



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

Name of the Centre:	Benbulbin Court
Centre ID:	OSV-0008811
Provider Name:	Brava Capital Limited
Location of Centre:	Co. Sligo
Type of Inspection:	Unannounced
Date of Inspection:	27/11/2024 and 28/11/2024
Inspection ID:	MON-IPAS-1060

## Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a national<sup>1</sup> and international level<sup>2</sup> since that time. In response, the Irish Government took certain steps to remedy this situation.

In 2015, a working group commissioned by the Government to review the international protection process, including direct provision, published its report (McMahon report). This group recommended developing a set of standards for accommodation services and for an independent inspectorate to carry out inspections against. A standards advisory group was established in 2017 which developed the *National Standards for accommodation offered to people in the protection process* (2019). These national standards were published in 2019 and were approved by the Minister for Children, Equality, Disability, Integration and Youth for implementation in January 2021.

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published a White Paper to End Direct Provision and to establish a new International Protection Support Service<sup>3</sup>. It was intended by Government at that time to end direct provision on phased basis by the end of 2024.

This planned reform was based on average projections of 3,500 international protection applicants arriving into the country annually. However, the unprecedented increase in the number of people seeking international protection in Ireland in 2022 (13,319), and the additional influx of almost 70,000 people fleeing war in the Ukraine, resulted in a revised programme of reform and timeframe for implementation.

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent<sup>4</sup> International Protection Accommodation Service centres against national standards on 9 January 2024.

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

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

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

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

## About the Service

Benbulbin Court is an accommodation centre located in Co. Sligo. The centre has two blocks of apartments and comprises 74 own door family apartments. At the time of the inspection the centre provided accommodation to 80 residents. The centre is located on the edge of a busy town with easy access to public transport links and in close proximity to local schools, crèches, pre-schools, shops, transport links and health and social services.

There are parking facilities at the centre and access to the building is gained through the main reception. The building comprises apartments, a reception area, an office, and two laundry rooms.

The service is managed by a centre manager who reports to the director of services and is staffed by duty manager, reception officer, two child and youth advocacy workers, maintenance staff and cleaning staff.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	80
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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)
27/11/2024	11:00hrs-17.30hrs	1	1
28/11/2024	08:30hrs-16:00hrs	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 Benbulbin Court were supported to experience a good quality of life and were receiving the necessary supports from the staff team and service provider. Residents expressed satisfaction with the services and assistance they received at the centre and spoke highly of the centre manager, duty manager, staff team and reception officer.

Upon arrival at the centre, the inspectors entered through a welcoming reception area where residents could request information or supports as necessary. The inspectors were met by the centre manager, reception officer and duty manager who directed them to a 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 walkthrough of the buildings.

The accommodation centre was located in Sligo town within walking distance of local services and transport links. The entrance to the centre was bright and welcoming and was described by the residents as safe and secure, with ample parking and storage facilities. Residents, many of whom were families with children, consistently expressed their happiness and sense of security within the environment.

The inspection of Benbulbin Court took place over the course of two days. The apartments were spacious and maintained to a high standard with all new appliances available. These were two bedroom apartments with two bathrooms, kitchen, living and dining room. The centre had 148 bedrooms and at the time of the inspection it was accommodating 80 individuals, including both adults and children. The centre was lacking a common room for residents to relax, study or have meetings. Some residents told the inspectors that they would like to have a communal space or play area for children within the centre. There was a common room available in a sister service but families felt it was too far to take children if the weather was bad. The provider was aware of the issue and was planning on designating one apartment for holding meetings, classes and a for use as a play room.

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 and as this was a new centre the inspectors found that none of the families had received refugee or subsidiary protection status.

Each apartment had a kitchen, dining area with table and chairs and a sitting room with sofa and armchairs. The kitchens in the apartments were equipped with a fridge, freezer, cooker, oven and microwave. Residents could cook meals of choice and cultural preference which residents said they were very happy with. Each apartment had a bathroom and shower room. Families had access to their own private living space within each apartment. However, as discussed later in the report, there were some apartments where parents or adult children were required to share bedrooms with younger children due to family size and the configuration of the accommodation.

There were two laundry rooms for the centre equipped with 28 washing machine and 28 tumble dryers. This centre was very suitable to family living and met the needs of both the children and adults. Overall the buildings were clean and well maintained.

There was a local crèche and playschool within walking distance of the centre, operated by a private provider. The centre had outdoor space with seating, and there was car parking facilities available for residents.

In order to fully understand the lived experience of the residents, the inspectors made themselves available to residents over the course of the inspection. The inspectors engaged with 18 adults and 19 children and it was noted that overall, 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 and were satisfied with the size of the apartments and facilities provided. Overall, the feedback to the inspectors from residents was positive and they said they were very happy in the centre and 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 centre managers, the duty manager, the reception officer and the child and youth advocacy worker.

The centre was homely and the service provided was person-centred. There were two residents who were pregnant at the time of inspection and both were receiving appropriate support from the reception officer, management and staff teams. One resident had received baby equipment in advance of their baby's birth including a high chair, stroller and other necessary equipment. A new family were receiving support with completing school application forms and getting school books and uniforms. There was good supports provided from external agencies including the Health Service Executive's (HSE) social inclusion unit, Irish Deaf Society, St. Vincent de Paul and the Immigrant Council.

Although the centre didn't provide transport, residents benefited from the convenience of having the local bus services nearby and a school bus came daily to the centre. The

centre was within walking distance of shops, restaurants and a range of amenities. Leisure facilities such as playgrounds and football pitches were also within easy access.

There was information displayed in the reception area on notice boards from various support services and external agencies, for example, there was guidance on making complaints to the Ombudsman for Children, alongside resources related to housing. The noticeboard also provided important information for residents about their rights and entitlements.

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

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



## Capacity and capability

This was the first inspection of Benbulbin Court by HIQA. The inspection found that the service was effectively managed on a day-to-day basis and had a committed management and staff team in place. There were strong governance systems in place which ensured good oversight and monitoring of the services provided. There was a need, however, for improvement in the area of risk management and ensuring that risks present in the centre were appropriately identified, assessed and controlled.

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

The service provider had a clear governance structure in place. The centre was managed on a daily basis by a centre manager and duty manager and who were supported by the reception officer. The centre manager reported to the director of services. There was a duty management team in place which ensured a management presence in the centre seven days per week. Staff members were clear on their roles and areas of responsibility. Throughout the inspection, the inspectors observed courteous and respectful interactions between staff members and residents. Staff members were person-centred in their approach, and were committed to providing a good quality and safe service.

There were formal systems and processes in place for quality improvement, auditing and reporting which ensured oversight and monitoring of service provision. The provider demonstrated active engagement in learning and development concerning the implementation of the national standards and quality improvement systems, indicating a commitment to the continual improvement of the services provided in the centre.

Prior to the inspection, the service provider had conducted a review of their compliance with the national standards, demonstrating a good understanding of their obligations. The inspectors found that the service provider had developed a good internal audit system for the centre. A quality improvement plan, was also being developed but as the centre was newly opened it was in the early stages of development. The manager had held several team meetings to develop the quality improvement plan and to ensure that a good quality service was being provided to residents.

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

The service provider had a system in place to record and report on incidents that took place within the centre. Although there had been only one incident at the time of the inspection, the inspectors found that the incident log developed by the manager accounted for learning from adverse events and skills development to empower staff members to manage incidents effectively.

The service provider had formal arrangements in place to actively seek the views of children and adults in the form of a suggestion box and resident meetings and had initiated the development of a residents' committee. This consultation system ensured that a culture of engaging with residents was embedded in the practice of the centre. The manager and service provider intended the residents' committee to broadly represent the diversity of residents residing in the centre. Residents reported that they had very positive relationships with staff members, they felt listened to and that they participated in decisions which affected them.

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

The service provider had a risk management policy and critical incident policy in place, and had developed a risk register as required by the national standards. The provider had identified some risks and both the risk ratings and control measures were appropriate to the levels of risks identified. However, a more detailed risk analysis was required as those risks which were identified and assessed were focused primarily on the facilities of the centre and there were limited person specific risks identified such as risks related to special reception needs, for example.

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

The practices for the recruitment of staff members in this centre were safe and effective. The inspectors found that all staff members had a valid Garda vetting disclosure and those who had resided outside of the country for a period of six months

or more had an international police check completed. The service provider had a system in place to risk assess positive disclosures identified through vetting processes, where applicable.

The inspectors reviewed a sample of personnel files and found that the service had a performance management and appraisal system in place. The centre manager explained that staff members would receive an annual appraisal meeting but as the centre was new established they hadn't completed an appraisal yet.

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

The inspectors did a review of staff training records and found that the staff team 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 members including safeguarding of vulnerable adults and Children's First, and a training plan had been developed.

Overall, it was found that residents were receiving a good quality and safe service that met their individual needs well. While the centre had only recently opened, the service provider had implemented good governance and management arrangements and quality assurance systems were in place which would support the delivery of safe services for residents.

### **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 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 centre was operating in compliance with the relevant regulatory requirements and the service provider had implemented monitoring and review systems to ensure residents received a good quality of care and support.

Judgment: Compliant

### **Standard 1.2**

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

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 duty manager who had good knowledge of their individual responsibilities. The service provider had a good understanding of the national standards and legislation and the role of the reception officer. Also, the service provider had developed formal quality assurance and reporting systems to support good oversight and monitoring of all aspects of service provision.

Judgment: 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.

The service provider had implemented a monitoring and review system to ensure residents received good quality care and support. The provider demonstrated an ability to identify issues and areas that required improvement and was committed to ensuring that arrangements were put in place to continue to evaluate and manage the safety and quality of the service. Residents were consulted with regularly and there were records of this consultation informing the delivery and planning of the service.

Judgment: 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.

There was evidence of the active inclusion of residents in the delivery of services. The provider had initiated a residents' meeting and suggestion box. The residents also informed the inspectors that they had regular informal discussions with staff members and felt listened to.

Judgment: 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 teams. On review of documentation, the inspectors found that all staff had a valid Garda vetting disclosure and staff members who had resided outside of the country for a period of six months or more had an international police check completed.

Judgment: Compliant

### **Standard 2.2**

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

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

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, and the staff team had all received one supervision meeting and there was a schedule in place for the staff team to receive supervision on an ongoing basis. The provider had developed a supervision policy and was 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 manager.

Judgment: Compliant

### **Standard 2.4**

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

Training was provided to all staff members including safeguarding of vulnerable adults and Children's First. A training plan was developed and a record kept of all training completed. Members of the management team had received additional training in areas such as mental health awareness, conflict resolution and supervision.

Judgment: 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 ensure the provision of a safe service. The service provider did have a risk management policy in place and a risk register had recently been developed, however, it needed further improvement and implementation.

Judgment: Partially Compliant

## Quality and Safety

This inspection found that the service provider and centre managers were dedicated to the delivery of a good quality and safe service which met the needs of residents. Residents were supported to live independent lives and were treated with respect and dignity. Residents informed the inspectors that they felt safe living in Benbulbin Court and felt they were provided with a good quality and safe service.

The inspectors reviewed the procedure for allocating apartments to residents at the centre and it was noted that allocation was primarily determined by residents' needs and guided by the provider's newly developed policy. However, the room allocation policy had limited detail regarding the factors to be considered when allocating accommodation. In addition, it did not outline how residents could request a change of accommodation. The room allocation policy required review to ensure there was a clear and transparent criteria when making decisions regarding apartment allocations.

The inspectors found that the apartments in the accommodation centre were clean and well maintained. There was adequate storage in bedrooms and the rooms were appropriately furnished and there was adequate space in line with requirements of the national standards. The living and sleeping accommodation provided a good quality physical environment. However, the inspectors found that there were situations where older siblings were sharing rooms with younger siblings of a different gender, which was not in line with the sleeping protocols of the Housing Act 1966. The service provider had risk assessed this issue and to mitigate the risk, and to ensure the safety of all residents, the provider did a fortnightly welfare check with the families to ensure all children and residents were safeguarded. Also the centre was lacking a common room for residents to relax, study, practice their religion or have meetings. The provider was committed to addressing this matter and had scheduled a residents meeting to discuss their collective needs.

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

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



Each apartment kitchen was equipped with the necessary appliances, crockery and utensils for the residents to cook and prepare food with. The inspectors observed residents cooking foods specific to their culture and they were very happy to have the opportunity to maintain their cultural traditions.

Residents were provided with bedding, towels and non-food items on arrival to the centre and received a welcome food package with all the basic food items. Thereafter food items were purchased by residents from their weekly allowance on their preloaded debit cards. The management team explained that cleaning products and toiletries including toothpaste, shampoo and shower gel were supplied on an ongoing basis free of charge.

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

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

The service provider had made appropriate training available to the staff team in relation to child protection, and had a child safeguarding statement and policy in place. Staff members had also 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. One adult safeguarding concern had been recorded. Residents reported that they felt safe living in the centre. At the time of the inspection, there were no child protection and welfare concerns that had arisen. The service provider had identified a designated officer and a designated liaison person for the service and their contact details were listed on a notice board at reception.

The service provider had policies in place for the management and reporting of incidents and a system to review and learn from such events had been developed. The centre manager explained that an internal incident report log had been developed to identify the issues that may arise 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 readily available. The centre manager informed the inspectors that the centre had good links with local general practitioners and when new residents arrived they were supported with appointments. The inspectors found that where medical emergencies arose, transport was made available to residents. In addition, the service provider made transport available for expectant mothers to attend their hospital appointments. The provider had also developed a substance misuse policy.

The service provider had established a policy to identify, communicate and address existing and emerging reception needs and had also employed a dedicated reception officer who had the required skills and experience to fulfil the role. The appointed reception officer possessed the necessary qualifications and was part of the senior management team and had received adequate training to become the primary point of contact for residents, staff members, and management regarding special reception needs.

The reception officer had developed a vulnerability assessment and had identified some residents with special reception needs. The supports offered to these residents was documented and appropriate records maintained to effectively address and track these needs. When the staff became aware of special reception needs, they made arrangements to assist individual residents in accessing the required services.

#### **Standard 4.1**

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

The provider had recently developed a policy and procedures for allocation of rooms to residents. However, the room allocation policy had limited detail regarding the factors to be considered when allocating accommodation. In addition, it did not outline how residents could request a change of accommodation. Also the inspectors found that there were situations where older siblings were sharing rooms with younger siblings of a different gender. The service provider had risk assessed this issue and did a fortnightly welfare check with the families to ensure all children and residents were safeguarded.

Judgment: Substantially 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 that the residents had sufficient space in line with the requirements of the national standards. The buildings in general were homely and well maintained.

Judgment: Compliant

#### **Standard 4.4**

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

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

Judgment: Compliant

#### **Standard 4.5**

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

Children and young people had access to age-appropriate toys and games, which were in good condition and met their developmental and creative needs. However, there was no play area in the centre where children could play together. There was a playground and football pitch within walking distance and families could access these.

Judgment: Substantially Compliant

#### **Standard 4.6**

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

The service provider made Wi-Fi available throughout the centre to meet the educational requirements of children and young people. Staff members supported families in securing school placements for children and childcare supports.

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.

Each apartment block had a laundry room with washing machines and tumble dryers and the service provider ensured this equipment was in working order. Residents consulted with were happy to maintain their independence in relation to laundry and cleaning.

Judgment: Compliant

#### **Standard 4.8**

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

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

Judgment: Compliant

**Standard 6.1**

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

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

Judgment: Compliant

**Standard 7.2**

The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport.

The service provider ensured that 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 to offer support and advice around education, training 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 residents from abuse and harm. This centre was newly opened and as such had only one recorded incident and no child protection issues. The inspectors reviewed the systems the provider had implemented to record and monitor incidents and adverse events and found them effective. Residents were aware of and were actively supported to engage with the complaints process.

Judgment: Compliant

### **Standard 8.2**

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

There was a child protection policy and child safeguarding statement in place and staff members had completed training in child protection. There was an appropriately trained designated liaison person appointed. The staff team provided support and advice to parents when required and children had access to additional supports, if 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. The service provider had developed a system to review incidents regularly and to learn from them for continuous service improvement.

Judgment: Compliant

**Standard 9.1**

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

The service provider promoted the health, wellbeing and development of each resident. The staff team provided person-centred support that was appropriate and proportionate to the needs of the residents. The service provider had engaged with community healthcare services and provided information or referrals, when appropriate, to services to meet a resident's health or social care needs.

Judgment: Compliant

**Standard 10.1**

The service provider ensures that any special reception needs notified to them by the Department of Justice and Equality are incorporated into the provision of accommodation and associated services for the resident.

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

Judgment: Compliant

**Standard 10.2**

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

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

Judgment: Compliant

**Standard 10.3**

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

The service provider had a policy in place to identify, address and respond to existing and emerging special reception needs. A recording system was in place to ensure that the special reception needs of residents could be appropriately responded to and monitored.

Judgment: Compliant

**Standard 10.4**

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

The service provider employed a dedicated reception officer who was qualified and experienced to support residents with special reception needs. They had also developed a guidance manual and vulnerability assessment to support the identification of special reception needs and to enable the reception officer to become the principal point of contact for residents, staff members and management.

Judgment: Compliant



## Appendix 1 – Summary table of standards considered in this report

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

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

Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant
<b>Theme 5: Food, Catering and Cooking Facilities</b>	
Standard 5.1	Compliant
Standard 5.2	Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.1	Compliant
Standard 7.2	Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Compliant
Standard 8.2	Compliant
Standard 8.3	Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Compliant
Standard 10.4	Compliant

# Compliance Plan for Benbulbin Court

**Inspection ID:** MON-IPAS-1060

**Date of inspection:** 27 and 28 November 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
3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"><li>• We have reviewed our risk register and with HIQA's guidance we have updated it to be more person centric, including pregnant women and single parents.</li><li>• To ensure risks are identified, assessed and reviewed in accordance with the national standards we have allocated a person responsible for each area, included risks to our team meeting agendas and have increased overall management oversight by the General Manager.</li><li>• Any time a potential or new risk is identified a risk assessment is carried out and the risk register is updated immediately. An official reviewal is completed every two months to ensure our control measures are effective.</li></ul>	

4.1	Substantially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• We have updated our room allocation policy to include more extensive factors considered when allocating accommodation including family composition, gender, vulnerable groups, age and interpersonal dynamics.</li> <li>• We have also added the process of how residents can request a change of accommodation which includes medical, safety and family circumstance criteria for a room change request and the process of how requests are made, reviewed and responded to, including the alternative property waitlist procedure.</li> </ul>	
4.5	Substantially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• Families can use the designated recreational room at the other complex which is within the 2km distance requirement but we are also working on plans to create an on-site recreational room for activities at Benbulben Court.</li> </ul>	

## 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 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	<a href="#">Click here to enter a date.</a>

