



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

Name of the Centre:	Atlas Tralee
Centre ID OSV:	OSV-0008418
Provider Name:	Onsite Facilities Management
Location of Centre:	County Kerry
Type of Inspection:	Unannounced
Date of Inspection:	23/07/2024 and 24/07/2024
Inspection ID:	MON-IPAS-1046

## 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

Atlas Tralee is an accommodation centre based in the town of Tralee in County Kerry. The centre has capacity to accommodate up to 100 people, and was providing accommodation to 94 single males at the time of the inspection. The accommodation centre is located in the centre of the town, and in close proximity to local shops, transport links, and health and social care services.

The centre comprises a main building with four floors. The main reception area, and the management office are located on the ground floor, as well as resident facilities such as a pool room with kitchenette facilities, a residents' gym, a dining room where meals are served, and public toilets. Residents' bedrooms are located on the three upper floors of the building. A laundry room, which contains six washing machines and five dryers, is located on the first floor, and each of the floors has a residents' kitchenette with a sitting room area. Residents also had access to a study room and a religious practice room.

The service is managed by a centre manager who reports to the director of the company. The centre manager oversees a team of staff including a reception officer, a head chef, and general support staff, including security staff, maintenance, cleaning and kitchen staff.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	94
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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)
23/07/2024	12:00hrs-18:15hrs	1	1
24/07/2024	08:30hrs-15:45hrs	1	1

## What residents told us and what inspectors observed

Through interactions with residents and staff, observations, and a review of records, the inspectors found that the service was providing safe and comfortable accommodation that met residents' known needs. Residents who spoke with inspectors expressed satisfaction with the service, and were complimentary of the accommodation and the level of support they received. While some improvement to the monitoring arrangements was necessary to ensure that the quality of the service was consistently maintained, overall it was found that the provider was responsive to residents' feedback and was working towards meeting the requirements of the national standards.

The inspection took place over two days. During this time the inspectors spoke to eight residents, and observed many others as they used communal facilities. The centre was observed to be very busy throughout the two days. Many of the residents worked in the local community, or were engaged in education or voluntary work. There was a lively atmosphere in the reception area with residents greeting each other and staff in a familiar and friendly manner. Inspectors noted that staff knew residents well, as they greeted them by name and engaged in personal small-talk throughout the two days.

The inspectors also spoke with the service provider, an acting centre manager who was covering a planned absence of the centre manager, and numerous staff including kitchen and security staff. All staff spoke respectfully of residents and it was evident that they were committed to providing a safe and comfortable space for residents to live.

The centre had capacity to accommodate 100 single-male residents across 55 bedrooms. At the time of inspection, there were 94 residents living in Atlas Tralee. Of the 94 residents living in the centre, 92 shared their bedroom with one other resident. There was one single room occupied, and one twin room temporarily under occupied at the time of inspection. Some of the bedrooms had en-suite bathroom facilities, although in most cases residents used a designated bathroom located near their bedroom, which they shared with up to three other residents.

While the bathrooms were well equipped and spacious, some of them required a deep clean as they were found to be visibly dirty by throughout the inspection. Additionally, the arrangements to secure the shared bathrooms required review. In an effort to ensure bathrooms were only accessible to the residents they were designated to, the service provider had fit a metal latch and a padlock to the front of the doors. These were unsightly and institutional in nature, and required review to provide security in a more dignified and ordinary manner.

The centre provided fully catered accommodation, with breakfast, lunch and dinner provided in the dining room at specific times. Residents gave positive feedback about the food provided in the centre, with some seeking out inspectors during mealtimes to compliment certain dishes. While there was a 14-day menu cycle in the centre at the time of inspection, the provider was working towards developing a 28-day cycle as required by the standards. In the interim, the catering staff made efforts to ensure some variety was achieved in the 14-day menu. For example, alternative side dishes and soups were provided in addition to the planned main course. Residents told inspectors that the catering staff were responsive to feedback about the food and ensured it was culturally appropriate and met their dietary needs.

There was a common room on the ground floor where some residents took their meals to eat. This room had space for dining, a comfortable seating area and a pool table. There were also kitchenette facilities available in this room for residents to prepare snacks and small meals. There was fresh drinking water and provisions for making tea and coffee available here. Residents told inspectors that they could ask for a meal to be kept for them if they weren't in the centre during a specific meal time, due to work or other commitments. Staff in the centre would prepare, label and store a meal in the fridge in the common room, where it could be heated up at a later stage. There was also a small kitchenette and living area on each of the three upper floors where residents' bedrooms were located.

Further communal facilities were available throughout the centre, such as a gym on the ground floor, a dedicated prayer room, and a study room. A desk and chairs were provided in the study room, and the acting centre manager explained that they were waiting for the delivery of computers for residents' use. Inspectors found that the Wi-Fi access in the centre was very poor in communal areas, including the reception area where security staff worked. The provider was aware of this issue which had been reported to the relevant department to address, although at the time of inspection it had not been resolved.

Residents had access to communal washing machines and tumble dryers, which were located on the first floor of the building. These were available in sufficient quantity to allow residents to complete their own laundry as required. The washing machines automatically provided laundry detergent. Other necessary non-food items such as personal toiletries, cleaning materials, towels, and bedding were provided to residents as required.

Inspectors found that further attention to housekeeping and cleaning was needed in some communal areas. It was found that there were detailed cleaning arrangements and checklists present for communal areas on the ground floor, which resulted in areas such as the kitchen, dining room, and pool room being very clean and tidy. However, the same level of attention had not been given to other areas. For example, the area at the entrance to the building was littered with cigarettes and plastic cups and the carpets in the hallways needed to be cleaned. Food was observed to have been dropped on the stairways and the kitchenette areas on the upper floors needed to be cleaned, with plates of food left on shelving units. Rubbish bins were observed in the hallways and kitchenette areas that were full and needed to be emptied.

The inspectors sought residents' feedback on their experience living in the centre. Residents told inspectors that they felt safe living in Atlas Tralee. They explained that the staff team treated them with dignity and respect and that they felt listened to. Inspectors found that staff provided residents with support and information as required. The centre manager ensured relevant and up-to-date information regarding services and supports in the centre and the local community was on display in the reception area and dining room. There was a suggestion box with comment cards available for residents to share their feedback on the service.

Some residents spoken with shared that they liked the central location of the centre. Many residents used scooters or bikes to get around, and they also had access to a wide range of public transport services. The provider had made efforts to provide storage space for residents' bikes and scooters, although due to the volume of items and the layout of the centre this meant that they were sometimes present in hallways and communal rooms on the ground floor. That being said, residents told inspectors they appreciated being able to store these items safely and it was clear that efforts were made to store them as neatly as possible and without impacting exit routes.

Residents were supported to integrate into their local community. Some of the residents were taking part in training courses, while others had secured employment and volunteer roles in the area. English language classes were provided in the local resource centre. A residents' committee had been established and residents' committee meetings had taken place sporadically. The service provider explained that meetings occurred as issues were arising for the residents. Inspectors found that suggestions made by residents during these meetings were followed up on by the management team. The regularity of these meetings needed to be reviewed to ensure a planned and proactive approach to resident consultation was achieved.



Overall, residents expressed that they felt safe living in the centre, could lead independent lives and receive support when necessary. The service provided comfortable living space with good communal facilities. The provider was responsive to feedback and had improvement plans in place to meet any service deficits they had identified. Some enhancements to the monitoring systems would further support the provider in developing proactive and specific service plans. While there was some further work required to fully meet the standards, the provider had made considerable progress towards compliance, and residents were satisfied with the service.

## Capacity and capability

This was the first inspection of Atlas Tralee by HIQA. The inspection found that there were a range of established systems in place that were generally facilitating the delivery of a good-quality service. While there were some areas that required improvement to fully meet the standards, for example, in areas such as training and staff supervision, the inspectors found that the centre was managed well on a day-to-day basis and was providing a safe and person-centred service to residents.

Atlas Tralee was managed by a centre manager who reported to a director of the company. The centre's management team included a reception officer, who was suitably trained and qualified, and was also a director of the company. The centre manager oversaw a team of 14 staff members, including maintenance staff, housekeeping staff, catering staff and security personnel. At the time of inspection, which was unannounced, the centre manager and reception officer were absent on planned leave. The provider had arranged suitable cover arrangements for this absence, and there was an acting manager present when inspectors arrived. Inspectors also met with the service provider representative on the second day of inspection.

It was found that the provider had developed a good understanding of their responsibilities under relevant legislation and standards. The service provider operated a number of other accommodation centres, and inspectors found that many operational changes had occurred based on learning from HIQA inspections of these other centres. For example, changes had been made to numerous policies in the weeks prior to the inspection and a staff training analysis had been carried out.

The inspectors found, through speaking with staff and residents, and reviewing documentary records, that the centre manager was actively involved in the operation of the centre and there were good lines of communication between the centre manager and staff. While it was evident that the centre manager was responsive to the needs of residents and any potential issues in the operation of the service, improved record keeping and more formalised monitoring systems were necessary to ensure the provider had adequate oversight of the running of the centre.

As mentioned previously, the service provider was overseeing a number of improvement initiatives for the centre at the time of inspection. Many of these were based on feedback from residents or learning from third party audits or inspections. A more formal local monitoring system would ensure that the provider had accurate and relevant information about the service with which they could develop more proactive and service specific improvement plans.

Inspectors reviewed the recruitment arrangements in the centre and found that the service provider had introduced measures to ensure that recruitment practices were safe and effective. For example, there was an induction procedure in place and the service provider had ensured that a garda vetting disclosure had been received for all staff members who worked in the centre. There were arrangements in place to ensure that no staff member commenced work prior to a vetting disclosure being obtained. The provider had also sought international police checks for any staff member who required one.

While the provider had developed clear job descriptions for all staff members, it was found that in practice, not all staff members' duties and areas of responsibility aligned with their job descriptions. For example, while the job description for housekeeping staff stated they were responsible for cleaning shared resident bathrooms, in practice these were left for residents to clean themselves. The roles and responsibilities of the centre manager and reception officer were also found to overlap in areas, and further development of the reception officer role in line with the job description would support clearer areas of accountability.

The inspectors spoke with four staff members during the inspection. All staff spoke confidently about their roles, and were knowledgeable regarding the operation of the centre. Throughout discussions with staff it was clear that they had a clear focus on resident experience and a desire to provide a safe and pleasant environment for residents to live. Inspectors observed staff interacting with residents in a friendly and courteous manner.

Inspectors reviewed the arrangements in place regarding staff training and development. There was a training assessment in place that outlined areas of training that were required by staff, and recorded the training each staff had undertaken. Staff had received training in a number of areas, for example, most staff had undertaken training in adult safeguarding, and some had received training in child protection, and human rights. However, there remained some deficits found in relation to staff training, which had been identified in the provider's training assessment. The provider had plans in place to address these training needs.

Staff who met with inspectors said that they felt supported by the management team, and that managers were approachable and made themselves available to staff when needed. The provider was developing a programme of formal supervision for staff members, however it had not been implemented at the time of inspection. There was a staff induction and appraisal system in place.

Inspectors reviewed the risk management arrangements in the centre. There was a risk management policy in place that clearly outlined how risk was managed in the centre. There was clear risk framework that was found to be well established in

practice in the centre. The provider and centre manager oversaw a risk register which outlined risks in areas such as service provision and resident safety. For the most part, risks had been identified well and had clear control measures in place. There were some risks identified during the inspection that were not included on the risk register, for example in relation to residents' known healthcare risks.

Additionally, while there were risk assessments in place relating to fire safety risks, these did not fully reflect the risks identified by inspectors. For example, most of the fire doors in the centre were wedged open with household objects, and one fire extinguisher was being used to hang a bin bag on. These risks to fire safety had not been identified by the service provider, despite daily fire checks being carried out, and accordingly there were no controls measures in place. These issues were noted to have been addressed prior to the inspection concluding. However, continuous monitoring was required to ensure fire safety measures were consistently adhered to.

At the time of inspection, the provider was developing specific contingency plans for the centre, to support continuity of service in the event of the circumstances outlined in the standards, for example, a contaminated water supply, or an issue with electricity supply. These had not yet been added to the risk register.

The procedure for complaints was reviewed by inspectors. It was found that information was provided to residents on the complaints process. Inspectors found that complaints were dealt with in a timely and respectful manner. The centre manager maintained detailed records of complaints and there was evidence that learning from complaints influenced change in the centre. Residents spoken with told inspectors they had not felt the need to make a complaint, as they were satisfied with the service, however they said they would be comfortable making a complaint to the staff or the centre manager if they needed to.

The service provider had developed a residents' charter which was provided to residents and was available in different languages. The charter contained information about services available to residents who lived in the centre, and with the exception of information about staff members and their roles, contained all necessary information outlined in the standards.

Generally, inspectors found that the governance and management arrangements were well developed and that residents were in receipt of a safe and person-centred service that promoted integration and independence. While there were some areas requiring improvement, this was largely in relation to the implementation of newly developed policies and procedures, and it was evident that the service provider and management team were actively working on meeting their objectives in these areas. Continued

development of and implementation of the provider's own improvement plans would further improve the effectiveness of the governance and management arrangements.

### **Standard 1.1**

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

The service provider had developed a good understanding of their responsibilities under relevant legislation, regulations and standards. There were systems in place to meet these requirements, and while there were some areas in which further implementation of service plans was required to fully meet the requirements of the standards, for the most part these were known to the provider.

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.

While it was found that the leadership team were competent and knowledgeable, further clarity was required regarding the roles and responsibilities of individual staff members. The provider had developed job descriptions for all staff members, including the centre manager and the reception officer. A review of roles and areas of accountability was required to ensure they aligned with the relevant job description.

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.

The centre had a residents' charter in place which provided details of the services available to residents and was available in different languages. The addition of information about staff and their roles was required to fully meet the standards.

Judgment: Substantially Compliant
<b>Standard 1.4</b> The service provider monitors and reviews the quality of care and experience of children and adults living in the centre and this is improved on an ongoing basis.
The provider had some measures in place to monitor the quality of the service, which had led to a number of improvement initiatives. A more defined monitoring system was required to ensure a proactive approach to service review was taken. This was necessary to ensure any potential issues were promptly identified and to facilitate the analysis and tracking of service improvements.
Judgment: Substantially Compliant
<b>Standard 2.1</b> There are safe and effective recruitment practices in place for staff and management.
The service provider had ensured there were safe and effective recruitment practices in place. There was a recruitment policy available, and while some records were not available for staff who had been employed in the centre a long time (for example, written references), the provider had identified this and made arrangements to ensure satisfactory records were maintained for any future appointments. The service provider had received a Garda Vetting disclosure for all staff members actively employed in the centre.
Judgment: Compliant
<b>Standard 2.3</b> 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.
Staff members were receiving support to carry out their duties. The inspectors found that the centre manager and reception officer were providing informal supervision to staff who worked in the centre. The provider had developed a staff supervision policy. However, formal supervision arrangements had not commenced at the time of inspection.
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.

The service provider had undertaken an assessment of staff training needs and identified a number of training deficits. There were plans in place to meet the training needs of all staff members, and inspectors found that the plans were progressing well. For example, 11 of 14 staff had undertaken training in adult safeguarding and five staff had received training in child protection. Training was also provided in areas specific to residents' needs.

Judgment: Substantially Compliant

#### **Standard 3.1**

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

The service provider had developed a risk register that outlined potential risks to the service and to residents. The risk register was developed in line with the risk management policy and contained detailed risk assessments and control measures. Some improvement to the process was required to ensure that the risk register included all known risks that were being managed in the centre. This was necessary in order to effectively monitor emerging and longstanding risks to individual residents.

There were clear fire evacuation plans in place, however improvement to the monitoring of fire risks was necessary. Inspectors found that most internal fire doors were wedged open, which would compromise a safe and effective evacuation in the event of a fire. This had not been noted on fire safety checks.

There were some contingency plans in place to ensure continuity of service in the event of unforeseen circumstances, however at the time of inspection they were being reviewed and were not recorded in the risk register.

Judgment: Partially Compliant

## Quality and Safety

This inspection found that the governance and management arrangements were generally supporting the delivery of a safe and person-centred service. The accommodation provided to residents was comfortable and had suitable facilities. Residents were supported by the staff team to integrate into the local community, to meet their health and welfare needs, and to avail of educational and employment opportunities. While some improvement was required to fully meet the standards, the provider had identified many of these deficits and had plans in place to address them. In some areas specific to service quality, improved local monitoring was required to ensure quality issues were identified promptly and escalated to the appropriate party to be addressed.

The centre comprised a four-storey building located in Tralee, Co. Kerry. It was centrally located and accessible through a discreet entrance off a main street. The ground floor of the building contained a reception area, where a security staff was present 24 hours a day; a management office; a gym; a kitchen, where catering staff prepared meals; a dining room; a pool room with a kitchenette; and public bathrooms. The communal areas on the ground floor were found to be very clean and were well utilised by residents.

Resident bedrooms were located on the remaining three floors, accessible by stairs from the reception area. Each floor also contained a small kitchen and living room, each of which was found to be in need of a deep clean. The hallways of the upper three floors were also found to be dirty in places, with food stains on carpets and bags of rubbish along corridors. The laundry room was located on the first floor; this contained six washing machines and five dryers which were observed to be in working order. Residents said the laundry facilities were generally available when they needed them and were maintained well.

There was a study room, and a prayer room located on the upper floors of the building. The acting centre manager told inspectors that two computers had been ordered for residents to use in the study room. At the time of inspection there was a known issue with Wi-Fi access, which was very poor in communal areas. This needed to be addressed to ensure the new computers, and residents' own devices could be fully utilised to meet residents' educational and personal communication needs.

The accommodation centre building was owned by the State and responsibility for maintenance and required works for the building sat at that level. The service provider was responsible for the general day-to-day upkeep and housekeeping of the building. The provider addressed any local maintenance issues very promptly. However,



improved monitoring of other maintenance issues was needed to ensure that those requiring escalation to the responsible body were notified in a timely manner. While the provider was noted to be very responsive to feedback regarding centre issues, for example, the quality of internet access or the previously mentioned concern regarding door locks, it was important that staff and management recognised them as issues independently and utilised the external reporting pathway effectively.

The inspectors observed four resident bedrooms, with their occupants' prior permission. Three of these four rooms were each occupied by two residents. In all of these rooms there was sufficient space for each resident to have a distinct personal space with a single bed and storage for their clothes, a desk and in some cases an arm chair or small sofa. Each room had a television and in some rooms residents had a fridge that they purchased themselves. Inspectors observed that some residents were using chairs from the kitchen at their desks, as no chair had been provided. This was another area where feedback from residents and observations from staff required a request for furnishings to be made to the relevant external and responsible department.

The single room observed by inspectors was designated as such due to its size and layout. Because of its location, some areas of the room had a lower ceiling height and was not fully useable. This had been considered by the provider and as such one person was accommodated in the room, which provided adequate space for a bed, a wardrobe and chest of drawers, a desk, and a bedside table.

There was a written policy and procedure in place in the centre for assigning or allocating rooms. The provider had made efforts to allocate bedrooms based on residents' known needs and preferences. Residents spoken with told inspectors they were happy with the accommodation provided, and that where they requested a transfer it was considered and generally facilitated.

Residents reported that they felt safe living in the centre. The centre was found to have proportionate security measures in place. All security staff were licensed and vetted, and there was a clear communication system in place for the communication of issues that arose while security staff were on duty. CCTV was used throughout the communal rooms and areas in the centre, with the exception of the study room.

The centre operated a fully-catered service. At the time of the inspection, the centre operated a 14-day menu, which inspectors were told was under review to meet the requirements of the standards, which was a 28-day menu. A review of previous menu plans and records found that the catering staff made an effort to provide variety in the interim. Residents told inspectors that the catering staff were approachable and responsive to their request. They were also very complementary of the standard of food provided in the centre, as well as the portion sizes. Residents were observed choosing various portion sizes of items during the inspection, with some taking fruit or salads to store in the fridge for later.

A review of menus also found that the catering arrangements offered a choice of culturally sensitive meal options, and that meals were adapted for residents who had any specific dietary requirements. Staff spoken with were very familiar with individual residents' needs and were knowledgeable about food safety and allergens.

Throughout the inspection, the inspectors observed that residents were treated with respect and kindness. All staff members appeared familiar with residents and their needs. Residents who met with inspectors spoke very highly of staff in the centre. Some residents chose to use a translation service to explain to inspectors more clearly how satisfied they were with the service, telling them they were very happy to be living there.

Residents were provided with extensive information about local services including healthcare, education and leisure activities. This information was available in multiple different languages as required. The centre had information boards throughout the dining and communal areas with information about local support and wellbeing services. Support workers from local health, housing and social services visited the centre regularly to meet with residents. While most residents managed their personal health and wellbeing needs independently, the management team ensured that residents were referred to local support services when required.

There were measures in place to protect and promote residents' safety and welfare. There was an adult safeguarding policy in place, with clear recording and reporting arrangements. A trained safeguarding officer had been appointed. At the time of inspection, most of the staff had undertaken training in adult safeguarding, and many had received training in child protection. There were plans in place to ensure all staff received training in these areas. There was a child protection policy and safety statement available to direct how any potential child protection or welfare concerns would be managed.

The centre had a policy and processes in place to report and notify incidents and serious concerns. At the time of inspection there were no known safeguarding risks present, although there were some known risks to resident safety that were being managed. Staff in the centre, including security staff, recorded incidents in a timely manner and in line with the recording requirements in the centre. Improvement to this system was necessary to ensure that potential risks were identified promptly and subject to a risk assessment where necessary. For example, where numerous incidents of a similar nature had occurred and further intervention was required. The provider was implementing a new record management system that would support the necessary developments in this areas.

The inspectors found that where the provider was informed of the special reception needs of a resident, such as a mental or physical health needs, they endeavoured to provide the necessary supports. The service provider had a suitably qualified reception officer in place. There was a policy in place that outlined how special reception needs were identified, communicated and met. This included the roles and responsibilities of staff and the reception officer in the identification of resident vulnerabilities.

The reception officer was found to have extensive training and experience and had the necessary competencies to fulfil the role of reception officer. Additional training for staff was required to support them in identifying vulnerabilities and ensure they were escalated to the reception officer where necessary. The provider had identified this themselves and was working on training plans. For example, six staff had training in human rights, and two staff had training in responding to the needs of victims of torture. Further clarity regarding the role of the reception officer was necessary to ensure the role aligned with the job description and they were the principal point of contact for special reception needs. At the time of inspection, residents spoken with were not aware who the reception officer was, although they knew the staff member by name and spoke about the support available from them.

In summary, the inspectors found that residents were receiving a good standard of support in comfortable accommodation, notwithstanding some areas required enhanced cleaning. The service provider was responsive to feedback from residents and third parties and demonstrated a commitment to meeting the requirements of the standards. Enhanced local monitoring arrangements and clear oversight measures were necessary to make sure the provider could respond to potential issues as they arose. This would ensure potential issues were self-identified and would ensure improvement plans and risk management initiatives were informed, relevant, and centre specific.

### **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.

There was an allocations policy in place that set out the allocations procedures for the centre. The service provider endeavoured to meet the identified needs of residents in the allocation of accommodation.

Judgment: Compliant

### **Standard 4.2**

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

The accommodation provided to residents had sufficient space for each person. Bedrooms were well proportioned and generally well furnished although further consultation with residents was required to ensure that all necessary furniture was provided to meet their individual needs. At the time of inspection, residents had limited access to Wi-Fi, which was of very poor quality in communal areas in the centre.

Judgment: Substantially Compliant

### **Standard 4.3**

The privacy, dignity and safety of each resident is protected and promoted in accommodation centres. The physical environment promotes the safety, health and wellbeing of residents.

The provider had taken measures to promote residents' privacy and safety. Further attention to some of these measures was necessary to ensure they also promoted residents' dignity. For example, while residents' could lock their bathrooms, the manner in which they were locked was institutional in nature. The cleaning arrangements for shared bathrooms also needed improvement to ensure they were consistently clean.

Residents had lockers available to them to store personal or valuable items, and bedrooms had sufficient space for residents to securely store their possessions.

Judgment: Substantially 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.

Many of the communal areas in the centre were found to be clean and tidy, with effective cleaning arrangements in place. However, some areas of the centre, particularly on the floors where bedrooms were located, were observed to be unkempt and dirty, such as fridges in resident kitchenettes, carpets and bathrooms. A similar cleaning arrangement to the ground floor areas would assist the provider in ensuring all communal areas were maintained in a clean and hygienic manner.

The provider made adequate laundry facilities available to residents, including necessary detergents.

Judgment: Substantially 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 inspection found that the security arrangements in place in the centre were sufficient and proportionate. There was CCTV in most communal areas, such as the reception area, hallways and the dining room. This was monitored by security staff in the reception area. There was clear signage in place regarding the presence of CCTV in relevant areas of the building. Security staff were suitably licensed and Garda vetted.

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. Items such as bed linen and towels were provided on arrival to the centre, and were replaced as required. Residents received items such as personal toiletries and cleaning materials by request from the reception area. Residents who spoke with inspectors were satisfied with this arrangement.

Judgment: Compliant

### **Standard 5.1**

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

The centre operated a fully catered service. However, residents could prepare and cook small meals in kitchenettes located throughout the centre. These kitchenettes had suitable food storage facilities, and equipment to prepare basic meals. Residents could also use their own cooking equipment in these areas where they chose to.

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 provided fully catered accommodation, where residents were provided with three meals per day. Residents were satisfied with the quality and variety of food provided. Specific dietary requirements of residents were accommodated and kitchen staff were flexible when trying to meet residents' needs.

At the time of the inspection, the centre operated a 14-day menu which was not in line with the national standards. However, inspectors were told that the menu was under review to develop the necessary 28-day menu cycle, with consultation from residents.

There was fresh drinking water available to residents at all times, as well as provisions to make tea or coffee.

Judgment: Substantially Compliant
<b>Standard 6.1</b> The rights and diversity of each resident are respected, safeguarded and promoted.
Residents were treated with respect and were encouraged to provide feedback on the service through residents' meetings and a suggestion box. Issues raised by residents were addressed in a timely manner. Information about residents' rights and entitlements, and on services and supports available in the centre, was displayed on noticeboards in communal areas.
Judgment: Compliant
<b>Standard 7.1</b> The service provider supports and facilitates residents to develop and maintain personal and family relationships.
The service supported residents to develop and maintain their personal and family relationships. Residents could receive visitors in communal areas, and there was a space without CCTV for residents to have meetings, for example, with legal representatives or social workers.
Judgment: Compliant
<b>Standard 7.2</b> 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 provider had ensured residents had access to relevant information about local services and facilities. The centre manager and staff were supporting residents to avail of resources in the local area, such as health services and housing supports. There were notice boards throughout the centre that provided up-to-date information about a range of support services.
Judgment: Compliant

### **Standard 8.1**

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

The service provider had taken steps to protect and promote residents' safety and welfare. There was an adult safeguarding policy in place, and a safeguarding officer had been identified. Most of the staff had undertaken training in adult safeguarding, and many had received training in child protection. There was a child protection policy and safety statement available.

Incidents of a safeguarding nature were recorded and appropriately reported.

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.

Staff in the centre were recording incidents that occurred in the centre. These records contained sufficient detail and it was evident they informed immediate risk management measures. However, improvement to the incident management system was necessary to provide better oversight of potential risks, to facilitate trending of incidents and enhance risk management initiatives in a proactive manner. At the time of inspection the provider was implementing a new system that would assist in addressing these deficits.

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.

Residents were supported to live healthy lives and manage their health and wellbeing needs independently, and where necessary, residents received support from staff. Where external support was required the centre manager facilitated this.

Judgment: Compliant



**Standard 10.1**

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

The provider was not always made aware of special reception needs in advance of residents arriving to the centre. Notwithstanding, where the provider was informed of the special reception needs of a resident, they endeavoured to meet their needs in the provision of accommodation and any other services.

Judgment: Compliant

**Standard 10.2**

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

The centre manager and reception officer had undertaken extensive training in areas specific to residents' potential needs and vulnerabilities. The provider had identified some deficits in the training of other front-line staff, which when addressed, would support them to identify emerging needs.

Judgment: Substantially Compliant

**Standard 10.3**

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

The service provider had developed a policy to identify, communicate and address emerging special reception needs. This policy clearly outlined the processes in place in the centre to identify special reception needs, and the measures to be taken to ensure residents received the necessary support.

Judgment: Compliant

#### **Standard 10.4**

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

The service provider had a suitably qualified reception officer in place. The reception officer had additional training in areas such as suicide prevention, human rights, and refugee mental health. It was clear the reception officer was actively involved in the assessment of residents' needs. Some further development of the role was required to ensure the roles and responsibilities of the reception officer were aligned with the job description and distinct from other management duties.

Judgment: Substantially Compliant

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

This inspection was carried out to assess compliance with 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	Substantially Compliant
Standard 1.4	Substantially Compliant
<b>Theme 2: Responsive Workforce</b>	
Standard 2.1	Compliant
Standard 2.3	Partially 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 4.2	Substantially Compliant
Standard 4.3	Substantially Compliant
Standard 4.7	Substantially 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	Substantially 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 8.3	Substantially Compliant
<b>Theme 9: Health, Wellbeing and Development</b>	
Standard 9.1	Compliant
<b>Theme 10: Identification, Assessment and Response to Special Needs</b>	
Standard 10.1	Compliant
Standard 10.2	Substantially Compliant
Standard 10.3	Compliant
Standard 10.4	Substantially Compliant

# Compliance Plan for Atlas Tralee

**Inspection ID:** MON-IPAS-1046

**Date of inspection:** 23 and 24 July 2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Standard	Judgment
2.3	Partially Compliant
Outline how you are going to come into compliance with this standard:  Staff Appraisals began on 14.08.2024 with all staff to have completed one by 31.10.2024.  Logged formal supervision to be given to each staff member every three months.	
3.1	Partially Compliant
Outline how you are going to come into compliance with this standard:  Key staff to attend a Mental Health First Aid Course by 31 Dec 2024.  Individual Risk Assessments to be carried out for Residents where necessary.  Ensuring internal fire doors are closed is now incorporated into Security Personnel's hourly patrols.  Contingency plans to be further developed by 31 Dec 2024 and recorded in risk register.	

## 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 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	14/08/2024
Standard 3.1	The service provider will carry out a regular risk analysis of the service and develop a risk register.	Partially Compliant	Orange	31/12/2024