



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

Name of the Centre:	Park Lodge
Centre ID:	OSV-0008447
Provider Name:	Onsite Facilities Management Ltd.
Location of Centre:	Co. Kerry
Type of Inspection:	Unannounced
Date of Inspection:	17/06/2024 and 18/06/2024
Inspection ID:	MON-IPAS-1037

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

Park Lodge is an accommodation centre located outside of the town of Killarney, Co. Kerry. The building has 23 bedrooms situated over two floors. There is a modest sized reception area on entry to the building, behind which are office facilities. The building also includes a dining area, a kitchen, a compact laundry room and a computer room. There is an additional building located beside the main building which holds exercise equipment and has seating and a lounge space.

Park Lodge accommodates single females in the international protection process. All residents share a room. At the time of this inspection the centre accommodated 59 residents. The centre is staffed by security staff, assistants, catering staff and a management team. The centre is located in close proximity to community amenities such as supermarkets, public transport and health centres.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	59
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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)
17/06/2024	11:40hrs-18:00hrs	1	1
18/06/2024	08:30hrs-14:00hrs	1	1

What residents told us and what inspectors observed

The inspectors found, through conversations with residents, a review of documentation and observations made during the inspection, that the residents at Park Lodge were receiving good supports from the management and staff team. Residents who engaged in the inspection expressed satisfaction with the services and the assistance they received at the centre and spoke highly of the staff team, assistant manager and centre manager. While there were positive findings identified during this inspection, the inspectors found that improvement was required in order for the service provider to ensure compliance with the national standards. The improvements required included the areas of risk management, development of the role and guidance documents and training for the reception officer, and the development of governance and management systems for the oversight and monitoring of the service provided.

Upon arrival at the centre, the inspectors entered a two-storey building which had a welcoming reception area. The inspectors met with the centre manager and deputy manager who directed them to a meeting and or computer room which was allocated to the inspectors for the course of the inspection. The inspectors had an introduction meeting with the management team and then completed a walk-through of the buildings with the assistant manager.

The accommodation centre was located within walking distance of local services and transport links. The entrance to the centre was bright and clean and there was a large garden to the rear of the centre which was well maintained. The centre itself was described by the residents as a safe and secure place to live.

The centre had a contracted capacity of 68 beds but was accommodating 59 female residents at the time of the inspection. There were 22 bedrooms in Park Lodge and all residents shared a room with other residents. In most cases, there were three residents in each bedroom, with one room accommodating four people. In most cases, the bedrooms included en-suite facilities.

The primary function of the centre was to provide accommodation to international protection applicants and it catered for female residents. 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 nine residents had received refugee or subsidiary protection status and had received correspondence to seek private accommodation outside of the centre. However, some residents informed the inspectors that they were experiencing difficulty securing private rental accommodation.

The inspectors met with the management team and various staff members at the centre over the two days, including staff members working in catering service and the reception area. The inspectors also met with 14 out of the 59 residents living in the centre. Residents were invited to share their experiences of Park Lodge through questionnaires made available by the inspectors in seven different languages. Residents shared their views on the centre, and overall the feedback was positive. Residents spoke highly of the deputy and centre manager and stated they were supportive and helpful.

The inspectors observed the catering and dining facilities in the centre. The centre was fully catered and residents said they were happy with this although they would prefer to prepare their own meals. The inspectors observed mealtimes in the dining room during the course of inspection. Breakfast, lunch and dinner were served in the dining hall at predetermined times. There was a 14-day rotational menu in place, which was displayed for residents to view. The menu included information regarding the meals to support residents to make informed choices, for example, all meat products were noted to be Halal. The inspectors found that while there was a good selection of hot food available, there was limited culturally specific food to accommodate residents from different cultural backgrounds.

Tea and coffee making facilities were available to the residents. There was also a toaster, microwave, fridge and freezer available so that residents could make a snack outside of mealtimes and when the dining room was closed for cleaning.

The inspectors were invited by residents to view their bedrooms and took the opportunity to measure sample of the bedrooms to ensure there was adequate floor space. It was found that these did not meet the requirements of the national standards and the bedrooms contained more beds than were suitable given the size of the rooms. An action from the previous inspection was to address the lack of storage in bedrooms and at the time of this inspection, the service provider had provided additional storage in each of the bedrooms.

The service provider had made a prayer room available to residents. The residents reported that they were happy with this and felt that their beliefs were respected as a result.

The centre had a well maintained garden and a garden room with gym equipment as well as a lounge area and outdoor covered space to receive visitors or just relax with other residents. Car parking facilities were available as some residents owned vehicles.

In order to fully understand the lived experience of the residents, the inspectors made themselves available to them over the course of two days of the inspection. The inspectors engaged with 14 residents and overall, they said they were very 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. Five residents returned completed questionnaires which were made available to them by inspectors. Overall, the comments were positive and the residents said they were happy living in the centre. They stated that they would prefer to cook meals themselves so they could meet their cultural and religious needs.

Although the centre did not provide transport, this was not required as residents benefited from the convenience of having a train station as well as local bus services nearby. The centre was within walking distance of shops and restaurants. Leisure facilities 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 guidance available on seeking training and employment. There was guidance on making complaints to the Ombudsman alongside information about housing agencies and support organisations. The noticeboard also provided important information for residents about their rights and entitlements.

In summary, by closely observing daily life and interactions within the centre and engaging with its residents, it was evident to the inspectors that this was a good centre where staff and managers were readily available to residents. Interactions between residents and staff were friendly and pleasant. However, there were significant areas for improvement particularly in the oversight and monitoring of the centre. The management team demonstrated a willingness to deliver a service which was of a good standard and which adopted a human rights based and person-centred approach. The observations of the inspectors and the views of residents presented 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 inspection found that while the service was effectively managed on a day-to-day basis and had a committed management and staff team in place, improvements were required to further develop the governance systems and ensure good oversight and monitoring of the service provided. For example, vetting of staff members, recording systems, and internal audit systems for monitoring and oversight were some of the key areas which required improvement and development. While the management team were committed to addressing these deficits within the service, they had limited understanding and awareness of the requirements of the national standards. They had begun to put systems and processes in place to address the deficits identified, however, these processes were in the early stages of development and required expansion and further implementation. An urgent action was issued on the day of inspection in relation to Garda vetting and international police checks for staff members employed in the centre.

The inspectors found that the service provider and centre management team did not have a comprehensive understanding of the legal and policy framework governing service operations, encompassing relevant legislation, national policy, and the national standards, which impacted on their effectiveness in fulfilling their roles. Nonetheless, there was a shared commitment from the management team to improve their knowledge and establish systems and policies to ensure enhanced levels of compliance with the national standards.

The service provider had a clear governance structure in place. The centre was managed on a daily basis by a centre manager and assistant manager both of whom reported to a company director. The inspectors found, however, that improvement was required to ensure that the service provider was clear with regard to their roles and responsibilities and areas of accountability.

While there was a clearly defined governance and management structure in place, formal systems and processes for quality improvement, auditing and reporting were needed to strengthen the oversight and monitoring of service provision. The inspection found that the service provider did not have a systematic monitoring and evaluation framework in place to track operational and strategic objectives. As a result, there were no systems in place to identify actions to bring about continuous improvements in work practices and to achieve optimal outcomes for residents in the centre.

There was a complaints policy and process in place which was working well. Complaints were documented, complainants were consulted with, and complaints were resolved. A recording system ensured the provider had oversight of complaints which informed

service improvements. The complaints officer's details were highlighted on the residents' noticeboard and there were no unresolved complaints at the time of inspection.

The service provider had a system in place to record and report on incidents that took place within the centre. However, incidents were not reviewed for learning or skills development to empower staff to manage incidents more effectively.

The service provider had recently implemented formal arrangements to seek the views of residents and to ensure that a culture of consulting with residents was embedded in practice in the centre. The service provider reported that resident meetings had recently begun in order to gain feedback and to inform how the service was delivered going forward. Residents reported that they had positive relationships with the centre manager and spoke positively about the assistant manager and the staff team employed in the centre. They told the inspectors that they felt listened to and stated that the centre manager and assistant manager were kind and caring.

The provider had prepared a residents' charter that clearly described the services available and this had been made available to residents. The charter was discussed with residents on arrival at the centre and it ensured that residents had accurate information regarding the services provided to them.

The risk management framework required improvement to ensure that all risks were identified, assessed, monitored and appropriate control measures were in place to provide a safe service. The service provider had completed a risk analysis of the service and developed a risk register, however, this was not comprehensive in nature and the provider had not identified all potential risks which existed in the service. Some risks relating to individual residents had been assessed and control measures identified, however, the risk ratings needed to be reviewed to ensure accuracy.

The service provider had not developed a contingency plan to ensure the continuity of services in the event of an unforeseen circumstance such as flooding or outbreak of an infectious disease. Residents were informed about fire drills and emergency protocols were outlined on notice boards in the centre. Fire evacuation routes and exits were clearly marked and there was appropriate fire detection, alarm and emergency lighting systems in the centre.

Practice relating to the recruitment of staff members needed to improve. The inspectors found that three staff members did not have a valid Garda vetting disclosure on file and three staff members who had resided outside of the country for a period of six months or more did not have an international police checks completed. An urgent compliance plan was issued in relation to these findings.

The inspectors reviewed a sample of personnel files and found that there was an absence of formal supervision arrangements for staff members, and as a result, there

were no systems in place to ensure that staff members fulfilled their roles in accordance with relevant policies and procedures. In addition, the service provider had not developed a supervision policy. Development of a supervision policy and commencement of these processes was needed to ensure that all staff members received regular, formal supervision to support them to carry out their roles.

The service provider had ensured that personnel files were held securely and included role profiles and contracts for each staff member. However, the personnel files did not include a copy of the staff member's identification and only one file held an employment reference. The assistant manager informed the inspectors that going forward references would be sought for all staff members prior to employment.

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

Overall, it was found that residents were receiving a reasonably good quality service that met their individual needs. However, there were improvements required to optimise the governance and management arrangement in order to fully meet the requirements of the national standards. Formal monitoring systems were required along with an informed quality improvement plan to ensure a good foundation for progress in these areas.

Standard 1.1

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

The service provider and management had limited understanding of their roles and responsibilities as outlined in legislation, national standards and national policy. There were mixed levels of compliance with the national standards identified during this inspection and an urgent action plan was issued to the service provider in relation to the vetting of staff members.

Judgment: Partially 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 management and governance arrangements in place which specified roles and detailed responsibilities for areas of service provision. However, the service provider had limited involvement or presence in the centre to ensure good oversight. There was an absence of appropriate leadership at the service provider levels and there were no formal quality assurance and reporting systems in place to support effective governance, oversight and monitoring of all aspects of service provision.

Judgment: Partially Compliant

Standard 1.3

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

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

Judgment: Compliant

Standard 1.4

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

The service provider had recently commenced service user meetings where residents could give feedback and inform the delivery and planning of the service. While residents were consulted with in other forms, this was done on an informal basis and there were no records of this consultation.

Judgment: Substantially Compliant

Standard 1.5

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

Residents' meeting had recently commenced and while this was a positive indication of active inclusion of residents in the delivery of services, it was still in the early stages of implementation. Residents did, however, inform the inspectors that they had regular informal discussions with staff members and felt listened to.

Judgment: Substantially Compliant

Standard 2.1

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

The provider had failed to ensure that recruitment practices in this centre were consistently safe and effective. Three staff members who had periods of residence of six months or more outside Ireland did not have international police checks completed. In addition, three staff members 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 was no identification on file for staff members. A staff appraisal system 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 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 not yet developed a system for supervision of staff members as required by the national standards. In addition, the provider had not developed a staff supervision policy. The inspectors noted that staff members demonstrated a good understanding of their roles and responsibilities in promoting and safeguarding the welfare of all residents. Staff members spoken with said they felt supported by the centre managers.

Judgment: Not Compliant

Standard 2.4

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

Training was provided to all staff including safeguarding of vulnerable adults and Children’s First and a training needs analysis had been completed by the provider. A training plan was developed and a record kept of all training completed. Some members of the management team had received training in areas such as mental health awareness and conflict resolution, however, these trainings had not been completed by other members of the staff team.

Judgment: Substantially Compliant

Standard 3.1

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

The risk management framework required further development to ensure that all risks were identified, assessed, monitored and appropriate control measures put in place to provide a safe service. The service provider did have a risk register in place which had recently been developed, however, it was limited and required further development. The provider had not completed an in-depth risk analysis of the service and as a result, risks such as absence of a reception officer had not been identified and added to the risk register.

Judgment: Partially Compliant

Quality and Safety

This inspection found that the centre's management team were dedicated to the delivery of a good quality and safe service which met the needs of all residents. Residents were supported to live independent lives and were treated with respect and dignity and stated that they felt safe living in Park Lodge. Despite this, improvements which were identified as being required during this inspection related to policy development and guidance on fulfilling the role of reception officer, recording systems, and the provision of appropriate space within resident bedrooms.

The inspectors reviewed the procedure for allocating rooms to residents and found that there was no room allocation policy available, however, room allocation was primarily determined by residents' needs. The centre's manager and staff team made allocation decisions based on the information accessible to them. They made every effort to meet residents' needs by placing them in the most appropriate accommodation. The inspectors found that factors such as family links, cultural similarity, and health needs were taken into consideration where possible. In cases where immediate accommodation matching the residents' needs was not possible upon admission, the centre manager kept track of room vacancies and relocated residents to more suitable accommodations once it became available. A room allocation policy was required to ensure that there was clear and transparent criteria considered when making decisions regarding room allocation for residents.

Bedrooms in the accommodation centre were clean and well maintained. Additional storage had been provided in bedrooms and the rooms were appropriately furnished and most had new flooring fitted. However, the bedrooms did not meet the minimum space requirements as outlined in the national standards and there was limited floor space for residents to move through which did not provide a good quality living environment.

The provider had improved the recreational space for residents and had added an outdoor area with seating, table tennis facilities, and a garden room with gym and lounge area had also been improved. There was a large garden which was well maintained and the assistant manager told the inspectors that they had plans to develop it further. Wi-Fi was only available in communal areas at the centre, including the lounge area. This was an issue that was repeatedly highlighted by residents in their meetings.

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

The service provider was very aware of the need for health supports and there was a healthcare service available for residents. The centre management team had developed good relationships with local general practitioners and community services where referrals could be made, as necessary, to mental health and other allied health services.

The inspectors reviewed the catering arrangements at the centre. While some residents were happy with the food, most expressed a preference for the option to prepare and cook their own meals. Residents did have access to a toaster, microwave, fridge and freezer to make snacks outside of designated meal times.

While the dining facilities at the centre were clean and hygienic and meals provided were appropriately cooked, there were limited culturally specific meals served. There were no vegan options available for residents at the time of the inspection. The inspectors also noted that the meal options observed on the first day of inspection did not align with the scheduled meal plan. The catering manager committed to addressing this issue and a corrective plan was in place on the second day of inspection.

The inspectors viewed the laundry facilities on the walk around the centre and noted that they were inadequate numbers of washing machines and dryers for the number of residents who lived in Park Lodge. The inspectors noted that this was raised as an issue at residents meetings and were told that there were often conflicts regarding the laundry facilities.

Residents were provided with bedding, towels and non-food items on arrival to the centre. The management team explained that toiletries including toothpaste, shampoo and shower gel were included as the non-food items in the arrival pack and were provided monthly thereafter. There was no evidence that residents were consulted with regarding the types or varieties of non-food items provided to them.

Through discussion with staff members and speaking with residents, the inspectors found that the general welfare of residents was promoted in the centre. Residents informed the inspectors that they were treated with respect and spoke positively about their overall experience of living in the centre. 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, however, there was no documentation that rights and entitlements were discussed with residents.

Residents were supported and facilitated to maintain personal and family relationships and residents were encouraged to receive visitors in communal areas of the centre.

The service provider had made appropriate training available to staff in relation to child protection and had a child safeguarding statement and policy in place. In addition, staff members had completed safeguarding of vulnerable adults training. No adult

safeguarding concerns had been recorded or reported, and residents reported that they felt safe living in the centre. The service provider had identified a designated officer and a designated liaison person for the service, this was highlighted on the notice board at reception.

Improvements were required to ensure that incidents and adverse events were tracked and reviewed on a regular basis to ensure learnings from such events were captured and used to improve the service. While the service provider had policies in place for the management and reporting of incidents, a system to review and learn from such events had not been developed.

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

There was no reception officer in place in the centre at the commencement of the inspection. On day two of the inspection, the service provider appointed a reception officer who was suitably trained to support all residents especially those people with special reception needs. While the appointed reception officer possessed the necessary qualifications and was part of the senior management team, further development and expansion of the role was deemed necessary to ensure that the reception officer received adequate training and knowledge to become the primary point of contact for residents, staff, and management regarding special reception needs.

Standard 4.1

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

The provider required a policy and procedure for allocation of rooms to residents. Rooms were allocated having regard to the needs of the residents including health conditions, familial links, cultural background, linguistic and religious backgrounds. Residents with whom the inspectors spoke said they were happy with this approach and that the provider was accommodating in this regard.

Judgment: Partially 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, however, residents did not have sufficient space as per the requirements of the national standards. Some residents informed inspectors that their accommodation did not provide adequate floor area. The buildings in general were homely and well maintained and many of the residents' bedrooms had recently had new flooring and storage units fitted.

Judgment: Partially Compliant

Standard 4.7

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

There was a laundry room in the centre which was found to be clean and well maintained, however, it did not contain adequate number of washing machines and dryers for the number of residents living in the centre. All equipment was observed to be in working order and there was appropriate access to cleaning materials and laundry detergent.

Judgment: Partially 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 and was monitored in line with the service provider's policy.

Judgment: Compliant

Standard 4.9

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

Residents were provided with non-food items such as toiletries however there was limited engagement or consultation with residents on the types or varieties of non-food items provided.

Judgment: Substantially Compliant

Standard 5.1

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

The centre was fully catered and provided basic facilities for residents to make a snack outside of meal times. The service provider had not ensured that the catered meals provided met the cultural and religious needs of residents and a broader range of vegan and vegetarian options were required.

Judgment: Partially 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.

There were no facilities available to residents to prepare their own meals. The service provider offered a fully catered service to residents, however, they explained that they would prefer the option to cook for themselves in line with their cultural and religious beliefs. The catered dining facilities were appropriately equipped and maintained to meet the needs of residents.

Judgment: Partially Compliant

Standard 6.1

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

The inspectors found that while the residents were treated with respect and kindness by the staff team. 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. A space for residents to practice their religion and pray had been made available to the residents.

Judgment: Compliant

Standard 7.1

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

Residents were supported to develop and maintain personal relationships and they could invite family and friends to visit them in the centre where they could meet in common areas.

Judgment: Compliant

Standard 7.2

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

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

Judgment: Compliant

Standard 8.1

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

The service provider had policies and procedures in place to protect all residents from all forms of abuse and harm. Residents informed the inspectors that they felt safe in the centre and were aware of how to raise a concern should the need to.

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, and response to adverse incidents and events. However, there was no incident review process in place to ensure learning from adverse events to prevent their reoccurrence.

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, wellbeing 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 including a general practitioner to support residents.

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 the delivery of supports and services for residents. Residents received information and referrals to relevant external supports and services as necessary.

Judgment: 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. At the time of the inspection the support provided to staff took place on an informal basis.

Judgment: Partially Compliant

Standard 10.3

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

The service provider did not have 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.

Judgment: Not 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 made a reception officer available on the second day of the inspection. 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: Partially 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	Partially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
Standard 1.5	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Not Compliant
Standard 2.2	Compliant
Standard 2.3	Not Compliant
Standard 2.4	Substantially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Partially Compliant
Standard 4.2	Partially Compliant
Standard 4.7	Partially Compliant
Standard 4.8	Compliant
Standard 4.9	Substantially Compliant

Theme 5: Food, Catering and Cooking Facilities	
Standard 5.1	Partially Compliant
Standard 5.2	Partially 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 8.3	Substantially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Compliant
Standard 10.2	Partially Compliant
Standard 10.3	Not Compliant
Standard 10.4	Partially Compliant

Compliance Plan for Park Lodge

Inspection ID: MON-IPAS-1037

Date of inspection: 17 and 18 June 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	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>All staff members have received their Garda vetting clearance. A copy of same is now held on staff files. Garda vetting no longer being processed by IPAS for this centre for any new staff.</p> <p>A copy of the National Standards has been emailed to all staff members – Training on same will commence in Sept 2024 – expected completion date Nov 2024</p> <p>Management completed this training in April 2024.</p>	
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Management software for multi-site implementation trial in progress, includes real time reporting, actions on, resolution, follow up and recording.</p>	
2.1	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>All staff members have received their Garda vetting Clearance</p> <p>All relevant staff members have received their up-to-date international police checks</p>	

Staff files have now all been updated – to include ID	
2.3	Not Compliant
Outline how you are going to come into compliance with this standard: Staff supervision policy implemented July 2024	
3.1	Partially Compliant
Outline how you are going to come into compliance with this standard: In depth Risk Analysis of the center due to be completed by Dec 2024 Risk Register to be further developed and expected to be completed by Dec 2024 Risk Management Policy was implemented – July 2024	
4.1	Partially Compliant
Outline how you are going to come into compliance with this standard: Room Allocation Policy was implemented – July 2024	
4.2	Partially Compliant
Outline how you are going to come into compliance with this standard: IPAS will see HIQA findings regarding bedroom dimensions/ overcrowding. Management will follow any new instructions of IPAS regarding room numbers.	
4.7	Partially Compliant
Outline how you are going to come into compliance with this standard: 02.07.24 'Reliance Laundry Equipment' onsite – Quotation for extra facilities sent to OPW – awaiting outcome.	
5.1	Partially Compliant
Outline how you are going to come into compliance with this standard: New 14-day menu cycle implemented on 10.07.24 – which includes additional vegan & vegetarian options and also an additional range of ethic dishes.	

5.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Management to inform IPAS of resident's dissatisfaction regarding the lack of cooking facilities in the centre via the monthly complaints log. State owned building requires OPW involvement.</p>	
10.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Staff training due to recommence in Sept 2024 expected to be completed March 2025</p>	
10.3	Not Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Special Reception needs policy implemented July 2024</p>	
10.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>Reception officer to be made available to residents with identified special reception needs one day per week. Dedicated email address for reception officer on display to residents.</p>	

Section 2:

Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The provider or centre manager has failed to comply with the following standard(s):

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 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.	Partially Compliant	Orange	Nov 24
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	Nov 24
Standard 2.1	There are safe and effective recruitment practices in place for staff and management.	Not Compliant	Red	01/10/2024

Standard 2.3	Staff are supported and supervised to carry out their duties to promote and protect the welfare of all children and adults living in the centre.	Not Compliant	Red	02/09/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	Dec 24
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.	Partially Compliant	Orange	Completed.
Standard 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Partially Compliant	Orange	IPAS to instruct
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.	Partially Compliant	Orange	Awaiting OPW
Standard 5.1	Food preparation and dining facilities meet the needs of residents, support family life and are	Partially Compliant	Orange	Completed July 24

	appropriately equipped and maintained.			
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.	Partially Compliant	Orange	IPAS aware of no cooking facilities for residents
Standard 10.2	All staff are enabled to identify and respond to emerging and identified needs for residents.	Partially Compliant	Orange	March 25
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	23/09/2024
Standard 10.4	The service provider makes available a dedicated Reception Officer, who is suitably trained to support all residents' especially those people with special reception needs both inside the accommodation centre and with outside agencies.	Partially Compliant	Orange	July 24