



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

Name of the Centre:	Marian Hostel
Centre ID:	OSV-0008442
Provider Name:	Bridgestock Care Ltd
Location of Centre:	Co. Offaly
Type of Inspection:	Unannounced
Date of Inspection:	30/07/2024 and 31/07/2024
Inspection ID:	MON-IPAS-1047

## Context

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

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

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

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

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

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

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

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

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

## About the Service

The Marian Hostel is an accommodation centre based in the town of Tullamore in County Offaly. The centre has 206 beds, with 162 residents living in the centre at the time of the inspection. The centre has 14 family units where 21 adults and 15 children were living. The centre is located within the town centre, and is in close proximity to local schools, crèches, pre-schools, shops, transport links, health and social services.

The centre comprises a main centre building with shared bedrooms, a laundry room, security office, visitors' room, dining hall, a large communal kitchen, a games room, a multipurpose room, a shop, staff canteen and an administration office. There are six additional buildings located in the vicinity of the main centre which provide a combination of family, independent living and shared accommodation. One of these buildings has self-contained apartments while the other five building have shared kitchen, dining and laundry facilities.

The service is managed by a centre manager who reports to the business development manager. There are two duty managers, a shop supervisor and general support staff including maintenance, cleaning, and kitchen and shop staff.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	162
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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)
30/07/2024	10:00hrs-18:00hrs	1	1
31/07/2024	09:00hrs-17:50hrs	1	1

## What residents told us and what inspectors observed

From speaking to residents and through observations made during the inspection, the inspectors found that residents were happy, safe and well supported while living in the centre. There was a culture of kindness, respect and support observed by the inspectors. Residents were supported and encouraged to live independent lives and to integrate into the local community. However, some of the policies and procedures implemented in the centre had a negative impact on the human rights of the residents. The residents who spoke with the inspectors said they felt safe, respected and could discuss issues with the staff members. Improvements were required in areas such as cleaning, maintenance, auditing, recording, and risk management systems, while a review of some policies and practices was required to ensure that practice in the centre did not place unnecessary restrictions on the residents.

This inspection took place over two days. During this time, the inspectors met or spoke with 25 adult residents and three children. Three resident questionnaires were also received. The inspectors spoke with the business development manager, the centre manager and two duty managers. The inspectors also met with members of the staff team including housekeeping, kitchen and shop assistants and shop supervisor.

The Marin hostel accommodation centre was located in a town in County Offaly and provided accommodation to families, single females and single males. At the time of the inspection there were 162 residents living in the centre across 84 bedrooms. Of the 162 residents, 15 were children. The inspectors found that this was a large and nicely busy centre with residents accessing communal spaces and interacting with each other in a friendly and positive manner. Staff were observed engaging with residents in a respectful, kind and caring manner and residents moved freely through the centre.

Residents were accommodated in bedrooms across seven buildings including the main centre, and six houses, which were located in close proximity to the main centre. The main accommodation centre had a reception area, a security office, a dining room and a communal kitchen. Residents had access to three meeting or social rooms, a well-stocked shop and a laundry room. While one house had self-contained apartments, the remaining five buildings accommodated families and adults where there were communal kitchen and shared dining areas. Each of the buildings had their own laundry facilities, and where rooms were not en-suite, designated toilet and shower rooms were allocated to residents. Residents living in the houses had access to all facilities available in the main centre. The majority of the buildings had access to outdoor areas to the rear of the buildings. However, with the exception of the main centre, these areas required maintenance work to improve their physical presentation. For example, the inspectors observed weeds, a blocked drain and an unused bath in the outdoor areas attached to three of the buildings. Picnic benches were available, however, some were in need of

repair. The family building had swings available for the children who lived in that premises.

The inspectors completed a walk around the centre and the off-site buildings. While significant painting work was completed on the exterior of the main centre, the interior of the buildings required decoration and general maintenance to be completed. Many communal areas of the centre needed a deep clean and a sustained and monitored cleaning schedule. In addition, the inspectors identified health and safety risks which needed to be assessed and resolved. These risks included mould and algae in some bathrooms and mould in bedrooms and communal hallways. The carpets throughout the main accommodation centre were worn and significantly stained and doors and walls were soiled and needed to be cleaned and painted. In addition, a stairway leading to a communal kitchen was observed to be coming away from the anchor wall and created a risk to the safety of the residents. The inspectors were informed that this was repaired during the inspection. There had been an outbreak of pests within the centre in the months prior to the inspection, and the service provider had taken all necessary measures to address and eradicate them to ensure the safety and welfare of the residents.

To the rear of the main centre building there was a peaceful and relaxing outdoor space for residents to sit and congregate. This included a back yard area with numerous picnic benches and a well-maintained garden area. Residents had the opportunity to grow their own vegetables and fruit trees had been planted in this area. The staff team had bought flowers for residents to plant and one resident cared for the numerous flower boxes and baskets. These flower boxes created an appealing and pleasant environment for the residents and visitors. The inspectors observed many residents relaxing and interacting with staff and other residents in the garden area. Residents told the inspectors that they often used the barbeques provided by the centre staff while socialising with other residents. Children living in a house across from the main centre had access to a well-equipped playground and were welcome to use the garden area at the main building also which had swings and a space to play sports. The centre was also located adjacent to a local park.

The location of the centre within the town ensured that residents had access to local health, leisure, transport and social support services. The centre staff team worked closely with local agencies to ensure that residents had opportunities to integrate into the community and participate in local summer camps and leisure activities. Some residents had volunteered with local services, while others were working or availing of training courses. Residents told the inspectors that centre staff members were supportive and provided them with information and contact details for local training and employment services.

Residents told the inspectors that they felt safe living in the centre. They said that the staff were kind and treated them with respect. Residents said that they could talk to staff if they had concerns, and they generally felt heard by staff. One of the residents told the inspectors that on arrival to the centre, the centre manager brought them for a walk through the town so that they could familiarise themselves with the location of the necessary services. The centre staff supported residents to use their skills and interests to develop hobbies for themselves. For example, one resident was teaching English to a group of residents while others took part in the centre's choir sessions. As one resident explained "staff try their best and try to meet requests from residents, staff are helpful and assist with what they can". However, some residents shared concerns regarding the level of hygiene and cleanliness in the centre. They also had concerns in relation to the opening times of the shop and the communal kitchen in the main building. They explained that the opening times of both the shop and kitchen were restrictive and limited residents' access to these areas. Storage for personal belongings and frozen foods were also areas that residents expressed concern about. The space in the bedrooms was limited and there was little storage available for larger and bulky items. Residents did not have access to freezers which limited their ability to buy frozen food from the centre's shop.

The on-site shop was a well-stocked and residents could request that specific foods be made available in the shop. The inspectors found that residents were required to use their allocated points to purchase non-food items such as toiletries and nappies which at times limited their ability to purchase food items.

The observations of the inspectors and views of residents outlined in this section are generally reflective of the overall findings of the report. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

This was the first inspection of the Marian Hostel Accommodation Centre by HIQA. The service provider had a management team that were committed to providing a good quality service. However, the policies, procedures, management and governance systems required further development to ensure good oversight and the delivery of consistently safe services that did not negatively impact the human rights of residents and to ensure compliance with the national standards. The main areas identified for improvements related to auditing and monitoring systems, the management of risk, recording, and the promotion and protection of human rights.

The service provider and management team had a good understanding of their roles and responsibilities as outlined in the national standards, legislation and national policy. A self-assessment had been completed by the service provider to consider the centre's level of compliance with the national standards. The service provider explained that findings from HIQA reports had been reviewed by the regional and local management teams to identify learning and areas for improvement. It was evident that the service provider was eager to achieve compliance, and responded to recommendations made in a timely manner.

The service provider had a clear governance structure in place and lines of reporting and accountability were evident. The management and staff teams were clear on their roles, areas of responsibility and were knowledgeable about the reporting structure in the centre. The management team comprised one centre manager and two duty managers. The duty managers reported directly to the centre manager, and the centre manager reported directly to the business development manager for the service. The two duty managers had completed a certified management course. A review of staffing in the centre found that there was a manager available onsite seven days per week. The management team had specific responsibilities that they completed on a daily, weekly and monthly basis. Security staff completed daily assignment logs and completed records of complaints or incidents that occurred during their shifts. These were reviewed daily by the centre manager and provided good oversight of the tasks that were completed or issues that required follow up. The centre management team explained that daily planning discussions took place each morning in the centre to allocate tasks or discuss issues that needed to be followed up on or addressed. The inspectors were told that where required a follow up email was sent to the management team as a record of the discussion, and on other occasions handover discussions were recorded in the office diary. The inspectors reviewed the diary and a sample of the emails sent between the centre management team and found that improvements were required to this communication system to ensure its effectiveness and appropriate management oversight of the centre on a daily basis. The business development manager received

monthly key performance indicator reports from the centre manager which contained an overview of incidents, complaints, staffing and maintenance issues in the centre. The inspectors were told that there was regular phone and email contact and centre visits by the business development manager for the service. A review of these reports found that despite some issues having been escalated to the business development manager on a monthly basis, there were no records of actions being identified to address these matters. For example, outstanding maintenance works such as ceiling repairs had been escalated over a number of months with no follow up actions clearly identified or recorded.

The inspectors found that the service provider had a system in place to manage verbal and written complaints and incidents that occurred in the centre. Information on how to make a complaint was included in the residents' charter and was on display in the centre. Residents who completed questionnaires stated that they would feel comfortable to make a complaint, and residents who spoke with the inspectors said that they could talk to staff if they had a concern. Incidents that occurred in the centre had been managed in line with the centre's critical incident policy. Complaints and incidents were managed in a timely manner, however, the systems in place to record decisions made, follow up actions required, and identified learnings required further development.

The staff team demonstrated a commitment to promote and strengthen the culture of respect, quality and kindness in the centre. Residents said that staff treated them with dignity and kindness. They said that the staff team were easy to talk to and would help where they could. There was focus on continuous quality improvement and compliance with the national standards. However, the inspectors found that at times, the impact of the organisation's policies and procedures on the human rights of the residents had not been considered. While a service improvement plan had been developed for the centre, this plan focused predominantly on structural improvements and maintenance issues and not on other issues such as resident welfare.

Regular team meetings took place with managers and the staff team, while regional meetings had commenced within the organisation. Learnings from inspections of other centres operated by the service provider had been discussed at these meeting. The business development manager told inspectors that the centre management team had also reviewed inspection reports from other providers as a means of improving their own centre. Standing items such as fire safety, maintenance and the facilitation of visits were evident as having been discussed at team meeting. However, the records of the discussions which took place and the actions required were limited and required improvement. Areas relating to risk, complaints, incidents and learning were not discussed at team meeting as standing items for example. The inspectors found that the monitoring and auditing systems were in the early stages of development and required further improvement. While there was a system in place to review and report on incidents, complaints, and adverse events, this system required further development to

ensure that all relevant information was consistently tracked over time to identify trends and opportunities for learning and quality improvement.

The service provider endeavoured to consult with residents living in the centre. There were suggestion boxes throughout the centre, residents meetings were scheduled regularly, and a resident survey took place on a yearly basis. Information was shared with residents by email, and weekly wellness checks were completed by staff to identify maintenance issues requiring attention and as a means of checking in with residents. The inspectors found that while feedback from residents on the opening hours of the shop had been considered, residents' views on visitors and the availability of the communal kitchen did not appear to be considered or risk assessed to decide upon appropriate alternative arrangements. A copy of the residents' charter and information regarding life in the centre was provided to new residents, and a meeting and follow up check in was completed with new residents to support them to settle into life in the centre. The business development manager updated the residents' charter during the inspection to ensure that it contained the information required by national standards.

The service provider had completed a risk analysis of the service, and a risk register had been developed. There was a risk management policy in place to guide staff. The inspectors found that improvements were required to ensure that risks across the service were identified, assessed and managed. For example, a risk assessment had not been completed regarding the management of pests in the centre and this risk had not been included on the risk register. Risks relating to adult or child safeguarding had been identified in safeguarding statements, however, these risks had not been recorded on the risk register. In addition, while the inspectors were told that the decision to close the communal kitchen in the main centre was due to potential risks that could arise if it were to be left open, these risks had not been assessed or included on the centre's risk register. The service provider and management team told the inspectors that the organisation's health and safety officer was completing an overall review of the service's risk management framework and risk register for the service which would be completed by the end of August 2024.

Improvements were required in relation to the fire drill procedures in the centre. While the risk register noted that fire drills were to be carried out quarterly, the inspectors found that there had been a gap of 10 months between fire drills being completed. This created a significant risk for the safety of the residents due to the high number of new residents who had arrived to the centre in that period of time. The service provider and centre managers explained that an unannounced fire drill had been scheduled and the regional health and safety officer was going to attend to review the fire drill procedures for the centre, and identify any improvements required. An adequate contingency plan had been developed to ensure the continuity of the service due to unforeseen circumstances.

The inspectors found that there were safe and effective recruitment practices in place. The service provider ensured that staff had Garda Síochána (police) vetting and international police checks available on file. Garda vetting for external support staff who were providing services within the centre was also available. One staff member was in the process of seeking their international police checks at the time of the inspection. Risk assessments had been completed where there were positive disclosures returned following the vetting process. Written job descriptions, identification and two references were available on staff files.

New employees to the service were provided with an induction. Annual performance appraisals were completed with staff members, and the service provider reviewed the performance of new employees during their probationary period. The inspectors found that personnel files were well maintained and contained all the required documentation. These files were stored centrally and managed by the human resources department. Regular formal support and supervision meetings was being provided to staff members on a quarterly basis. The inspectors found that the staff team had a good understanding of their roles and had a clear reporting structure in place.

The service provider ensured that staff training and development was prioritised. All staff members had received training to support them to provide person-centred care and support to residents. Some members of the management team had received leadership and management training. Overall, staff members had completed a comprehensive range of training including adult safeguarding, *Children First: National Guidance for the Protection and Welfare of Children (2017)*, mental health and disability awareness and manual handling. However, not all the mandatory training required by the national standards had been completed by staff members, for example human trafficking and first aid training. However, the service provider had a plan in place to ensure that all staff received the required mandatory training within a number of months of the inspection. A log was maintained which identified the training completed and training which was planned. The service provider explained that where refresher training was required, this was highlighted on the training matrix held by the organisation. The appraisal process was also used to identify any additional staff training needs.

### **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 staff team had a good understanding of the national standards, legislation and national policy. A self-assessment had been completed and findings from HIQA reports had been reviewed to identify areas for improvement. Despite this, there was a clear need for the service provider to ensure that it provided its services in line with the requirements of national policy and the national standards. There were mixed levels of compliance with the national standards identified through the completion of this inspection and some areas required urgent action to be taken by the provider to ensure a safe and comfortable living environment was provided.

Judgment: Not 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 a clear governance structure in place and the management and staff teams were clear on their roles. Improvements were required to ensure effective communication and appropriate management oversight of the centre on a daily basis. Issues that were escalated to senior management needed to be addressed in a timely manner, with clear records maintained of the decisions made. Complaints and incidents were managed appropriately, however, the systems in place to record decisions made, follow up actions and identified learnings required further development.

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.

New residents who arrived to the centre were provided with a copy of the residents' charter and information regarding life in the centre. The residents' charter contained the information required by national standards.

Judgment: Compliant

#### **Standard 1.4**

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

There was a culture of respect, quality and continuous quality improvement evident. However, the impact on the human rights of the residents needed to be considered when developing and implementing policies and procedures. A comprehensive service improvement plan needed to be developed for the service to focus on the overall governance, quality and safety of the service. Records of the discussions and the actions agreed at team meetings required improvement, and needed to include risk, complaints, incidents and learnings as standing agenda items. The monitoring and auditing systems were in the early stages of development and required further improvement. Improvements were required to develop a system to track complaints, safeguarding concerns, incidents and adverse events over time to identify trends and learnings. Residents' views and feedback on all areas of service provision needed to be considered and risk assessed to decide upon appropriate actions where required.

Judgment: Partially Compliant

#### **Standard 2.1**

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

There were safe and effective recruitment practices in place. Garda vetting and international police checks were available on file, and Garda vetting for external support staff who were providing services within the centre was also available. Risk assessments were completed where positive disclosures had been returned. Induction and probation processes were in place for the staff team.

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.

Annual performance appraisals were completed, and personnel files were well maintained and contained all the required documentation. Regular formal support and supervision meetings were taking place. There was a clear reporting structure in place and staff members understood their roles.

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.

All of the mandatory training required by the national standards had not been completed by staff, however, there was a plan in place to ensure it was completed within the coming months. A log was maintained which identified the training completed, planned training and when refresher training was required. Annual appraisals were used to identify any additional staff training needs.

Judgment: Substantially Compliant

### **Standard 3.1**

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

Improvements were required to ensure that risks across the service were identified, assessed and appropriately managed. Risks identified during the inspection had not been included on the risk register. Decisions made regarding restrictive practices in the centre had not been risk assessed to determine the impact of these decisions on residents and the operation of the service. A regular review of the risk register was required. A review of the frequency and completion of fire drills and the education of residents regarding fire safety was required.

Judgment: Partially Compliant

## Quality and Safety

The service provider had developed a process and criteria for the allocation of accommodation in the centre. The individual needs of residents were considered and individual rooms were allocated to residents based on health needs. The centre manager informed the inspectors that contact was made with the DCEDIY where accommodation in the centre was not suitable to meet the needs of families. There was no system in place to record requests made by individuals to move rooms. The centre management team explained that such requests were discussed and decisions to move residents were made based on the availability of alternative accommodation.

The service provider had a system in place for the reporting, management and escalation of repair and maintenance works that were needed in the centre. Weekly checks of all rooms were carried out by staff on a weekly basis. The residents could also report maintenance issues to staff. The centre manager reported all outstanding maintenance issues that required completion to the service provider on a monthly basis. A review of these monthly reports and maintenance logs by the inspectors found that there were significant delays in the completion of maintenance tasks by the service provider. For example, residents' bathrooms had been identified by the centre management team as needing to be painted and have tile areas grouted and this was awaiting an update at the time of the inspection. While the outside of the main building had recently been painted and flower boxes were evident throughout the centre, the inspectors observed paint that was peeling from the walls in some of the centre's buildings, and there were areas where paintwork was marked and chipped. Carpets in the main building were also significantly worn, and a set of stairs in one of the buildings was observed to have come away from the wall and created a health and safety risk for the residents living in the building. While the stairs were repaired during the inspection, and the inspectors acknowledge that the service provider faced specific challenges in relation to external and some internal maintenance works with the buildings due to the age and historic nature of the building, a review of the maintenance system was required to ensure that all repair works were identified and addressed in a prompt and timely manner. In addition, the lack of additional storage area across the centre meant that residents had to store large bulky items in their rooms which significantly impacted the availability of adequate floor space.

Families were placed together in rooms that were appropriately furnished. Where family bedrooms did not have ensuite facilities, families had a designated bathroom provided to them. The inspectors observed that sufficient beds had been made available for children and their parents. The accommodation provided to some families resulted in teenage children sharing a bedroom with their parents. Some of the family accommodation did not provide private living space which was separate to the sleeping quarters. Where this occurred, the families had access to communal rooms within their own building. However, these rooms were small and some were also used as study rooms for residents. The centre manager and service provider explained that all families had access to the communal rooms in the main centre if they wished to use them. These additional facilities, however, were not an adequate alternative to providing the required private living space for families.

The service provider made adequate facilities and materials available to support the education and development of children and young people. The centre management team explained that crèche, pre-school and school facilities were all available within walking distance from the centre. Multiple laptops had been sourced from a local support organisation, and these were available for the residents to borrow as required. The management team provided residents with information regarding education and training opportunities in the area. There were rooms available throughout the centre that could be used for studying or completing homework as required. One resident commented that the communal rooms can be busy at times which has created challenges when trying to study in the centre.

The inspectors completed a walkthrough of the communal areas and rooms in the centre and also observed a sample of the residents' accommodation. The centre manager explained that there was a cleaning rota in place which they maintained oversight of. During this walk through, the inspectors observed that some bathroom facilities had mould and green algae on shower trays. Mould and cobwebs were observed on a resident's bathroom ceiling. Black staining was evident on floor tiles and grout in another resident's bathroom, while black mould was observed on the walls over a resident's bed in their room. Communal areas and hallways were found to be unclean with stains and marks evident on doors and walls. Carpets in areas of the centre were observed to be worn and had significant staining. A large quantity of insects were also evident in one of the communal kitchens in the family building. Residents who spoke with inspectors expressed concerns regarding the cleanliness of the centre. The service provider was issued with an urgent action following the inspection and was requested to take action to remove all mould and algae from all areas of the centre. A comprehensive review of the hygiene and cleanliness of the entire centre was requested, with appropriate actions to be identified and followed up by the service provider to address the findings of the review and ensure that the environment throughout the centre was clean and hygienic.

There had been an outbreak of pests within the centre in the months prior to the inspection and the service provider had taken all necessary measures to address and eradicate the pests to ensure the safety and welfare of the residents.

Adequate laundry facilities were available throughout the centre. There was a laundry room located in the main centre and washing machines and tumble dryers were available within the kitchen areas of the other centre buildings. The inspectors were told that laundry facilities had recently been installed in the family building at the request of the residents as they had to come to the main building to complete their laundry previously. Outdoor drying facilities were available in the main centre and one of the buildings that was located off-site.

Sufficient, proportionate and appropriate security measures were in place across the service. The service provider had completed a security risk assessment and this was under review by the health and safety manager in the service. Security staff were direct employees of the company and held the required licenses. The majority of the security staff team had completed the training required by the national standards and a date had been scheduled for the security staff that required the specific training. Residents told the inspectors that they felt safe living in the centre. They described the staff as being kind, helpful and respectful. Closed-circuit television (CCTV) was used to monitor the entrances to each building, and also some of the communal areas such as the kitchen in one building, and the shop and laundry room. Private meeting rooms were made available where CCTV was not in operation.

The inspectors found that residents were required to use their weekly allocated points to purchase non-food items including toiletries and nappies from the centres shop. The service provider had made feminine hygiene products and contraception available for free and explained that due to contract under which the centre was operating, residents were required to purchase all other non-food items on-site. As this practice was not in line with the requirements of the national standards, the service provider reviewed their system during the course of the inspection. The service provider informed the inspectors that all non-food items would be made available to the residents without charge, and this would include two sets of bed linen and towels, nappies, wipes, lotions and appropriate hygiene products and toiletries.

The majority of residents living in the centre had access to communal kitchens and dining areas where they stored their food and prepared their meals. A small number of residents lived in self-contained apartments with access to their own kitchen and dining area. Families had access to their own fridge, while single adults shared a fridge between two residents. The communal kitchen that was available in the main building was open to residents from 08:00 until 20:00, while the communal kitchens in the buildings that were off-site were open to residents 24 hours per day.

Residents living in the main centre told the inspectors that due to the closing time of the communal kitchen, there were occasions where they were requested by staff to stop cooking and had to bring their food to their rooms and continue to cook it the following day. The service provider and centre management team said that some flexibility was offered to residents so that they could continue to cook their food after 20:00. While the communal kitchen remained open during religious occasions, the inspectors found that the availability of the cooking facilities in the main building did not meet the needs of residents and there was no evidence of consultation in relation to the addressing their concerns. In addition, some of the cookers and hob areas in the communal kitchen were not working and needed to be repaired or replaced.

Some residents told the inspectors that the refrigerators where they stored their fresh foods were not working correctly which led to some of their food being spoiled and not safe to eat. This was brought to the attention of the centre manager who explained that at times the fridges can be full as they are shared between two residents. When asked to review the temperatures of all fridges in the centre to ensure they were working correctly, the centre manager confirmed that the two initial checks completed indicated the fridges were not at the correct temperatures. The centre manager agreed to complete a full review of all fridges and address any issues that were identified. While communal dining facilities were available in the main building, the inspectors observed that such dining facilities were not consistently available in the buildings that were off-site. For example in the family building, there was an island unit in the centre of the kitchen but appropriate seating was not available and there was no kitchen table or chairs whereby a family could sit to eat their meals.

The inspectors observed that cooking utensils were provided to the residents, however, some resident said that they did not have a sufficient supply to cook their meals with. The management team acknowledged that there were occasions over the course of a week where there may not be sufficient cooking pots and saucepans available. In addition, the inspectors observed that not all residents had access to freezers to store frozen food items which they purchased in the centre's shop. The service provider told the inspectors that they were not permitted to purchase freezers for residents and when required, they allowed residents to store frozen goods in the centre's freezer. The absence of appropriate frozen food storage facilities created a significant health and safety risk for the residents living in the centre and did not support family life.

The shop in the centre was well stocked and had a good range of ethnically appropriate foods. The shop staff were pleasant in their interactions with residents. The residents explained that the opening times of the shop were restrictive and residents who were working had to leave their card and list with another resident for them to do their shopping. The shop and centre management team explained that the opening hours of the shop were under review and there were plans to extend the opening hours of the shop in order to facilitate the residents to do their shopping.

Information was available to residents on their rights and the support services that they could access, including advocacy, housing and health services. The management team told inspectors that residents were supported to register to vote if they wished prior to the elections taking place. Residents said they felt that the staff treated them with dignity, respect and kindness during their time living in the centre. However, the inspectors found that practices and procedures in the centre impacted the human rights of the children and adults living there. Areas for improvement and review included policies and decision making in relation to visitors coming to the centre, the maintenance, repair and cleanliness of the centre, the opening times of the shop and kitchen to ensure that residents could prepare and cook meals for themselves, and the availability of appropriate refrigerated storage facilities where residents could safely store the fresh and frozen products that they bought in the shop. A review of practices in the centre was required to ensure that the procedures and policies implemented in the centre did not promote institutionalised practice.

The centre management and staff team ensured that residents had access to various public services, healthcare, education, community supports and leisure activities in the area. The centre was located within walking distance of local transport, retail, recreational and social support services. Parents were supported to access school transport for children, and vaccination clinics had been held in the centre. Residents were supported to access the necessary health and social support services in the area.

The management team had sourced vouchers for residents to attend the local swimming pool and had accessed places on local summer camps for children, one of which provided transport for the children to attend. The inspectors were told that on arrival to the centre, the centre manager brought residents for a walking tour of the town to show them where the various services were located. There were multiple social activities that took place within the centre including sewing classes, English classes, gym sessions, religious practice and choir sessions.

The centre staff supported residents to develop their interests and hobbies through taking part in activities in the centre such as gardening, and through supporting them to become involved with local volunteer groups and running clubs. The management team had also organised boat trips for the residents, and a barbeque was scheduled in the centre for staff and residents to support new residents to settle into the centre and get to know people. Additional transport services were provided to residents in emergency situations.

Families were accommodated together in the centre. The inspectors found that the arrangements for residents to have visitors in the centre impacted negatively their ability to develop and maintain personal and family relationships. Residents could bring guests to the visitor's room in the main centre. As the service was located across seven buildings, residents who lived in the off-site buildings were not permitted to have family or friends visit in the communal rooms in those buildings. The inspectors found that the visitor's room in the main building had limited space and facilities.

Parents reported that the visiting arrangements created challenges for their children as they were not allowed to have their friends visit the communal rooms in their home as they were not living in the main centre building. In addition, the inspectors found that the service provider had not considered the visitor arrangements in the context of new parents who required visitors to support them following the birth of a baby. The service provider and centre management team explained that while visitors were welcomed to the visitor room in the main centre, the safety of all residents informed their practice regarding residents receiving visitors. Due to the limited private living space available to residents and the off-site location of some of the accommodation, a review of the policy and practice regarding visitors was required.

The service provider had an appropriate adult and child safeguarding statement in place. There was a child protection policy in place to guide staff in their practice. The service provider had not developed an adult safeguarding policy for the centre. Despite this, adult safeguarding concerns were found to have been managed in line with the safeguarding policy of the statutory agencies. All staff working in the centre had received training in safeguarding and protection of children and adults. Residents told the inspectors that they felt safe living in the centre and they felt that they were adequately protected. While an appropriate designated liaison person had been identified, the residents who completed the questionnaires said that they were not aware of who this person was. Risks relating to potential protection and safeguarding concerns had been identified.

A review of files found that not all child protection and welfare concerns were managed in line with the requirements of the Children First national policy. The inspectors found that while individual staff had concerns for the welfare of a family living in the centre, these concerns had not been recorded or tracked over time, and the necessary follow up actions had not been taken. This was brought to the attention of the service provider during the inspection, and the centre management team reviewed the concerns and made contact with the local Child and Family Agency (Tusla) social work department for advice. Some residents were unclear on the procedures for having their children minded in the centre, and believed that they could not have residents who lived in other parts of the centre take care of their children. The centre management team told the inspectors that parents were required to complete a form to indicate who would be minding their child in their absence, though the staff team had not received any completed forms. A review of the child minding practice in the centre was required to ensure that parents were able to have their children minded in the centre when required, and that they were aware of the relevant procedures.

The service provider and centre management team told the inspectors that a review of all incidents and adverse events took place at the regular managers and staff team meetings. The system in place to record these discussions needed further development and improvement as there was limited details recorded regarding the discussions, learnings from the incidents or follow up actions required. While the service provider had a policy in place for the management of incidents and adverse events, a policy for the review and evaluation of such incidents was required. In addition, welfare concerns for children and adults were not centrally recorded or tracked over time. This impacted the service provider's ability to ensure the necessary governance and oversight arrangements were in place, and that such concerns could be reviewed for learning. Emergency contacts were displayed throughout the building, and had been made available to residents.

The health, wellbeing and development of residents was promoted by the staff team. Residents told the inspectors that the staff team were sensitive, kind and helpful in providing relevant information, and supporting them to connect with necessary health and social services in the area. Information regarding support services was displayed throughout the centre. The inspectors found that the staff team were aware of the needs of their residents and referrals were made to support services when needed. For example, support workers from the local parenting and housing support service visited residents in the centre on a regular basis, and information was provided to the residents on mental health supports in the area.

The staff and management team had received some of the relevant training to support them to identify and respond to the special reception needs of the residents in a person centred manner. Additional training was also scheduled for later in the year. The

inspectors found that when the staff team became aware of any special reception needs, the appropriate support was offered and the resident was referred to the relevant service if this was required. The service provider had developed a policy and procedure to guide staff on how to identify and address existing and emerging special reception needs as required by the standards. While vulnerability checks were completed with residents when needed, there were no records maintained of the areas considered during this check in, or the actions arising or support provided. The inspectors found that further implementation of the policy to identify and manage special receptions needs was required to ensure that it was effective in practice.

A manual to guide the work of the reception officer was being developed by the service provider at the time of the inspection and recruitment campaign for a reception officer was also underway. When speaking with the staff team, it was evident that they had a good understanding of the needs of some of the residents, and person-centred care and support was provided. However, improvements were required to ensure that consideration was given to all categories of vulnerability when assessing the needs of residents, and that assessments and support plans are consistently completed when required.

The service provider had staff wellbeing and debrief supports in place for the staff team. Regular team meetings were taking place with managers and staff. The centre manager and service provider explained that learnings from incidents and events that took place were discussed and shared at these meetings. The inspectors reviewed these minutes and found that there were limited records held of these team discussions, and therefore it was difficult to assess the impact of this shared learning on practice in the centre.

### **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.

A process and criteria for the allocation of accommodation had been developed which considered the needs of residents. While requests to move or change rooms were discussed at a management level, there was no system in place to record these requests or the decision making process.

Judgment: Substantially Compliant

### **Standard 4.2**

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

There were significant delays in the completion of maintenance tasks by the service provider. The inspectors observed paint work that was marked, chipped and peeling from the walls in some of the centre's buildings. Carpets in the main building were also significantly worn. A comprehensive review of the maintenance system was required to ensure that all repair works were identified and addressed in a prompt and timely manner, particularly those which had been escalated to the service provider. Additional storage was required for larger items to ensure that resident's had sufficient floor space in their rooms.

Judgment: Partially 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.

Families were placed together in appropriately furnished rooms. The inspectors found that in some cases, teenage children were required to share a bedroom with their parents. The family accommodation provided in some of the buildings did not have private living space which was separate to the sleeping quarters. Communal rooms provided within those buildings were small, and some were also used as study rooms for residents. While all families had access to the communal rooms in the main centre, these additional facilities were not an adequate alternative to providing the required private living space for families.

Judgment: Partially 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.

Adequate facilities and materials were available to support the educational development of children and young people living in the centre. Crèche, pre-school and school facilities were available within walking distance from the centre. Multiple laptops were available for the residents to borrow as required. Information regarding education and training opportunities was provided, and there were study rooms available.

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.

While there was a cleaning rota and housekeeping staff available in the centre, the service provider had not ensured that the environment was clean. Bathroom facilities had mould and green algae on shower trays. Mould and significant cobwebs were observed on a resident's bathroom ceiling. Black staining was evident on floor tiles and grout in a resident's bathroom, while black mould was observed on the walls over a resident's bed.

Communal areas and hallways were found to be unclean with stains and marks evident on doors and walls. Carpets in areas of the centre were observed to be worn and had significant staining. A large quantity of insects were also evident in one of the communal kitchens in the family building.

Judgment: Not 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 service provider had appropriate security measures in place, and a security risk assessment had been completed. Residents said that they felt safe living in the centre, and described the staff as being kind, helpful and respectful. Private meeting rooms were made available where CCTV was not in operation.

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.

A review of the provision of non-food items across the centre was completed by the service provider during the inspection. Following this review, appropriate actions were taken by the service provider and the inspectors were assured that all necessary non-food items were being provided to the residents without charge with immediate effect.

Judgment: Compliant

### **Standard 5.1**

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

The food preparation and dining facilities in the centre did not meet the needs of some residents living in the centre or support family life. The availability of, and restricted access to, communal cooking facilities across the centre was inequitable. Dining facilities in some of the off-site buildings were not sufficient. The availability of the cooking facilities in the main building did not meet the needs of the residents. Sufficient cooking utensils and food storage facilities for fresh and frozen products had not been provided, and this created a significant health and safety risk for the residents living in the centre. Some of the cookers and hobs in the communal kitchen area were found to be in need of repair.

Judgment: Not 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 shop in the centre was well stocked and had a good range of ethnically appropriate foods. Residents could request any additional foods that they required to be made available. The opening times of the shop were restrictive and did not facilitate some residents to be able to complete their own shopping. The opening times for the shop were under review and there were plans to extend the opening hours of the shop in order to facilitate the residents to do their shopping.

Judgment: Partially Compliant

### **Standard 6.1**

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

Some of the practices and procedures in the centre impacted negatively on the human rights of the children and adults living there. For example, practice in relation to visitors coming to the centre; the maintenance, repair and cleanliness of the centre; the opening times of the shop and kitchen; and the availability of appropriate refrigerated storage facilities did not support, promote or safeguard the rights of residents. A human rights based review of these matters was required to ensure that the procedures and policies implemented did not result in institutionalised practices.

Judgment: Partially Compliant

### **Standard 7.1**

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

While families were accommodated together, visiting arrangements impacted some residents' ability to develop and maintain their personal and family relationships. The service provider had not considered the visitor arrangements in place for children, families, new parents or those residents living in one of the six buildings that was located off-site. A review of the policy and practice in relation to residents being facilitated to receive visitors to the centre was required.

Judgment: Partially Compliant

### **Standard 7.2**

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

Residents had access to various public services, healthcare, education, community supports and leisure activities in the area. The centre was located within walking distance of local transport, retail, and recreational and social support services. Activities were organised both in the centre and the local community for residents to attend. Parents were supported to access school transport for children. Residents were supported to access the necessary support services available in the area.

Judgment: Compliant

**Standard 8.1**

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

The service provider had an adult safeguarding statement in place. A policy to guide staff on the management of adult safeguarding issues was required. Staff had completed the required adult safeguarding training.

Judgment: Substantially Compliant

**Standard 8.2**

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

The service provider had an appropriate child safeguarding statement and child protection policy in place. The staff team had received the relevant child protection training. Some residents were unaware of who the designated liaison person was. Some child protection and welfare concerns were not managed in line with the requirements the Children First national policy. A review of the child minding practice in the centre was required to ensure that parents were able to have their children minded when required, and that they were aware of the procedure regarding this.

Judgment: Partially 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 system in place to review incidents and adverse events needed further development and improvement as there were limited details recorded about learnings from the incidents or follow up actions required. A policy for the review and evaluation of such incidents was required. Welfare concerns for children and adults were not centrally recorded or tracked over time, and therefore could not be reviewed to ensure appropriate actions were taken or to further inform quality improvement within the service.

Judgment: Partially 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 health, wellbeing and development of residents was promoted and the staff team supported residents to connect with necessary health and social services in the area. Information regarding support services was displayed throughout the centre. The service provider had developed a substance misuse statement for the centre.

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.

While the service provider received limited information about the residents prior to their arrival to the centre, residents received the appropriate supports when the staff team became aware of their needs.

Judgment: Compliant

### Standard 10.2

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

Some of the relevant training had been provided to support staff members to identify and respond to special reception needs of residents, with additional training scheduled for later in the year. There were measures in place to support staff working in the centre. The inspectors were told that learnings from incidents and events were discussed and shared at regular team meetings. Limited minutes of these team discussions or actions required were recorded therefore it was difficult to assess the impact of this shared learning on practice in the centre.

Judgment: Substantially Compliant

**Standard 10.3**

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

A policy and procedure had been developed to guide staff on how to identify and address existing and emerging special reception needs of residents. Further implementation of this policy was required to ensure that all categories of vulnerability were considered when assessing the needs of residents, and that assessments and support plans were consistently completed and that the needs of residents were regularly monitored.

A review of the recording of weekly wellness checks, family and daily vulnerability checks was required to ensure that the needs of residents were appropriately assessed, recorded and monitored over time.

Judgment: Substantially Compliant

**Standard 10.4**

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

While the service provider was recruiting a reception officer, one was not in place at the time of the inspection. In addition, there was no manual developed to guide the work of the reception officer.

Judgment: Not Compliant

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

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

Standard	Judgment
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Not Compliant
Standard 1.2	Substantially Compliant
Standard 1.3	Compliant
Standard 1.4	Partially Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Compliant
Standard 2.3	Compliant
Standard 2.4	Substantially Compliant
<b>Theme 3: Contingency Planning and Emergency Preparedness</b>	
Standard 3.1	Partially Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Substantially Compliant
Standard 4.2	Partially Compliant
Standard 4.4	Partially Compliant
Standard 4.6	Compliant
Standard 4.7	Not Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant

<b>Theme 5: Food, Catering and Cooking Facilities</b>	
Standard 5.1	Not Compliant
Standard 5.2	Partially Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Partially Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.1	Partially Compliant
Standard 7.2	Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Substantially Compliant
Standard 8.2	Partially Compliant
Standard 8.3	Partially Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.1	Compliant
Standard 10.2	Substantially Compliant
Standard 10.3	Substantially Compliant
Standard 10.4	Not Compliant

# Compliance Plan for Marian Hostel

**Inspection ID:** MON-IPAS-1047

**Date of inspection:** 30 and 31 July 2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Standard	Judgment
1.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>We are at present conducting a complete review of our documents control and policies against the National Standards to ensure that we have all the required policies in place for the safe and effective delivery of services, particularly in relation to risk management and safeguarding.</p> <p>We are conducting a complete review of all policies against relevant legislation, regulations, national policies and standards to ensure practices in the centre protect residents in a manner that promotes their welfare and respects their dignity. Any gaps in standards identified will be addressed through a combination of initiatives including briefings, retraining and enhanced supervision so as to ensure practices in the centre are in line with policies, legislation and the national standards.</p>	
1.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ol style="list-style-type: none"> <li>1. Monthly Team Meeting Agenda &amp; Minutes templates have been expanded to include risks, complaints and incidents. Learnings identified under these headings are included in the minutes. Meetings minutes will be more comprehensive. Previous meeting minutes and actions taken are included at the next meeting and reported on.</li> </ol>	

2. Our improved comprehensive tracker log has been implemented to track complaints, safeguarding concerns and incidents including:

- initial issue/complaint
- process & actions
- resolution
- identified learnings
- repeat issues or trends
- sharing of information

3. Residents’ meeting agendas and minutes have been expanded to include risk assessments & concerns on all points raised – at these meetings Residents are encouraged to ask questions and provide comments and feedback on all service provision issues. We will continue to engage proactively with all Residents daily and in our weekly Wellness Checks. We have an annual Resident Satisfaction survey as well as suggestion boxes throughout the building, should they wish to engage anonymously. We also facilitate private meetings with residents at any time.

We will develop and implement a service improvement plan and improved auditing systems to ensure that the quality of care and experience of children and adults living in the centre is improved on an ongoing basis.

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

1. An updated risk register has been developed – it is reviewed monthly or when new risks or learning have been identified.
2. The restrictive practices noted on the inspection report have been reviewed and changes for improvement made. Food hall opening hours have been increased following engagement with residents.
3. Fire Drills are carried out twice yearly – once in daylight and once after dark. Outcomes and learning are communicated to residents.

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

1. Outstanding maintenance issues have been reviewed and are being addressed on a priority basis. Escalation procedures have been reviewed.
2. The carpets in public areas in the main building have been replaced.
3. Internal painting and decorating works have commenced.
4. Additional storage space for large items is being sourced.

5. An additional resource to assist with maintenance issues is being hired.	
4.4	Partially Compliant
Outline how you are going to come into compliance with this standard:  The family accommodation is being reviewed to see how best we can provide more adequate private living space.	
4.7	Not Compliant
Outline how you are going to come into compliance with this standard:  <ol style="list-style-type: none"> <li>1. Our cleaning programme has been reviewed and a new plan/rota has been developed that includes retraining and enhanced supervision.</li> <li>2. A comprehensive maintenance and cleaning audit of the centre has been completed and works identified. Refurbishment work on all bathrooms has commenced.</li> <li>3. Internal painting and decorating has commenced.</li> <li>4. Carpets in all public areas of the main building have been replaced.</li> <li>5. Fruit flies observed in an open bin was addressed immediately, and frequency of refuse bin emptying has been increased.</li> </ol>	
5.1	Not Compliant
Outline how you are going to come into compliance with this standard:  <ol style="list-style-type: none"> <li>1. Opening hours for the kitchens are under review and are being risk assessed.</li> <li>2. Additional cooking utensils have been supplied.</li> <li>3. Food storage and dining facilities referred to in the inspection report in the centre are under review and are being risk assessed accordingly.</li> <li>4. As in 4.4 above, the family accommodation is being reviewed to see how best we can provide more adequate private living space.</li> <li>5. The cooker that was not working in the main kitchen has been replaced.</li> <li>6. Additional freezer storage facilities have been provided.</li> </ol>	
5.2	Partially Compliant
Outline how you are going to come into compliance with this standard:  Opening hours for the shop have been reviewed in conjunction with residents and hours have been increased accordingly. We will continue to review and seek feedback from residents.	

6.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ol style="list-style-type: none"> <li>1. A new visitor’s policy has been implemented in line with IPAS and National Standards guidelines and communicated to residents.</li> <li>2. Maintenance and repair processes have been reviewed and improvements implemented.</li> <li>3. Revised cleaning rota and plan have been reviewed and changes fully implemented.</li> <li>4. Shop opening hours have been extended, and kitchen opening hours are under review.</li> <li>5. Additional freezer storage facilities have been provided.</li> <li>6. Following on from resident induction meetings (Meet &amp; Greet, which now includes our Reception Officer), we that host a catch-up and information night for new residents within two weeks of their arrival. Additionally, our team engages with residents proactively through our Monthly Residents Meetings, daily 1-to-1 interactions, weekly wellness checks and annual Satisfaction Surveys.</li> </ol>	
7.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ol style="list-style-type: none"> <li>1. A new visitor’s policy has been implemented in line with IPAS and National Standards guidelines and communicated to residents.</li> </ol>	
8.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ol style="list-style-type: none"> <li>1. Signage is displayed on all notice boards indicating the centre DLP’s.</li> <li>2. Parents have been reminded who the centre DLP’s are.</li> <li>3. Practice relating to child safeguarding and welfare concerns have been reviewed in line with the Children First national policy. This includes amendments to our visitor’s policy and child-minding procedures which have been communicated to all residents.</li> <li>4. Revised safeguarding &amp; welfare concerns tracking system has been implemented.</li> </ol>	

8.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ol style="list-style-type: none"> <li>1. We have implemented a new, improved comprehensive tracker log to track complaints, safeguarding concerns, incidents and accidents including: <ul style="list-style-type: none"> <li>- initial issue/complaint</li> <li>- process &amp; actions</li> <li>- resolution</li> <li>- identified learnings and sharing</li> <li>- repeat issues or trends.</li> </ul> </li> <li>2. Our Vulnerability Assessment Policy has been reviewed.</li> </ol>	
10.4	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ol style="list-style-type: none"> <li>1. The recruitment process is completed and a Reception Officer appointed.</li> <li>2. Company's Reception Officer manual has been issued to the new Reception Officer.</li> </ol>	

## 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 1.1	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.	Not Compliant	Red	30/09/2024
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	30/09/2024
Standard 3.1	The service provider will carry out a regular risk	Partially Compliant	Orange	31/08/2024

	analysis of the service and develop a risk register.			
Standard 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Partially Compliant	Orange	30/11/2024
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.	Partially Compliant	Orange	30/10/2024
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.	Not Compliant	Red	30/09/2024
Standard 5.1	Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.	Not Compliant	Red	31/10/2024
Standard 5.2	The service provider commits to meeting the	Partially Compliant	Orange	12/08/2024

	catering needs and autonomy of residents which includes access to a varied diet that respects their cultural, religious, dietary, nutritional and medical requirements.			
Standard 6.1	The rights and diversity of each resident are respected, safeguarded and promoted.	Partially Compliant	Orange	30/09/2024
Standard 7.1	The service provider supports and facilitates residents to develop and maintain personal and family relationships.	Partially Compliant	Orange	15/09/2024
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.	Partially Compliant	Orange	31/08/2024
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	31/08/2024
Standard 10.4	The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those	Not Compliant	Orange	26/08/2024

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