



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

Name of the Centre:	Borrisokane Accommodation Centre
Centre ID:	OSV-0008450
Provider Name:	Double Property Services Limited
Location of Centre:	Co. Tipperary
Type of Inspection:	Short-Term Announced
Date of Inspection:	19/11/2024 and 20/11/2024
Inspection ID:	MON-IPAS-1061

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

Borrisokane accommodation centre is located in county Tipperary. The centre comprises two accommodation blocks, with 28 family units, including apartments and town houses. The family units all facilitate independent living with an open plan kitchen and living space, bathroom and separate bedrooms. At the time of the inspection, there were 93 residents living in the centre, 54 of whom were children.

The centre further comprised an onsite office which contained a meeting room for residents to access during office opening hours. The centre is located within walking distance of a small village and residents have access to amenities in the local community. Transport was provided to a larger town once a week and residents were facilitated to attend medical appointments on a needs led basis.

The service was managed by four centre managers one of whom holds the role of reception officer. The management team reported to the quality and compliance officer and the director of the company.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	93
---	----

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)
19/11/2024	10:15hrs-17:00hrs	1	1
20/11/2024	09:00hrs-14:00hrs	1	1

What residents told us and what inspectors observed

From speaking to residents and through observations made during the inspection, the inspectors found that residents experienced a good quality of life living in this centre. The service provider was providing a high quality service where residents felt safe and protected and lived in accommodation that met their needs. The staff team supported residents to integrate into the local community and they treated them with kindness, care and respect. Residents lived independently and for the most part, were happy with their accommodation. Some improvements were required in relation to the upkeep and maintenance of the grounds of the centre and some residents' rights to privacy and dignity were impacted due to the configuration of the accommodation provided.

The inspection took place over two days. During this time, the inspectors spoke with five children and 12 adults living in the centre. In addition, resident questionnaires were completed by six adults. The inspectors also spoke with the service provider, the quality and compliance manager and three centre managers.

Borrisokane accommodation centre provided accommodation to families in own door townhouses and apartments. The capacity of the centre had recently increased from 107 to 155 with the provision of eight additional family units. The family units were spread across two accommodation blocks and there was an office onsite where residents could meet with staff to discuss their needs or to seek support or assistance. Residents had access to a meeting room which was open during office hours that offered a private space, outside of their accommodation, to meet with visitors or professionals, if they wished.

The accommodation provided was of a high standard and each unit had a kitchen and living area, bedrooms and bathroom facilities. Kitchens were well equipped with the necessary cooking utensils and appliances. The accommodation was adequately furnished with appropriate storage available to residents for their personal belongings. Laundry facilities were available in all of the units.

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

On a walk around the centre, the inspectors observed health and safety risks on the grounds of the centre, arising from recent construction works carried out. These included leftover building materials, including steel doors that had not been disposed of and were left in the car park and some along some pathways. In addition, some areas of the centre needed to be painted and some windows needed to be cleaned. The communal garden area was not well maintained and there was old furniture, bicycles and objects which needed to be discarded. The communal room which was used by residents to play, relax or study, for example, was not available at the time of the inspection as it was being used as a storage space during the construction works.

There was sufficient car parking spaces available for residents and staff to park their cars. There was a grocery shop located beside the accommodation. Residents purchased their own food and non-food items using an electronic card which they could use in this grocery shop and in a variety of shops and supermarkets in the local area and local towns. This arrangement facilitated choice and promoted independence, as residents could purchase food in line with their own families' needs, dietary or cultural requirements. Residents were provided with essential non-food items on arrival to the centre, such as bedding and towels as well as basic food items.

The feedback the inspectors received from residents about their experience living in the centre was mostly very positive. Residents told the inspectors that they felt happy and safe living at the centre and they also described feeling safe within the community. One resident said the "community are very good to us", while another resident said that staff are "very good to us". The residents described the staff team as supportive and that they were treated with respect. They said they felt comfortable sharing their experiences or concerns with staff members and felt listened to. They spoke about the support they had received to find school placements for their children and how the staff team provided transport for them to get to medical appointments. Residents were satisfied with their cooking facilities and could exercise choice in where they bought their groceries. Some residents were unsure about how to make a complaint and some said maintenance issues were not addressed in a timely manner.

Children who spoke with the inspectors said they felt safe living at the centre and were happy with their accommodation and their bedrooms. They said they attended afterschool activities and that they liked their school and being involved in local sporting clubs.

In addition to speaking with residents about their experiences, the inspectors received six completed questionnaires from adult residents. The questionnaires asked for feedback on a number of areas including safeguarding and protection; feedback and complaints; residents' rights; staff supports and accommodation. The response to the questionnaires was similar to the feedback provided by residents who spoke with the inspectors. All of the residents who responded to the questionnaires said they felt happy, safe and protected living in the centre and that their rights were promoted. They said that staff members listened to them and they were kind and respectful. Five of the six residents said they knew who the designated person for vulnerable adults was and would feel comfortable raising a complaint.

The observations of the inspectors and views of residents outlined in this section are generally reflective of the overall findings of the report. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This was the first inspection of Borrisokane Accommodation Centre by HIQA. The accommodation centre was managed by a dedicated and committed management team who provided a good quality service to residents. Formal quality improvement initiatives and the risk management system required further development to ensure the service delivered was continuously safe and effective and delivered in full compliance with the national standards.

This inspection found the management team had a good understanding of the national standards, legislation and regulations. While the service provider did not have a formal quality improvement plan, they had identified actions required to drive improvements in the service following a risk analysis of their compliance against the standards. In addition, the staff team had implemented changes based on their learning from the findings of other HIQA inspection reports. There was a suite of policies and procedures to guide practice but further policy development was required to ensure there was a comprehensive set of policies in place in line with the requirements of the national standards. For example, there was no room allocation policy or substance misuse policy. Furthermore, there was no guidance to direct the management of positive disclosures returned on Garda vetting and the recruitment policy required review with regard to obtaining references in line with best practice. The service provider had ensured that notifications were submitted to HIQA in line with the requirements of the regulations.

The centre was effectively managed by a competent management team but lines of accountability were not clear. The management team had gone through a period of change in recent months. There was a new full-time centre manager who was engaging in an induction programme at the time of the inspection. There were three additional centre managers who worked on a part-time basis, between three and four days per week over a seven day period. While there was a list of tasks and duties to guide the centre managers on their daily work, their specific areas of responsibility were not clearly documented to ensure they were aware of what aspect of the centre they were accountable for, and to prevent duplication of roles. The managers within the service reported to the quality and compliance manager and the director of the service. The management team and service provider showed a commitment to increasing their knowledge, and developing systems and policies to ensure compliance with the standards and the provision of a safe service.

Monitoring and oversight systems were effective but record keeping systems needed to be centralised. The centre managers maintained a tracker of their interactions with residents, incidents, complaints, and maintenance concerns, for example. The quality

and compliance manager maintained a separate similar tracker and it was evident that practice in the centre was regularly reviewed and the systems employed allowed for good governance by the service provider. While these trackers were effective for oversight, the inspectors found that some records were unnecessarily duplicated and the centre would benefit from establishing a centralised system to record key information relating to the centre. Furthermore, while it was evident that there was daily communication among the staff team and senior managers, as well as bi-weekly reviews of the oversight trackers, minutes of team meetings minutes were not recorded.

An effective quality assurance system was not yet in place, but progress had been made in developing systems to monitor the quality of care provided to residents. The management team operated an open door policy and welcomed residents' feedback. Consultation with residents occurred on a one-to-one basis and residents had opportunities to submit their feedback anomalously in a complaints and suggestion box. While plans to form a residents committee were progressing, these meetings had not yet commenced. Staff members outlined examples of compliments and positive feedback from residents but this was not recorded. This was a missed opportunity to inform an annual review of the service in time. The senior management team were in the process of developing an auditing programme for the centre and while actions had been identified to improve service delivery, a formal quality improvement plan had not been developed.

Complaints about the service were well managed but recording of informal complaints required improvement. There was a complaints policy but this did not provide sufficient guidance for residents regarding the process to follow should they wish to make a complaint directly to the management team. Formal complaints were well managed but informal complaints were recorded in a daily diary which meant that managers could not trend, track, or have oversight of these issues. Despite this, all residents who spoke with the inspectors said they felt comfortable to discuss their concerns with staff members.

The risk management system was in a development phase at the time of the inspection. The inspectors were provided with a draft risk management policy and risk register for the centre. This had identified and assessed risks from an organisational perspective and the process had identified numerous actions required for the centre to reach compliance with the national standards. However, the inspectors found risks within the centre which had not been identified or assessed. These included for example, health and safety risks evident on the grounds of the centre, a stairway door which was not adequately sealed, and recreational spaces which were unavailable or inaccessible. In addition, there was an introduction of new residents to the centre

which had not been considered as a potential risk by the service provider and individual risks relating to residents had not been assessed.

There was adequate fire safety precautions in place. Regular fire drills were completed but new residents who moved to the centre in recent weeks had not yet engaged in a drill. The management team assured the inspectors that a drill was organised as well as fire safety training for these residents. The service provider had the required policies in place to manage an unexpected emergency in the centre.

Recruitment practices required some improvement. The service provider had recruited an experienced and competent staff team who had up-to-date Garda vetting disclosures and international police checks had been obtained for staff who required this. The recruitment policy did not specify how many references were required and a recent employee recruited had only one reference on file which did not reflect best practice of three. Furthermore, while the inspectors were informed that there was an ongoing induction and probationary programme for the newly recruited staff members, there was no evidence of this maintained in the centre.

The staff team were well supported in their roles but a formal supervision process had not yet commenced. The service had a supervision policy in place and while the staff team reported that they had opportunities to discuss their work and had regular contact with senior managers, formal supervision sessions had not commenced. One member of the staff team had completed a performance appraisal and plans were in place to carry out an appraisal with the full staff team.

The learning and development needs of the staff team were prioritised, though not all staff had completed the mandatory training required by the national standards. The staff team had completed training in *Children First: National Guidance for the Protection and Welfare of Children (2017)* and adult safeguarding. Some, but not all of the staff team had completed training in responding to the needs of victims of torture and trauma, indicators of human trafficking and human rights. There was an overview of the training completed and a plan to guide the training needs of staff going forward.

Overall, while there were areas for improvement identified during this inspection, the management and staff team were committed to improving the quality of the services provided to ensure that residents were safe. The service provider was responsive and had a clear vision and plan to develop the governance and management systems in the service in a planned systemic manner.

Standard 1.1

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

The management team had a good understanding of the national standards, legislation and regulations. The staff team were responsive to the monitoring process and there was a plan to develop and improve service delivery in a planned and systemic manner. The staff team were driving improvements in the centre based on the findings of other HIQA inspection reports and following their risk analysis of their compliance with the national standards. Not all of the required policies and procedures were in place to guide service delivery and some policies required review.

Judgment: Partially Compliant

Standard 1.2

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

The centre was effectively managed by a competent management team but specific areas of responsibility were not documented to ensure each manager was clear about their areas of responsibility and to avoid duplication of roles. While monitoring and oversight systems were developed, there were no minutes recorded to reflect the learnings identified during team meetings. Complaints were well-managed but the staff team were not tracking informal complaints made about the centre.

Judgment: Substantially Compliant

Standard 1.3

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

The residents' charter contained most of the required information but it required review to ensure it described the centre specific complaints procedure and how residents including children were consulted with.

Judgment: Substantially 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 was in the process of developing an auditing system but has not commenced at the time of the inspection. While there was a commitment to drive continuous improvements in service delivery, a comprehensive quality improvement plan was not developed. Consultation with residents occurred on a one-to-one basis but residents meetings had not commenced, nor was their feedback about their experience living in the centre recorded or trended to inform quality improvement initiatives.

Judgment: Partially Compliant

Standard 2.1

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

An experienced, professional and competent staff team were employed at the centre who had up-to-date Garda vetting disclosures and international police checks, where required. The recruitment policy did not provide sufficient guidance in relation to obtaining references for new employees and only one reference was obtained for a recent staff member recruited. This was not in line with best practices and this policy issue was addressed under standard 1.1. Records to evidence the ongoing induction and probation reviews of staff recently employed were not provided to inspectors.

Judgment: Substantially Compliant

Standard 2.3

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

The staff team were well supported and while there was a supervision policy, formal supervision sessions had not commenced. The service provider was in the process of completing an appraisal with staff members, with one completed at the time of the inspection.

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.

The staff team had engaged in a wide range of training including training in Children First and safeguarding vulnerable adults. A record was maintained of all training completed and gaps in the staff team's training were identified and recorded. Not all of the training as required by the national standards was completed but the management team was actively sourcing the required training.

Judgment: Substantially Compliant

Standard 3.1

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

The risk management system was under review at the time of the inspection and all documents relating to risk were in a draft format. While it was evident that significant efforts were made to complete a thorough risk analysis, the risk assessments related to organisational wide risks and risks specific to this centre or individual residents had not been assessed.

Judgment: Partially Compliant

Quality and Safety

Residents in this centre lived independently in self-contained family units. The accommodation was well-maintained and suitable for family life but the grounds of the centre and some communal areas were not appropriate for children to access. Residents' rights were, for the most part, promoted and respected and they had access to good supports from the staff team and services in the community.

The standard of the accommodation provided was good. The family units contained an open plan kitchen and living spaces with all of the required furnishings and appliances to allow the residents to live independently. Residents cooked for themselves and completed their own laundry within the comforts of their home. Bedrooms were appropriately furnished and had adequate storage space. The accommodation allowed the families to live independently within their own private living space and this ensured children could play and develop in line with normal childhood experiences.

However, in some cases, the allocation of bedrooms did not promote the privacy and dignity of the residents. There were situations where parents had to share accommodation with their children and another case where adult children and their siblings, aged over 10 years, shared a bedroom, which did not promote the privacy and dignity of these residents. While the management team told the inspectors that they highlighted these scenarios with the relevant government department, the service provider had not risk assessed these matters. Furthermore, there was no centre policy to guide the staff team in the allocation of accommodation to ensure the process was fair and transparent and considered residents' identified or changing needs.

The accommodation provided was clean and well-maintained but the grounds of the centre were not. As previously outlined, there were numerous health and safety risks evident in the car park, pathways and communal garden area. The centre managers completed 'walkarounds' but these checks were not recorded and while there were plans to address the concerns highlighted by the inspectors, at the time of the inspection, the risks remained. Additionally, the inspectors observed windows which were unclean, a door which was not appropriately sealed and painting works required in the accommodation blocks. A communal room was unavailable to residents as the room was being used as a storage facility while construction works were completed onsite.

Residents prepared meals for themselves in their own accommodation. They were provided with all necessary cooking utensils, cutlery and crockery. They received an electronic card that was topped up on a weekly basis to allow them purchase their own groceries and non-food items. This arrangement facilitated choice and promoted independence, as residents could purchase food in line with their own families' needs, dietary or cultural requirements. Residents were provided with essential non-food items on arrival to the centre, such as bedding and towels as well as basic food items.

The service provider was proactive in meeting the educational and recreational needs of children. The staff team supported parents to source school and crèche placements for their children and they also accompanied parents and children to meetings with the school, if requested by parents. The educational facilities were within walking distance of the centres. Children completed their homework in their own homes and study desks were available upon request if they required a dedicated space to study. Children had access to local playgrounds and amenities within the community and the staff team had organised fun, family friendly activities such as day trips during the summer months.

This inspection found that residents' rights were, for the most part, protected and promoted. Residents were facilitated to live an independent life with appropriate supports available in line with their needs. Children and adults were referred to health and social services as required and they had access to recreational and social activities in the local community. The staff team ensured residents had information on local activities and relevant supports and services and interpreting services were available, when required. Visitors were welcomed to the centre and residents' right to privacy was promoted, as they met with their family and friends in their own family units. There was an open door policy which ensured residents could speak with staff about their experiences or concerns but there was no residents' committee meetings or formal consultative process to gather the views of residents to inform a quality improvement plan for the service. As previously stated, the allocation of bedrooms, in some cases, impacted on the privacy and dignity of these residents.

Residents were well-integrated within their local community. The centre was located on the outskirts of a small town and there was a bus service to a larger town once per week to access to a wider range of shops, services and amenities. The centre had a company car to provide transport to residents who needed to attend medical appointments.

Safeguarding practices in the centre were satisfactory. The centre had the required policies and procedures in relation to child protection and welfare and safeguarding vulnerable adults. The staff team were appropriately trained in safeguarding both adults and children and they had access to a competent designated liaison person

when concerns relating to safeguarding arose. Residents informed the inspectors that they felt safe living in the accommodation centre.

The staff team were aware of their roles and responsibilities in protecting children from abuse and ensuring their safety and welfare was promoted. All staff members had completed the required training in Children First and they reported any concerns to the Child and Family Agency (Tusla) in line with national policy. The centre had a satisfactory system to maintain oversight of child protection and welfare concerns. The staff team referred residents to a local family resource centre for additional supports when required and supported parents and children in relation to their needs, as required.

Incidents were well-managed and addressed by the management team and they were appropriately reported in line with the centre's policy. The management team advised the inspectors that all incidents were reviewed on a case-by-case basis but there was no system to ensure any associated risks were assessed with the necessary controls put in place, when required, or to ensure learning to prevent their reoccurrence.

The service provider promoted the health, wellbeing and development of each resident. Staff members in the centre advocated for residents and liaised with local services to ensure residents had access to a general practitioner and medical care while they were awaiting their medical cards. Information was provided to residents on local health and social care services and they were linked with local maternity services, or public health nurses, for example, when required. While there were no concerns relating to substance misuse at the time of the inspection, a policy was not in place in the centre.

There was a reception officer recently employed in the centre. While it was initially intended that the reception officer would carry out a dual role including the role of centre manager, the service provider committed to reviewing this to ensure a dedicated reception officer was provided. There was no policy in place to guide practice in relation to the identification, communication and addressing special reception needs but a reception officer policy and procedure manual had been developed.

The centre received limited information about new arrivals to the centre but the reception officer invited residents to complete an assessment questionnaire following their arrival. As the reception officer had recently commenced in the position, a small number of these assessments had been completed. While good progress had been made, the inspectors found that the assessment template was limited in detail and did not support the reception officer to identify all types of special reception needs.

Despite this, the inspectors found that residents were well supported in line with their needs and the staff team had referred residents to the services they required.

Standard 4.1

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

A room allocation policy had not been developed and a system to oversee the fair and transparent allocation of accommodation was not in place.

Judgment: Substantially Compliant

Standard 4.4

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

Families were placed together in own-door accommodation which allowed them to live independently and promote family life. The inspectors found that the sleeping arrangements for some families did not promote their rights as parents shared bedrooms with their children and children over the age of ten who were of different genders shared bedrooms with their siblings due to the lack of alternative space. The service provider had not risk assessed this issue or considered the risk when residents were received to the centre.

Judgment: Partially Compliant

Standard 4.6

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

Parents were supported to obtain suitable crèche, preschool and school placements for their children which were within walking distance of the centre. Children had sufficient space within their living environment to complete their homework and desks were available for children, upon request. The staff team empowered parents to meet the educational needs of their children and liaised with schools and attended meetings to further support parents, if this was required.

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.

Construction works had been recently completed but not all building materials had been cleared from the grounds of the centre. In addition, the grounds of the centre and some communal areas needed attention to ensure these spaces were clean and safe for residents.

Residents had access to their own laundry facilities within their own home which promoted their independence.

Judgment: Partially Compliant

Standard 4.8

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

The service provider had appropriate and proportionate security measures in place which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre only, which was monitored in line with the service provider's policy.

Judgment: Compliant

Standard 4.9

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

The centre provided residents with an electronic prepaid card to buy all non-food items in local shops and residents were satisfied with this arrangement. Residents received two set of bed linen and towels when they arrived and the centre.

Judgment: Compliant

Standard 5.1

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

Food preparation and dining facilities met the needs of the residents and supported family life. Residents had access to their own kitchen and dining areas in their accommodation. They had adequate cooking and storage facilities to prepare meals for their family.

Judgment: Compliant

Standard 5.2

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

The centre was fully self-catered and residents bought their own groceries using a prepaid electronic card. This arrangement met the needs of the resident living in the centre.

Judgment: Compliant

Standard 6.1

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

The rights and diversity of residents were mostly respected, safeguarded and promoted by the staff team. Residents felt that they were respected and listened to by staff members. Residents had sufficient information about their rights and they had the opportunity to practice their religion within their own private living space. The service provider was developing systems to enhance their consultation with residents. As mentioned previously some adult residents had to share bedrooms with their children or siblings and this impacted on their privacy and dignity. These deficits have been addressed previously in the report.

Judgment: Compliant

Standard 7.1

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

Residents were supported and facilitated to develop and maintain personal and family relationships. Residents were facilitated to welcome visitors to their own accommodation or they could access a meeting room, if they choose to meet with visitors or professionals outside of their own living space.

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.

Residents had access to information about public services, local amenities and support services and they were well-integrated within their local community. They were encouraged to engage in social and leisure activities and appropriate transport arrangements were in place.

Judgment: Compliant

Standard 8.1

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

The staff team had the appropriate training and guidance from policies and procedures to safeguard residents from harm and abuse. Residents were comfortable to address any concerns that they had and the management team responded appropriately when concerns arose.

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.

The staff team were aware of their responsibilities to ensure children were safeguarded. Parents were supported to understand their responsibilities in relation to safeguarding and child protection and welfare concerns were reported to Tusla in line with Children First.

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.

Incidents were well managed and appropriately reported in line with the centre's policy, when required. The management team ensured that all incidents were reviewed but the reviews had not included an assessment of the associated risks.

Judgment: Substantially 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 residents and supports were person-centred and led by the needs of the residents.

Judgment: Compliant

Standard 10.1

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

For the most part, the provider was not made aware of any special reception needs in advance of an admission to the centre. Despite this, residents with special reception needs or vulnerabilities were provided with the required assistance and support.

Judgment: Compliant

Standard 10.2

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

There were good supports in place for the staff team to debrief after incidents and to prioritise staff wellbeing. While there was a qualified reception officer with the relevant experience, not all of the training required to identify and respond to special reception needs had been delivered to the staff team. This deficit was addressed previously.

Judgment: Compliant

Standard 10.3

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

The reception officer had an assessment template to guide the process to identify special reception needs but this was not adequately detailed and the service provider did not have an established policy to identify, communicate and address existing and emerging special reception needs. Despite this, the needs of residents were responded to and they were referred to the appropriate services.

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 service provider had employed a suitable qualified and experienced reception officer and committed to reviewing the dual role they currently held. While they were recently recruited, they had commenced their assessments, provided good support to residents in line with their needs and developed links with local support services.

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	Partially Compliant
Standard 1.2	Substantially Compliant
Standard 1.3	Substantially Compliant
Standard 1.4	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.4	Partially Compliant
Standard 4.6	Compliant
Standard 4.7	Partially Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant

Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Compliant
Standard 5.2	Compliant
Theme 6: Person Centred Care and Support	
Standard 6.1	Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.1	Compliant
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Compliant
Standard 8.2	Compliant
Standard 8.3	Substantially 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 Borrisokane Accommodation Centre

Inspection ID: MON-IPAS-1061

Date of inspection: 19 and 20 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
1.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The management team have drafted in the required policies and procedures in order to bring the centre into compliance with the national standards under 1.1.</p> <p>These policies are the room allocation policy, substance misuse policy, identifying and responding to Special Reception needs policy & assessment, expansion of the complaints policy, the recruitment policy has been reviewed with regard to obtaining references in line with best practice. The Garda vetting disclosure policy has been reviewed to include, a Risk assessment procedure for positive disclosures.</p>	

1.4	Partially Compliant
-----	---------------------

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

The service provider along with the Q&C manager are in the process of developing an auditing system. It is envisioned that this will commence early in the new year. The Service Provider is committed to implementing continuous improvements in service, through identifying specific areas that require further development or improvement. We intend to commence resident meetings through the formation of a new residents committee.

This will allow the residents the opportunity to have discussions with managers on a range of issues and recommend what they think the service can do better. It is envisioned that the committee will be developed by late spring. The development of the centre children charter has commenced. This will give children in the centre the knowledge base on their rights and expectations while they reside in our accommodation.

The centre children’s committee meetings are envisioned to commence in early spring to formulate the centre rules with our young residents. The objective of these meetings is to gain their views and opinions, which will inform quality improvement plans going forward .

Adult Resident surveys are currently been created and circulated, this is where Residents are asked about their experience living in the centre anonymously .All of this information will form the basis of our person centred quality improvement initiatives.

2.3	Partially Compliant
-----	---------------------

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

The Service Provider has completed all the centre appraisals since the inspection. As part of the quality improvement plan formal supervision will be scheduled one to one with an agenda to set the scene, at least four times per year per staff member.

All sessions will be agreed upon prior to commencement, once the sessions are agreed upon an agenda will be formalised and sent to the supervisee for approval. Session will discuss how a manager dealt a particular issue, what could be done better, recommendations and improvements .

3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The risk management system has now been completed. The service provider, Q&C officer and centre management have consulted with an expert in the field to develop a comprehensive risk register to identify, assess and mitigate risks that includes the identification of risks to new and existing residents through a reviewed and updated Resident risk assessment process. A plan is in place for the Q&C officer to work with centre management to implement controls identified this includes, training for all residents to take part in a comprehensive training day to include fire safety in the home training with a demonstration on the use of the fire blanket and extinguisher.</p> <p>A daily risk assessment is currently been implemented in conjunction with the risk register, this will enable management to identify, log and escalate the risks to the Q&C officer who will then assess and mitigate the risk where appropriate. The Risk system will ensure any associated risks discovered are assessed and the necessary controls put in place, to ensure learning to prevent any reoccurrence. All risks identified during the inspection were assessed and mitigated.</p>	
4.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The Service Provider is committed to providing a high standard of accommodation for all residents, that respects their dignity and privacy where possible. All risks identified during the inspection were assessed individually with controls put in place, this included the development of a room allocation policy and procedure. This was implemented immediately for new and existing residents.</p>	
4.7	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Risks identified during the inspection were assessed and rectified immediately following a discussion with the inspectors. There is an ongoing plan to ensure that the environment is clean and respects the rights of all residents.</p>	

10.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A new Special Reception Needs assessment policy and procedure has been drafted up, with a more robust assessment template to guide the Reception Officer . This will compliment, the policy to identify, communicate and address existing and emerging special reception needs. This new policy and procedure was circulated with immediate effect following the inspection in order for the centre to be compliant with the National Standards.</p>	
10.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Following the inspection it was concluded that the new member of staff will now have the sole title and duties of Reception Officer. The Reception Officer is currently undergoing training relating to this role that will include, specific Reception Officer training. It is envisioned that this training will be completed by early spring, this will complement the ongoing training that the Reception Officer is participating in at present.</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 orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.1	The service provider performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect residents living in the accommodation centre in a manner that promotes their welfare and respects their dignity.	Partially Compliant	Orange	08/01/2025
Standard 1.4	The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.	Partially Compliant	Orange	31/03/2025
Standard 2.3	Staff are supported and supervised to carry out their duties to promote	Partially Compliant	Orange	31/03/2025

	and protect the welfare of all children and adults living in the centre.			
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	13/01/2025
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	25/11/2024
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.	Partially Compliant	Orange	26/11/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	20/12/2024
Standard 10.4	The service provider makes available a dedicated Reception Officer,	Partially Compliant	Orange	31/03/2024

	who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.			
--	--	--	--	--

