



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

Name of the Centre:	Port Road Apartments
Centre ID:	OSV-0008448
Provider Name:	Bridgestock Care Ltd
Location of Centre:	Co. Donegal
Type of Inspection:	Unannounced
Date of Inspection:	19/09/2024 and 20/09/2024
Inspection ID:	MON-IPAS-1053

## 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

Port Road is an accommodation centre located in the town of Letterkenny in County Donegal. The centre has 306 beds, with 277 residents living in the centre at the time of the inspection. The centre has 60 family units where 115 adults and 160 children are living, with two single males also living in the centre. The centre is located on the outskirts of the town and is in close proximity to local schools, crèches, pre-schools, shops, transport links, health and social services.

The centre comprises four three storey buildings which contain independent living units. One of the buildings has the reception area, the centre manager's office, the reception officer's office, three meeting rooms, a games room, a children's play room, a library, a technology room, and a room for computer games. There is a playground, football goals and a basketball court located to the rear of the accommodation buildings. A greenhouse is also provided where the residents grow their own fruit and vegetables.

The service is managed by a centre manager who reports to the regional manager. There are two duty managers, a reception officer, a shop supervisor, a maintenance supervisor and general support staff including maintenance, security, cleaning and shop staff. The post of assistant centre manager has recently become vacant and recruitment to fill this post is ongoing.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	277
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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)
19/09/2024	11:30hrs-18:20hrs	1	1
20/09/2024	08:00hrs-14:30hrs	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 experienced a good quality of life and the staff team were person-centred in their approach. Residents were happy, safe and supported to live independent lives, while integrating into their local community. The staff team listened to residents and showed them respect in their daily interactions. While there were improvements to be made in relation to the risk management and auditing systems, residents were treated with dignity and their feedback influenced changes to practice.

This inspection took place over two days. During this time, the inspectors met or spoke with 13 adults and 12 children living in the centre, while an additional 19 adults and 10 children completed residents' questionnaires. In addition, the inspectors spoke with members of the management team including the regional manager, the centre manager, the duty manager and the reception officer. The inspectors also met or spoke with shop, security and maintenance staff members.

Port Road accommodation centre was located on the outskirts of a large town in County Donegal, within walking distance of many local services and transport links. At the time of the inspection the centre accommodated 277 residents across 60 self-contained apartments. The centre supported two single males who shared one apartment and each had their own bedroom. The remaining apartments were home to families living in the centre. There were four apartment blocks located around a central car park which had adequate parking spaces for residents, visitors and staff members. Access to the apartments was through secure gates and all residents had the codes required to enter and exit the centre without any restrictions.

Each of the apartments had an open plan kitchen and living space and two bathrooms. This inspection found that the accommodation was maintained to a high standard and had sufficient equipment and facilities for residents to live their daily lives, cook and complete their own laundry. The apartments were spacious with ample space for children to play, develop and complete their school work. There was adequate storage for residents to store their clothes and belongings without impacting on their living environment. Residents who met with inspectors said they were very happy with the accommodation provided.

There was an administration building where residents could meet with staff to discuss their needs or to seek support or assistance. Residents had access to three private meeting rooms without closed-circuit television (CCTV) where they could meet with visitors or professionals, if they chose not to meet with them in their own living space.

The inspectors observed that a sound proof booth had been installed in one meeting to ensure residents' privacy while they engaged in meetings. The reception officer was based in a separate room within this building, which enabled residents to meet with them in private. In addition, the centre had four well-equipped games and playrooms for children and young people to access. For example, one playroom was equipped with a television and computer games while another was brightly decorated and had child appropriate furniture and books. These rooms were booked through the staff team in the reception area.

The inspectors completed a walk around the centre and found that the communal areas were well maintained. The inspectors observed children playing on bicycles and scooters and playing various games with other children. Adult residents were observed chatting together and relaxing at the picnic benches that were available in the communal areas. There was a greenhouse and outdoor raised beds available which were maintained by the residents and enabled them to grow their own fruit and vegetables. The inspectors observed a parent and their child returning from the greenhouse with tomatoes they had grown. Staff members were observed interacting with residents in a kind and caring manner. It was evident that the residents were comfortable in the presence of staff members and they told the inspectors that they could openly discuss any difficulties or concerns they had with the staff team. Picnic benches and flower pots were placed throughout the outdoor spaces which created a welcoming environment for residents and their visitors. Though the outdoor space was limited, the staff team had ensured that there was a safe area for children to play sport including soccer and basketball, and the necessary equipment was available. There was also an enclosed playground available on the grounds of the centre for younger children.

The location of the centre close to a large town ensured residents had access to local health, leisure, transport and social support services. Residents were supported to integrate into their local community and had access to a range of support services in line with their needs. Despite this, there was a challenge for residents who had recently arrived to the centre as there were difficulties sourcing a general practitioner (GP). While this was out of the control of the service provider, they had developed connections with a local organisation that provided medical supports to residents while awaiting the allocation of a GP.

There was a school bus to bring children to and from school. The reception officer and staff team had worked closely with families to ensure children were enrolled in local schools and crèche facilities. They had also sourced funding through local agencies to ensure that children's activities that had commenced during the summer months were extended into the winter. Parents spoke highly of the support they received from staff members but some parents stated they needed additional supports for their children's education, including the provision of a homework club or afterschool facility. Children living in the centre were involved in sport and dance clubs in the local area, with one club providing bus transport for the children to attend training sessions and games.

There was a well-stocked shop onsite and residents had access to a wide range of fresh, frozen and dried goods. Residents received some toiletries and feminine products free of charge but they used their points to buy non-food items such as other toiletries and cleaning products. The service provider reviewed this practice and made the necessary changes during the inspection to ensure residents received the appropriate non-food items without charge in line with the requirements of the national standards.

Residents said they were happy and felt safe living in the centre. Residents described a positive, respectful culture where resident views were listened to and acted upon. One resident said the staff members go "above and beyond to help them", while other residents described the staff members as being "kind, respectful and helpful". Another resident explained that the centre was "peaceful, accommodating, secure, so perfect". Residents told the inspectors that they were supported and encouraged to integrate into the local community and some had joined a local running club while others had volunteered with local community organisations. They also said that the staff team had arranged fun activities for the children and family day trips during the summer months. One of the children explained that if they had to give the centre and staff members a score out of 10 "the scale would break, it's so good". A member of the staff team created photo albums every year to showcase activities that had taken place in the centre throughout the year. This contained photographs of many social events, celebration events and also had a sample of thank you cards from residents who have moved from the centre that year. It was evident that residents engaged in arts and crafts, celebrated occasions such as Christmas, Eid and Shrove Tuesday and participated in art competitions.

Residents were appreciative of the privacy their accommodation provided and told the inspectors that they could invite visitors to or host birthday parties for their children in their own home. However, some residents said challenges arose for visitors who had travelled long distances to visit as they were not allowed stay overnight in the resident's home. This practice, while restrictive for the residents concerned, was in line the house rules.

This inspection found that residents' rights were protected and promoted. Residents were facilitated to live an independent life with appropriate supports available in line with their needs. Residents had access to information about the centre and local services but further work was required to ensure this was available in the residents preferred language. The staff team were competent and professional and residents benefited from their support. Children and adults were referred to health and social services as required and they had access to recreational and social activities in the local community.

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 Port Road Accommodation Centre by HIQA. There was a management team in place who were committed to providing a good quality service which was person-centred and considered the views of residents on an ongoing basis. While there were effective management and oversight systems in place which ensured the delivery of a safe service, the risk register required further development to ensure that it included all risks in the centre.

The service provider, management team and staff members had a good understanding of the national standards, legislation and national policy. They performed their functions in a manner that promoted the welfare and human rights of residents. The inspectors found that the service provider was responsive to recommendations made during inspections of other centres, and improvements had been made to the policies and practice in Port Road based on these inspection findings. Regular meetings were held with the management team both at a regional and local levels to review compliance with the standards and share learning from inspections and incidents that occurred throughout the various centres operated by the service provider. The provider had completed a self-assessment to review their compliance with the national standards. The inspectors were told that this supported the service provider to develop the required policies and procedures, and identify actions required across the various themes of the standards.

The service provider had effective leadership, management and governance arrangements in place. There was a clear organisational structure, and the staff team were knowledgeable about their roles and the centre's reporting structure. The management team were competent in their roles, and had the necessary skills and experience to manage the centre. The centre was managed on a daily basis by a centre manager and two duty managers. There was an assistant manager role which was vacant at the time of the inspection. Recruitment for this position was ongoing. The centre manager reported to the regional manager. The reception officer for the centre also formed part of the management team.

Communication systems in the centre were well developed, and ensured that the service provider had appropriate oversight of the service. The staff team completed daily assignment logs that recorded the activities and events which took place in the centre. A report of these activities was sent to the service provider at the end of each day for review. Local team briefings, management meetings and regional manager meetings were taking place on a regular basis to share learnings, reflect on practice and ensure the provision of a safe and effective service for residents. The inspectors

found, however, that areas including complaints, risk management and safeguarding and protection were not consistently included on meeting agendas.

A culture of continuous quality improvement was evident throughout the centre. The management team were responsive to feedback from residents and the inspection process. Learning from other inspection reports had been shared with the staff team and this had a positive impact on the services delivered and the practices in the centre. For example, a welfare log had been developed to track and review all incidents, adverse events and welfare concerns which occurred in the centre. Further development of this system was required to ensure that such events were monitored and reviewed for learning over time. While the service provider had completed a self-assessment of the service, further development of the auditing and monitoring systems was required to enable the service provider to create a comprehensive service improvement plan.

The management and staff team ensured that there was regular consultation with residents. Residents were supported to share their views through weekly wellness checks, regular residents' committee meetings, children's and adult's suggestion boxes, annual residents' surveys and through daily conversations with the staff team. Feedback from residents was used to continuously inform service improvements within the centre, and to ensure that residents' human rights were protected and promoted. Residents who spoke with the inspectors, and those who completed the questionnaires, stated that the staff and management team were approachable, and the service was delivered in a fair and transparent manner.

The service provider had an effective system in place to manage incidents and complaints. Residents who completed the questionnaires said that they felt comfortable making a complaint about the service if they needed to, and they had access to the complaints policy. The centre management team and the service provider maintained appropriate oversight of the complaints made in the centre. The inspectors found that complaints made by residents were managed in a timely manner. There was evidence available to demonstrate that these were appropriately investigated and the outcome of the process were made known to complainants.

Residents were provided with a welcome pack and the residents' charter when they arrived at the centre. The service provider updated the residents' charter during the inspection to ensure that it contained the information required by the national standards and assurances were provided that it would be translated into the relevant languages in the days following the inspection. Residents told the inspectors that the staff team were welcoming and supportive when they arrived at the centre.

A detailed risk management policy and risk register had been developed for the service. Risks relating to the welfare and safeguarding of adults and children had been included

on the risk register, which demonstrated learning from previous inspections. Further improvements were required to ensure that all risks across the service were identified, assessed, reviewed and managed appropriately. For example, risks relating to staff safety and visitors who had not signed in to the centre had not been assessed. The service provider explained that an information and training session had been scheduled for staff members to ensure that the risk management policy was fully implemented, and that the risk register was appropriately maintained, reviewed and updated.

Fire safety procedures within the centre were well managed, and fire drills took place twice a year. The service provider had developed specific emergency evacuation procedures for residents with disabilities. Appropriate contingency plans had been developed to ensure the continuity of the service in the event of an emergency situation occurring.

The service provider had safe and effective recruitment practices in place for the staff and management team. Each staff member had a job description and had engaged in an induction process and probationary period. The inspectors viewed a sample of staff files and found that they contained all of the required documentation including two written references, records of their appraisals and training. The service provider had ensured that all staff had a Garda Vetting disclosure in line with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, and international police checks were on file, where necessary. Garda vetting for external support staff who were providing services within the centre was also available.

The staff team were supported and supervised to carry out their duties to promote and protect the welfare of children and adults living in the centre. Staff members reported that they felt supported by the management team and that a culture of respect had been established in the centre. Individual staff members had recently engaged in one-to-one supervision with their direct line manager and it was evident that staff had the opportunity to engage in discussions in relation to their practice and the operations of the centre. This was positive progress in terms of meeting compliance and support for the staff team but it was in an early stage of being embedded and the effectiveness of this process will be determined over time.

The service supported the staff team to continuously update and maintain their knowledge and skills. The service provider maintained a training matrix which clearly outlined the training staff had completed and a training needs analysis was developed to document training required following the staff appraisal process. The training provided to staff was wide ranging and ensured they had the required skills and competencies to support the residents living in the centre. All staff members had completed training in Children First, *National Guidance on the Protection and Welfare of Children 2017*, adult safeguarding, equality and diversity, and delivering person-centred care. While not all of the training as required by the national standards had

been completed, the service provider had a plan in place to ensure that all staff received the required mandatory training within the coming months.

### **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 and management team had a clear understanding of the national standards, legislation and national policy. The service provider was responsive to the findings of the inspection and engaged fully with the monitoring process. A review of compliance with the national standards was completed by the service provider. Learnings from inspections and incidents that occurred throughout the various centres operated by the service provider were shared.

Judgment: Compliant

### **Standard 1.2**

The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.

There were effective leadership, management and governance arrangements in place. Staff members were clear in relation to their areas of responsibility and the organisational structure. There was a competent, skilled management team in place. The service operated within a culture of continuous quality improvement. There were effective systems in place to record and manage complaints and adverse events. A system had been developed to track and review all incidents, adverse events and welfare concerns that occurred in the centre. Improvements were required, however, to ensure that areas including complaints, risk management and safeguarding and protection were consistently included on meeting agendas for discussion.

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.

<p>A welcome pack and residents' charter was provided to new residents when they arrived at the centre. The residents' charter contained the relevant information, and it was available in various languages.</p>
<p>Judgment: Compliant</p>
<p><b>Standard 1.4</b></p> <p>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.</p>
<p>Residents were consulted with on a regular basis and the feedback they gave was used to influence and change practices in the centre. Further development of the monitoring and auditing systems was required to ensure a comprehensive quality improvement plan was established for the centre.</p>
<p>Judgment: Partially Compliant</p>
<p><b>Standard 2.1</b></p> <p>There are safe and effective recruitment practices in place for staff and management.</p>
<p>There were safe and effective recruitment practices in place. The service provider ensured that all staff had up-to-date Garda vetting and international police checks were in place for staff who had lived overseas. Staff engaged in an induction and probationary process and all staff had a clear job description.</p>
<p>Judgment: Compliant</p>
<p><b>Standard 2.3</b></p> <p>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.</p>
<p>The staff team understood their roles and responsibilities and had recently engaged in formal supervision with their line manager. The service provider ensured that all staff members had a performance appraisal on an annual basis and personnel files contained all of the required information.</p>
<p>Judgment: Compliant</p>

### **Standard 2.4**

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

The learning and development needs of the staff team were prioritised. All staff members had participated in training including Children First, safeguarding vulnerable adults, conflict management, and mental health, for example, and this supported the team to deliver person-centred services and supports. Staff were scheduled to attend the outstanding training they had not completed in the coming months and the human resources department were actively sourcing the additional training required.

Judgment: Substantially Compliant

### **Standard 3.1**

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

A detailed risk management policy and risk register had been developed for the service. While risks relating to the safety and welfare of residents had been included on the risk register, further improvements were required to ensure that all risks across the service were identified, assessed, reviewed and managed appropriately. For example, risks relating to staff safety and visitors who had not signed in to the centre had not been assessed on the risk register. The system for reviewing risk needed further development to ensure that it provided a comprehensive overview of all of the key risks in the service.

Fire safety was well managed with specific emergency evacuation procedures in place where required. Appropriate contingency plans were also in place.

Judgment: Partially Compliant

## Quality and Safety

The centre provided own-door, independent living accommodation for families and a small number of single males at the time of the inspection. Each family was allocated their own apartment while the single males had their own bedroom within a shared apartment. The service provider had developed a process and criteria for the allocation of accommodation in the centre. The management team ensured residents' ongoing and changing needs were considered in the allocation of accommodation. For example, residents were provided with a ground floor apartment, when required, to meet their needs.

The inspectors found that the apartments provided to residents were homely, accessible and sufficiently furnished. The service provider ensured that there were adequate facilities to allow the residents to live independently. Residents had the necessary equipment to cook for themselves and complete their own laundry within the privacy of their own home. Each apartment had an open plan living space and kitchen. The kitchens were fully equipped with cooking equipment, a combination tumble dryer and washing machine, a fridge and plenty of storage space. Each apartment had a dining table and chairs. The apartments were large in size which ensured families had adequate space to engage in normal family activities. Children had sufficient space to play, develop and complete their homework. Residents who completed the questionnaires felt that accommodation was allocated fairly, and stated that the living space provided to them offered both privacy and dignity.

On a walk around the centre, the inspectors found that it was clean and well-maintained. The service provider had a cleaning schedule and maintenance programme in place, and any issues which were identified were addressed promptly.

The service provider ensured there were appropriate and adequate play and recreation facilities for children, both indoor and outdoor. Children had access to a well-kept playground, an area that was used for basketball and football, and a small green area. In addition, there was a library and technology room, and three games rooms which contained a range of age-appropriate toys and games for children and young people, including a computer games and board games. The inspectors observed children interacting and playing outside in the open areas and also inside in the various activity rooms.

The service provider ensured that the educational development of children was prioritised. Parents were supported to source crèche and school placements for their children and bus transport was available to take children to and from school. Children had ample space to complete their homework within their own living space. Some

residents said they did not have access to afterschool facilities and whilst this could not be facilitated in the centre due to the large number and age ranges of the children, some children had access to this support within their individual schools.

Security measures were sufficient, proportionate and appropriate. Security personnel were onsite 24 hours a day and had the appropriate training and licensing for their role. CCTV was in operation in external and communal areas of the centre and its use was informed by a centre policy. This inspection found there was appropriate monitoring of CCTV, and residents had private spaces to meet with visitors where CCTV was not in operation.

There was a well-stocked shop on site and a points system in place which residents used to buy their groceries. The shop supervisor engaged with residents about their preferences and ensured a wide range of fresh and dried foods which catered for a range of preferences and cultures were available to purchase.

The inspectors found that some non-food items were not provided to residents free of charge as required by the national standards. Residents were provided with some toiletries and feminine products free of charge but other items such as deodorant, conditioner and cleaning products had to be purchased using their allocated weekly points. In addition, parents with babies and small children were required to purchase nappies and wipes. The management team reviewed their practices during the inspection and put plans in place to ensure residents received all non-food items they were entitled to, including nappies, with immediate effect.

The rights and diversity of residents were respected, safeguarded and promoted by the staff team. The inspectors observed the pleasant interactions and conversations between residents and the various staff members. The staff members spoke to residents by name. Residents who completed the questionnaires said that they felt respected and listened to while living in the centre. Residents agreed that the centre was a dignified place to live where they were supported to live a meaningful and good quality life. The service provider had well developed systems in place to gather and respond to suggestions and feedback given by residents. Information was provided to residents regarding their rights and support services in the area. The staff team supported residents to access advocacy services and inter-cultural groups in the local community. Residents were able to practice their religion within their own private living space. The inspectors observed that residents were treated with dignity, respect and kindness.

Residents living in the centre were supported and facilitated to develop and maintain personal and family relationships. Children and adults were facilitated to have visitors to the centre, both in the communal spaces and within their private living accommodation. Families were accommodated together and had their own private

space to share cultural knowledge with their children. The staff team had worked in partnership with the residents and local community groups to provide activities and trips for the families during school holidays and throughout the year.

The service provider ensured that residents had access to local public services, healthcare, recreational, community and educational supports. Residents were supported to attend specific health clinics in the centre and community. Language classes were available in the local community also. The centre management team had worked with local sports and recreational activity providers to ensure the residents had opportunities to integrate into their local community. The centre manager told the inspectors that additional transport was made available to residents to attend appointments when required.

The service provider had appropriate adult and child safeguarding statements and policies in place. There was a designated liaison person appointed and residents said they were aware of how to raise a safeguarding or protection concern. Adults and children living in the centre told the inspectors that they felt safe and protected. The inspectors found that advice had been sought from the local Child and Family Agency (Tusla) social work department regarding incidents that had occurred in the centre, and appropriate child protection and welfare referrals had been completed where necessary. While there were no adult safeguarding concerns reported in the months preceding the inspection, the staff team were aware of the potential concerns that could arise for residents living in the centre. The management team supported residents to access appropriate services and liaised with the DCEDIY when issues of a safeguarding nature arose in the centre. There were appropriate systems in place to ensure that parents notified the centre management team of their arrangements to have their children minded when they were absent from the centre.

Incidents that occurred in the centre were appropriately recorded and reported in line with the centre's policy. The inspectors found that incidents were well managed and addressed by the management team. The service provider had oversight of all incidents that occurred in the centre through daily shift reports and monthly reports that were compiled by the management team. The inspectors found that specific incidents and concerns were discussed at the regional and local monthly manager meetings and team briefings for review and learning. In addition, the service provider had developed a system to ensure that incidents, adverse events and welfare concerns for children and adults were centrally recorded and tracked over time. The service provider explained that this was a recent development in the centre. This system required further development to ensure that it supported a timely review of incidents and that the outcomes of such reviews informed practice.

The service provider promoted the health, wellbeing and development of the residents. The support offered to residents was person-centred and based on the individual needs of residents. The staff team worked closely with local health and social care services to ensure that residents had access to the necessary supports. Information regarding supports available in the area was provided to residents, and advice clinics were provided in the community and in the centre. The staff team supported residents to understand parenting within the Irish culture, while respecting parents as the primary caregiver for their children.

The centre employed a full-time reception officer with suitable qualifications and skills to support residents with special reception needs. The provider had developed a policy for identifying, communicating, and addressing ongoing and new reception needs. Additionally, the service provider had ensured a reception officer policy and procedure manual was developed. The reception officer had established effective working relationships with residents, staff members, support groups and local organisations.

The reception officer had compiled vulnerability risk assessments and support plans for residents with special reception needs. In some cases, additional information was required to ensure the assessments provided a comprehensive overview of the resident needs. There were no records to demonstrate how residents participated in this assessment process but the reception officer had developed a log to record their engagement with residents which was due to be implemented.

The staff team and the reception officer had received training in a wide range of areas to assist them in identifying and meeting any existing or emerging special reception needs. For example, the reception officer had undertaken training in substance misuse, suicide awareness and domestic violence. A review of support plans and notes showed that the reception officer promptly responded to needs they became aware of, referred residents to external services, and advocated for residents where necessary.

#### **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 service provider ensured that there was a fair and transparent approach to the allocation of accommodation to residents and those with specific health needs were accommodated in the accommodation which met their needs. This process was guided by the centre's room allocation policy and procedure.

Judgment: Compliant
<p><b>Standard 4.4</b></p> <p>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.</p>
<p>The privacy and dignity of family units was protected and promoted in this centre. The service provider fully promoted independent living. Families lived in their own self-contained apartment which promoted and respected family life and residents were satisfied with the quality of the accommodation provided.</p>
Judgment: Compliant
<p><b>Standard 4.6</b></p> <p>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.</p>
<p>Children and young people were supported to reach their educational potential. Children had access to sufficient living spaces which facilitated them to complete their homework and appropriate bus transport was provided to take children to and from school. A review of the provision of homework clubs in the centre and transport arrangements for children to attend homework clubs in the area was required.</p>
Judgment: Substantially Compliant
<p><b>Standard 4.7</b></p> <p>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.</p>
<p>Residents lived in an environment that was clean and well maintained. They had access to their own laundry facilities within their own apartment. While there had been some concerns in relation the impact of condensation and mould in residents' homes, this was managed by the service provider through regular maintenance work.</p>
Judgment: Compliant

**Standard 4.8**

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

The service provider had appropriate and proportionate security measures in place which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre only and was monitored in line with the service provider's policy.

Judgment: Compliant

**Standard 4.9**

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

The provider had made sufficient and suitable non-food items available to residents following a review of practice during the inspection.

Judgment: Compliant

**Standard 5.1**

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

Residents had kitchen and dining areas in their own apartments and had adequate cooking and storage facilities to prepare meals for their families. Food preparation and dining facilities met the needs of the residents and supported family life.

Judgment: Compliant

**Standard 5.2**

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

The centre was fully self-catered and meeting the needs of the residents and their families. There was a well-stocked shop in the centre that had a wide variety of food

items and ingredients that was suitable for residents' dietary and cultural requirements and preferences. Residents were encouraged to give feedback on the items in the shop and specific requests were facilitated where possible.

Judgment: Compliant

### **Standard 6.1**

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

The rights and diversity of residents were respected and promoted by the staff team. Residents stated that the centre was a dignified place to live. Residents felt that they were respected and listened to by the staff members. There were well developed systems in place to ensure consultation with and participation by residents in decision making. Appropriate information was provided to residents regarding their rights. Residents were able to practice their religion within their own private living space.

Judgment: Compliant

### **Standard 7.1**

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

Residents were supported and facilitated to develop and maintain personal and family relationships. Residents were facilitated to welcome visitors to their own apartments and to the meetings rooms available. Appropriate activities were arranged for the residents during times of high occupancy such as school holidays.

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 residents were supported to access all necessary public, recreational, education and social support services. Additional transport was made available to residents to attend appointments when required.

Judgment: Compliant

**Standard 8.1**

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

There was an appropriate adult safeguarding statement and policy in place. Referrals to appropriate community supports for residents were made where required. Staff members were appropriately trained to identify and manage issues of a safeguarding nature.

Judgment: Compliant

**Standard 8.2**

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

The service provider had an appropriate child safeguarding statement and child protection policy in place. An appropriate designated liaison person had been identified. Residents were aware of how to raise a child protection or welfare concern. Appropriate follow up actions had been taken by the service provider where incidents relating to child safeguarding had occurred.

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.

Incidents were appropriately managed, recorded and reported, while being addressed in a sensitive manner. A system had been developed to ensure that incidents, adverse events and welfare concerns for children and adults were centrally recorded and tracked over time to identify trends and learnings. This system required further development to ensure that it supported a timely review of incidents and that the outcomes of such reviews informed practice.

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 health, wellbeing and development of residents was promoted and respected by the centre's staff team. Residents received a service that was person-centred and staff ensured that residents had access to the necessary supports, including access to medical services. A substance misuse statement was not in place at the time of the inspection.

Judgment: Substantially 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 at 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.

The staff team at the centre had engaged in appropriate training to support them in identifying and addressing the needs of residents living in the centre. Staff members had also been provided with training to support self-care and wellbeing.

Judgment: Compliant

### **Standard 10.3**

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

The service provider had an established policy to identify, communicate and address residents' existing and emerging special reception needs. While vulnerability risk assessments and support plans were developed for residents with special reception needs, there were no records to demonstrate how the residents participated in the assessment process. The centre ensured the needs of residents were identified and ensured they were referred to the appropriate services for support in the community.

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.

The service provider had appointed a suitably qualified reception officer for the centre who was an active member of the centre's management team. They had developed a policy and procedure manual and residents were aware of the reception officer's role. The reception officer had well-established links with local support services and supported the staff team to ensure that they could identify and respond to the special reception needs of residents within the centre.

Judgment: Compliant

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

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

Standard	Judgment
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	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	Compliant
Standard 4.4	Compliant
Standard 4.6	Substantially Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Compliant
<b>Theme 5: Food, Catering and Cooking Facilities</b>	

Standard 5.1	Compliant
Standard 5.2	Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.1	Compliant
Standard 7.2	Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Compliant
Standard 8.2	Compliant
Standard 8.3	Substantially Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Substantially Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.1	Compliant
Standard 10.2	Compliant
Standard 10.3	Substantially Compliant
Standard 10.4	Compliant

# Compliance Plan for Port Road Apartments

**Inspection ID:** MON-IPAS-1053

**Date of inspection:** 19 and 20 September 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
1.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• We are updating and reviewing our monitoring and auditing systems which will feed into our quality improvement plan</li> <li>• All learnings will be discussed and shared at our monthly management meetings and at local levels</li> <li>• Our in-house QMS qualified auditors will carry out a full review of our internal policies and procedures. Any actions noted will be reported back to the senior management team</li> <li>• Any actioned improvements or changes will be discussed with the centre team and changes made as necessary</li> </ul>	
3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> <li>• Our health &amp; safety and compliance officer will carry out a full review of our current risk register and risk management plan</li> <li>• The review will look more closely at the risk of one-off incidents that would differ from the norm and will provide an overview of key risks</li> <li>• Any outstanding risks will be reviewed, and plans/actions put in place to mitigate them</li> <li>• Each month we will review the risk register at our management meetings and share any learning with all team members</li> </ul>	

## 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 1.4	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	31/01/2025
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	31/01/2025