



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

Name of the Centre:	Griffin House
Centre ID:	OSV-0008434
Provider Name:	Double Property Group
Location of Centre:	Co. Limerick
Type of Inspection:	Unannounced
Date of Inspection:	24/04/2024
Inspection ID:	MON-IPAS-1024

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

Griffin House is an accommodation centre located in Limerick City. The centre comprises two three storey apartment blocks, with nine apartments in block one and six apartments in block two. There is a separate block with just two apartments in an adjoining building with its own entrance. Altogether, the centre accommodated a total of 73 individuals or 17 families.

The centre is located within walking distance of public transport links. There are parking facilities onsite and the main apartment block comprised a reception area, office and a common room/meeting room on the ground floor. The reception area also has a storage room and bathroom and kitchen facilities and there were 5 apartments on the first floor and 4 apartments on the third.

The service is managed by two centre managers one of whom holds the role of reception officer and they both report to the directors. In addition there is a quality and compliance manager along with domestic staff and maintenance staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	73
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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)
24/04/2024	09:30hrs-20:00hrs	1	1

What residents told us and what inspectors observed

Through conversations with residents, a review of documentation, and observations made during the inspection, the inspectors found that the residents at Griffin House were receiving good support from the staff team and service provider. Residents who spoke with the inspectors expressed satisfaction with the services and assistance they received at the centre and spoke positively of the staff, director, and centre managers. While there were positive findings in this inspection, the inspectors identified areas for improvement, specifically in further developing the role and guidance documents and training for the reception officer, as well as enhancing internal systems for oversight and monitoring of the provided services.

Upon arrival at the centre, the inspectors entered a welcoming reception area with seating for residents to come and seek assistance with completing forms, printing and photo copying. The inspectors were met by the centre manager who directed them to a meeting room which was adjacent to the reception area. The inspectors had an introduction meeting with the centre manager and then completed a walk-through of the buildings with them.

The accommodation centre was located in Limerick City within walking distance of local services and transport links. The centre was in a vibrant area with lots of local amenities for children and families. The centre itself was described by the residents as safe and secure, with parking at the back of the centre in a gated secure area. Throughout the walk around the inspectors noted that fire safety equipment was visible throughout the buildings, and fire evacuation routes and exits were clearly marked.

Residents, many of whom were families with children, consistently expressed their happiness and sense of security within the environment.

The centre comprised two three storey apartment blocks, with nine apartments in block one and six apartments in block two. Additionally there was a separate block with 2 apartments in an adjoining building which had its own entrance and this block accommodated couples. Altogether, the centre accommodated a total of 73 individuals or 17 families.

The primary function of the centre was to provide accommodation to international protection applicants and it catered for families and couples. The resident group in the centre were from a number of different countries. While the centre provided accommodation to people seeking international protection, the inspectors found that 14 of the 17 families (82%) had received refugee or subsidiary protection status and 12 families had received notice to seek private accommodation outside of the centre. Due to the lack of alternative accommodation available this was not always possible.

The families in the centre had either two or three bedroom apartments with a kitchen and prepared and cooked their own meals. The residents were observed cooking when inspectors visited them and they informed the inspectors of the culturally preferred meals they were cooking for their family. One resident had won a Limerick food award for their diverse range of food based on their cultural identity. This centre was very suitable to family living and met the needs of both the children and adults.

Overall the apartments were clean and well maintained. The apartments were modern, had good storage and met the size criteria as outlined in the national standards. All the apartments had a family bathroom and an en-suite off one bedroom.

There was a local crèche/playschool within walking distance of the centre, operated by a private provider which was attended by children from the centre. The centre had a library with books for small children and young adults. There were soccer grounds and a playground nearby. Each apartment had a washing machine and separate tumble dryer.

There was a multi-purpose room which was accessed through the reception area, for residents to meet with a housing support group offering support to residents looking for alternative accommodation and watch television. This room was also used to store spare washing machines and tumble dryers, and some residents' belongings. The reception was closed after working hours and this meant that residents could not access this living room if they so wished, although an occasional movie night had been held here for the children. There was a separate storage for articles such as suitcases, strollers, scooters and bicycles in a designated room off the reception area. Car parking facilities were available, as some residents owned cars.

In order to fully understand the lived experience of the residents, the inspectors made themselves available to them over the course of the inspection. The inspectors engaged with 15 adults and 8 children and overall, they said they were satisfied with the support they received and were treated with respect. All of the residents with whom the inspectors spoke stated that they felt safe in the centre, and some expressed dissatisfaction with the size of the family apartments. Ten residents returned questionnaires which were made available to them in order to ascertain their views of the quality of service provided. Overall the comments were all positive and the residents said they were very happy in the centre. They liked the fact that they could cook their food of choice in line with their cultural needs and religious beliefs. In addition, the inspectors spoke with the domestic staff, centre managers, the general administration manager and the service provider's representative.

The centre was homely and the service provided was person-centred. The inspectors observed positive interactions between the centre management and staff when residents came seeking support with accessing forms and assistance with completing forms on the computer. The residents in the centre were supported to access free healthcare and to complete the necessary documentation for this. There was considerable external agency support in terms of Tusla, the HSE and non-government organisations.

Inspectors observed that while this was a quiet centre, the reception area was evidently the most utilised part of the centre. Inspectors observed residents constantly walking into the reception office, seeking information and advice at the reception desk, and the centre manager engaging with them in a respectful and friendly manner.

Although the centre did not provide transport, residents benefited from the convenience of having public transport nearby. The centre was within walking distance of shops, restaurants. Leisure facilities such as football and basketball amenities were also within easy access.

There was information displayed in the reception area on notice boards for various support services and external agencies. For example, there was information available on advocacy services, rights and guidance available on money management. The designated liaison persons details were outlined on the notice board and supports services related to human trafficking were also highlighted. There was guidance on making complaints to the Ombudsman for Children's Office, alongside resources from voluntary agencies and information on human rights. On the day of inspection a representative from one voluntary organisation had arrangements made to meet with a number of residents in relation to housing supports. This representative told inspectors that they had positive relationships with the residents, staff and management, and always felt very welcome in the centre. Another noticeboard displayed information on local childcare services, crèche and playgroups, HSE vaccinations, the house rules, Limerick city bus services and child safety practices.

In summary, by closely observing daily life and interactions within the centre and engaging with its residents, inspectors found that the centre was a supportive environment where staff and managers were readily available. Interactions with residents were characterized by respect and a person-centred approach was noted on inspection. Although improvements were needed in oversight and monitoring systems, the staff, managers, and service provider demonstrated a commitment to delivering a high-standard service that embraced human rights and person-centred principles. The inspectors' observations and the residents' views in this section of the report reflect the overall findings of the inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This was the first inspection of this accommodation centre by HIQA which was unannounced. The inspection found that although the service was effectively managed on a day-to-day basis with a committed management and staff team, there were areas needing improvement to enhance governance systems and ensure robust oversight and monitoring of the centre. Key areas requiring development included risk management, safe and effective recruitment practices, recording systems, and internal audit systems for oversight. An urgent compliance plan was issued by inspectors in relation to Garda vetting. While the service provider had begun to implement systems and processes to address these deficits, they were still in the early stages and needed further development and implementation.

The centre had a clearly defined management structure in place. The centre was managed on a daily basis by two centre managers who worked opposite shifts. This ensured that there was a manager on shift seven days per week. The senior management team included the two centre managers both of whom reported to the company directors. While a clearly defined governance and management structure was in place, formal systems and processes for quality improvement, auditing, and reporting were needed to enhance the oversight and monitoring of service provision. This finding was attributed to the service provider's relative newness to the national standards.

This inspection found that some improvement was required in relation to operating within relevant legislation, national policy and national standards. The centre management had completed a self-assessment against national standards, demonstrating a good understanding of their obligations. Although the centre management had completed the self-assessment, they had not identified all deficits in service provision nor had they actioned them. The self-assessment required review to ensure it fully reflected the improvements needed, and informed a comprehensive quality improvement plan with identified actions. An audit framework and schedule of audits was under development at the time of inspection, which would provide an additional layer of monitoring in the centre and this showed that the provider was committed to implementing change and establishing systems and policies for improved compliance and continuous improvement.

The inspectors noted the development of these internal audit structures which were being developed under the guidance of a quality and compliance manager who worked across a number of centres. A quality improvement plan and monitoring approach was in the process of development. The quality and compliance manager had begun auditing several centres and had scheduled to audit this centre also. The

director informed the inspectors that monthly visits were planned for the centres to support them to monitor the implementation of the quality improvement plan, and to ensure that a good quality service was being provided to residents.

There was a complaints policy and process in place and the inspectors were informed by the residents that they had confidence to use the process. Complaints were documented, complainants were consulted with, and complaints were resolved locally and were escalated if necessary. The service provider had good oversight of complaints through a clear recording system which informed service improvements. There was a complaints officer and their details were highlighted on the residents' noticeboard. There were no unresolved complaints at the time of inspection.

The inspectors reviewed all incidents dating back 12 months on the day of inspection, and found that they were appropriately recorded and notified to the relevant agency as necessary. In addition, the centre manager and quality and compliance manager were developing a system for learning from adverse incidents whereby incidents would be reviewed at incident learning meetings.

While the residents reported that the centre managers consulted with them regularly, there was no documentary evidence of the service provider formally seeking the views of the residents. For example, there was no established residents meeting, committee or forum whereby residents could make their views known. Improvements were required in this area to ensure that a culture of consulting with residents was embedded in practice in the centre. The service provider had planned to develop a residents' committee in the coming weeks that would broadly represent the diversity of residents residing in the centre. Residents did report that they had very positive relationships with staff members and were consulted with on an individual and ongoing basis, and they felt that they participated in decisions which affected them and the centre. Formal systems of seeking and recording the experiences and opinions of residents would ensure they informed how the service was delivered going forward.

The provider had not made available a residents' charter that clearly described the services available. While the residents informed the inspectors that they received good support on arrival at the centre and on an ongoing basis, and they said that they were given, towels, bedlinen and basic provisions and given a pre-loaded card which they could spend locally, a residents charter was required to describe what each resident should expect from the service.

The centre's approach to risk management required further development to ensure that all risks were identified, assessed, monitored and appropriate control measures were in place to provide a consistently safe service to all residents. The service provider had recently developed and implemented a new risk management policy but

they had not yet developed a risk register. This meant that there was no formal system in place to manage risk and ensure any actions taken were effective.

The service provider had a contingency plan in place to ensure continuity of services in the event of unforeseen circumstances. Fire, flood infectious disease, and water shortage or electricity outage were cited as some of the issues that may occur and for which the service provider had accounted. The emergency plan considered the needs of all residents including those with mobility issues or small children. Residents were informed about fire drills, and emergency protocols and building plans were outlined on notice boards throughout the centre. Fire evacuation routes and exits were clearly marked, and the centre was equipped with appropriate fire detection, alarm, and emergency lighting systems.

The practices for the recruitment of staff members in this centre required some improvement. The inspectors found that one staff member did not have an in-date Garda vetting disclosure or international police check. An urgent compliance was issued by inspectors in relation to this. The service provider risk assessed the situation and put control measures in place to mitigate the risk.

The service provider had ensured that accurate personnel files were held securely and included role profiles and contracts for each staff member. A new performance appraisal had been developed but had not been implemented to date. In addition, the service provider had developed a supervision policy, however, this also had not yet been implemented. Commencement of these procedures was needed to ensure that all staff members received regular, formal supervision to support them to carry out their roles. The recruitment policy had recently been implemented and it outlined that going forward references would be sought for all staff members prior to employment and stored on their personal file.

The inspectors reviewed staff training records and found that staff had received appropriate training and development opportunities, to meet the needs of the residents and to promote safeguarding in the centre. Training was provided to all staff including safeguarding of vulnerable adults and Children's First. The service provider needed to complete a training needs analysis for the centre and to develop a training plan.

Overall, it was found that residents were receiving a good quality and safe service that was person-centred. However, there were improvements required to optimise the governance and management arrangements in order to fully meet the national standards and enhance residents' experience, particularly in relation monitoring, oversight, risk management and formalisation of methods of consulting with residents.

The provider was committed to a program of quality improvement, informed by a comprehensive plan of action and this was welcomed by inspectors.

Standard 1.1

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

The provider and management team required to increase their understanding of the legislation, national standards and national policy. The service provider had completed a self-assessment of their compliance against the standards. However while this had been completed the actions identified required full implementation to improve the quality of support provided to residents.

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.

The service provider had effective leadership, management and governance arrangements in place which clearly identified the lines of authority and accountability, specified roles and detailed responsibilities for areas of service provision. The provider had defined management roles in place, for example, there was a reception officer and two centre managers who had good knowledge of their individual responsibilities. However, there was limited understanding and guidance around the role of the reception officer. Also the service provider needed to develop formal quality assurance and reporting systems to support good oversight and monitoring of all aspects of service provision.

Judgment: Substantially Compliant

Standard 1.3

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

There was no residents' charter available to residents at the time of inspection. There was no alternative document that informed residents of the specific services available to them while living in the centre, for example, information about the arrivals process, information about staff in Griffin House, or how the provider consults with residents regarding their welfare and experience of the service.

Judgment: Partially Compliant

Standard 1.4

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

The service provider had not yet implemented systems for the oversight and monitoring of the quality of care and experience of adults living in the centre. The provider was committed to ensuring that arrangements were put in place to evaluate and manage the safety and quality of the service, however, at the time of inspection there was an absence of quality assurance systems to ensure the best outcomes for the residents living in the accommodation centre.

Judgment: Partially 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.

While residents' were consulted with regularly this was done on an informal basis and there were no records of this consultation informing the delivery and planning of the service. The service provider was in the process of developing a system to seek the views of residents however this had not yet commenced.

Judgment: Partially Compliant

Standard 2.1

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

One staff member who had periods of residence of six months or more outside Ireland did not have international police checks carried out. In addition, this staff member did

not have up-to-date Garda vetting completed in line with the requirement of national policy. An urgent action was issued the service provider regarding these findings. All staff files were reviewed and the inspectors noted that there were no references available for staff members. A staff appraisal system had recently been developed but had not been implemented at the time of the inspection.

Judgment: Not Compliant

Standard 2.2

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

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

Judgment: Compliant

Standard 2.3

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

The provider had developed a supervision policy and was committed to implementing this however this had not been implemented at the time of inspection. The inspectors noted that staff members demonstrated a good understanding of their roles and responsibilities in promoting and safeguarding the welfare of all residents. The centre manager informed the inspectors that they felt supported by the directors.

Judgment: Substantially 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 provider had not undertaken a training needs analysis to ensure all the required training as prescribed in the National Standards was delivered to the staff team. The full staff team had received child protection training but none had received training in the safeguarding and protection of vulnerable adults. Members of the management team had received training in mental health awareness and conflict resolution, however, there was a significant gap in the training requirements as outlined in the National Standards.

Judgment: Partially Compliant

Standard 3.1

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

The risk management framework required further development to ensure that all risks were identified, assessed, monitored and appropriate control measures were in place to provide a safe service. The service provider did have a risk management policy in place but had not completed a risk analysis of the service and not developed a risk register.

Judgment: Not Compliant

Quality and Safety

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

Inspectors reviewed the procedure for allocating accommodation to residents at the centre and found that apartment allocation was primarily determined by the identified needs and best interests of residents, and the best interests of the child. However this practice was not guided by an accommodation allocation policy and therefore could not be considered transparent and fair. When residents arrived, the centre's managers and staff team made allocation decisions based on the information accessible to them at the time. They made every effort to fulfil residents' needs by placing them in the most appropriate accommodation. Where immediate accommodation matching the residents' needs was not possible upon admission, the centre manager kept track of apartment vacancies and relocated residents to more suitable accommodations once available. A written policy would ensure consistency in practice.

Apartments in the accommodation centre were clean and well maintained. There was adequate storage in bedrooms and the rooms were appropriately furnished. There was adequate living, bedroom and kitchen space for residents to maintain their independence and which facilitated a good quality living environment. There was sufficient parking available for staff members and residents. Children had access to a playground, child friendly facilities, sports clubs and sports grounds within walking distance. There was limited room for children's facilities on site however the service provider planned to develop the common room further to incorporate more toys, bean bags and play areas.

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

The centre offered internet access throughout the buildings which accommodated those residents who were engaged in education. The service provider was proactive in meeting the educational needs of residents and offered support to residents in accessing schools for children and supports for those residents who had returned to education.

The common room could be requested for study purposes although most residents chose to study in their own apartments. The service provider was also very aware of the need for health supports and there was a healthcare service available for residents. A local general practitioner was allocated to residents on arrival to the centre and support was offered to access screening and vaccination clinics.

The communal areas were well maintained, clean and in good condition and nicely decorated. However the common room was used to store spare washing machines, tumble dryer and fridges. There was also a welcoming seating area at reception which served a dual function of providing a space for residents to meet with professionals, or to converse with staff and other residents.

Each apartment kitchen was equipped with a washing machine and a tumble dryer and on arrival at the centre residents were initially provided with laundry detergent by the centre managers. The kitchen comprised of a fridge, freezer, microwave, toaster, kettle and pots and pans for the residents to cook. The inspectors observed residents cooking foods specific to their culture during the inspection and they were very happy with this and to have the space to maintain their cultural traditions.

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

Residents were provided with bedding, towels and non-food items on arrival to the centre. Thereafter, non-food items were purchased by the resident from their weekly allowance on their pre-loaded debit card. In addition to the weekly allowance this debit card was topped up quarterly for residents to purchase cleaning products. The management team explained that toiletries including toilet paper, toothpaste, and shampoo and shower gel were included as the non-food items in the arrival pack. There was no evidence that residents were consulted with regarding the types or varieties of non-food items provided to them.

The residents informed the inspectors that they were treated well in the centre and that their rights were respected. Through observation and discussion with residents and staff, the inspectors found that the general welfare of residents was well promoted and concerns raised by residents were effectively dealt with. Residents spoke very highly of the management team and cited many occasions where they asked for assistance and it was provided in a timely manner. Despite this, there were no formal forums in place for residents to give their feedback on their experiences or be involved in meaningful consultation. Residents were encouraged to be independent and autonomous while receiving the necessary supports to achieve this. The centre manager informed the inspectors that residents' rights were promoted in the centre, and there was information

on the resident's noticeboard regarding rights and advocacy, however, there was no documentation that rights were discussed with residents.

Residents were supported and facilitated to maintain personal and family relationships. Families were accommodated together and the family unit was further respected and promoted as residents could receive family members in their apartments. The inspectors met one family where a grandparent had come to stay and the family were enjoying quality time together.

The service provider had made appropriate training available to staff regarding child protection and had established a child safeguarding statement and policy. However, staff had not yet received training in safeguarding vulnerable adults. The service provider ensured that child safeguarding concerns were identified, addressed, and reported in accordance with national policy and legislation. No adult safeguarding concerns had been recorded or reported, and residents reported feeling safe living in the centre. A designated officer and a designated liaison person for the service had been identified, and this information was prominently displayed on the notice board at reception and at the entrance to the apartment blocks.

While the service provider had policies in place for the management and reporting of incidents, a system to review and learn from such events was required. Improvements were required to ensure that incidents reviewed regularly to ensure learnings from adverse events informed service improvement. The director informed the inspectors that the quality and compliance manager would ensure the necessary audit structure was developed and implemented to address this area as part of their monthly review process and visit to the centre.

The service provider endeavoured to promote the health, wellbeing and development of residents and links with local services were established and maintained where required. The centre manager had empowered residents by supporting them in developing links with external agencies, residents had been linked with children's support services and to mental health services where necessary. The centre manager informed the inspectors that new residents were supported with accessing a doctor and other healthcare services when they arrived or as requested for bloods and vaccines.

Although individual files were maintained for residents, they contained limited details regarding the supports provided. This was a missed opportunity to document and highlight the good work being done at the centre.

The service provider had established a policy to identify, communicate and address existing and emerging reception needs and had also identified a centre manager as having the required skills and experience to fulfil the role of reception officer. While the appointed reception officer possessed the necessary qualifications and was part of the senior management team, further development of the role was deemed necessary. In particular, to ensure that the reception officer received adequate training and knowledge to become the primary point of contact for residents, staff, and management regarding special reception needs.

Although the provider had a special reception needs policy in place they had yet to develop a guidance manual for the reception officer. The centre manager informed inspectors that such a manual was being developed. Inspectors were informed that although vulnerability assessments hadn't been conducted yet, the senior management team was in the process of considering their approach and intended to conduct assessments in the future as needed. The service provider had identified special reception needs and provided support to relevant residents but had not implemented formal recording systems to track and monitor the progress or further assistance residents may require in this regard.

Standard 4.1

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

The provider had not yet developed a policy and procedure for allocation of apartments to families. Apartments were allocated having regard to the needs of the residents including health conditions, familial links, cultural background, linguistic and religious backgrounds. Residents with whom the inspectors spoke said they were happy with this approach and that the provider was accommodating in this regard.

Judgment: Substantially Compliant

Standard 4.2

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

The service provider had ensured that the accommodation for residents was of a good standard and the residents had sufficient space in line with the requirements of the national standards. The apartments in general were homely and well maintained and provided a good quality of life to the residents.

Judgment: Compliant

Standard 4.4

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

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

Judgment: Compliant

Standard 4.5

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

The accommodation centre has a common room with books and some toys for young children but there is limited space outside the centre for play equipment. As the centre is in the city there are playground, football pitches and sporting clubs within walking distance and many families access these.

Judgment: Substantially Compliant

Standard 4.6

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

Many of the residents studied within their own apartment however there was a common room that residents could use for study if they so wished. A local crèche within walking distance was available to the residents and staff supported them with accessing childcare.

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.

Each apartment had a washing machine and separate tumble dryer and the service provider kept spare appliances in a storage room near reception. Residents allowance on their pre-loaded credit card was increased quarterly to allow for cleaning products and detergents.

Judgment: Compliant

Standard 4.8

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

The inspectors found that the service provider had implemented suitable security measures within the centre which were deemed proportionate and adequate and which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre only and was monitored in line with the service provider's policy. The car park and entrance to the apartments was secured and residents supplied with a code for access.

Judgment: Compliant

Standard 4.9

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

Residents were not provided with non-food items such as toiletries and baby care items such as baby creams or baby food and there was limited engagement or consultation with residents on the types or varieties of non-food items provided in the centre.

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.

Each apartment had a kitchen and residents where they could cook foods of choice and culturally sensitive meals. The kitchen had storage facilities for residents' food and included an oven, cooker, microwave, refrigerator, hot water and space for preparing meals.

Judgment: Compliant

Standard 5.2

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

The kitchen in each apartment was appropriately equipped and maintained to meet the needs of residents. Residents received a preloaded debit card which was topped up weekly which allowed them to buy groceries from local shops and supermarkets. Residents overall expressed satisfaction with the debit card system.

Judgment: Compliant

Standard 6.1

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

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

Judgment: Compliant

Standard 7.1

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

Residents were supported to develop and maintain personal relationships and they could invite family and friends to visit them in their apartments. The family unit was respected in the centre and privacy and dignity were promoted.

Judgment: Compliant

Standard 7.2

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

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

Judgment: Compliant

Standard 8.1

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

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

Judgment: Compliant

Standard 8.2

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

There was a child protection policy and child safeguarding statement in place and staff had completed training in child protection. There was an appropriately trained designated liaison person appointed and residents were aware of the centres child safeguarding policy and procedure. The staff team provided support and advice to parents when required and children had access to additional supports, if this was required.

Judgment: Compliant

Standard 8.3

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

There was a system in place to report and notify all incidents and serious events in the centre. Policies and procedures were in place to ensure the timely reporting, response, and review of adverse incidents and events. A process for learning from adverse events required to be implemented. Residents are informed in a timely manner when an adverse event which affects them has occurred.

Judgment: Substantially Compliant

Standard 9.1

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

The service provider promoted the health, well-being and development of each resident. The staff team provided person-centred support that was appropriate and proportionate to the needs of the residents. Residents were provided with information and assistance to access supports for their physical and mental health. The service provider had engaged with community healthcare services and has established a clear referral protocol and links for residents to community or specialist services and supports.

Judgment: Compliant

Standard 10.1

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

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

Judgment: Partially Compliant

Standard 10.2

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

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

Judgment: Substantially Compliant

Standard 10.3

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

The service provider had a policy in place to identify, address and respond to existing and emerging special reception needs. A recording system was required to ensure that the special reception needs of residents could be appropriately responded to and monitored. The service provider had not yet developed a reception officer manual.

Judgment: Partially Compliant

Standard 10.4

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

The service provider had a made a reception officer available who was appropriately qualified and skilled to identify and respond to residents with special reception needs. While the reception officer had the appropriate qualifications and was part of the senior management team, further development of the role was required to ensure that sufficient training and knowledge was attained to enable the reception officer to become the principal point of contact for residents, staff and management.

Judgment: Substantially Compliant

Appendix 1 – Summary table of standards considered in this report

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

Standard	Judgment
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Substantially Compliant
Standard 1.2	Substantially Compliant
Standard 1.3	Partially Compliant
Standard 1.4	Partially Compliant
Standard 1.5	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Not Compliant
Standard 2.2	Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Partially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Not Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.2	Compliant
Standard 4.4	Compliant
Standard 4.5	Substantially Compliant
Standard 4.6	Compliant

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

Compliance Plan for Griffin House

Inspection ID: MON-IPAS-1024

Date of inspection: 24 April 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
1.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A resident's charter has been produced and distributed to residents. All new residents will receive such on arrival. Please find in GH server in Residents file and attached.</p>	
1.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The Q Mark accreditation is being implemented in 2024. The Q Mark accreditation is an annual audit of the management systems to ensure compliance with policies and processes. Whilst this accreditation does not specifically review in line with the National Standards it reviews in line with best practices and the accreditation is recognized by the DCEDIY.</p> <p>The Q&C Officer has commenced monthly visits to Griffin House, to ensure compliance and consistent processes. These visits are minuted and reviewed by the Service Provider.</p> <p>Management continuously monitor all residents including adults in the center. If a resident becomes vulnerable or management are made aware of particular concerning issues then they will support and encourage the resident to seek the relevant help and services required.</p>	

1.5	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>GH Management has commenced monthly resident/ management meetings on the last Saturday of every month at 12pm. Residents are informed of meeting, topics and upcoming or changing policy and procedure and their views and input are very much welcomed. Meetings are minuted and recorded.</p>	
2.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>All disclosures are received and saved on the company's server. The Garda Vetting renewal for a contractor was delivered and is now updated and saved. Going forward it is our policy to ensure that the disclosures are received prior to the staff member or contractor working at the center. The contractor has commenced the process of International Police Checks for all relevant staff members. Going forward references will be kept for all new staff members.</p> <p>A staff appraisal system has since been implemented by the Service Provider, and is performed and recorded annually.</p>	
2.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The Q&C Officer has commenced a training needs analysis to ensure all the required training as prescribed in the National Standards is delivered to the staff team. All staff are in process of updating all required training. All have now received training in the safeguarding and protection of vulnerable adults, and the manager is awaiting Designated Safeguarding Officer training. A training schedule for all staff is accessible, updated and consulted by staff and management and the service provider to ensure adherence to the National Standards as outlined.</p>	

3.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Since the inspection all centers have undergone risk management training with a third party provider. DPG have put in place a risk register that will be assessed by the managers and the Q&C officer quarterly on their visit to the centers.</p>	
10.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Where appropriate, GH centre managers will liaise and cooperate with the Resident Welfare Team at IPAS to ensure that an applicant's special reception needs can be addressed within their current accommodation centre, and where appropriate refer and help to engage the resident with further services where possible. All records of resident needs, requirements and outcomes will be recorded securely and not shared with third parties unless consensual.</p>	
10.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The service provider and management of Griffin House have undertaken to continue the discontinued Department policy of vulnerability assessment. Each newly arriving adult is asked to complete a questionnaire. The process is voluntary, and applicants must consent to participate. Hence on review and categorization, (low, medium, high), the provision of accommodation and associated services will be tailored to suit. While all personal and sensitive information supplied is subject to data protection laws at all times, some records of special reception needs, requirements and outcomes will be maintained in a secure and private manner. GH will store all information provided to us securely and do not give this information to any third party without the consent of the applicant. Consent is obtained on the vulnerability assessment questionnaire and the referral form prior to submitting it to GH. The GH Assessment Officer may refer the person for further assessment(s) with a Social Worker or appropriate service.</p> <p>GH has ensured that a suitably qualified and trained member of staff (Reception officer) is available to newly arrived and existing residents. Their main duties and responsibilities are to receive information arising from vulnerability assessments for each resident; to liaise with relevant services regarding the needs of the residents and to report to the appropriate authorities (IPAS/TUSLA/LYS/DORAS/LCETB/HSE/An</p>	

Garda Síochána) when a concern for a resident's health, wellbeing or safety arises within the centre.

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 1.3	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.	Partially Compliant	Orange	01/06/2024
Standard 1.4	The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.	Partially Compliant	Orange	01/07/2024
Standard 1.5	Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.	Partially Compliant	Yellow	01/07/2024

Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	24/07/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Partially Compliant	Orange	01/07/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Not Compliant	Red	31/07/2024
Standard 10.1	The service provider ensures that any special reception needs notified to them by the Department of Justice and Equality are incorporated into the provision of accommodation and associated services for the resident.	Partially Compliant	Orange	01/07/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	01/07/2024
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	Partially Compliant	Orange	01/07/2024

	reception needs both inside the accommodation centre and with outside agencies.			
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