



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

Name of the Centre:	Clonakilty Lodge
Centre ID:	OSV-0008424
Provider Name:	D&A Pizza Ltd.
Location of Centre:	Co. Cork
Type of Inspection:	Announced
Date of Inspection:	14/05/2024 and 15/05/2024
Inspection ID:	MON-IPAS-1028

## Context

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

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

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

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

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

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

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

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

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

## About the Service

Clonakilty Lodge is an accommodation centre located in Clonakilty Co Cork. The centre has 40 bedrooms which are all en-suite. At the time of the inspection the centre provided accommodation to 85 residents. The centre is located within walking distance of Clonakilty town and there is bus access from the town directly to Cork City Centre.

The centre consists of one main building with 40 bedrooms. There are parking facilities on-site and access to the building is through the main reception and hallway area. The building comprises residents' bedrooms, a family room, game room, gym, education room, two kitchens, laundry room, stroller room, two sitting rooms, dining room, shop, back and front garden and car park, and an outdoor seating area.

The centre has a clinic room which residents can also use for receiving visitors.

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

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	85
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**The inspection was carried out during the following times:**

Date	Times of Inspection	Lead Inspector(s)	Support Inspector(s)
03/04/2024	11:00hrs – 18:30hrs	1	1
04/04/2024	08:30hrs – 13:00hrs	1	1

## What residents told us and what inspectors observed

Overall, the inspection at Clonakilty Lodge identified positive findings about the services and supports provided to residents. The inspectors gathered information through conversations with residents, a review of documentation, and their observations. Residents consistently expressed satisfaction with the services and assistance they received, praising the staff team, director, deputy manager, and centre manager for their support. While the inspection at Clonakilty Lodge highlighted several positive findings, the inspectors also identified areas needing improvement. Specifically, they found further development of the role and guidance documents, as well as the need for additional training for the reception officer. Additionally, the inspectors found the need to develop internal systems for better oversight and monitoring of the services provided.

On arrival at the centre, the inspectors entered a welcoming reception area in a two-storey building where people signed in and out. They were greeted by the director of services, the centre manager, and the deputy manager, who showed them to a meeting room designated for the inspectors' use during the inspection. The inspection began with an introductory meeting with the management team, followed by a walk-through of the buildings led by the centre manager.

The accommodation centre was located on the outskirts of a town in Cork within walking distance of local services and transport links. The entrance to the centre was well maintained and there was ample parking for residents and visitors. Residents described the centre as safe and expressed that they felt comfortable living there. Many of the residents were families with children and they told inspectors that they were very happy in the centre.

The centre comprised 40 bedrooms across two storeys and all bedrooms had en-suite facilities. Altogether, the centre accommodated a total of 85 individuals, including both adults and children.

The primary function of the centre was to provide accommodation to international protection applicants and it catered for families and couples. The resident group in the centre were from a number of different countries. While the centre provided accommodation to people seeking international protection, the inspectors found that 29 (34%) residents had received refugee or subsidiary protection status and had received notice to seek private accommodation outside of the centre. However, due to the lack of available alternative accommodation this was not always possible.

The inspectors observed the catering facilities in the centre. All residents prepared and cooked their own meals in the centre. The centre had two kitchens, one Halal and one Haram or non-Halal, and both were adequately equipped with kitchen utensils, microwaves, and toasters. The kitchens had ample food storage cupboards, fridges, freezers and cooking facilities. Each kitchen had five cooking stations and the kitchens were accessible. This centre was very suitable to family living and its environment met the needs of both children and adults.

The building comprised residents' bedrooms, a family room, game room, gym, education room, two kitchens, laundry room, buggy room, two sitting rooms, dining room, shop, back garden and front garden and car park and an outdoor seating area. Offices were situated along the entrance corridor with a shop and dining room at one end. There was an open door policy and residents frequently visited the office to bring a maintenance issue to staff attention or seek assistance with completing documentation.

The education room facilitated a homework and activity club for school aged children. There was a maintenance room and store room for residents on each corridor. A separate laundry facility equipped with five washing machines and five dryers was available for the residents use.

There was an area outside with tarmacadam on which the children played and also a covered area where adults sat and chatted with each other. The centre manager and deputy showed the inspectors plans they had to develop the outdoor area further. Internally there was a pool table and library area with plenty of books for children and there was also play equipment including a doll's house and toys.

In order to fully understand the lived experience of residents, the inspectors made themselves available to them over the course of two days of the inspection. The inspectors engaged with 16 adults and 10 children and overall, they said they were happy with the support they received and were treated respectfully. All of the residents with whom the inspectors spoke stated that they felt safe in the centre. One resident said 'the staff were very respectful' and another informed the inspectors 'I am comfortable, I am happy here'. Twenty five residents returned questionnaires which were made available to them by inspectors, in order to ascertain their views of the quality of service provided. Overall, the comments were all positive and the residents said they were very happy in the centre. They liked the new designated halal kitchen and fact that they could cook their food of choice in line with their cultural needs and religious beliefs. In addition, the inspectors spoke with support staff, the centre manager, the deputy manager and the service provider's representative.

The centre was homely and the service provided was person-centred. There were additional supports offered to a female resident who was pregnant. For example, they were offered a bedroom closer to reception to provide support and security closer to her due date. The residents in the centre were supported to access healthcare services and to complete the necessary documentation to acquire a medical card and other supports. There was considerable external agency support in terms of a 'Friends of the Centre' group, the Health Service Executive, Cork City Council and the Immigrant Council of Ireland.

The centre had a school bus which came daily to collect the children and the residents could also access public bus routes to the city centre. The centre was within walking distance of shops and restaurants. Leisure facilities such as a playground, beaches and football facilities were also within easy access.

There was information displayed in the dining room and shop area on notice boards for various support services and external agencies. For example, there was guidance available from the Irish Refugee Council who provided information regarding resident's rights and SICAP (Social Inclusion Community Activation Programme), SECAD Employment, Enterprise, and Training Service which offered employment guidance. There was guidance on making complaints to the Ombudsman for Children's Office, Designated Liaison Person (DLP) information regarding child welfare concerns alongside resources from Barnardos and The McVerry Trust Housing Clinic. Another noticeboard displayed information regarding local child care services and playgroups, Friends of the Centre meetings, vaccine information and residents' entitlements.

In summary, by closely observing daily life and interactions within the centre and engaging with residents, the inspectors found that the centre was a safe and supportive environment where staff and managers were approachable and were very engaged with the residents. Interactions with residents were characterised by respect and a person-centred approach which reflected the wider positive culture of the staff team. Although improvements were needed in oversight and monitoring, the staff team, managers, and service provider demonstrated a commitment to delivering a high-standard service that embraced human rights and person-centred principles. 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 it was announced. The inspection found that although the service was effectively managed on a day-to-day basis with a dedicated management and staff team, there were areas needing improvement to enhance the governance systems and to ensure robust oversight and monitoring of the services provided. Key areas requiring development included safe and effective recruitment practices and internal audit systems for oversight. An urgent compliance plan was issued by inspectors in relation to international police checks. While the service provider had started to implement systems and processes to address these deficits, they were still in the early stages and needed further development and implementation.

The inspectors found that the service provider and centre management team had a good understanding of the legal and policy framework governing service operations, encompassing relevant legislation, national policy, and national standards, which supported them in fulfilling their roles. The service provider had recently had inspections in their other services and the transfer of learning from these inspections was evident during the course of this inspection. There was a very positive, shared commitment from the management team to continually add to their knowledge and establish systems and policies for better compliance.

The service provider had a clear governance structure in place. The centre was managed on a daily basis by a centre manager and a deputy manager. The centre manager and the deputy reported to the general manager for the service. The senior management team comprised of the centre manager and the newly recruited general administration manager, both of whom reported to the two company directors.

To oversee quality and compliance, the service provider had employed an experienced general administration manager. Prior to the inspection, the service provider had conducted a self-assessment of their compliance with the national standards, indicating an understanding of their obligations. The service provider had utilised the learning from the self-assessment and developed an action plan which was incorporated into a quality improvement plan. The quality improvement plan demonstrated active engagement in learning and development concerning the implementation of national standards and quality improvement systems, indicating a commitment to the continual improvement of the centre. However the audit systems developed as part of the quality improvement plan were relatively new systems and required to be embedded for longer to strengthen the oversight and monitoring of service provision and to evaluate their effectiveness. This finding reflected the newness of the service provider to the national standards.

The general administration manager had completed a review of the management systems of this centre alongside the self-assessment which also fed into the quality improvement plan. The general administration manager informed inspectors that they were addressing the actions required from this review, some of which reflected the findings on this inspection. The quality assurance systems being implemented following this review and the completion of the self-assessment provided a sufficient basis from which quality improvement could take place and bring about enhanced services which fully met the requirements of the national standards. The centre manager told the inspectors that monthly reports were planned for the service directors to support them to monitor the implementation of the quality improvement plan and to ensure that a good quality service was being provided to residents.

The centre had an effective complaints policy and process in place. Complaints were documented, complainants were consulted, and resolutions were achieved. A recording system ensured the provider had good oversight of complaints and informed service improvements. The details of the complaints officer were prominently displayed on the residents' noticeboard and there were no unresolved complaints at the time of the inspection.

The service provider had a system in place to record and report on incidents that took place within the centre. The general administration manager had developed an incident learning log and meeting system whereby incidents would be reviewed at incident learning meetings. These incident learning meetings were new and had been initiated as part of learning from inspections which had taken place in other centres and ensured staff could learn the necessary skills to empower them to manage incidents. This was evident to the inspectors as a recent incident was reviewed on the day of inspection. Inspectors observed that the incident had been addressed with both parties and measures were put in place, such as recording and trending, to ensure that issues between residents were identified early and so that they did not escalate.

The service provider had formal arrangements in place to actively seek the views of children and adults through residents' meetings and the centre manager reported that they planned to develop a residents' committee that would broadly represent the diversity of residents residing in the centre.

Residents informed inspectors that they had very positive relationships with staff members. They felt listened to and their independence was encouraged and they were consulted on decisions which affected them. This input from residents informed how the service was delivered going forward and empowered residents to be active participants in the day-to-day running of the centre.

The service provider had prepared a residents' charter which clearly outlined the available services and was provided to residents with a welcome pack. This charter was

provided in seven languages and discussed with residents during their welcome meeting at the centre. This approach ensured that residents had accurate information regarding the services provided to them.

The service provider had implemented a good risk management system which ensured that all risks were identified, assessed, monitored and appropriate control measures put in place to provide a safe service. The service provider had recently developed and implemented a new risk management policy and risk register. The service provider had ensured that the risks were person specific and general risks were also outlined on the risk register.

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

The practices for the recruitment of staff members in this centre required some improvement. The inspectors found that one staff member did not have an international police check despite living overseas for a period of time. An urgent compliance had been issued by inspectors in relation to this. The service provider risk assessed the situation and put control measures in place to mitigate the risk. The inspectors found that all staff had a valid Garda vetting disclosures in place. The service provider had a system in place to risk assess positive disclosures identified through vetting processes, where applicable.

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

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

recruitment policy had recently been implemented and it outlined that going forward references would be sought for all staff members prior to employment.

The inspectors reviewed training records and found that staff had received appropriate training and development opportunities to meet the needs of the residents and to promote safeguarding in the centre. Training was provided to all staff including safeguarding of vulnerable adults and Children's First and a training needs analysis had been completed by the provider from which a training plan had been developed.

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

### **Standard 1.1**

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

The provider and management team performed 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 completed a self-assessment of their compliance against the standards and had also developed a quality improvement plan, however, this was in the early stages of implementation.

Judgment: Compliant

### **Standard 1.2**

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

The service provider had effective leadership, management and governance arrangements in place which clearly identified the lines of authority and accountability, specified roles and detailed responsibilities for areas of service provision. The provider had defined management roles in place, for example, there was a reception officer, centre manager and administration manager who had good knowledge of their individual responsibilities. The provider had developed a reception officer guidance manual but it was limited in its information and had a very basic work plan attached.

Judgment: Substantially Compliant

### **Standard 1.3**

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

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

Judgment: Compliant

### **Standard 1.4**

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

Residents were consulted with regularly both formally and informally, formal consultation was through a resident meeting where residents could discuss any issues that arose and there were records kept which informed the delivery and planning of the service. There was an annual review of the quality and safety of the service completed and the provider outlined how residents' feedback would be included in this review going forward.

Judgment: Compliant

### **Standard 1.5**

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

Residents' meeting had commenced and while this was a positive indication of active inclusion of residents in the delivery of services, it was still in the early stages of implementation. The service provider had plans to develop a residents' committee but at the time of inspection this had not commenced. The residents did, however, inform the inspectors that they had regular informal discussions with staff and participated in decisions which affect them felt listened to.

Judgment: Compliant

### **Standard 2.1**

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

Staff recruitment practices in this centre required improvement; one staff member who had resided outside of the country for a period of six months or more did not have an international police check in place. The service provider had a plan in place and the staff member had requested same. There was also a risk assessment and control measures in place in the interim period. On review of documentation the inspectors found that all staff had a valid Garda vetting disclosure. A staff appraisal system had been developed by the provider and had recently implemented.

Judgment: Substantially Compliant

### **Standard 2.2**

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

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

Judgment: Compliant

### Standard 2.3

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

The provider had recently developed a system for supervision of staff, and had developed a supervision policy and was committed to implementing this. Staff members had received their first supervision session. The inspectors noted that staff members demonstrated a good understanding of their roles and responsibilities in promoting and safeguarding the welfare of all residents. Staff members spoken with said they felt supported by the centre managers.

Judgment: Compliant

### Standard 2.4

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

Training was provided to all staff including safeguarding of vulnerable adults and Children's First and a training needs analysis had been completed by the provider. A training plan was developed and a record kept of all training completed.

Judgment: 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 had implemented a risk management framework to ensure that all risks were identified, assessed, monitored and appropriate control measures were in place to provide a safe service. The service provider had a risk management policy in place and a risk register had recently been developed which outlined both general health and safety risks and resident specific risks. However, the provider had not completed an in-depth risk analysis of the service and some risks had not been identified and added to the risk register.

Judgment: Substantially Compliant

## Quality and Safety

Overall, the inspectors found that the management team in this centre facilitated the provision of a good quality service which was safe and person-centred and met the diverse needs of residents. Residents were supported to live self-directed lives and were treated with respect and dignity. While the centre provided a good service to the residents, there were areas for improvement identified during this inspection which were related to guidance on fulfilling the role of reception officer, recording systems and consultation on non-food items.

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

Bedrooms in the accommodation centre were clean and well maintained. There was adequate storage in bedrooms and the rooms were appropriately furnished and had adequate living space. There was sufficient parking available for residents and visitors. Children had access to a playground and a football pitch nearby.

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

The service provider was proactive in meeting the educational and recreational needs of residents. There was a study room for older children and college students and a library area for children. There were additional supports provided from an external agency who provided activities and educational support to the children. The centre was adequately equipped with educational resources and equipment to support children's learning and development. The service provider was also very aware of the need for health supports and there was support provided to residents to access healthcare services.



There were adequate communal facilities for residents to use, including a dining room, a meeting room, a study and a playroom for children with toys, a doll's house and a pool table. There was Wi-Fi throughout the centre. The communal areas were in good condition and nicely decorated with sofas and a coffee table for adults to relax. There was a well-equipped laundry room with adequate number of washers and dryers and residents were provided with laundry detergent by the centre managers.

The centre had two new large kitchens with five cooking stations and they were fully accessible for residents with mobility issues. The kitchens were well equipped with dishwashers, fridges, freezers, toasters, and microwaves. The inspectors observed residents cooking and using the kitchens throughout the inspection. Residents explained that they were happy with the kitchen facilities and with the separate Halal and non-Halal kitchens. The centre manager explained that residents had full access to the kitchen at all times.

The centre was located in a Cork town and had good access to public transport links and some of the residents had their own vehicles. Residents had access to shops, amenities and educational facilities within the local community.

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

The residents informed the inspectors that they were treated very well in the centre and that their rights were respected. Through observation and discussion with residents and staff, the inspectors found that the general welfare of residents was well promoted and concerns raised by residents were effectively dealt with. Residents spoke very highly of the management team and cited many occasions where they asked for assistance and it was provided in a timely manner. There was also a residents' meeting and a residents' survey in place to seek the view of individuals, which would ultimately feed into the annual review. Residents were encouraged to be independent and autonomous while receiving the necessary supports to achieve this. The centre manager informed the inspectors that residents' rights were promoted in the centre and there was information on the resident's noticeboard regarding rights and advocacy.

Residents were supported and facilitated to maintain personal and family relationships. The family unit was respected in the centre and families were accommodated together, extended family members who had previously resided in the centre were encouraged to visit and meet in communal areas.

The service provider ensured that staff received appropriate training in child protection and had implemented a child safeguarding statement and policy. Staff also completed training in safeguarding vulnerable adults. The service provider adhered to national policy and legislation by identifying, addressing, and reporting any child and adult safeguarding concerns. There had been no recorded or reported adult safeguarding concerns, and the residents with who the inspectors spoke expressed that they felt safe living in the centre. Information regarding the designated liaison person and the designated officer was prominently displayed on the notice board at reception.

The centre manager informed the inspectors that a newly developed system for reviewing and learning from adverse incidents had been implemented. While it was in the early stages of implementation, it provided a facility to ensure that incidents and adverse events were tracked and reviewed on a monthly basis to ensure learnings from such events were captured and used to improve the service. The centre manager explained that an internal incident report template had also been developed to identify the issues that arose and the supports that were offered. The service was planning to review these reports at regular incident learning meetings to identify areas for service improvement.

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

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

The service provider had recently developed a policy to identify and support special reception needs, however, a manual or guidance document outlined as being required in the national standards had not yet been developed. The centre manager informed the inspectors that a guidance manual was currently under development. A vulnerability assessment had recently been developed also but was still under review as it did not adequately account for all special reception needs, referrals and supports offered. The senior management team was in the process of evaluating this approach and intended to conduct assessments in the future as needed. When staff members became aware of special reception needs, they made arrangements to assist individual residents in accessing the required services.

The service provider had employed a general administration manager who was also appointed to the role of the reception officer. The inspectors were informed that while the general administration manager would fill both roles across two centres, the service provider was in the process of recruiting a second reception officer to work in the other sites. The service provider acknowledged that this was a new role for the organisation, and following a review the service provider identified that geographically two reception officers would be required to work across the four centres. While the appointed reception officer possessed the necessary qualifications and was part of the senior management team, further development of the role was deemed necessary. In particular, to ensure that the reception officer received adequate training and knowledge to become the primary point of contact for residents, staff, and management regarding special reception needs.

#### **Standard 4.1**

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

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

Judgment: Compliant

#### **Standard 4.2**

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

The service provider had ensured that the accommodation for residents was of a good standard and the residents had sufficient space in line with the requirements of the national standards. The buildings in general were homely and well maintained and residents had sufficient storage and appropriate furniture in their rooms.

Judgment: Compliant

#### **Standard 4.4**

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

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

Judgment: Compliant

#### **Standard 4.5**

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

Children and young people have sustained access to a range of age-appropriate toys and games which were in good condition and met their developmental and creative needs. The centre manager showed the inspectors plans to further develop the outdoor space for the children.

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 made available dedicated facilities and materials to support the educational development of each child and young person, where children could learn and do artwork and which had age appropriate toys and books for the children. It was a child friendly, comfortable and inviting area and supported the educational development of each child. There was also a study room with computers and access to Wi-Fi to meet the educational requirements of children and young people.

Judgment: Compliant

### **Standard 4.7**

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

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

Judgment: Compliant

### **Standard 4.8**

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

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

Judgment: Compliant

### **Standard 4.9**

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

Residents were not provided with non-food items such as toiletries and baby care items such as baby creams or baby food and there was limited engagement or consultation with residents on the types or varieties of non-food items provided in the centre. The provider was providing all other items such as cutlery, cooking utensils towels, bedlinen, and sanitary products.

Judgment: Substantially Compliant

**Standard 5.1**

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

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

Judgment: Compliant

**Standard 5.2**

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

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

Judgment: Compliant

**Standard 6.1**

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

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

Judgment: Compliant

**Standard 7.1**

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

Residents were supported to develop and maintain personal relationships and they could invite family and friends to visit them in the centre where they could meet in the communal areas. The family unit was respected in the centre and privacy and dignity were promoted and the best interest of the child was considered.

Judgment: Compliant

**Standard 7.2**

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

The service provider ensured that the residents had access to local recreational, educational and health and social services. Residents had easy access to local bus and rail links. External agencies and non-governmental organisations attended the centre regularly to offer support and advice around education, training, employment and local services.

Judgment: Compliant

**Standard 8.1**

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

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

Judgment: Compliant

### **Standard 8.2**

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

There was a child protection policy and child safeguarding statement in place and staff had completed training in child protection. There was an appropriately trained designated liaison person appointed who also held the role of reception officer. The service provider operated in line with national policy. The staff team worked in partnership with children and families to promote the safety and wellbeing of children and children had access to additional supports, if this was required.

Judgment: Compliant

### **Standard 8.3**

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

There was a system in place to report and notify all incidents and serious events in the centre. Policies and procedures were in place to ensure the timely reporting, response, review and evaluation of adverse incidents and events.

Judgment: Compliant

### **Standard 9.1**

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

The service provider promoted the health, well-being and development of each resident. The staff team provided person-centred support that was appropriate and proportionate to the needs of the residents. Residents were provided with information and assistance to access supports for their physical and mental health needs. The service provider had engaged with community healthcare services, the local GPs and public health nurses to support resident's needs.

Judgment: Compliant



**Standard 10.1**

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

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

Judgment: Substantially Compliant

**Standard 10.2**

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

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

Judgment: Partially Compliant

**Standard 10.3**

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

The service provider did have a policy in place to identify, address and respond to existing and emerging special reception needs. The recording system required further development to ensure that the special reception needs of residents could be appropriately responded to and monitored.

Judgment: Substantially Compliant

#### **Standard 10.4**

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

The service provider had recruited a general administration manager who was also appointed to the role of reception officer. Although the reception officer possessed the necessary qualifications and was a member of the senior management team, it was identified that further development of the role was required. This was to ensure that the reception officer received appropriate training and knowledge to effectively become the principal point of contact for residents, staff, and management.

Judgment: Substantially Compliant

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

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

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

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

# Compliance Plan for Clonakilty Lodge

Inspection ID: MON-IPAS-1028

Date of inspection: 14 and 15 May 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
10.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A local incident management policy and incident management forms are in place within the centre (complete).</p> <p>Where an incident occurs they are recorded on an incident report form. Incident learning meetings will be conducted monthly in response to any incidents and the system is formalised (July 2024).</p> <p>All team meetings and resident meetings are recorded, and records are kept on site (complete and ongoing).</p> <p>Training has been identified for staff to support them to identify and respond to special reception needs (July 2024).</p> <p>A special reception needs policy has been developed specific to the centre (complete).</p> <p>All staff are engaging in 1:1 supervisions and all supports provided to staff are formalised and documented on site (complete and ongoing).</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 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Partially Compliant	Orange	31/07/2024