



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

Name of the Centre:	Glenvera Hotel
Centre ID OSV:	OSV-0008431
Provider Name:	Bideau Limited
Location of Centre:	Cork
Type of Inspection:	Unannounced
Date of Inspection:	15/10/2024
Inspection ID:	MON-IPAS-1066

Context

International Protection Accommodation Service (IPAS) centres, formerly known as direct provision centres, provide accommodation for people seeking international protection in Ireland. This system was set up in 2000 in response to a significant increase in the number of people seeking asylum, and has remained widely criticised on a national¹ and international level² since that time. In response, the Irish Government took certain steps to remedy this situation.

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

In February 2021, the Department of Children, Equality, Disability, Integration and Youth published a White Paper to End Direct Provision and to establish a new International Protection Support Service³. It was intended by Government at that time to end direct provision on phased basis by the end of 2024.

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

It is within the context of an accommodation system which is recognised by Government as not fit for purpose, delayed reform, increased risk in services from overcrowding and a national housing crisis which limits residents' ability to move out of accommodation centres, that HIQA assumed the function of monitoring and inspecting permanent⁴ International Protection Accommodation Service centres against national standards on 9 January 2024.

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

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

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

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

About the Service

Glenvera is an accommodation centre located in Cork City. The centre has 47 bedrooms, 43 of which have en-suite facilities. At the time of the inspection, the centre provided accommodation to 109 single males. The centre is located within walking distance of local shops, transport links, health and social services.

The centre previously operated as a hotel and is spread across three floors and a basement. Access to the building is gained through a staircase at the front of the building. The building comprises resident bedrooms, an administration office, a laundry room, a games room and a large communal area. Residents also have access to a multi-purpose room, which can be used as a space for prayer or for study. There are two fully-equipped communal kitchens, which residents use to prepare their own meals. The centre also has a clinic room which residents can use to meet with visitors.

The service is managed by a centre manager, with the support of two general managers. In addition, there is a general administration manager who holds the role of reception officer. The centre has general support staff including a chef, night porters, maintenance and domestic staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	109
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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)
15/10/2024	09:15hrs-18:00hrs	1	1

What residents told us and what inspectors observed

The inspectors found, from speaking with residents and through observations made during the course of the inspection, that residents were receiving a service that met their assessed needs, promoted their safety and security, and facilitated community integration. There were arrangements in place to consult with residents and there was evidence that their feedback contributed to decisions about the operation of the centre. While there were some areas in which improvement was required to fully meet the requirements of the national standards, they did not present a significant risk to the safety of residents and the provider was actively implementing the relevant improvement initiatives.

The inspection was unannounced and took place over the course of one day. During this time, the inspectors spoke with 14 residents, and two residents completed the questionnaire provided. The inspectors also spoke with the centre manager, a general manager, a maintenance staff member, the administration manager, and a service provider representative.

The accommodation centre was located in Cork City within walking distance of many local amenities and services, including local and national transport links. The centre had capacity to accommodate up to 120 single-male residents across 47 bedrooms. At the time of inspection, there were 109 residents accommodated in Glenvera Hotel. The centre comprised a four-storey building, including a basement area, with a discreet entrance accessed via a busy street. The building included 47 bedrooms, 44 of which had en-suite facilities, a reception area, an administration office, and various communal facilities for residents' use. These included two kitchen areas, a laundry room, a games room, a dining room and lounge area, a private meeting room, and a multi-purpose room that could be used for prayer.

The inspectors completed a walk-around of the building and found that it was clean and maintained in good condition. There was evidence that the service provider had endeavoured to make the living environment comfortable for residents. For example, in the case of the three bedrooms without en-suite bathrooms, private bathroom facilities had been made available nearby. The lounge area had comfortable seating and there were facilities available to reheat meals and provisions provided for residents to make tea and coffee. However, it was found that further attention was required to the accommodation arrangements to ensure that residents' bedrooms, and in particular the beds provided, met residents' needs.

The inspectors found that the provider had not reduced the number of bunkbeds in use since the previous inspection. While it was evident that consultation with residents had taken place regarding the use of bunkbeds, the inspectors were not assured that a legitimate choice had been offered to residents prior to obtaining their agreement to maintain the use of bunkbeds. The inspectors spoke to some residents who had been provided with these type of beds. Residents told the inspectors that they were not ideal as the rails on the top bunk adversely affected their sleep. It was also found that those sleeping on lower bunks could not comfortably sit on their bed. Some residents described to inspectors how they would prefer to layout their bedrooms with single beds rather than bunkbeds, which they considered would be a better arrangement for them.

The service provider had moved to a fully self-catered model since the previous inspection. Residents were provided with a voucher for a local supermarket on a monthly basis where they could purchase their own groceries. There was an option for residents to use their allowance in another store that sold more culturally diverse products. In light of this change, the provider had made additional cooking equipment and facilities available to residents. There were two small but well-equipped communal kitchens that were used by residents to prepare meals. These were noted to be busy throughout the course of inspection. The inspectors observed some residents preparing meals in the morning to have later in the day, and others cooked meals together while listening to music and chatting. The provider had made additional storage facilities available to residents in communal areas to store their cooking equipment and dried goods, which limited the amount of additional items residents had to keep in their bedrooms.

Notwithstanding the feedback regarding bunkbeds, residents appeared satisfied with their accommodation and the services provided. Two residents completed a feedback questionnaire and both reported that they were happy with the facilities in the centre. This was echoed by other residents who spoke with the inspectors. Residents were satisfied with the catering and laundry arrangements, and said they had sufficient space to store their personal belongings. There were arrangements in place to seek resident feedback, including residents' meetings. Residents spoken with were familiar with these arrangements and told the inspectors they would be comfortable telling staff if they had any complaints about the service.

Both residents who completed a questionnaire were complimentary of staff and the management team. Residents who spoke with the inspectors also provided positive feedback in relation to staff and the support provided.

The inspectors observed positive and friendly interactions between residents. Many of the residents were employed and the centre was busy with people coming and going throughout the day. Residents told the inspectors that staff members in the centre were friendly and approachable. The inspectors observed staff providing information and informal support to many residents over the course of the inspection.

Due to the proximity of the centre to the city, the centre did not operate a transport service. Residents used public transport facilities which were easily accessible, and private transport was facilitated where necessary, for example, in the case of a medical emergency. Many residents had a bike or scooter that they used to travel around the city, and the provider had made space available for these to be stored.

Overall, it was found that the provider had made continuous progress towards meeting the requirements of the national standards. The provider was engaged in ongoing self-evaluation and was closely monitoring the implementation of many improvement initiatives. Many of the changes introduced had improved the lived experience of residents. However, further attention was required in relation to the review of accommodation and specifically the sleeping arrangements.

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 inspection was carried out to assess compliance with the national standards, and to monitor the provider's progress with the compliance plan submitted in response to an inspection (MON-IPAS-1015) carried out in March 2024. It was found that the service provider had developed a clear understanding of the national standards and had implemented most of the actions submitted in their compliance plan. The provider had developed systems and procedures to ensure ongoing compliance with the standards, including significant improvements to the auditing and monitoring systems. Planned changes to the governance and management systems had been well established and had contributed to improvements to the experience of residents living in the centre. While there was further action required to fully comply with the national standards, for example, in relation accommodation and staff training, the provider was aware of these deficits and was working on taking the necessary action to address them.

At the time of inspection, the centre was managed by a centre manager who reported to the service provider representative. The centre manager was also responsible for another centre, which was located nearby. There were two general managers employed in the centre, who reported to the centre manager. The management team also included a group administration manager, who provided additional oversight and reported directly to the service provider. The roles and responsibilities of each member of the management team were clearly defined, and there were established reporting mechanisms in place. Following a review of the staffing arrangements, the service provider had plans to amend the governance structure to include a full-time centre manager, the recruitment of whom was in final stages at the time of inspection. This addition would further enhance the monitoring and oversight arrangements and support the achievement of the provider's operational objectives.

The inspectors found that the provider had multiple improvement initiatives in place and demonstrated a commitment to providing a service that met the holistic needs of residents and consistently met the requirements of the national standards.

It was found that the management team had carried out a comprehensive review of the service following the previous inspection, which had resulted in many operational changes. For example, specific tasks and areas of responsibility had been allocated to the general managers. These areas of responsibility were overseen by the centre manager, and escalated to the group administration manager where necessary.

The service provider had carried out an annual review of the service. Additionally, numerous policies and procedures had been developed, and there had been significant improvement to the record keeping arrangements.

The inspectors found substantial improvement in the area of risk management. There was an established risk management policy which clearly outlined the risk management procedures. Staff members had received training in relation to the new risk management policy. There was a risk register that contained information about risk assessments undertaken. This included risks in areas such as governance, health and safety, resident experience and staffing. In most cases, the necessary control measures were in place to manage the associated risk. In other cases, it was found that further action was required to mitigate specific risks. While it was noted these were generally lower risk areas, a composite plan was required to monitor the implementation and progress of improvement initiatives.

The inspectors reviewed the fire safety arrangements in place and found that there were suitable control measures in place. Staff members had received training in the area and there were a range of measures in place to mitigate fire risks, for example, fire containment measures, detection and alarm systems, and firefighting equipment. Fire drills were carried out, and while record keeping in this area required improvement, it was evident that staff members and residents knew what to do in the event of a fire.

The inspectors found that the provider had made improvements to the governance and management systems since the previous inspection. Regular staff meetings had commenced, and a review of minutes found that these were used to communicate key issues to staff, facilitate discussion and staff feedback, and monitor the ongoing operation of the centre. For example, in one meeting, the centre manager discussed an emerging risk and facilitated a discussion with a view to informing a risk assessment.

The inspectors reviewed the staffing arrangements in the centre. It was found that the provider had taken steps to ensure safe and effective recruitment practices were undertaken. A staff recruitment policy had been developed and there were job descriptions in place for all staff members. A review of staff files found that any new appointments had been carried out in line with the provider's recruitment policy.

At the time of the previous inspection, there were deficits in relation to the Garda Vetting of the staff team employed at the centre. The inspectors found that since that inspection, the provider had received an updated Garda Vetting disclosure for all staff members. Where an International Police check was required for a staff member, the provider had initiated this process, with some in place at the time of inspection.

The centre manager oversaw a team of seven staff members. This included housekeeping staff and general support staff. There was also a reception officer employed in the centre. A review of staff training had been carried out by the provider and centre manager, and staff members had undertaken a range of training in response to this review. At the time of inspection, all staff members had received training in adult safeguarding and eight of eleven staff had received training in child protection. Some staff members had also been trained in areas specific to residents' needs, such as suicide prevention, mental health awareness, and indicators of human trafficking. While there was a training plan in place for the staff team to meet any further training requirements, the records of training assessments and plans required improvement to facilitate effective monitoring and oversight.

At the time of the inspection the provider had a supervision policy in place. All staff members were receiving regular supervision. The provider had commenced a staff appraisal system, and acknowledged that further work was required in this area to fully meet the requirements of the national standards.

The provider had developed a residents' charter which contained all necessary information. The charter was available in different languages where required, and there were clear arrangements in place to ensure residents received the charter on arrival to the centre.

Overall, residents expressed that they felt safe living in the centre, could lead independent lives and receive support when necessary. The service provided comfortable living space with good communal facilities. The provider was responsive to feedback and had improvement plans in place to meet any service deficits they had identified. Some enhancements to the monitoring systems would further support the provider in developing proactive and specific service plans. While there was some further work required to fully meet the requirements of the national standards, the provider had made considerable progress towards compliance, and residents were satisfied with the service they received.

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 established a good understanding of their responsibilities under relevant legislation, regulations and national standards. There were systems in place to meet these requirements. While there were some areas in which further

implementation of service improvement plans was required to fully comply with the standards, these were known to the provider and there were plans in place to address them.

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.

It was found that the leadership team were competent and knowledgeable in their roles. The provider had developed job descriptions for all staff members, including the centre manager and the reception officer. There were systems in place to ensure staff were accountable for their individual responsibilities.

Judgment: Compliant

Standard 1.3

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

The service provider had developed a residents' charter, and it contained the information required by the national standards. It was available in seven languages and was discussed with residents during their induction meeting at the centre.

Judgment: Compliant

Standard 1.4

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

The provider had implemented a number of monitoring and evaluation initiatives to review the quality of the service provided to residents. There were clear recording systems and defined reporting arrangements that ensured monitoring systems were based on relevant and timely information.

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.

The provider had developed initiatives to consult with residents, for example residents' meetings. It was evident that the centre manager and residents were working towards establishing a residents' committee and that residents' feedback was acted upon.

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 the 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.

It was found that staff received support from the centre manager and the provider to carry out their duties and to meet residents' needs. There were appropriate supervision arrangements in place at the time of inspection. There was an induction and staff appraisal system in place.

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.

The service provider had carried out an assessment of staff training needs and identified a number of training deficits. There were plans in place to meet the training needs of all staff members which were found to be progressing well. For example, all staff had undertaken training in adult safeguarding and training was also provided in areas specific to residents' needs.

Judgment: Substantially Compliant

Standard 3.1

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

The service provider had developed a risk management policy. A risk register was developed in line with the risk management policy; it outlined potential risks to the service and to residents, and contained detailed risk assessments and control measures. There were risk assessments in place relating to the continuity of service provision in the event of an emergency and there were fire evacuation plans in place which both staff members and residents were familiar with.

Judgment: Compliant

Quality and Safety

It was found that the governance and management arrangements had strengthened since the previous inspection which had contributed to an improvement to the safety and quality of the service provided to residents. Many of the operational changes had a direct positive impact on residents' experience of living in the centre, and overall it was found that residents were provided with safe and comfortable accommodation and individualised supports that promoted independence and integration.

The centre accommodated 109 single-male residents at the time of inspection. Two residents were accommodated in single rooms, with the remaining residents sharing a room with one other person. At the time of inspection there were 11 vacancies.

The centre was generally found to be well maintained and in a good condition. There were clear maintenance arrangements in place and it was noted that any maintenance issues were addressed quickly.

The service provider had developed an allocation policy that outlined how accommodation would be allocated to residents. For example, in the case of single rooms, it was noted these would be allocated to residents who required them for medical reasons as a priority. The inspectors spoke to some residents about the process of allocations, and residents appeared satisfied with the processes in place.

The inspectors observed a number of resident bedrooms where bunkbeds were in use and found they did not provide for suitable or age appropriate sleeping accommodation. For example, it was observed that a resident could not sit on their bed without hitting their head on the bed above them. Additionally, some residents told the inspectors the rails limited their movement which impacted their sleep. This was noted to be a particular issue for residents who were tall. A full review of the use of bunkbeds was required, with a view to ensuring a dignified sleeping environment was provided to residents; and eliminating the use of bunkbeds in all cases other than those where residents specifically requested them.

Residents received all necessary items on arrival to the centre. Residents were provided with new bedding and towels when they were admitted to the centre. Laundry facilities were available in a communal laundry room located at the rear of the centre. Residents spoken with told inspectors they were happy with this arrangement and that it worked well for them.

The centre provided self-catering accommodation, and as such, residents purchased their own food. This was facilitated through a voucher system, whereby residents received a voucher for a local supermarket on a monthly basis. This monthly

allowance was used to purchase food and non-food items. This arrangement facilitated choice and independence for residents. Residents who gave feedback on this system told the inspectors that they were satisfied with it.

Throughout the inspection, the inspectors observed that residents were treated with respect and kindness. Residents who spoke with the inspectors were complimentary of the staff team in the centre. Staff members appeared familiar with residents and their needs. Residents told the inspectors that they could speak with the centre manager or the reception officer if they needed to, and that they were responsive to their needs.

It was noted that residents were provided with information about local services including healthcare, education and leisure activities. There were notice boards throughout communal areas with information about local support and wellbeing services. Information was available in multiple different languages as required. While most residents managed their personal health and wellbeing needs independently, the management team ensured that residents were referred to local support services when required.

There were measures in place to protect and promote residents' safety and welfare. There was an adult safeguarding policy in place, with clear recording and reporting arrangements. All staff had undertaken training in adult safeguarding, and many had received training in child protection. There was a child protection policy and safety statement available to direct how any potential child protection or welfare concerns would be managed.

The centre had a policy and procedures in place to report and notify incidents and serious concerns. At the time of inspection there were no known safeguarding risks. Staff members in the centre recorded incidents in a timely manner and in line with the recording requirements in the centre. There was a clear escalation pathway that ensured information regarding incidents informed risk management processes.

The inspectors found that where the provider was informed of the special reception needs of a resident, such as a mental or physical health needs, they endeavoured to provide the necessary supports. The service provider had a suitably qualified reception officer in place.

The reception officer was found to have extensive training and relevant experience and competencies to fulfil the role. Additionally, they were known to many of the residents who spoke with the inspectors, and had developed good working relationships with the resident group.

In summary, the management and staff teams in Glenvera Hotel had, in the time since the previous inspection, taken considerable action to improve the quality and safety of the service they provided to residents. These actions were found to have brought about significant improvements in the quality of life of residents. While there remained some actions to be taken on the part of the service provide; particularly in the areas of accommodation, the use of bunkbeds, staff training, and oversight and monitoring systems; it was clear to the inspectors that the management and staff teams had the skills and drive to ensure these actions were taken to further improve the service being provided.

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 a clear allocation policy that outlined how accommodation would be allocated to residents, including room transfers. The inspectors found that allocations were carried out in accordance with the policy, and were based on residents' needs and interests.

Judgment: Compliant

Standard 4.2

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

While the service provide had taken action to enhance the living environment in the time since the previous inspection of the centre, some residents continued to sleep in bunkbeds which were found to be inappropriate given their age and needs.

Judgment: Not 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.

All common areas of the centre were found to be clean and in a good state of repair. There were adequate laundry facilities available to residents with washing machines and dryers provided in a dedicated laundry room.

Judgment: Compliant
<p>Standard 4.8</p> <p>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.</p>
<p>The inspection found that there were proportionate security arrangements in place in the centre.</p>
Judgment: Compliant
<p>Standard 4.9</p> <p>The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.</p>
<p>Residents were provided with sufficient bedding, linen, and towels on arrival to the centre. Residents purchased all other non-food items, such as personal toiletries and cleaning products, through a voucher system for a local supermarket.</p>
Judgment: Compliant
<p>Standard 5.1</p> <p>Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.</p>
<p>There were adequate facilities for food preparation and dining provided to residents. There were two kitchens available to residents that were well equipped, clean and in good condition. Residents provided positive feedback on the kitchen facilities available to them.</p>
Judgment: Compliant
<p>Standard 7.2</p> <p>The service provider ensures that public services, healthcare, education, community supports and leisure activities are accessible to residents, including children and young people, and where necessary through the provision of a dedicated and adequate transport.</p>

Residents were supported to avail of educational, recreational and employment opportunities in the local community. Information about local health and welfare services was made available to residents. Due to the location of the centre, no transport facility was provided. Residents had access to up-to-date information about public transport facilities in the area.

Judgment: Compliant

Standard 8.1

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

Staff members employed at the centre had completed adult safeguarding training. Safeguarding practices were developed and there were policies and procedures in place to guide the staff team on how to safeguard vulnerable adults.

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.

The service provider had good systems in place for the recording, review and oversight of incidents that occurred in the centre. They were appropriately reported in line with the centre's policy.

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 and offered person-centred support. Residents were referred to health and social care services and had access to external supports, where required. Staff members in the service advocated for residents and it was evident that they understood their needs.

Judgment: Compliant

Standard 10.2

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

Staff members had received training in a number of areas in order to support them to identify and respond to special reception needs. For example, some staff had undertaken training in mental health awareness and suicide prevention. Staff were aware of their role in responding to residents' needs and escalating concerns where necessary for further support.

Judgment: Compliant

Standard 10.4

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

The service provider had employed a suitably qualified reception officer to support residents. The reception officer had developed links with relevant service providers and community supports and provided person-centred assistance to residents.

Judgment: Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Compliant
Standard 1.2	Compliant
Standard 1.3	Compliant
Standard 1.4	Compliant
Standard 1.5	Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Compliant
Standard 2.3	Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.2	Not Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant

Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Compliant
Theme 7: Individual, Family and Community Life	
Standard 7.2	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Compliant
Standard 8.3	Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.2	Compliant
Standard 10.4	Compliant

Compliance Plan for Glenvera Hotel

Inspection ID: MON-IPAS-1066

Date of inspection: 15 October 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
4.2	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>All residents had been consulted on the date of inspection, with whom had a bunk bed in use. Prior to any new arrivals to the Centre, a register was sent to IPAS indicating that only bunk bed spaces were available for residents to receive their international protection accommodation service. (complete)</p> <p>On arrival to the Centre, Residents were provided with the options of accommodation in the centre that were currently in the centre during their induction and room allocation meetings. Where bunk beds were the only option as identified to IPAS, new residents requested use of these rooms with the use of bunk beds. (complete)</p> <p>All residents in the Centre who had bunk beds currently in use were consulted with on a 1:1 basis and had all signed off acceptance to continue to use these beds. (complete) All alternative options were provided to residents and anyone who chose this process was supported with all relevant documentation by the reception officer.</p> <p>In addition, a full review of the service has taken place and a full detailed plan is in place highlighting space in the centre that can be utilized as bed space within the current floor plans. The old shop space is currently under construction to make use of it as a bedroom. This will allow for more single bed space. (in process) A further review is seeking to identify other spaces in the footprint that will allow for similar reconstruction.</p>	

A review of all bedrooms currently in the building has taken place and a strategic review of room sizes is under completion to identify where bunk beds can be removed and single beds introduced (20/1/25) When residents time in the centre is finished, each bedspace will be reviewed in line with the use of bunk beds. (ongoing)

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 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Not Compliant	Red	20/01/2025