



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

Name of the Centre:	Davis Lane Apartments
Centre ID:	OSV-0008425
Provider Name:	Cromey Ltd
Location of Centre:	Co. Cork
Type of Inspection:	Unannounced
Date of Inspection:	10/07/2024 and 11/07/2024
Inspection ID:	MON-IPAS-1048

## 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

Davis Lane Apartments is an accommodation centre located in Mallow, Co. Cork. It is comprised of 13 apartments in which families were accommodated. At the time of inspection there were 57 people residing in the centre. The centre is situated off a main street and is in close proximity to a range of local services and amenities. The apartments are accessible through a private stairwell which requires a code to enter, and residents each have a key to their own apartments.

The apartments had between two and three bedrooms, and each has a living area and a fully equipped kitchen with space for dining. There is a bathroom in every apartment and laundry facilities are available in each kitchen.

Davis Lane Apartments is managed by a centre manager who reports to a director of operations. The centre manager is also the manager of another centre for the same organisation, where they are based, and visit Davis Lane Apartments on a scheduled basis. Two staff members work in the centre on a regular basis as housekeeping staff. The centre operated an independent service model and residents contact the centre manager directly for support as required.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	57
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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)
10/07/2024	10:45hrs-17:30hrs	1	1
11/07/2024	10:15hrs-14:00hrs	1	1

## What residents told us and what inspectors observed

The inspectors found, through conversations with residents, a review of documentation and observations made during the inspection, that the residents at Davis Lane Apartments lived independent lives and received the necessary supports from the service provider when required. Residents who spoke with the inspectors expressed satisfaction with the services and assistance they received at the centre and spoke highly of the centre manager. While there were positive findings identified during this inspection, the inspectors found there were some areas that required improvement, such as staff training, and the oversight of the services provided.

This inspection took place over two days. During this time, the inspectors met with 18 residents, including nine children. Some of these residents spoke with the inspectors and gave feedback on their experience of the service, and others spoke with inspectors briefly as they went about their day. The inspectors also spoke with the centre manager and the director of operations.

The inspectors met the service provider representative and the centre manager at an administrative building located in another centre operated by the provider, in which the centre manager for Davis Lane Apartments was based. The centre manager oversaw the operation of two centres, and divided their time between both. While they did not have an office base at Davis Lane Apartments, it was found that they attended the centre on a regular basis to engage with residents and were easily contactable by the residents who lived there.

The centre was contracted to accommodate up to 52 residents across 13 own-door apartments. At the time of inspection, there were 57 people living at Davis Lane Apartments. While this was in excess of the official capacity of the centre, it was found that it was due to some families increasing in number while they lived in the centre, many of whom were seeking alternative accommodation having already received refugee or subsidiary protection status. Residents spoken with were satisfied with the size of their accommodation, and it was found that the additional occupancy had minimal impact on space as the additional residents were young children.

The apartments were located off a main street in Mallow, accessible through an external door secured with a keypad. The main entrance led to a lobby with a staircase and a lift. There was an information board in the lobby with up-to-date information about the centre, local services, and health and safety information. The fire-system panel was located in this space as well as a large first aid kit. Resident accommodation was located on the first and second floors of the building. There was a small courtyard on the first

floor, with apartments situated around it. The apartments on the second floor overlooked the first-floor courtyard.

The inspectors visited the centre on the first day of the inspection and observed children playing in the courtyard. Small children were playing games together while being supervised by parents who were sitting outside their accommodation while enjoying some good weather. A number of older children were playing ball games nearby. They appeared very familiar with each other and were enjoying each other's company. The inspectors noted some external maintenance issues that needed to be addressed in the courtyard, such as loose paving slabs in the area where children were playing, and an unused stair lift which was in disrepair. The centre manager took a note of these issues and committed to addressing them. Some children told the inspectors they would like to have a new picnic table as the one in the courtyard was broken.

The inspectors visited three of the apartments with permission from the residents who lived in them. All of the apartments had a kitchen, living space and a family bathroom. The inspectors found that the accommodation was maintained to a high standard and had sufficient equipment and facilities for residents to live their daily lives, cook meals and complete their own laundry. They were well furnished and residents told the inspectors that the centre manager was very responsive to any requests or issues in relation to the accommodation. For example, one resident reported that their cooker was broken and a new cooker was delivered the following day. The apartments had ample space for children to play, develop and complete their school work. There was adequate storage for residents to store their clothes and belongings without impacting on their living environment.

Residents who lived in Davis Lane Apartments catered for themselves and their families. The service provider ensured that the apartments had all necessary equipment and facilities for residents to prepare and cook meals. Residents purchased food and non-food items from a store operated by the provider. Each family was allocated a specific amount of points that were used to purchase items online, which were then delivered to their apartment. The service provider also operated a free return transport service to the building in which the centre manager and the food store was located. While no other transport was provided, residents benefited from the convenience of having a train station and local and national bus services nearby.

This inspection found that residents' rights were protected and promoted. The model of service promoted independence and autonomy. Residents were generally allocated accommodation in the centre by transfer from another of the provider's services. This meant that the service provider was familiar with residents and their needs prior to their admission to the centre. Many of the adult residents were engaged in employment or

education. Children spoken with told the inspectors they attended school in the local areas.

Residents were facilitated to live an independent life and generally managed their own day-to-day needs. Residents who spoke with the inspectors told them they liked this approach and said that they rarely needed to contact the centre manager for help or advice. In cases where they did need support, they reported that the centre manager gave any necessary assistance. The inspectors reviewed records of correspondence between residents and the centre manager and found that records supported residents' feedback in this area.

Overall, while there were some areas of operation that required further development and enhanced oversight, it was found that the service provider was delivering a service that met residents' need and promoted independence and integration. The model of service employed promoted and protected the rights of families, with proportionate supervision and measured supports. It facilitated residents to maintain and develop life skills that would support further integration into the community once they moved on from the centre.

The observations of inspectors and the views of the residents outlined in this section are generally reflective of 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.

## Capacity and capability

This was the first inspection of Davis Lane Apartments by HIQA. The inspection found that while the service was effectively managed on a day-to-day basis and had a committed management and staff team in place, improvements were required to further develop the governance systems and ensure good oversight and monitoring of the services provided. For example, the inspectors found a fault in the fire alarm panel that had not been reported to, or observed by, the centre manager. Where deficits were found in other areas, for example, in areas such as staff training, and meeting special reception needs, the provider had ongoing plans in place to address them.

The centre manager was found to be knowledgeable in their role and had a clear understanding of their responsibilities. It was evident that they were very familiar with residents and their needs. The centre manager reported to a member of the executive team who was present throughout the inspection. It was clear that the senior management team was engaged in the running of the centre. The provider operated more than one accommodation centre and it was found that they organised regular meetings between the executive team and a team of centre managers to facilitate shared learning and effective communication.

The centre manager was primarily based in an office at another centre that they managed, which was approximately 35 kilometres from Davis Lane Apartments. Many of the residents who lived in the centre had previously been accommodated in this other centre. The centre manager visited Davis Lane Apartments on a periodic basis, generally every two weeks, to meet with residents. There were two housekeeping staff members who worked in the centre and maintained common areas such as stairways and halls. From speaking with residents, the inspectors learned that they were satisfied with these arrangements. The service provider operated an independent model of accommodation and support in Davis Lane Apartments and residents lived largely autonomous lives. Residents told the inspectors that the centre manager was easily contactable by phone or email, and support was provided when they needed it. For example, one mother told the inspectors that she had not sought support or assistance for a long time, but that her adult children who resided with her received assistance with various things when necessary, such as help with job applications or printing forms.

While it was evident that the centre manager had a good understanding of the operation of the centre and residents' needs, the oversight arrangements required some review to ensure that the safety and quality of the centre was effectively monitored. For example, while the regular visits were effective in monitoring residents' satisfaction, they did not include any formal or recorded observations in relation to

building safety or fire safety. The centre manager did, however, carry out 'room checks' where issues in apartments were identified and there was evidence to demonstrate that these were appropriately managed and followed up on. The addition of a wider premises audit on a periodic basis would assist the provider in identifying health and safety issues and other risks promptly, such as the loose paving slabs.

As stated previously, the inspectors found the fire safety panel to be in a state of fault on the first day of inspection. This meant that the alarm would not sound in the event of a fire. When alerted to this issue, the centre manager organised for it to be addressed and it was corrected on the same day. Improved local monitoring and reporting was necessary to prevent issues of this nature going undetected, for example, through the introduction of targeted audits or a review of staff roles and responsibilities in relation to building safety and risk management.

On further review of the fire safety arrangements, it was found that the provider had taken steps to manage other fire related risks in the centre. There was firefighting equipment throughout the building, as well as emergency lighting and signage. There were containment measures in place and all fire exits were clear of obstruction. The provider had arranged for residents to receive onsite fire safety training and, as a result, at least one adult in every household had been trained in how to respond in the event of a fire.

The inspectors reviewed the personnel records for staff working in the centre and found that the provider had measures in place to ensure safe and effective recruitment of staff members. While the centre manager oversaw a team of more than 40 staff, generally only two staff members actively worked in the centre. In addition to these two housekeeping staff, some maintenance staff occasionally worked in the centre. Additional staff members were available to meet residents' need if required. All staff working in the centre, including those that worked there on an occasional basis, had been subject to Garda Vetting. An international police check had been carried out for any staff member who had lived outside of the State for a period of six months or more. The provider had taken measures to ensure that adequate references were received for any future staff recruited to the centre.

On review of staff training records it was found that there was a training plan in place for all staff members. Many staff had undertaken training in key areas, such as adult safeguarding and child protection. While further training was required to meet the requirements of the national standards, the provider had identified this and had a plan in place to address it. Staff members reported directly to the centre manager who provided informal support and guidance. While there was a staff supervision policy in place at the time of the inspection, the practice of staff supervision had not commenced. Similarly, the provider had prepared a policy and procedure on staff

appraisals that had not yet been implemented. Timely commencement of these procedures was necessary to ensure staff were supported to fulfil their roles and to support professional development and accountability.

The complaints procedures were reviewed by the inspectors, and it was found that there was a clear complaints policy and processes in place. Complaints were documented, complainants were consulted with, and complaints were resolved. There were detailed records maintained of complaints made and their resolution. There was information on the residents' noticeboard about how to make a complaint and there were no unresolved complaints at the time of inspection.

The inspectors reviewed the risk management arrangements in the centre. There was a risk management policy in place and a risk register which outlined known risks in the centre. There was a procedure in place for monitoring and responding to risk, and the risk register included clear control measures that were found to be in place, and relevant to the risks identified. There were detailed risk assessments in place, where necessary, regarding risks specific to residents.

Additionally, the provider had assessed risks in relation to contingency planning, and there were detailed plans in place that set out how the provider would ensure continuity of service in the event of a number of potential circumstances. The plans also outlined the measures the provider would take to accommodate residents in the event of any serious disruption of the service.

The inspectors reviewed the residents' charter and found that improvements were required to ensure it was specific to the service provided at Davis Lane Apartments. The residents' charter in place related to the two centres overseen by the centre manager, and there was insufficient information regarding the specific arrangements in place in Davis Lane Apartments.

### **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 developed a good understanding of their responsibilities under relevant legislation, regulations and standards. There were systems in place to meet these requirements, and while there were some areas in which further implementation of service plans was required to fully meet the requirements of the standards, for the most part these were known to the provider.

Judgment: Substantially 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 were clearly defined leadership arrangements in place. The centre manager oversaw the operation of the centre and had the necessary skills and experience to perform the role. Staff were accountable in their individual roles and reported to the centre manager effectively.

However, improvement to the provider's monitoring system was necessary to ensure that pertinent information about the service was reported to the centre manager in their absence. Enhanced local oversight was required so that the service provider could ensure that the safety of the service was consistently monitored, and any safety issues were promptly addressed.

Judgment: Partially Compliant

### Standard 1.3

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

There was a residents' charter in place, however, as it was designed to provide information about two centres, the specific services and arrangements in place in Davis Lane Apartments were not clear. The charter required review to ensure it contained relevant and specific information about the services available to children and adults living in the centre.

Judgment: Substantially Compliant

### Standard 1.4

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

There were arrangements in place to monitor the quality of the service provided and to assess how the centre was meeting the requirements of the standards. The provider had

conducted a self-assessment and was actively working on improvement initiatives which this informed. The centre manager regularly consulted with residents and their feedback was acted upon to make improvements to the service.

Judgment: Compliant

### **Standard 2.1**

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

The service provider had ensured there were safe and effective recruitment practices in place. There was a recruitment policy available, and while some records were not available for staff who had been employed in the centre a long time (for example, written references), the provider had identified this and made arrangements to ensure satisfactory records were maintained for any future appointments. 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.

Staff members were receiving support to carry out their duties. The inspectors found that the centre manager was providing informal supervision to staff who worked in the centre. However, there were no formal supervision arrangements in place at the time of inspection.

Judgment: Partially Compliant

### **Standard 2.4**

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

Staff had received training in key areas, such as child protection and adult safeguarding. The centre manager had undertaken training in a variety of areas, including areas specific to residents' potential vulnerabilities, for example, domestic and gender-based violence. Not all staff had received training in the areas outlined in the standards, however, this had been identified in a training assessment and there were plans in place to address any deficits.

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 had carried out an analysis of risk and developed a risk register that outlined known risks and control measures. There was a risk management policy in place with clear procedures to identify, assess and review risk.

There were contingency plans in place to ensure continuity of service in the event of specific circumstances.

The provider had taken measures to mitigate fire safety risks. Residents had received training in fire safety and evacuation, and were familiar with evacuation procedures.

Judgment: Compliant

## Quality and Safety

This inspection found that the provider was operating the service in a way that supported residents in a person-centred manner that promoted their autonomy. The service was providing safe and comfortable accommodation and residents were living independent lives in the community. While some further work was necessary to enhance and embed some of the governance and management arrangements, and in relation to special reception needs, the provider had identified most of these deficits in their own audits and was working to make the necessary improvements.

The service provided accommodation for families, and at the time of inspection there were 57 people residing in the centre; 29 adults and 28 children. Each of the 13 own-door apartments accommodated one family. The apartments contained between two and three bedrooms, a kitchen and dining area, a living area, and a bathroom. Families who lived in the centre varied in size, and the maximum capacity of any apartment was seven people. The inspectors visited three apartments with the permission of their occupants. The apartments were found to have sufficient sleeping and living space, and were well-furnished. Each apartment was nicely decorated to the families' preference.

Residents who spoke with the inspectors told them that any maintenance issues were resolved quickly when they raised them. They also said that the centre manager was easy to reach when they needed them, and responded to any requests. For example, one resident told the inspectors that when they asked for an extra wardrobe for their child, it was delivered on the same day. Residents managed their own laundry, and there was a washing machine available in each apartment. Residents dried their clothes on drying racks, and there was space available both inside and outside of the apartments to do so.

In general, the building and the apartments were found to be clean and tidy and well maintained. Communal areas were clean throughout and residents were responsible for cleaning their own apartments. There were some external maintenance issues which needed to be addressed, such as loose paving slabs in an area where children were playing. There was also a stair lift that was in a state of disrepair located on a short set of stairs in the first floor courtyard. This obstructed the stairs on one side and was rusted in parts. The centre manager acknowledged the issues identified at the time of inspection and committed to addressing them.

There was a store room on the second floor that was used by housekeeping staff to store cleaning materials and equipment. This was observed to be untidy and visibly dirty in areas. There was damp on the ceiling and it was cluttered with materials

which resulted in mops being stored in an unhygienic manner. This area needed to be cleaned and appropriate storage was required to ensure staff had suitable space and materials to carry out their duties to a high standard.

The inspectors reviewed the allocations procedures in the centre and found that residents were allocated accommodation directly or by transfer from another centre that the provider operated. There was an allocations policy in place that set out the procedure of allocations to the centre, including considerations taken when deciding on admissions. At the time of inspection, most of the residents had been admitted by transfer, and moved to Davis Lane Apartments to live a more independent life in the community.

The service provider made efforts to include residents in events that occurred in the other accommodation centre, which was where the centre manager was based. The inspectors saw that children who lived in Davis Lane Apartments were invited to attend large Christmas parties and other seasonal events. While there were no specific facilities in the centre for children, the service provider ensured that they were provided with any necessary items to meet their developmental needs. For example, additional kitchen equipment was made available to parents with small children for preparing meals, and older children were provided with desks to do their homework. One parent told the inspectors that their child was starting a new school in September, and the centre manager was arranging for all necessary supplies to be provided to the child, including a uniform and stationery items.

Residents who lived in the centre prepared and cooked their own meals. The kitchen of each apartment contained adequate equipment and materials for residents to cater for their families. For example, there was a large fridge-freezer, a cooker with a hob, grill and oven, a microwave, a toaster and a kettle. Residents were provided with food items through the provider's store, where they exchanged a weekly allowance of points for grocery items. This was facilitated through an online ordering system, and orders were delivered to the centre multiple times per week. Residents could also attend the centre where the store was located if necessary, and free transport was available to travel to and from this location.

Residents were provided with items such as bedding, towels, crockery, and cutlery on arrival to the centre. They also received basic toiletry supplies when they arrived, after which they purchased all personal non-food items from their points allowance. The system of using points to purchase both food and non-food items required review to ensure residents were provided with all necessary non-food items, in addition to any allowance provided for food.

There were reasonable security measures in place in the centre that were proportionate to the risks identified in the centre. There was no security staff present during the day, with periodic monitoring by security staff overnight. There was closed-circuit television (CCTV) in use in some common areas such as hallways, and the lobby area. There was clear signage in place in all areas where CCTV was present and there was a policy in place to direct how it was managed.

The inspectors reviewed the safeguarding arrangements in the centre. There was a child safeguarding policy in place, and a child safety statement available which was displayed on the noticeboard in the lobby. All staff members had received training in child protection and there was a designated liaison person appointed. At the time of inspection, there were no active safeguarding risks in the centre. From speaking with the centre manager, it was clear they were knowledgeable in this area and knew how to respond to potential child protection or welfare risks. There were additional measures in place to protect adults in the centre from risk of harm or abuse. Staff had received training in this area and there was a policy in place that clearly set out the steps to be taken if a risk was identified in this area.

There were arrangements in place to record and report any significant incidents that occurred in the centre. The service provider had a policy in place with regard to incident management and the systems in place enabled the provider to effectively review incidents and facilitate learning. Where necessary, incidents were escalated to relevant third party agencies, including those required to be notified to HIQA.

The provider had ensured residents had access to relevant information about local services and facilities. The centre manager and staff were supporting residents to avail of resources in the local area, such as health services and housing supports. For example, there were additional health supports in place for one resident based on an assessment of risk carried out by the centre manager. There were notice boards in the centre that provided up-to-date information about a range of support services, including supports available through the provider organisation.

At the time of inspection there was no dedicated Reception Officer employed in the centre. It was found that the centre manager was fulfilling some key Reception Officer duties. A dedicated and suitably qualified Reception Officer was required, as outlined in the national standards, to provide a planned and consistent approach to identifying and addressing special reception needs. The provider was aware of this deficit and was actively recruiting to fill the vacant position of Reception Officer at the time of inspection. In preparation, the provider had developed a policy regarding how special reception needs were identified and met.

Overall, it was found that the accommodation provided in the centre was effectively meeting the needs of the resident group. Residents lived independent lives in comfortable accommodation that facilitated good integration into the local and wider community. While some further attention to specific areas of operation was required, the provider was found to be working towards meeting the requirements of the national standards and had made clear progress in many areas. Full implementation of the provider's improvement initiatives would considerably and positively affect compliance with the national standards.

#### **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.

There was an allocations policy in place that set out the admissions procedure for the centre. The service provider endeavoured to meet the identified needs of adults and children in the allocation of accommodation. Families were housed in own-door accommodation which protected their privacy and promoted independence.

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 and it was clear that the interests of the family were considered in the allocation of rooms. The service provider ensured that the accommodation met the changing needs of children living in the centre.

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.

Generally, the centre was maintained in good condition and was clean and tidy throughout, although some outdoor areas needed attention, and the housekeeping store needed a deep clean. There were adequate laundry facilities available to residents, with washing machines available in each accommodation unit. Residents took responsibility for cleaning their own apartments.

Judgment: Substantially 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 were proportionate security arrangements in place in the centre. There was CCTV in most communal areas, such as the hallways and the lobby. This was monitored by the centre manager. There was clear signage in place regarding the presence of CCTV in relevant areas of the building.

Judgment: Compliant

#### **Standard 4.9**

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

The provider had implemented a system whereby residents used a points allocation to purchase non-food items, in addition to food items, from a central store. This included items such as personal toiletries, nappies and laundry detergent. This arrangement required review to ensure that all necessary non-food items were provided in addition to provisions for food.

Residents received suitable bedding and towels on arrival. They also received the basic equipment required to prepare, cook and eat their meals.

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.

A fully equipped kitchen was available in each of the 13 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 an online store operated by the provider, using points allocated to them on a weekly basis. The shop contained a wide variety of fresh food, dried and canned goods, and a range of non-food items. The inspectors found that the store provided good variety to facilitate choice and affordability.

Judgment: Compliant

### **Standard 6.1**

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

The inspectors found that the service provided respected the rights of residents and promoted their dignity. Residents told the inspectors that staff members treated them with respect and took their feedback on board to deliver a service that met their needs. The model of accommodation and support promoted residents' privacy and independence. Residents were provided with information about their rights and entitlements.

Judgment: Compliant

### **Standard 7.1**

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

Residents were supported by staff and the centre manager to develop and maintain their personal and family relationships. There were clear arrangements in place for residents to receive visitors, and residents could host visitors in their own apartments.

Judgment: Compliant

**Standard 7.2**

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

Residents had access to information about local services and amenities and had opportunities to integrate into the local community. Where required, residents were supported by the staff team to access public services including local schools, general practitioners and hospitals. Transport was provided to the main administrative building of the provider where the centre manager was located. While no other transport was provided, residents has direct access to local facilities, and nearby bus and train networks.

Judgment: Compliant

**Standard 8.1**

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

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 safeguarding risk identified. There was a detailed adult safeguarding policy in place. Staff had received training in adult safeguarding.

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 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.

Judgment: Compliant
<p><b>Standard 8.3</b></p> <p>The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.</p>
<p>The service provider had good systems in place for the recording, review and oversight of incidents that occurred in the centre. It was found that very few incidents were noted to have occurred, and those reported were managed in line with the centre's policy.</p>
Judgment: Compliant
<p><b>Standard 9.1</b></p> <p>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.</p>
<p>The service provider promoted the health, well-being and development of each resident and offered person-centred support. Residents were assisted to avail of health and social care services, and had access to external supports, where required. Due to the nature of the accommodation, residents had space to meet in private with external service providers.</p>
Judgment: Compliant
<p><b>Standard 10.1</b></p> <p>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.</p>
<p>For the most part, the provider was not made aware of any special reception needs in advance of an admission to the centre. Despite this, residents with special reception needs or vulnerabilities were provided with assistance and support in accordance with their needs and preferences.</p>
Judgment: Compliant

**Standard 10.2**

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

Staff who worked in the centre had received training to support them in identifying specific vulnerabilities and risks. While this training was not extensive in nature, considering the nature and frequency of contact with residents by daily staff, it was deemed to be sufficient. The centre manager had undertaken a wide range of training and as the main point of contact for residents, was well placed to identify any emerging needs.

Judgment: Compliant

**Standard 10.3**

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

There were procedures in place to direct staff in identifying and supporting special reception needs. The provider had developed a policy to identify, communicate and address existing and emerging special reception needs.

Judgment: Compliant

**Standard 10.4**

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

At the time of inspection the provider had not made a dedicated Reception Officer available. This was a known deficit on the provider's part, who was in the process of recruiting a suitably qualified and experienced Reception Officer.

Judgment: Not 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	Substantially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Substantially Compliant
Standard 1.4	Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Substantially Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Compliant
Standard 4.4	Compliant
Standard 4.7	Substantially 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	Compliant
Standard 10.2	Compliant
Standard 10.3	Compliant
Standard 10.4	Not Compliant

# Compliance Plan for Davis Lane Apartments.

**Inspection ID:** MON-IPAS-1048

**Date of inspection:** 10 and 11 July 2024

## Introduction and instruction

This document sets out the standards where it has been assessed that the provider or centre manager are not compliant with the *National Standards for accommodation offered to people in the protection process*.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which standards the provider or centre manager must take action on to comply. In this section the provider or centre manager must consider the overall standard when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all standards where it has been assessed the provider or centre manager is either partially compliant or not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Partially compliant:** A judgment of partially compliant means that on the basis of this inspection, the provider or centre manager met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for people using the service over time if not addressed.
- **Not compliant** - A judgment of not compliant means the provider or centre manager has not complied with a standard and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply.

## Section 1

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each standard set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Standard	Judgment
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>However, improvement to the provider's monitoring system was necessary to ensure that pertinent information about the service was reported to the centre manager in their absence. Enhanced local oversight was required so that the service provider could ensure that the safety of the service was consistently monitored, and any safety issues were promptly addressed.</p> <p>As part of the monitoring arrangements for the centre, the following is in place:</p> <ul style="list-style-type: none"> <li>- Security staff call to the premises on a daily/weekly and report back to the centre manager on any issues. As part of their monitoring arrangements, fire checks are completed along with health and safety checks. All are recorded in a folder which was available to inspectors.</li> <li>- The centre manager calls to the premises on a regular basis.</li> <li>- Residents are encouraged to contact the centre manager by phone or email and they will have a proportionate response in a timely manner.</li> </ul>	
2.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A supervision policy was in place at the time of the inspection.</p> <p>The process of supervision of reception and service delivery staff is in process and will be fully implemented by 15 September 2024. Full records of the supervision sessions</p>	

with all those who have responsibilities providing supports to residents, in line with the supervision policy, are kept on file and reviewed as required.

10.4

Not Compliant

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

The recruitment of a reception officer began in the June 2024 is ongoing. It is hoped a reception officer will be in place by 30 September 2024.

## 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 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	30/08/2024
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	15/09/2024
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	Not Compliant	Red	30/10/2024

	both inside the accommodation centre and with outside agencies.			
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