



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

Name of the Centre:	Carroll Village
Centre ID:	OSV-0008528
Provider Name:	ECCI Ireland
Location of Centre:	Co. Louth
Type of Inspection:	Announced
Date of Inspection:	24/06/2024 and 25/06/2024
Inspection ID:	MON-IPAS-1039

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

Carroll Village is an accommodation centre comprising 21 own-door apartments located in Dundalk, Co. Louth. The apartments are situated within a large apartment complex, in which the remainder are privately owned or rented. Residents each had their own key-card to enter the main building and a key for their own apartment. The centre accommodated 86 residents at the time of inspection which was its maximum capacity. This included 41 adults and 45 children.

The apartments each have two bedrooms, a small kitchen and dining room, a living area, a bathroom, and space for storage of personal items. In some of the larger apartments, one of the bedrooms has an additional en-suite bathroom.

The centre is managed by a centre manager who works from an office in the main building. There are also two meeting rooms available for resident use as well as a small store where residents received personal toiletries and cleaning supplies. The centre manager oversees a team of five staff, including a maintenance manager, reception officer and two duty managers.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	86
---	----

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)
24/06/2024	10:00hrs-17:00hrs	1	1
25/06/2024	09:30hrs-14:30hrs	1	1

What residents told us and what inspectors observed

The inspection found that the provider was operating a service that met the needs of residents in a person-centred manner. Residents enjoyed living in their own private accommodation and received support from staff to meet their individual and family requirements. It was found that the model of the service employed in the centre facilitated integration into the community and supported residents to live an independent life in comfortable accommodation.

The accommodation centre was located in the town of Dundalk in Co. Louth, within walking distance of many local services and transport links. Carroll Village comprised 21 apartments located across two adjacent apartment buildings, with a large open courtyard to the rear. It was situated in a busy area with lots of local amenities for children and families, and had direct access to a main street in the town. The remainder of apartments in the two buildings were privately owned or rented and were not associated with the accommodation centre. The centre itself was described by the residents as safe and secure, with parking at the back of the building in a gated area.

Carroll Village was managed by a centre manager who oversaw a team of five staff. The staff team worked from an adapted apartment in the larger of the two buildings, which was located near the main entrance to the building. This contained a large office, a store from which residents received non-food items, two meeting or clinic rooms and a bathroom. The inspectors observed one of the clinic rooms being used during the inspection to facilitate a vaccination clinic for children.

The primary function of the centre was to provide accommodation to international protection applicants; it accommodated families only and had capacity to accommodate up to 86 residents. All residents who lived in Carroll Village had lived there for a period of two years or less. While the centre provided accommodation to people seeking international protection, the inspectors found that five families had received refugee or subsidiary protection status.

The inspectors met with 21 residents, including 11 children. Residents spoken with were complimentary of the support they received from the staff team. They told inspectors that staff were approachable and helpful. The inspectors observed that residents called into the office to speak with staff or to collect items from the store. All interactions between residents and staff were observed to be familiar and respectful. The inspectors noted that residents could also contact the centre manager or reception officer by phone or text message to seek assistance or arrange to meet in-person for support. For example, phone records showed one resident sought support to make an appointment with a healthcare professional, which was facilitated by the reception officer.

Residents who spoke with the inspectors each shared their individual experiences of living in the centre, and the support they received. It was observed that residents were supported in various ways, in accordance with their needs and circumstances. For example, some residents received support to manage correspondence regarding their international protection application and others were supported to seek employment. Some older children told the inspectors about the support they received from the reception officer to apply for college courses.

The service provider had also assisted residents to engage with relevant external support services to meet their health or welfare needs. For example, one family was connected with healthcare services to support the specific needs of their child, and the inspectors observed the necessary furniture and assistive devices in their apartment to meet this child's needs.

All 21 families residing in the centre lived in two-bedroom apartments, with a bathroom, a kitchen and dining room, and in some cases, a separate living area. Some of the apartments were larger in size, with bigger bedrooms and with an additional en-suite bathroom. These apartments were used to accommodate larger families of up to six people. The accommodation in the centre effectively met the needs of families and supported independent and private family life, with discreet and person-centred support provided.

The inspectors observed six apartments over the course of the inspection. The apartments were clean and well maintained; each had been furnished with good quality furniture and was decorated in accordance with each family's own preferences. The apartments were spacious and had good storage for residents' personal items. Each of the apartments had a kitchen where residents prepared and cooked their own meals. The inspectors saw families cooking and eating meals in their apartments. Residents spoken with said having their own kitchen made their accommodation feel more like a home and helped them to meet the needs of their families.

The service provider had made laundry facilities available in each of the kitchens with a washing machine in every apartment. The inspectors observed some older children assisting with laundry and one parent said that living in their own apartment helped them to teach their children important life skills. Residents dried their clothes on a clothes airer in their apartments, which they told inspectors was a satisfactory arrangement. Residents also told the inspectors that when there were issues with the equipment or services in their apartments they were addressed very quickly by the service provider.

Residents purchased their own food using an electronic gift card for a local supermarket which was located in walking distance from the centre. This arrangement facilitated choice and promoted independence, as residents could purchase food in line with their own families' needs and their dietary or cultural requirements. Residents were provided with essential non-food items on arrival to the centre (such as bedding and towels). All other necessary non-food items were provided through the on-site store, for example, personal toiletries, cleaning products and nappies. The store stocked a wide variety of items to enable choice and these were available to residents as required.

There was information displayed in the office area on notice boards for various support services and external agencies. For example, there was information available about advocacy services, rights, and housing supports. The reception officer produced a quarterly newsletter which included information about upcoming activities, events and opportunities in the community. The inspectors found that residents were regularly consulted with about their views on the service and that their feedback influenced change.

In summary, the inspectors found that residents were living in accommodation that met their holistic individual and family needs and promoted independence and integration. The service provider was ensuring that residents received the necessary support to meet their needs and to achieve their own goals and objectives. Although some improvements were needed to fully meet the requirements of the national standards, the service provider demonstrated a commitment to delivering a high-quality service that upheld residents' rights and was informed by their feedback. The inspectors' observations and the residents' views 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 this accommodation centre by HIQA, and was announced in advance. The inspection found that the service was effectively managed on a day-to-day basis with a committed management and staff team. The centre was well resourced and service provider was committed to providing a high-quality service that met the requirements of the national standards. There were some areas in which improvements to the governance or oversight systems were necessary, but for the most part, these were needed to optimise systems that were already effective to a substantial degree.

The centre had a clearly defined management structure in place; it was managed on a daily basis by a centre manager, with two duty managers available. This ensured a manager was available seven days per week. The management team also included a reception officer, who had a qualification in social care. The centre manager and reception officer reported to a director of operations, who was also the service provider representative. The staff team also included a maintenance manager who oversaw the maintenance and upkeep of the accommodation.

The service comprised 21 apartments located across two apartment buildings. The remainder of apartments in these building were privately owned or rented. A third party company managed the maintenance of the communal areas of these buildings. Due to the nature of the service, there were some other aspects of running the centre where responsibilities overlapped with another party. For the most part, these had been clearly defined and the provider and staff were aware of their roles and responsibilities. For example, the service provider had specific responsibilities in terms of fire safety. In some cases, such as the management of CCTV, further clarity was necessary; this is discussed later in the report.

The centre management had completed a comprehensive self-assessment against the national standards, which the inspectors found demonstrated a good understanding of their responsibilities, and of the service itself. The centre manager had developed an action plan based on the self-assessment. While this was a positive finding, the inspectors found that improved monitoring of the action plan was required to ensure that necessary actions were achieved. There were a number of other improvement plans in place at the time of inspection, with clear objectives and regular monitoring. The consolidation of improvement plans would support the provider to make informed decisions about resources and to monitor quality improvement on a wider scale.

The inspectors found that the service provider had developed and implemented a wide range of policies. These were observed to be well established and consistently

implemented. There was a complaints policy and process in place and residents told the inspectors that they knew how to make a complaint and would feel comfortable doing so if necessary. Complaints were recorded and managed in line with the provider's policy. Complainants were consulted with, and it was clear that efforts were made to resolve any complaint received. There were no unresolved complaints at the time of inspection.

The inspectors reviewed the recruitment practices in the centre. It was found that the service provider had procedures in place to ensure recruitment practices were safe and effective. There were clear job descriptions in place for each staff member. There was an induction procedure as well as an appraisal system in place. While some staff files reviewed had just one written reference, these related to staff employed in the centre for many years, and the provider had implemented changes to the procedure to ensure two references were received for any newer appointments, in line with their own policy. The service provider had ensured that a garda vetting disclosure was obtained for every staff member, and that international police checks were undertaken where necessary.

The inspectors found that the leadership and managements systems were well established. The centre manager held regular team meetings where important information was communicated to staff, areas of service were reviewed and pertinent events were discussed. A review of records of team meetings found that residents' views and feedback was also regularly discussed and acted upon. For example, the centre manager ordered desks for all young people with upcoming exams to assist them in their studies.

The inspectors reviewed the training records of all staff members. It was found that there was a clear training plan in place which was monitored by the centre manager. Staff had received training in a wide range of areas, including training in key areas such as child protection, and areas specific to residents' needs. The training system could be improved by the introduction of a training needs analysis which would ensure that the training plan was informed by emerging needs and met each staff member's individual needs. For example, at the time of inspection, no staff had undertaken training in adult safeguarding, and this had not been identified as a training need by the service provider.

Staff spoken with were knowledgeable in their roles and the reporting structure in the centre. There were systems in place to support staff, such as a performance management system. It was also noted that staff worked closely with the centre manager who provided informal support and supervision on a daily basis. However, there was no formal supervision system in place at the time of inspection, as required by the national standards. A policy on staff supervision was required, as well as the

introduction of periodic supervision meetings, to ensure staff were adequately supported to fulfil their roles.

The inspectors reviewed the risk management arrangements in place in the service. There was a risk management policy that set out the procedures for assessing and managing risks. The centre manager maintained a risk register that was overseen by the director of operations. This register recorded identified risks and noted the control measures in place to reduce the impact of or the likelihood of the risk occurring. It was found that control measures were practical and effective and were seen to be in place throughout the course of inspection. While it was found that risk was generally well managed, improvement to the risk management system was required to ensure that emerging risks that were being addressed were also recorded on the risk register. For example, at the time of inspection the centre manager was addressing a risk in relation to fire safety; while the steps taken were adequate, this was not recorded as a risk.

The service provider had a contingency plan in place to ensure continuity of services in the event of unforeseen circumstances. These contingency plans detailed clearly the steps that would be taken in the event of a number of specific circumstances to ensure minimal disruption to residents, for example, loss of power and loss of water.

The centre manager maintained records of all incidents and accidents that occurred in the centre. Incident records were used to inform practice and the management of risk in the centre. It was noted that the centre manager discussed incidents at team meetings to share learning with the staff team. Incidents were found to be reported or escalated to relevant bodies as required.

On review of the fire safety arrangements in the centre the inspectors found that the provider had good oversight in this area. There were a range of fire safety measures in place, such as fire detection and alarm systems, containment measures and fire extinguishers. Fire safety devices were serviced regularly and monitored closely. Residents were informed about fire drills, and emergency protocols and building plans were outlined on notice boards throughout the centre.

Overall, it was found that the service provider had the capacity and capability to operate a service that met residents' needs and promoted independence and integration. While not all standards were found to be compliant, the inspectors found good levels of compliance across most of the themes of the standards and the provider was aware of and working towards meeting the requirements of those where deficits were found.

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 had a variety of systems in place to ensure that the service operated in line with any relevant legislation, regulations or standards. There were a range of policies and procedures in place that were well established and provided clear direction with regard to the operation of the centre. There were clear lines of accountability and communication, and overall there were effective measures in place to ensure the service was operated in a manner that promoted the welfare of residents.

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.

There was a clearly defined governance structure in place, with a team of experienced and knowledgeable managers overseeing the operation of the centre. The centre manager and staff team maintained relevant and accurate records related to their areas of responsibility. There was a strategic plan in place with clearly defined timeframes and accountable persons identified.

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.

There was a residents' charter in place that comprehensively and clearly described the services provided. It was translated into many different languages and there were arrangements in place to ensure residents received a copy of the charter on arrival to the centre.

Judgment: Compliant

Standard 1.4

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

There were systems in place to monitor the quality and safety of the service. The centre manager had good oversight of the day-to-day operations, with clear communication systems in place. The service provider sought and acted upon feedback received from residents. There was a strategic plan in place as well as a number of improvement initiatives that were at various stages of implementation. Enhanced monitoring of improvement plans was necessary to ensure effective oversight of all improvements initiatives.

Judgment: Substantially Compliant

Standard 2.1

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

The service provider ensured that the recruitment practices were safe and effective. There was a recruitment policy in place, and personnel files had all required information. In some cases, staff files had only one written reference, although there was a procedure in place to ensure newer appointments had two references in line with the provider's own policy. The service provider had received a Garda Vetting disclosure for all staff members employed in the centre.

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.

While staff were receiving support to carry out their duties, there were no formal supervision arrangements in place at the time of inspection. A supervision policy and the implementation of regular supervision meetings was necessary to meet the requirements of the standards, and to ensure staff were appropriately supported to fulfil their duties.

Judgment: Partially Compliant

Standard 2.4

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

A review of training records found that the service provider had made training available to staff in a range of areas, such as safeguarding, child protection, and first aid. Staff members had also undertaken training in areas specific to residents' needs. There was a training plan in place that was overseen by the centre manager, however, a training need analysis was necessary to inform training plans to ensure they were based on ongoing and emerging training needs.

Judgment: Substantially Compliant

Standard 3.1

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

The service provider and centre manager reviewed and monitored risk and there was a risk register in place. While there was generally good oversight of risk in the centre, with adequate control measures in place for any identified risks, improvement was required in this area to ensure that all risks being managed were included on the risk register.

Judgment: Substantially Compliant

Quality and Safety

This inspection found that the governance and management arrangements were effective in delivering a person-centred service in comfortable own-door accommodation. Residents lived independent lives and had integrated well into the local community. The staff team in the centre provided support to residents in a manner that promoted their autonomy and wellbeing. The provider regularly consulted with residents and the centre was well-resourced to meet their needs as a group and as individuals.

Residents who resided in Carroll Village lived alongside members of the community who owned or rented accommodation in the two buildings. The apartments in which residents lived were not identifiable as being part of the centre, which facilitated integration and protected residents' privacy.

All of the apartments had two bedrooms, a kitchen and dining space, a living area (in some cases this was a separate room) and a bathroom. A small number of apartments were larger in size, with larger bedrooms and one additional en-suite bathroom. The inspectors observed a number of apartments, with the permission of residents living in them at the time. The apartments were observed to be maintained to a high standard and had good quality fittings and furniture. The kitchens were fully equipped with cooking equipment, a washing machine, a fridge freezer and plenty of storage space. Families each had a small dining table and chairs in their kitchen. Residents spoken with told inspectors that any maintenance issues were very quickly addressed, and praised the maintenance staff for their work in this area.

The apartments accommodated between three and six people. In some cases, an additional living space was available, in an open-plan style, near the kitchen. In others, a small living room was available to residents. The inspectors observed that all apartments had been decorated nicely and laid-out in accordance with each family's preference. For example, in one case furniture had been moved in the living area to create a space for children to play. Residents told the inspectors that they had everything they needed in their apartments, and that the staff were 'very good' at ensuring the accommodation met their needs. For example, the inspectors heard that staff purchased a blender for a family with an infant who had commenced weaning, and had installed a stair gate at a parent's request to keep their child safe when they began learning to walk.

The inspectors observed that some children had bunk beds in their rooms, which made extra space available for toys and storage. In some cases, older children had sought to retain their bunk beds past the age of 15. While it was found, following

discussion with residents, that this was based on their own preferences, improved record keeping was required to ensure the provider could evidence the rationale for providing bunk beds to individuals after the age of 15, in line with the requirements of the national standards.

While there was little communal space for children in the centre, due to its configuration, the service provider had endeavoured to meet children's needs in their own homes. The centre manager consulted with parents and children and sought feedback on the service and on the accommodation. It was found that this feedback was acted upon promptly and children's developmental needs were prioritised. For example, the centre manager arranged for children to attend sports summer camps in the local area, and connected young people to clubs in the community based on their interests and skills. The staff team ensured children had the necessary furniture to study and do homework, and there was Wi-Fi provided in each apartment. The inspectors also saw that based on feedback from a parent, the provider purchased toys and equipment for a child with a disability to support their development.

The inspectors reviewed the allocation procedures in the centre. Allocations to the Carroll Village were primarily decided upon prior to their arrival. Generally, the accommodation met the needs of all families admitted to the centre due to the largely uniform nature of accommodation. Larger accommodation was allocated to bigger families before they were admitted to the centre. A policy was required to ensure that the arrangements in place for the provider to organise transfers within the centre, or to influence allocation decisions, were clearly defined. For example, in the event the provider became aware of a mobility issue after a resident had been allocated to a first floor apartment, a clear pathway to escalate the potential need for a transfer was required.

As the centre was fully self-catered, residents prepared and cooked their meals in their own kitchens. Residents were provided with a gift card for a local supermarket that was topped up on a weekly basis in accordance with the points' allowance for each family. This arrangement meant residents could purchase food items of their choosing from a wide range of products and enabled them to meet their families' dietary needs independently. Residents spoken with said they were happy to be able to cook their own meals and valued being able to prepare familiar meals, and teach their children how to cook in their own home.

Residents were provided with essential items when they arrived to the centre, for example bedding, towels and bed linen. These were provided in sufficient quantity. Residents managed their own laundry in their apartments. A basic supply of laundry detergent, and other essential toiletry items were provided on arrival and were then available from the centre's on-site store as required. The store was located in the

office and stocked an assortment of items, such as toothbrushes, toothpaste, nappies and shampoos. The store had adequate variety to facilitate choice for residents, and these items were provided in addition to the points allocated for food. The centre manager and duty manager (who oversaw the running of the store) consulted with residents and endeavoured to meet their needs. For example, the inspectors found that sun cream had been ordered for the shop in anticipation of a warm weather spell.

The model of the service was found to promote and protect residents' rights and aided residents in integrating into the local community. Residents had access to local health and welfare services in the area, which were typically within walking distance of the centre. The reception officer informed residents of services and opportunities in the community, such as local health clinics, employment and education opportunities, and recreational events. Many residents worked or studied in the local community, and children attended schools nearby. Residents could receive visitors in their own homes, within a reasonable timeframe, which helped them develop and maintain personal friendships and relationships.

The inspectors reviewed the safeguarding arrangements in the centre and found that residents' safety was promoted and protected. There was a child protection policy and safety statement in place. There were no active child protection or welfare risks at the time of inspection, and a review of records found that previous potential risks had been addressed appropriately. While it was evident that child protection concerns were taken seriously and escalated to the relevant authority, it was noted that the referral had not always been made by the centre manager, in line with the relevant legislation. Improvement to the reporting process was required to ensure that in the event that additional agencies were involved in a child protection concern, the centre manager reported it to the relevant body directly.

There were no adult safeguarding concerns at the time of inspection. While no staff had undertaken training in adult safeguarding, it was found that they were knowledgeable of their own policy and that previous safeguarding risks had been managed effectively. The inspectors found that risks to residents' safety were acted upon immediately with suitable control measures put in place. The centre manager and reception officer also ensured residents who had been subject to harm or abuse received any necessary support with their physical and mental health.

There were measures in place in the centre to protect residents' safety. The buildings were accessible by a key card, which each resident had a copy of. Residents also had a key to their own accommodation. Due to the nature of the service, there were no security staff. There was closed-circuit television (CCTV) (visual) in communal area, such as hallways, entrances and exits. It was found that some of the CCTV was managed by the provider and some was operated and overseen by a company

managing the wider accommodation buildings. A CCTV policy was necessary to provide clarity regarding the monitoring and management of footage of residents who lived in the centre.

The inspectors reviewed the supports in place for residents with additional reception needs. There was a reception officer employed in the centre and a review of staff records found that this person was suitably qualified and experienced. From speaking with residents and reviewing records, it was clear that the reception officer was readily available to residents, who of them fondly.

At the time of inspection there was no policy in place on the identification and assessment of special reception needs, as required by the national standards. However, it was noted that there were clear systems in place as well as a defined job description for the reception officer. The reception officer and centre manager had identified residents with potential vulnerabilities and carried out an assessment of vulnerability (where the resident consented) to developed a plan of support. For example, one child with a disability was being supported to engage with relevant health services and had secured a place in a local school.

The staff team and the reception officer had received training in a wide range of areas to assist them in identifying and meeting any existing or emerging special reception needs. For example, staff members had undertaken training in substance misuse, suicide alertness, domestic violence, and gender-based violence. Staff members spoken with had a very good understanding of special reception needs and potential vulnerabilities of the resident group. A review of support plans and notes of resident engagement showed that staff promptly met any needs they became aware of, referred residents to external services, and advocated on their behalf where necessary.

Overall it was found that the accommodation in Carroll Village was effectively meeting residents' needs. There was a highly-trained and skilled team of staff who were actively engaged in supporting residents. The provider had successfully instilled a culture of human rights' promotion and it was evident that residents felt valued and respected living there.

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.

At the time of inspection there was no allocations policy in place. While decisions about allocations were generally made in advance of residents' admission to the centre, a policy was required to provide clarity about the provider's role in influencing decisions about allocations. This was particularly important in relation to how they would meet the changing needs of residents in the allocation or transfer of accommodation within the centre.

Judgment: Substantially Compliant

Standard 4.2

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

The service provider ensured that all families were accommodated in comfortable accommodation that was homely and well furnished. The apartments were found to be maintained in excellent condition and the layout and design of the apartments provided comfortable and homely accommodation.

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 provider ensured that families were accommodated together in suitable accommodation. The accommodation provided in the centre promoted private family life and the best interests of the child. The centre manager and reception officer sought feedback from children and adults and acted on any feedback received to ensure the accommodation met each family's needs.

Judgment: Compliant

Standard 4.6

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

The service provider had ensured children had the necessary facilities and materials to support their educational development. The centre manager ensured children had all necessary school supplies and that the accommodation had the necessary facilities to meet each child's individual education and development needs.

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.

As each family had their own apartment, they took responsibility for cleaning these spaces and managing their own laundry. The provider made cleaning supplies available to residents through an on-site store. These arrangements were found to effectively promote independence.

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 inspection found that there was proportionate security measures in place. There was CCTV in communal areas, however, as some of the CCTV was managed by a third party company, an updated policy on the use of CCTV was required to clarify the arrangements between the provider and the other agency on the management of CCTV footage.

Judgment: Substantially Compliant

Standard 4.9

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

Residents received non-food items such as bedding, cooking equipment and towels in sufficient quantity on arrival to the centre. Other items, such as cleaning supplies, toiletries, and nappies were provided to residents from the centre's store, which had a variety of items to facilitate choice.

Judgment: Compliant

Standard 5.1

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

A fully equipped kitchen was available in each of the 21 apartments and provided private food preparation and cooking facilities for families. This arrangement facilitated independence and supported family life.

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.

Residents purchased their own food from a local supermarket using an electronic voucher which was topped up weekly in accordance with the points allowance of each family. This meant residents could purchase food that met their own family, dietary and cultural needs.

Judgment: Compliant

Standard 6.1

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

The inspectors found that the service provider respected the rights of residents and promoted their dignity. Residents told the inspectors that staff treated them with respect and took their feedback on board. Residents were provided with up-to-date information about services and entitlements and there was evidence that staff members advocated on residents' behalf where necessary.

Judgment: Compliant
<p>Standard 7.1</p> <p>The service provider supports and facilitates residents to develop and maintain personal and family relationships.</p>
<p>There were measures in place to facilitate residents to develop and maintain personal and family relationships. Residents could receive visitors in their own apartments within reasonable hours and as such had private and comfortable spaces to receive visitors.</p>
Judgment: Compliant
<p>Standard 7.2</p> <p>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.</p>
<p>Residents were supported to avail of educational, recreational and employment opportunities in their local community. Information about local health and welfare services was made available to residents. Due to the location of the centre, no transport facilities were necessary and residents had access to up-to-date information about public transport facilities in the area.</p>
Judgment: Compliant
<p>Standard 8.1</p> <p>The service provider protects residents from abuse and neglect and promotes their safety and welfare.</p>
<p>There were measures in place to protect residents from the risk of abuse or neglect. The inspectors found that there were control measures in place for any potential risk to residents' safety, and previous safeguarding risks had been managed appropriately. There was a detailed adult safeguarding policy in place. At the time of inspection, staff had not received training in adult safeguarding.</p>
Judgment: Substantially Compliant

Standard 8.2

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

There was a child protection policy in place as well as a child safety statement. Staff had all received training in child protection and welfare. There was a designated liaison officer appointed who had received additional training in this area. There were no known child protection risks at the time of inspection.

Improvement was required to ensure that all child protection or welfare risks were reported by the centre manager, in accordance with relevant national legislation. It was noted that in some cases a risk was not reported directly by the centre manager as it was reported by a third party agency; in cases where no third party was involved the necessary report was submitted.

Judgment: Substantially Compliant

Standard 8.3

The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.

The inspectors found that significant adverse events were reported to the relevant department. Records of incidents were maintained in the centre and while the recording system could be optimised to assist oversight and monitoring, at the time of inspection, due to the low occurrence of incidents and resident numbers, the system was found to be generally effective.

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 provider had ensured that residents received person-centred support based on their individual needs and circumstances. Residents were provided with information and assistance to access support in the community. Residents could have professional meetings in their own apartments and there were private spaces in the centre for residents to meet with health and social care professionals.

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.

Generally, the provider was not made aware of any special reception needs in advance of a resident admission. It was found that where they were notified of, or became aware of a special reception need, they took steps to meet them in the provision of accommodation and associated services.

Judgment: Compliant

Standard 10.2

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

Staff members had received training in a variety of areas to support them in identifying and meeting residents' needs. The service provider and staff team had a clear understanding of potential vulnerabilities and ensured residents' needs were assessed on an ongoing basis.

Judgment: Compliant

Standard 10.3

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

While there were procedures in place to direct staff in identifying and supporting special reception needs, at the time of inspection the provider did not have an established policy to identify, communicate and address existing and emerging special reception needs.

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 dedicated Reception Officer with the appropriate skills and qualifications to support residents, including those with special reception needs.

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
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Compliant
Standard 1.2	Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Substantially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.2	Compliant
Standard 4.4	Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Substantially 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	Substantially Compliant
Standard 8.2	Substantially Compliant
Standard 8.3	Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Partially Compliant
Standard 10.4	Compliant

Compliance Plan for Carroll Village

Inspection ID: MON-IPAS-1039

Date of inspection: 24 and 25 June 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
2.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Supervision of Staff will be recorded and documented, a quarterly review will take place</p> <p>Centre Manager has completed the HSELand course, "Professional Supervision for HSCP" on 11th July 2024, valid until 10th July 2027.</p> <p>A Supervisory Policy will be created, detailing the approach that centre management will take in terms of how staff are managed and supervised</p>	
10.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A Policy Document is being drawn up to identify, communicate and address existing and emerging special reception needs and Staff training will be given on this policy document.</p> <p>A Reception Needs Questionnaire will be included with the Welcome Pack for all new arrivals and will be reviewed by the Centre Manager and Reception Officer</p> <p>Our Reception Officer will continue to assess residents needs, provide a care plan, and make referrals to services as required (ongoing)</p> <p>Reception Officer Manual has been drawn up and is now complete. It will be updated as necessary.</p>	

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.4	The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.	Substantially Compliant	Yellow	31 Oct 2024
Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Partially Compliant	Orange	31 Oct 2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and	Substantially Compliant	Yellow	31 Oct 2024 and is on going

	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.	Substantially Compliant	Yellow	30 Nov 2024
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.	Substantially Compliant	Yellow	31 st Oct 2024 and is on-going
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.	Substantially Compliant	Yellow	24 th July 2024, completed
Standard 8.1	The service provider protects residents from abuse and neglect and promotes their safety and welfare.	Substantially Compliant	Yellow	24 th July 2024, completed
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.	Substantially Compliant	Yellow	24 th July 2024 and on going

Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	31 st October 2024
---------------	--	---------------------	--------	-------------------------------

