



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Name of the Centre:	The Old Convent
Centre ID:	OSV-0008446
Provider Name:	Bridgestock Care Ltd
Location of Centre:	Co. Mayo
Type of Inspection:	Unannounced
Date of Inspection:	27/05/2024 and 28/05/2024
Inspection ID:	MON-IPAS-1041

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

The Old Convent is an accommodation centre located in the town of Ballyhaunis in County Mayo. The centre has 291 beds, with 255 residents living in the centre at the time of the inspection. The centre has 52 family units where 105 adults and 129 children were living. The centre is located within the town centre, and is in close proximity to local schools, crèches, pre-schools, shops, transport links, health and social services.

The centre comprises a main centre building which has nine independent living units, a laundry room, a large communal room, one study room, the shop and the administration office. Adjacent to the main building, the centre has 17 two-storey houses and 12 bungalows which all accommodate families. There is a crèche, two playgrounds and a green area located adjacent to these houses. The centre also has three blocks of apartments located within the town, and these are used to accommodate families and single male and single female residents. In addition, the centre has a single stand-alone house within the town that is vacant due to construction works.

The service is managed by a centre manager who reports to the regional manager. There is an assistant centre manager, two duty managers, a shop manager, a laundry manager and general support staff including maintenance, cleaning, kitchen and shop staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	255
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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)
27/05/2024	10:45 – 17:30	1	1
28/05/2024	08:40 – 17:00	1	1

What residents told us and what inspectors observed

From speaking to residents and through observations made during the inspection, the inspectors found that residents were happy, safe and well supported while living in the centre. There was a culture of person-centred care and support observed by the inspectors. Residents were supported to live independent lives and to integrate into the local community. Staff working in the centre supported residents to integrate into the local community and the residents who spoke with inspectors said they felt safe, respected and listened to by staff. While there were improvements to be made in relation to the auditing, recording, training and risk management systems, residents were listened to and the staff team were eager to ensure they were providing a good quality service to residents.

The inspection took place over two days. During this time the inspectors spoke to 16 adult residents. 17 questionnaires were completed by the residents with five completed by children and 12 completed by adults. The inspectors also spoke with the service provider, the centre management team and centre staff including the shop and laundry staff.

The centre accommodated 255 residents at the time of the inspection across 148 bedrooms. The centre provided independent living, own door accommodation to all residents living in the centre. The centre had 16 single adults living in the centre who shared bedrooms, bathrooms, living space and kitchen facilities. The main building and surrounding houses and bungalows were accessed through a communal locked gateway that was managed by security, while the accommodation provided off-site had their own private entrances.

The main centre comprised an administration office, toilets, a laundry room, the shop, a staff kitchen, a large communal room and a smaller study room. The communal rooms were appropriately decorated and furnished to address the needs of the residents living in the centre. For example, the large communal room was equipped with a pool table, books and sofas, while the study room had computers, educational posters on the walls and study desks with chairs. The centre manager explained that CCTV was not used within the communal areas of the centre which ensured that residents had a private space for meetings which was separate to their living accommodation, if required.

Due to the location of the centre, residents had access to the public transport system in the area. There was a school transport system to bring children to and from school. The centre manager shared that the on-site crèche was operated by a local community service and provided sessional care to the children living in the centre. The service also worked closely with the local pre-school facility to ensure that children living in the centre had access to early years care and education.

Residents were supported to integrate into their local community. The inspectors found that some of the residents were taking part in various training courses while others had secured employment. The centre staff had scheduled monthly residents meetings as a means of ensuring consultation with the residents, however, residents had not attended the meetings. Support workers from local health, housing and social services visited the centre regularly to meet with residents. The centre staff had worked in partnership with local schools and community groups to provide activities for children and adults on a regular basis. For example, activities were organised and transport was provided for families to attend cultural celebrations in the area, while art workshops and a women's group was organised in the centre.

The inspectors completed a walk around the centre and found that it was welcoming with information on display in different languages regarding services and supports that were available to residents. Suggestion boxes were also available for residents to share their feedback with the staff. The inspectors observed pleasant and comfortable interactions between residents and the staff team. Communal areas and the external grounds were found to be in need of maintenance works. For example, the football area needed to have the grass cut and paint in the communal rooms and hallways was chipped and marked. The service provider explained that these works were scheduled to be completed. There were picnic benches, swings and slides available in the communal areas, and children were observed playing with friends and cycling go-karts around the outdoor spaces. The centre was located close to the local park which meant that children also had access to a large park and basketball court.

Residents living in the centre told inspectors that they felt safe, listened to and respected by the centre staff. Residents described how they felt they were treated with dignity and experienced a staff team who were welcoming and supportive. Residents expressed that they felt the staff "go out of their way to help". One of the residents explained that "staff are really helpful and speak to us with courtesy" while a second resident shared that "staff are like family, they listen to your queries and we feel we are treated with respect here". Some of the comments made by other residents included how the centre felt "more homely", "staff are very helpful, they are very responsive" and that the staff "are very good, they were very welcoming on arrival".

Residents living in the main building had access to communal washing machines and tumble dryers. The residents living in the bungalows, houses and apartments centre had a washing machine and outdoor clothes line within their own accommodation and could use the communal tumble dryers available within the main building as required. Outdoor drying facilities were not available to residents living in the main building.

There was a well-stocked shop on-site, and the residents were happy with the products available to them. The inspectors found that fruit and vegetables which were nearing the end of their shelf life were given away to residents without charge. The residents could request that additional culturally appropriate food items be made available in the shop. Residents informed the inspectors that they used their allocated points to buy toiletries and non-food items in the centre's shop, and at times this created a financial pressure for them.

The observations of inspectors and views of the 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 Old Convent Accommodation Centre by HIQA. The service provider had a management team that were committed to providing a good quality and person-centred service. However, the management and governance systems required further development to ensure good oversight and the delivery of consistently safe services that were in compliance with the national standards. The main areas identified for improvements related auditing and monitoring systems, risk management and staff training.

The service provider and management team of the centre had a good understanding of the national standards, legislation and national policy, however, the systems and policies in the centre required further development to ensure full compliance with the standards. The service provider told inspectors that they had completed a self-assessment to identify areas where policies or additional processes were required to ensure compliance with the national standards. This was a new development for the service provider and was taking account of internal and external policies and procedures, including learning from HIQA reports. In addition, a meeting had been held with all of the service provider's centres in the region to review compliance with the standards and to share learnings from a previously completed inspection. While the service provider was proactive in ensuring compliance with the standards, improvements were required to ensure that the staff had the required policies and procedures in place to guide their work.

There was a clear organisational structure in place. The management and staff team were clear on their roles, areas of responsibility and were knowledgeable in relation to the reporting structure in the centre. The management team comprised one assistant centre manager and two duty managers who all reported to the centre manager. The centre manager reported directly to the regional manager for the service. Both the centre manager and the assistant centre manager had completed training in leadership and management. Daily activities carried out by staff in the centre were recorded in an assignment log which was overseen by the centre manager and sent to the regional manager for review on a daily basis. There was a culture of respect and kindness evident within the centre. Residents consistently told inspectors that the staff team treated them with dignity, listened to their concerns and offered support wherever possible.

The service provider had a detailed system in place to record and manage both written and verbal complaints. Information was provided to the residents on how to make a complaint. Residents who completed the questionnaires said that they would feel comfortable to make a complaint about the service if they needed to. Verbal complaints

were recorded on the centre's complaints log and were managed in a timely, respectful manner by the staff team. The centre management team had oversight of the complaints log, and they followed up on issues where necessary. The regional manager also had oversight of the complaints on a monthly basis. Written complaints were managed in line with the centre's policy and were reported externally as required. Incidents were managed in line with the centre's critical incident policy, and had good management oversight both by the centre management team and by the regional manager for the service.

The service provider demonstrated a commitment to quality improvement and person-centred support and the inspectors found that the management team were keen to learn from the inspection process. Monitoring and auditing systems were in the early stages of development and further implementation was required to ensure that they supported the service provider to identify areas for improvement and that appropriate action plans were developed. For example, the centre management team maintained an improvement list for the service, however, it was difficult to establish the origin of the identified improvements required or the timeline for implementation. Regional and local managers' meetings and team briefings had commenced and these were used as a forum to share information and identify learnings. Further improvements were required to ensure that comprehensive auditing and review systems were in place to support the service provider to develop a service improvement plan for the centre. In addition, a system was required to track complaints, incidents and adverse events over time to identify trends and learnings.

The service provider ensured that there was a culture of consultation embedded across the service. A resident's survey took place on a yearly basis, and monthly residents meetings had been scheduled. Weekly wellness checks were carried out by staff and these checks provided residents with an opportunity to provide feedback or highlight any issues or challenges they were having. New arrivals to the centre were provided with a copy of the residents' charter and information regarding life in the centre. The residents' charter contained the information required by national standards. The residents told inspectors that were made to feel welcome when they arrived and provided with the information they required. Some of the residents said that the staff had helped them to complete the necessary forms so that they could access the relevant health services. Induction meetings were also held with residents to talk through what life was like in the centre.

While the service provider had a risk management policy to guide staff and a risk register had been developed, further improvements were required to ensure that risks across the service were identified, assessed and managed. For example, as the service had accommodation units across multiple locations in the town and the risks relating to the security of these units had not been assessed on the risk register. Risks relating to

adult or child safeguarding had not been included on the risk register. The service provider had a system in place whereby incidents and risk assessments were reviewed by the organisation's health and safety officer. This review system needed further development to ensure that it provided a comprehensive overview of all of the key risks in the service, including the safety and welfare of residents. The service provider acknowledged that the risk register had not been reviewed as it was a newly developed process for the service.

Fire safety procedures within the centre were well managed. Fire drills took place twice a year and daily fire checks were completed by the staff team. An adequate contingency plan had been developed to ensure the continuity of the service due to unforeseen circumstances.

The recruitment practices in the centre were safe and effective. Staff members had a written job description, Garda Síochána (police) vetting and international police checks, identification and references on file. While the new recruitment policy for the service stated that two references were required per employee, the inspectors found that one reference was available on two of three personnel files reviewed. The service provider informed inspectors that the recruitment policy had been recently developed. Garda vetting was also available for external support staff who were providing services within the centre, however, one of these vetting records was out of date and the centre management team agreed to follow up with the relevant support service.

There was an induction process in place for all new employees and probation reports were available on staff files. Staff received an annual performance appraisal. Personnel files were stored centrally and managed by the human resources department of the company. Inspectors found that generally staff personnel files contained all documents required. Regular formal written supervision had not been provided to staff members or centre managers. The centre management team told inspectors that formal staff supervision was due to commence in the centre in June 2024.

Staff training and development was prioritised by the service provider. The management team had received leadership and management training. The staff team had completed a comprehensive range of training including adult safeguarding, person-centred care and manual handling. However, not all the mandatory training required by the national standards had been completed by staff, for example first aid training. In addition, while the staff team had completed training in *Children First: National Guidance for the Protection and Welfare of Children (2017)* and had received updated child protection training through a training company, their Children First training certificates were out of date. The service provider maintained two logs of training completed by staff. Improvements were required to ensure that the training logs were compiled into one document to ensure appropriate oversight, and identify dates when

refresher training was required. There was a comprehensive regional training plan devised for the year ahead based on the training needs of staff.

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.

While the service provider and management team had a good understanding of the national standards, legislation and national policy, some improvements were required to ensure that all the required policies and procedures required by the national standards were in place to guide staff in their practice.

Judgment: Substantially Compliant

Standard 1.2

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

There was a clear organisational structure in place, with a clear delegation of areas of responsibility. The staff team were committed to promoting and strengthening a culture of quality, respect, safety and kindness. Complaints were managed appropriately and in a timely manner. The centre and regional management team had oversight of the complaints log, and they followed up on issues where necessary. Incidents were well managed, and appropriate management oversight. Improvements were required to develop a system to track complaints, safeguarding concerns, incidents and adverse events over time to identify trends and learnings.

Judgment: Substantially Compliant

Standard 1.3

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

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

Judgment: Compliant

Standard 1.4

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

There was a commitment to quality improvement and learning demonstrated by the staff team and the service provider. Monitoring and auditing systems were in the early stages of development and further implementation was required to ensure that they supported the service provider to identify areas for improvement and that appropriate action plans were developed. For example, an improvement list had been developed for the service, though it was difficult to establish the origin of the identified improvements required or the timeline for implementation. Further improvements were required to ensure that comprehensive auditing and review systems were in place that supported the service provider to develop a service improvement plan for the centre

Judgment: Partially Compliant

Standard 2.1

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

The recruitment practices in the centre were safe and effective. The new recruitment policy for the service required that two references were required per employee, though inspectors found that one reference was available on two of three personnel files reviewed. Garda vetting records for one support worker from an external service was out of date and the centre management team agreed to follow up with the relevant support service.

Judgment: Substantially Compliant

Standard 2.3

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

Annual performance appraisals took place for staff members. Personnel files were well managed and generally contained the required documents. Regular formal written supervision had not been provided to staff members or centre managers, however, this was due to commence in June 2024.

Judgment: Partially Compliant

Standard 2.4

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

All mandatory training required by the national standards had not been completed by staff members. The training log indicated that Children First training certificates were out of date for ten staff members. Training logs needed to be compiled into one document to ensure appropriate oversight and identify dates when refresher training was required.

Judgment: Partially Compliant

Standard 3.1

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

Improvements were required to ensure that risks across the service were identified, assessed and managed. Risks relating to the welfare and safety of residents had not been considered within the risk register. For example, the risks relating to the security of accommodation units based across multiple locations had not been identified or assessed. Risks relating to adult or child safeguarding had also not been included 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, including the safety and welfare of residents.

Judgment: Partially Compliant

Quality and Safety

The centre provided own-door, independent living accommodation for families and single adults at the time of the inspection. Families were allocated their own living accommodation which included bedrooms, bathrooms and private living room space. While families living in the bungalows had their own private kitchens, families living in the two-story houses and apartments shared the kitchen space with one other family. The single adult residents living in the centre shared the kitchen, bathroom and living space with a specified number of other adults.

The inspectors found that the allocation of accommodation was fair and transparent, with the individual needs of the residents being taken into consideration. However, the service provider had not developed a room allocation policy. The centre staff had a new arrivals process document that outlined the availability of food, provision of keys, details regarding room checks and the assigning of rooms to residents. Requests to move accommodation were recorded on the complaints log and where alternative accommodation was available, it was offered to residents as appropriate. While the residents did not raise any concerns regarding how accommodation was allocated, the development of a room allocation policy would ensure that residents had a clear understanding of the process.

The service provider ensured that the privacy and dignity of families was protected within the accommodation centre. Family members were placed together. Where necessary, the staff members supported families to move to alternative accommodation within the centre as their needs evolved and the accommodation became available. The accommodation was well furnished and additional storage was also provided to residents for large items. Appropriate beds had been made available to the residents in the centre.

The service provider had made appropriate facilities available within the centre to support the educational development of children and adult residents. There was a crèche on-site that provided sessional care to children up to three years of age. This crèche was managed by a local community service. Pre-school facilities were available within walking distance of the centre. School transport was provided for children living in the centre. A study room with computer access was available in the main centre building. The room was appropriately furnished and was available to all residents. The inspectors were told that staff members helped to source school placements for children. English language classes were also provided for residents in the centre and the centre management team worked closely with the local organisations to provide the necessary educational services and supports to residents. The inspectors observed information on display regarding training and recreational courses available in the area, including a skills for work programme.

Communal areas including the sitting room, study room, laundry room and shop were clean throughout. The management team had a cleaning schedule in place. Residents were responsible for cleaning their own accommodation and the centre staff provided assistance when required. Residents explained that the staff were helpful and one resident explained that the centre staff had cleaned and prepared their accommodation for their arrival home from hospital with a new baby. Maintenance works were recorded and completed in a timely manner. However, the inspectors found that while communal areas were clean, they required some attention. For example, the paintwork in communal areas and on the wood work was marked and chipped, the green areas needed the grass cut, and the gutters needed to be cleaned. The service provider said that some of these areas of work were scheduled to be completed.

The centre had a laundry room that was found to be clean and well maintained with four washing machines and eight tumble dryers. The centre staff operated a system whereby four of the tumble dryers were in use at all times, with the additional four machines available should one of the dryers stop working. The laundry room was used by residents living in the main centre as residents living in the houses and apartments had washing machines within their own homes. All residents had access to the tumble dryers in the main building.

Residents explained to the inspectors that they felt the staff treated them with dignity and respect. The residents said that they felt safe living in the centre. The service provider ensured that the residents could move freely to and from their accommodation. Closed-circuit television (CCTV) was used for the main entrance gateway and was not used internally in the main centre building or at the accommodation that was off-site. This ensured that residents had access to rooms that could be used for private meetings. However, given the off-site location of some of the accommodation, improvements were required to ensure that the security measures and use of CCTV within the centre were based on an assessment of the security risks. The security staff were direct employees of the service provider and had the required licenses.

The inspectors found that the service provider ensured residents were provided with appropriate non-food items including bedding, towels, cleaning materials, contraception and sanitary products. The service provider explained that the appendix attached to the contract governing the management of the service required residents to use their weekly points to purchase toiletries as the centre operated as independent living accommodation. The inspectors reviewed the appendix and noted that while it allowed residents to buy non-food items from the shop, the national standards required the service provider to make available sufficient and appropriate non-food items available to residents. The inspectors found that while the provider was operating in line with their signed contract, their contractual agreement did not reflect the requirements of the national standards.

In addition, while the service provider made nappies available to families on arrival and in emergency situations, the residents were required to purchase nappies in the local shops. Residents were supported to make applications for a supplementary welfare allowance to enable them to purchase nappies for their children. One resident explained that while they had made this application on a number of occasions, they had been refused the payment on the basis that the service provider was to make nappies available.

Residents prepared their meals within their own living space. While some families and residents had their own private cooking and kitchen facilities, others shared a kitchen space with either one other family or four single residents shared a kitchen space. Residents were provided with all necessary cooking utensils and they received weekly points which allowed them to purchase their own groceries. The shop in the centre was well stocked and many items were sold below cost price. Residents said that where required, they could ask for culturally specific items to be provided in the shop and these requests were promptly facilitated by the shop staff. In addition, where fruit and vegetables were nearing the end of their shelf life, these items were made available to residents free of charge. While the opening hours of the shop were limited, the night and weekend staff had access to the shop to ensure residents could purchase their required items. The residents explained that the requirement to purchase toiletries from their weekly points had put pressure on their weekly budget and their ability to purchase other essential food items at times.

The rights and diversity of residents were respected and promoted by centre staff and management. The residents informed inspectors that they felt respected by the staff members and that their right to privacy was upheld within the service. The staff members knew their residents and spoke to them by name with the inspectors observing conversations and interactions between staff and residents that were supportive and kind. The inspectors found that the staff team were person-centred in their approach and while they respected the rights of residents to live independent lives, the staff members supported the residents to access appropriate supports and services where required. All residents were registered to vote in the area. The service provider had well developed systems in place to formally consult with residents through a resident's survey and weekly wellness checks. Feedback provided by residents was welcomed and appropriate actions were taken in a timely manner to address any concerns. Information on the residents' rights, advocacy services and supports in the area were widely available in the centre and were available in multiple languages. As the majority of residents had their own private living space, residents were able to practice their religions within their own accommodation and the communal rooms in the main building were also used as a religious practice space on occasion.

Residents were supported and facilitated to maintain personal and family relationships. The service provider supported the residents to attend cultural events in the area. Families were accommodated together and had their own private space to share cultural knowledge with their children. Residents were supported to have visitors to the centre and there were rooms available for private meetings.

The inspectors found that the residents had access to local public services, healthcare, recreational and educational supports. The centre was located within walking distance of local transport, recreational and social support services. School transport was provided for children living in the centre and the on-site crèche was available to families living in the centre. The staff team had facilitated educational workshops on health related issues to take place in the centre and workers from local support services visited the centre on a regular basis to offer advice and information to the residents. Additional transport services were provided to residents in emergency situations.

The inspectors found that the service provider had an appropriate adult and child safeguarding statement in place. There was a child protection policy in place to guide staff in their practice and a similar policy needed to be developed for adult safeguarding. Risks relating to potential protection and safeguarding concerns were identified and all staff working in the centre had received training relevant to safeguarding and protection of children and adults. However, the Children First training was out of date for a number of staff members. Appropriate designated liaison persons had been identified. The residents who spoke with inspectors, and those who completed the questionnaires, said that they felt safe living in the centre. The residents explained that they were adequately protected and were aware of how to raise a safeguarding or protection concern. While there were no child protection or 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. However, improvements were required to ensure that the systems in place manage the supervision of children where a parent was absent from the centre were consistently implemented. While the management team explained that parents were required to complete a form in situations where another adult was minding their children, this had not been implemented in practice.

The service provider had developed a process for the management of adverse events and incidents that occurred in the centre and had a policy in place to guide practice. The inspectors were told that regular staff and manager meetings were being established at a local and regional level to review learnings from incidents and inform practice within the service. The service provider needed to develop a system to ensure that incidents, adverse events and welfare concerns for children and adults were centrally recorded and tracked over time to ensure the necessary governance and oversight arrangements were in place.

The health, wellbeing and development of residents was promoted by the staff team. The inspectors found that information and advice clinics were provided to residents within the centre. Information regarding support services was displayed throughout the centre and some of this information was available in different languages. Residents told inspectors that the staff team were sensitive, kind and helpful in providing relevant information, and supporting them to connect with necessary health and social services in the area. For example, the centre had worked with local statutory services to deliver a sexual health workshop on-site and support workers from the local housing support service visited residents in the centre on a regular basis. Guidelines and risk assessments regarding substance misuse had been identified within the adult safeguarding statement and the house rules for the service. While incidents of substance misuse had not been an issue in the centre, the service provider needed to develop a substance misuse statement for the centre to guide staff in their practice.

Staff working in the centre had been provided with training relevant to their roles to support them to identify and respond appropriately to the needs of the residents. Additional training was also planned for the staff team and wellbeing and resilience training had been provided for staff. Where staff had identified special reception needs during their interactions with residents, the necessary support was provided in a person-centred and respectful manner. The inspectors were informed that staff were vigilant to the needs of the residents. The initial induction of residents to the centre and the weekly wellness checks completed by staff were used as a means of continually assessing the needs of the residents and identifying any supports required.

The service provider was in the process of recruiting a reception officer at the time of the inspection. A policy had been developed to support the staff team identify, communicate and address the special reception needs of residents living in the centre. The service provider explained that a manual to guide the work of the reception officer was also being developed. The management team told inspectors that they were also in the process of developing a system whereby residents could alert the staff members to situations where they needed additional supports in a discreet way that protected their right to privacy.

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 had a process in place detailing the admission process for new arrivals to the centre. However, the service provider needed to develop a transparent room allocation policy for the centre staff and residents.

Judgment: Substantially Compliant

Standard 4.2

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

Maintenance works were recorded and completed in a timely manner. However, the communal areas required some attention. For example, the paintwork in communal areas and on the wood work was marked and chipped, the green areas needed the grass cut, and the gutters needed to be cleaned.

Judgment: Partially Compliant

Standard 4.4

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

Family members were placed together in own-door accommodation that provided for private living space. Families were provided with appropriate kitchen facilities, storage and furniture in their accommodation.

Judgment: Compliant

Standard 4.6

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

Children had access to an on-site crèche, and pre-school facilities were available within the local area. School transport was provided to children living in the centre. Appropriate study spaces and materials had been made available to residents. The staff team supported residents to become involved in training and development opportunities in the area.

Judgment: Compliant

Standard 4.7

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

The centre had a laundry room that was found to be clean and well maintained while residents living in the off-site accommodation had laundry facilities within their own homes. All residents had access to the tumble dryers in the main building.

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 ensured that residents' right to privacy and dignity was respected. While the residents had access to private rooms for meetings and there was no evidence of incidents taking place within the centre, given the off-site location of some of the accommodation, a security risk assessment was required to ensure that the security measures in place addressed all identified risks.

Judgment: Substantially 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 appropriate non-food items including bedding, towels, cleaning materials, contraception and sanitary products. However, the service provider's contract which governed the management of the service was not reflective of the requirements of the national standards as residents were required to use their weekly points to purchase toiletries. In addition, the residents were required to purchase nappies in the local shops as these were not made available by the service provider.

Judgment: Partially Compliant

Standard 5.1

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

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

Judgment: Compliant

Standard 5.2

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

The centre was an independent living service where residents prepared their own meals. Additional culturally specific items were made available when requested.

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 centre staff and management. Residents felt that staff members treated them with respect, and their feedback was valued by the service provider. Staff members were person-centred in their approach and information regarding rights, advocacy services and supports in the area was available throughout the centre.

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 maintain personal and family relationships. The service provider ensured that residents were able to welcome their visitors to the centre and had space private space for meetings.

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 services, recreational, education and social support services. Local support services visited the centre regularly to provide information and advice to the residents.

Judgment: Compliant

Standard 8.1

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

The service provider had an adult safeguarding statement in place which needed to be expanded in order to develop a policy to guide staff when adult safeguarding issues arose. Staff were appropriately trained to identify and manage issues of a safeguarding nature.

Judgment: Substantially Compliant

Standard 8.2

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

The service provider had an appropriate child safeguarding statement and child protection policy in place. Appropriate designated liaison persons had been identified. Children First training needed to be updated for a number of staff members.

Judgment: Substantially Compliant

Standard 8.3

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

The service provider needed to implement appropriate systems to ensure that incidents, adverse events and welfare concerns for children and adults were centrally recorded and tracked over time to review learnings and further inform practice within the service.

Judgment: Partially Compliant

Standard 9.1

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

The health, wellbeing and development of residents was promoted and respected by the centre staff. Residents received care and support that was respectful and person-centred. The staff team ensured that residents had access to the necessary support services, while respecting their rights as individuals and families. A substance misuse statement needed to be developed for the service.

Judgment: Substantially Compliant

Standard 10.2

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

Relevant training had been provided to staff to support them to identify and respond to the needs of residents. The service provider had measures in place to support staff wellbeing. Where necessary, person-centred care and support was provided to residents. The service provider had developed a plan for regular team and regional meetings to share learning and best practice across the team, however, this needed further implementation to assess the impact of these meetings on practice.

Judgment: Substantially Compliant

Standard 10.3

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

A policy had been developed to support the staff team identify, communicate and address the special reception needs of residents living in the centre. Implementation of the policy was required to ensure that it was effective in identifying and addressing the special reception needs of residents. A system to support the residents to let the staff members know when needed additional supports in a discreet way was also being developed.

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.

A reception officer was being recruited for the centre at the time of the inspection. A manual to guide the work of the reception officer was also being developed.

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	Substantially Compliant
Standard 1.2	Substantially Compliant
Standard 1.3	Compliant
Standard 1.4	Partially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.3	Partially Compliant
Standard 2.4	Partially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Partially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Substantially Compliant
Standard 4.2	Partially Compliant
Standard 4.4	Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Substantially Compliant
Standard 4.9	Partially Compliant

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

Compliance Plan for the Old Convent

Inspection ID: MON-IPAS-1041

Date of inspection: 27 and 28 May 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"> • Each year 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 • Any actioned improvements or changes to our policies and procedures will be discussed with the centre team and changes made as necessary • We will add the following to our current recording system for our list of improvements to include the date it was suggested, who brought it to our attention (team member/resident) what was the goal, what actions are needed to deliver, when was it delivered (if possible) and the outcome of the improvement • We also carry out our yearly residents satisfaction survey which is done anonymously. The results of the survey are used to improve our service where needed and we also feedback to our residents the results of each survey • In addition to our residents meetings we carry out weekly residents welfare checks to firstly check on the welfare of each resident and also to look for feedback on our service and any suggestion on improving the service 	
2.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • We have implemented our formal quarterly supervision meetings 	

2.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • We will ensure that Children’s First e-learning refreshers are completed with all ten staff. • In addition to the online training, we have also ensured that our staff complete a Safeguarding Children Awareness programme which is available through Penisuala Ireland’s Brightsafe online training platform. This was noted on our records with certificates on file. • Our master training matrix does indicate refreshers on training programmes particularly those health and safety related. Our training matrix is monitored and reviewed on an ongoing basis to ensure all training (including refreshers) is scheduled as part of our annual Training Plan. • All training (including mandatory) is included on our annual Training Plan which training will be carried out before the end of the year 	
3.1	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • Our health & safety and compliance officer will carry out a full review of our current risk register, risk management plan and contingency plan to bring alignment to these • The review will also cover both the physical and welfare needs of our residents. It will look more closely at the risk of one off incidents that would differ from the norm • Any outstanding risks will be reviewed and plans/actions put in place to mitigate them • Each month we will review the risk register at our management meetings and share any learning with all team members • We will carry out a security review of the accommodation units 	
4.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • All maintenance issues are recorded and added to our ongoing maintenance program which includes maintenance issues noted on the day of the inspection • Painting has been completed along with the grass cutting other issues will be completed as part of our maintenance program 	

4.9	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • We have written to IPPS regarding the toiletries and are awaiting a response • We are reviewing the provision of non food items • When a new resident arrives and while they are awaiting their PPS number we provide nappies as required 	
8.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • We are in the process of developing a new recording system to record incidents, adverse events and welfare concerns which will be reviewed each month by the management team 	
10.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <ul style="list-style-type: none"> • We are in the process of recruiting a reception officer which is due to be formalized in the coming weeks. 	

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	31/12/2024
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.	Partially Compliant	Orange	31/07/2024
Standard 2.4	Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.	Partially Compliant	Orange	31/12/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the	Partially Compliant	Orange	31/10/2024

	service and develop a risk register.			
Standard 4.2	The service provider makes available accommodation which is homely, accessible and sufficiently furnished.	Partially Compliant	Orange	31/12/2024
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.	Partially Compliant	Orange	31/08/2024
Standard 8.3	The service provider manages and reviews adverse events and incidents in a timely manner and outcomes inform practice at all levels.	Partially Compliant	Orange	01/09/2024
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	31/08/2024

