safely and effectively.

Judgment: Not 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.

Although there were arrangements in place for the governance and management of the centre, the oversight and monitoring systems employed were not effective. While staff meetings were regularly held, limited management oversight hindered follow up on some actions discussed. Residents were not fully informed about the governance arrangements, and while communication between management and staff was effective, formal monitoring systems had not been developed. Consequently, the provider could not be assured that services were delivered safely or effectively.

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.

A residents' charter, translated in 10 languages was in place and also displayed on the notice boards in the centre.

Judgment: Compliant

Standard 1.4

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

The service provider had not yet implemented systems for the oversight and monitoring of the quality of care and experience of adults living in the centre. There was no auditing, quality improvement plans or culture of striving for the continual improvement of the services in the centre. The process for reviewing and learning from incidents that occurred in the centre required further development. However, feedback mechanisms had been established and there was evidence of changes to practice as a result.

Judgment: Partially Compliant

Standard 2.1

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

The inspectors reviewed the recruitment arrangements in the centre and found that the service provider had introduced measures to ensure that recruitment practices were generally safe and effective. However, while the provider had developed clear job descriptions for all staff members, it was found that not all staff members' duties and areas of responsibility aligned with their contracts.

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.

Staff members met with during the inspection interacted with residents in a polite, kind and respectful manner. However, the centre's staffing arrangements was not sufficient to consistently and effectively meet the needs of the number of residents living there. The centre manager, reception officer and other staff members had additional responsibilities in other centres, limiting their availability and oversight and effectiveness in supporting residents.

Judgment: Partially 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.

While a performance appraisal system had been introduced, appraisals were not completed for the majority of the staff team at the time of the inspection. A supervision policy had been developed, however, supervision meetings had not commenced for staff members.

Judgment: Partially Compliant

Standard 2.4

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

A training matrix was in place which tracked required and completed training for staff members employed at the centre, but there was limited oversight of staff training needs. Some staff, including kitchen staff, had training gaps specific to their roles. Additionally, no training needs analysis had been conducted to identify these gaps.

Judgment: Partially Compliant

Standard 3.1

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

The centre had a risk management policy and a risk register, but improvements were needed. The risk register did not include all risks in the centre, as not all potential risks were identified or assessed, and some risk ratings needed review for accuracy. While there was a detailed plan for service continuity in the event of a fire, similar procedures were not in place for other unforeseen circumstances, such as flooding or staff shortages.

Judgment: Partially Compliant

Quality and Safety

The inspectors found that the service provider operated a service that generally provided a safe place for residents to live. Residents were supported by the staff team to meet their needs through good access to support services, quality information and with opportunities for social engagement and integration. However, limited oversight of the service meant that residents' rights were not fully protected, and their concerns about day-to-day practices in the centre and actual and or potential risks to residents, had not been identified and managed appropriately. As such, there was a need for sustained improvements across several key areas to ensure that the service provider consistently promoted the rights and welfare of residents and met their diverse and individual needs.

The centre had a policy for room allocation, placing families together and having single adults share rooms. Although the policy allowed for assessing residents' specific needs and preferences, there was no evidence that these assessments were conducted. This resulted in some residents with significant needs being assigned roommates with vastly different requirements, causing difficulties. Furthermore, the procedure lacked provisions for addressing residents' changing needs, making it challenging for them to request room changes when necessary.

The inspectors found that although the centre was in good physical condition, it was overcrowded and failed to provide residents with a good quality of life. Many bedrooms were overcrowded, with bunk beds for adults that did not meet the requirements of the national standards, limited storage space, and clutter, posing risks to residents. Family units had adults and children sleeping in proximity, with little or no space for infant cots, compromising safety, privacy, and dignity. There was no evidence that the service provider had assessed the impact or risks associated with overcrowding in the centre. The combination of limited transparency in room allocation, small living quarters, and restricted communal spaces resulted in unrelated residents with vastly different needs spending considerable time in overcrowded bedrooms.

While security staff were licensed and vetted, and residents felt safe living in the centre, the security measures required review to ensure residents had access to rooms to meet visitors and professionals in private. Security arrangements included adequate checks on people entering the building.

The centre offered a fully catered service without facilities for residents to prepare meals. A review of documentation revealed that many residents had complained about this issue, and the service provider had escalated it appropriately to the relevant government department. The inspectors noted that a 28-day rotating menu with culturally appropriate options was in place, and catering staff were familiar with

residents' needs and flexible in their service. Evidence showed that the resident's feedback had informed some food choices, and the kitchen and dining areas were clean and well-maintained. However, the inspectors observed that the menu did not match the meal on the inspection day.

Refrigerators and microwaves were available in the dining room for residents to store and heat food. Still, there were no additional facilities outside this area for preparing meals or bottles for infants and toddlers. The dining room was closed for four hours each day after meals for cleaning, leaving nursing mothers and parents of infants without access to these facilities during that time.

The service provider did not adequately supply residents with necessary non-food items, such as baby nappies and wipes. The inspectors recommended a review of the centre's practices to align the provision of these items with the requirements of the national standards. Although residents received some initial supplies like bed linen, some were unaware of the process to request additional items. A transparent, fair system was needed to inform residents about how to access these provisions. The provider expressed a commitment to addressing these issues.

The staff and management team actively promoted residents' rights, though some areas needed improvement. The staff treated residents with dignity and respect, supporting their access to other services and accommodating religious observances with options like a multi-faith prayer room and dietary preferences. A residents' committee enabled residents to contribute to decisions, such as adjusting laundry hours and food portion sizes. However, there was limited awareness of how certain practices affected residents' rights; for example, restrictive kitchen hours impacted some residents' dignity, autonomy, and freedom. Additionally, the communal room, monitored by CCTV, offered limited privacy for meetings and shared accommodations compromised residents' privacy and dignity.

The centre had measures to protect and promote residents' safety and welfare, including adult and child safeguarding policies and a child safeguarding statement. All staff members had completed safeguarding training, and the contact information for designated liaison officers was posted on notice boards. Management and staff demonstrated an understanding of their roles in protecting children from experiencing abuse and promoting their welfare. While child protection referrals were made appropriately, there were no records of interim protective measures for children in the centre while awaiting the results of assessments or investigations.

Improvements were needed to track and review incidents and adverse events which occurred in the centre to capture learnings and prevent their reoccurrence. Although the service provider had policies for managing and reporting incidents, there was no established system for reviewing and learning from these events, hindering oversight of

incidents in the centre. The inspectors noted that the provider was in the process of developing a new online information management system to address these shortcomings.

The service provider supported residents' health, well-being, and development through the staff team, prominently displaying information about support services in the centre. Various support workers regularly visited to provide information and advice, including activities like art clubs for children. Most residents managed their health needs independently, but the management team ensured referrals to local support services when necessary. Although incidents of alcohol or drug use had not been an issue in the centre, the service provider had developed a substance misuse statement.

A qualified reception officer was employed to assist residents, but their additional responsibilities at other centres limited their availability and effectiveness. The provider acknowledged the staffing issue and had escalated the matter to the relevant authorities. Some residents engaged with were unaware of the reception officer's role, although they recognised the staff member and spoke about the support available to them.

The inspectors found that although a comprehensive policy for assessing and managing special reception needs existed, it had not been effectively implemented. There was no written manual to guide the reception officer's work, and while both the reception officer and staff members had received relevant training, records of support provided to residents identified with special reception needs were limited. Additionally, there was no system for the reception officer to monitor these residents on an ongoing basis.

In summary, the inspectors found that residents felt safe in the centre, and for the most part had their basic needs met. The service design was found not to fully consider residents' wider needs and did not facilitate a human rights based approach. The increased capacity in the centre limited the delivery of good quality and person centred support and actively restricted people's rights in a range of areas. Enhanced monitoring and oversight arrangements were necessary to ensure the provider could deliver a good quality and safe service.

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.

While a room allocation policy was in place, it was not implemented effectively. While families were accommodated together, the needs of individual residents and their best interests were not taken into account in room allocation. There was an absence of comprehensive assessment of needs to understand the specific needs of residents and preference regarding room allocation as required by centre policy.

Judgment: Partially Compliant

Standard 4.3

The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.

The centre was generally overcrowded and this was very evident in bedrooms which were cramped and in the case of some family units. In many cases, the inspectors found that where bedrooms were shared, this was not informed by an assessment of need. Bunk beds were provided to adult residents in those shared spaces contrary to the requirements of the national standards.

Judgment: Not Compliant

Standard 4.4

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

Families were found to be accommodated together in the centre, however, family accommodation was observed to be very limited in size and did not promote the best interest of the children and families. For example, there was very little, if any, space available for children to complete their homework, play, or develop. In some bedrooms observed, parents and children were required to share the same bedroom. These arrangements were found not to promote the privacy and dignity of children and families.

Judgment: Partially Compliant

Standard 4.6

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

The inspectors found that while there was a desk with a computer and a printer provided in a central location within the centre, there was an overall lack of appropriate space dedicated for children to study or complete homework. There was no Wi-Fi in the bedrooms other than in a restricted area. There were off-site crèche and preschool facilities available for residents and local schools were within walking distance from 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.

There was a laundry room in the centre which was found to be clean and well maintained. There were sufficient numbers of washing machines and tumble dryers available for residents. All equipment was observed to be in working order and there was appropriate access to cleaning materials and laundry detergent. Residents consulted with largely said they were happy with the laundry facilities.

Judgment: Compliant

Standard 4.8

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

Residents informed the inspectors that they felt safe living in the accommodation centre. The provider had ensured all security staff working in the centre were licensed by the appropriate authority and vetted. There were appropriate check for all people entering the centre. However, there was a need to ensure that visiting rooms without CCTV were available to enable residents to receive visitors, including professionals, in private.

Judgment: Substantially 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.

A review of the non-food items provided to residents, including nappies and wipes was required to ensure that practice in the centre was in line with the requirements of the national standards.

Judgment: Partially Compliant

Standard 5.1

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

There was no facility available for residents to prepare their own meals. Food was prepared and offered to residents at pre-determined times. The dining room contained microwaves, resident refrigerators, drinking water, hot water and facilities for preparing bottles and meals for babies and young children. There was a storage facility available for residents and snacks were available outside of the times of catered main meals.

Judgment: Partially 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.

There was a 28-day rotating menu in place for residents and catered meals offered choice and were nutritious. However, the planned menu did not correspond to what was available on the day of the inspection. Food served was traceable and healthy eating was promoted where possible. There was a comfortable dining room available for residents. Catering staff demonstrated good flexibility to meet the needs of residents, and residents' meeting were used as formal feedback mechanisms for residents to express their satisfaction with the food.

Judgment: Substantially Compliant

Standard 6.1

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

The staff and management team endeavoured to promote and uphold the rights of residents but some improvements were required. There was a lack of awareness of how some practices within the centre impacted on the protection and promotion of rights. There were restrictive opening hours of the kitchen and during these times residents did not have access to prepare bottles for babies, for example. The use of CCTV in a communal room that offered limited privacy, and not promoting the privacy and dignity for some residents due to the nature of the accommodation where they shared accommodation with other residents who were not related.

Judgment: Not 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 residents to develop and maintain their personal and family relationships. There were clear arrangements in place for residents to receive visitors, which were facilitated in common areas. Residents had access to activities organised by local services in and outside the centre.

Judgment: Compliant

Standard 7.3

The service provider supports and facilitates residents, including children and young people, to integrate and engage with the wider community, including through engagement with other agencies.

The provider was ensuring that residents had access to information about local services and facilities in the community. There were notice boards throughout the centre that provided up-to-date information about a range of support services. Support services routinely visited the services to support the residents in relation to housing and advocacy needs. The provider supported residents to access healthcare, education, community supports and leisure activities.

Judgment: Compliant

Standard 8.1

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

Residents informed the inspectors that they felt safe. There was an appropriate policy to guide staff in the management of adult safeguarding concerns. All staff members had completed training in relation to safeguarding vulnerable adults. There were no known adult safeguarding concern at the time of the inspection and appropriate referrals and escalation had been made in previous incidents reviewed. However, no risk assessments had been completed for dealing with such situations.

Judgment: Substantially Compliant

Standard 8.2

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

There were policies and procedures in place to protect children from abuse and harm. Practices in the centre indicated that the management and staff team had a good understanding and awareness of their roles and responsibilities in protecting children from abuse and ensuring their safety and welfare was promoted. While referrals were appropriately made, there were no records of interim measures to protect children in the centre, pending the outcome of any assessment or investigation.

Judgment: Substantially 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.

The inspectors found that significant adverse incidents were reported to the relevant government department and managed appropriately. Improvement was required to ensure that all adverse events and incidents were consistently recorded in a manner that allowed them to be reviewed effectively to inform staff practice.

Judgment: Partially Compliant

Standard 9.1

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

The inspectors found that arrangements in the centre ensured that each resident received the necessary support to meet their individual needs. The centre manager ensured that where suitable support could not be provided, residents were assisted in availing of support from external services. The service provider had developed links with community health and social care services and provided information or referrals, when appropriate, to services to meet a resident's needs. The service provider had developed a substance misuse statement.

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 strove 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.

The reception officer and all staff members had completed training to identify, assess and respond to special reception needs.

Judgment: Compliant

Standard 10.3

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

While there was a comprehensive policy in place regarding the assessment and management of special reception needs, this policy had not been implemented in practice. There were limited records maintained regarding residents with special reception needs, and there no system in place to ensure that the residents with special reception needs were regularly monitored.

Judgment: Partially 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 provider had made available a reception officer who was suitably trained to support residents with special reception needs. However, the reception officer had additional responsibilities over other centres and their availability and effectiveness in the centre was limited. A manual to guide the work of the reception officer had not been developed.

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	Not Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.2	Partially Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Partially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Partially Compliant
Standard 4.3	Not Compliant
Standard 4.4	Partially Compliant
Standard 4.6	Partially Compliant
Standard 4.7	Compliant

Standard 4.8	Substantially Compliant
Standard 4.9	Partially Compliant
Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Partially Compliant
Standard 5.2	Substantially Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Not Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.3	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Substantially Compliant
Standard 8.2	Substantially Compliant
Standard 8.3	Partially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Partially Compliant
Standard 10.4	Partially Compliant

Compliance Plan for: Atlas Killarney

Inspection ID: MON-IPAS-1058

Date of inspection: 16/10/2024

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	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>To address these issues, we are taking the following steps:</p> <ol style="list-style-type: none"> Enhanced Training: We will provide targeted training for our service providers and management team to ensure a thorough understanding of the relevant legislation, regulations, and national standards. Policy Review and Implementation: We will conduct a comprehensive review of our policies and procedures to identify and address any gaps. Missing policies will be developed and implemented promptly. Compliance Monitoring System: We are in the process implementing a robust system to monitor/record compliance and regularly. This will include audits, checklists, and feedback mechanisms to ensure services are delivered safely and effectively. 	
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Team Talks implemented weekly</p> <p>Management weekly clinics implemented</p>	

Management to complete supervision training in Jan 2025

Management to carry out appraisals with staff following training in Jan 2025

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

Quality improvement plan to be implemented in Jan 2025 – focusing on the 10 themes set out in the national standards.

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

Strengthening Knowledge and Accountability: We will prioritize training for our management team and service employees in relevant legislation, regulations, and national standards.

Policy Enhancement: An immediate review of our policies and procedures is underway. This process will identify and rectify any missing or incomplete documents to ensure a comprehensive framework that supports compliance.

Monitoring and Oversight: To establish consistent compliance, we are implementing a robust monitoring system. This will include regular audits, performance tracking, and a feedback loop to ensure that services are delivered safely, effectively, and in alignment with the standards.

Conduct a Staffing Needs Assessment

Assess the current ratio of staff to residents.

Identify peak workload times and areas where staffing is critically insufficient.

Adjust Workload Distribution

streamline time-consuming processes.

Recruit Additional Staff

Initiate recruitment.

Monitor and Evaluate Staffing Adjustments

<p>Implement new staffing strategies on a trial basis and regularly evaluate their effectiveness.</p> <p>Adjust plans as needed based on resident outcomes, staff feedback, and ongoing assessments.</p>	
2.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Management to complete supervision training in Jan 2025</p> <p>Management to carry out appraisal meetings with staff following training in Jan 2025</p>	
2.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Training needs analysis to be completed in Mar/April 2025 to identify training needs.</p>	
3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Detailed plan for service continuity in the event of a storm completed in November 2024</p> <p>Further plans for service continuity in the event of other unforeseen circumstances to be completed by Mar/ April 2025.</p>	
4.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>All residents to be briefed/ made aware of our Room allocation policy.</p>	

4.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Management to replace existing bunk beds with single beds - Requisition to be sent to IPAS for approval.</p>	
4.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Plans for additional study space to be included in Atlas House Quality Improvement Plan Jan 2025.</p>	
4.6	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Plans for additional study space to be included in Atlas House Quality Improvement Plan Jan 2025.</p> <p>Management to continue to include the lack of Wi-Fi on the IPAS monthly complaints summary.</p>	
4.9	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Additional nonfood items such as nappies/ wipes/ nappy disposal bags/ Sudocrem & Vaseline have been sourced/ ordered and issued to all necessary residents weekending 29.11.24. To be issued going forward on a weekly basis.</p>	

5.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Plans for a snack station & kitchenette to be included in Atlas House Quality Improvement Plan - Jan 2025.</p> <p>Management to continue to include the lack of cooking facilities on the IPAS monthly complaints summary.</p>	
6.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Plans for a snack station & kitchenette to be included in Atlas House Quality Improvement Plan - Jan 2025.</p> <p>Management to continue to include the lack of cooking facilities on the IPAS monthly complaints summary.</p> <p>CCTV to be removed from communal room in December 2024</p>	
8.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Resolutions to be recorded on all incidents/ complaints going forward.</p> <p>Management to commence complaints audits & effective incident reviews.</p>	
10.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We have requested funding from ipas for a dedicated reception officer and should this be approved; we will fully implement the policy for assessing and managing special reception needs by creating a structured monitoring system to regularly track residents needs this will include maintaining detailed records and establishing regular check-ins between staff and the reception officer. Our goal is to maintain updated records for 100% of residents with special reception needs within 30 days were reception officer being employed and ensure that monitoring is conducted weekly. A designated staff member will oversee the implementation of the monitoring system and collaborate with the reception officer to ensure regular check-ins are conducted and documented. The monitoring system and record keeping process will be fully operational within 30 days of a reception officer being employed with weekly check ins for all residents with special needs</p>	

10.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We will develop a comprehensive manual to guide the reception officer's work ensuring consistency and clarity in their support role our target is to complete the needs assessment within 30 days allowing us to refine the reception officer scheduled based on residence needs once funding is approved the reception officers manual would be developed and ready for implementation within sixty days after funding approval the reception officer along with management will collaborate on creating the manual based on identified duties and best practices</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 1.1	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.	Not Compliant	Red	31/01/2025
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	31/03/2025
Standard 1.4	The service provider monitors and reviews the	Partially Compliant	Orange	31/01/2025

	quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.			
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.	Partially Compliant	Orange	31/03/2025
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.	Partially Compliant	Orange	31/03/2025
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Partially Compliant	Orange	30/04/2025
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	30/04/2025
Standard 4.1	The service provider, in planning, designing and allocating accommodation within the centre, is informed by the identified needs and best interests of residents, and the best interests of the child.	Partially Compliant	Orange	28/02/2025

Standard 4.3	The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.	Not Compliant	Red	31/01/2025
Standard 4.4	The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.	Partially Compliant	Orange	30/04/2025
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	30/04/2025
Standard 4.9	The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and well-being.	Partially Compliant	Orange	29/11/2024

Standard 5.1	Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.	Partially Compliant	Orange	31/05/2025
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Not Compliant	Red	31/01/2025
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	28/02/2025
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	31/04/2025
Standard 10.4	The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents especially those people with special reception needs both inside the accommodation centre and with outside agencies.	Partially Compliant	Orange	31/04/2025

