



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

Name of the Centre:	Bridgewater House
Centre ID OSV:	OSV-0008421
Provider Name:	Cromey Ltd
Location of Centre:	County Tipperary
Type of Inspection:	Unannounced
Date of Inspection:	01/07/2024
Inspection ID:	MON-IPAS-1043

Context

International Protection Accommodation Service (IPAS) centres, formerly known as Direct Provision (DP) 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* (National Standards). 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 (DCEDIY) 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 09 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

Bridgewater Accommodation Centre is an accommodation centre located in Carrick on Suir Co Tipperary. The centre is situated in a busy rural town and has close proximity to bus and rail links and shops and restaurants. The main building contains 46 family units and 17 single units and at the time of the inspection the centre accommodated 160 residents.

The building has kitchen facilities for the residents to cook their own meals and there is also a dining room in the main building. There is a large laundry room with washers and dryers in an external building. In addition there is a reception area, offices, a large room where residents can receive visitors, and a computer room.

The centre is managed by a centre manager who reports to the director of services and is staffed by a director of operations, assistant manager, liaison officer reception staff, night porters, maintenance staff and cleaning staff.

The following information outlines some additional data on this centre:

Number of residents on the date of inspection:	160
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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)
01/07/2024	10:00hrs-18:00hrs	1	1

What residents told us and what inspectors observed

The inspectors found, through conversations with residents, a review of documentation and observations made during the inspection, that the residents at Bridgewater Accommodation Centre were receiving good support from the staff team and service provider. Most residents expressed satisfaction with the services and assistance they received at the centre and spoke highly of the staff team, assistant managers and centre manager. However, the inspectors identified areas for further development, particularly in defining the roles and responsibilities of the reception officer in alignment with the national standards, establishing internal structures and processes for the oversight and monitoring of the service, and developing a system to improve service user consultation.

On arrival at the centre the inspectors were met by the centre manager who introduced the inspectors to the assistant manager, liaison officer, all of whom had worked at the centre for a number of years. The inspectors were introduced to the receptionist, who manned the reception area and monitored individuals entering and exiting the centre, while offering assistance, guidance, and information to the residents. The inspectors had an introduction meeting with the manager and then completed a walk through of the buildings with them.

The entrance area of the main building of the centre was observed as inviting for both residents and visitors alike. During the inspection, residents were observed communicating with the receptionist to request support or documentation. Throughout the inspection, the inspectors observed courteous and respectful interactions between residents and staff members.

Residents' views on the service were gathered by inspectors through various methods of consultation including talking with residents, resident questionnaires, inspector observations and a review of documents. Inspectors met with 16 adult residents and eight children throughout the course of the inspection. Resident questionnaires were completed by 15 residents and the majority of them reported that they felt safe and happy living in the centre. Two of the 15 residents who completed the survey stated on the survey that they were not happy in the centre and said that they did not know how or with whom to raise a complaint or a safeguarding concern. However, on the day of inspection residents who met with inspectors said that they were happy with the facilities and the accommodation. They said that the centre managers and staff were supportive and that they felt comfortable seeking help from them.

The primary function of the centre was to provide accommodation to international protection applicants and it catered for single females and families with children. The resident group in the centre were from a number of different countries. While the centre provided accommodation to people seeking international protection, the inspectors found that some of the residents had received refugee or subsidiary protection status and had received notice to seek private accommodation outside of the centre. Due to the lack of alternative accommodation available this was not always possible.

The centre comprised one main building with four floors. The ground floor housed offices, meeting rooms, dining room, and 13 accommodation units. There were kitchen facilities throughout the building with storage cupboards for food, and wash up areas. There was a large laundry room external to the main building containing 14 washing machines and 10 dryers. Residents received bedlinen and towels on arrival at the centre and there was adequate facilities to launder them as required. Residents could request fresh bed linen and towels when they needed them. The centre had no unrelated residents sharing a bedroom. There were 38 showers and 39 toilets throughout the centre.

The building overall was well maintained and the centre was generally clean. The inspectors noted that some areas required fresh paint and a couple of areas had some mould on the ceiling. The centre had a small play area in the car park which was not adequate for the number of children living there. There was also an element of risk which had not been captured on the risk register in terms of cars driving into the centre and small children playing. In addition to this risk there was a large drop along the side of the main building which was not fenced off and had broken and loose paving alongside it. This posed a serious safety risk to children. The provider had sought quotes for this work and planned to address this risk in the coming days.

There were healthcare services available from the local general practitioner, and a playschool service for the children was provided by a local childcare provider. Residents were familiar with and utilised their local pharmacy.

In order to fully understand the lived experience of the residents, the inspectors made themselves available to the residents over the course of the inspection. Some residents engaged with the inspectors and it was noted that overall they were very satisfied with the support they received. All of the residents with whom the inspectors spoke stated that they felt safe in the centre, although a minority expressed dissatisfaction with the size of the family units. The residents said they were very happy that they could cook their food of choice in line with their cultural and religious beliefs.

Other residents with whom the inspectors spoke outlined positive experiences of living in the centre. They spoke of their involvement and integration into the local community and the use of services and facilities in the local town. The liaison officer for the centre had completed considerable work developing links with the local community and there was lots of photographic and documentary evidence of events and outings that the residents in Bridgewater House were involved in. Children regularly went to the local town to use the playground and sporting facilities and the residents said that they felt were part of the local community.

In summary, through careful observation of everyday activities and interactions within the centre, coupled with active engagement with the residents, it became clear that the centre provided a positive environment where residents had access to supportive staff and managers. Interactions with residents were respectful and person centred and there was a positive atmosphere in the centre. Although some improvements were required the managers were committed to addressing issues outlined on inspection. The inspectors' observations and the feedback from residents detailed in this section of the report correspond with the broader conclusions drawn from the inspection.

The next two sections of the report present the inspection findings in relation to governance and management of the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

This was the first inspection of this accommodation centre by HIQA. This inspection found that the service was effectively managed on a day-to-day basis by a dedicated management team, but some improvements were required to ensure there was effective oversight and monitoring of the service. Key areas for improvements were identified in relation to risk management, record keeping and the ongoing monitoring of service provision.

There was a clearly defined governance and management structure in place but formal systems and processes for quality improvement, auditing and reporting were needed. The service provider had arranged an external review of the management systems of the centre. The service provider representative informed inspectors that they were addressing the actions required from this review, some of which reflected the findings on this inspection. The quality assurance systems being implemented following this review provided a sufficient basis from which quality improvement could take place and bring about enhanced services which met the requirements of the national standards.

Prior to this inspection, the service provider had completed a self-assessment of their compliance with the national standards. This was a positive step and demonstrated an understanding of their responsibilities under the standards. However the inspectors found that this required a further review to ensure it captured the actions required to reach full compliance, and to incorporate these actions in to a quality improvement plan specific to this centre. There was an absence of an audit framework and systems to oversee the effective management of the centre.

While there was a basic understanding of data protection legislation, it was underdeveloped and did not ensure that an appropriate and well managed recording system related to supports for residents was in place. This limited the ability of the provider to effectively oversee and monitor practice and the level of supports provided to residents, and to demonstrate how they were meeting the needs of vulnerable residents. In addition, the good work being undertaken in the centre was not captured in centre records which was a missed opportunity.

The day-to-day management of the centre was undertaken to a good standard, and was overseen by a capable and committed centre manager and assistant manager who reported to the director of services. The centre manager and operations manager oversaw the operation of an online food ordering system and a points system for residents to purchase food. The operations manager organised the delivery of the orders. This was running effectively at the time of inspection.

The service provider had an informal on-call rota in place which was operated between the centre manager, director of services and operations manager. There was also a phoneline that residents could call out-of-hours, and where necessary, issues arising were triaged and reported to the director of services to address if needed.

There were team meetings for staff to discuss the day-to-day running of the centre, however, there was no evidence to show that these meetings were utilised for learning from incidents or events. The centre manager and operational manager met with the director regularly and discussed matters pertaining to residents, the operation of the centre, maintenance issues and financial matters, but these were all on an informal basis and not recorded. The provider was implementing a formal arrangement to allow for improved oversight and monitoring of the quality of the service being provided.

The centre manager had overall responsibility for the operations of the service and all staff reported to them. There was no formal communication between local management and this was an area which was identified by inspectors as requiring development.

There was a good system in place to request and respond to maintenance requirements, but some improvement was needed. For example, one bathroom had mould on the ceiling and wall where there was a large crack in the wall, fencing around the playground need to be repaired and a safety fence fitted around one side of the building and some areas of the premises required painting.

The service provider had a risk management policy and a critical incident policy in place, and had developed a risk register for the centre. The provider had identified some risks including the drop at the front of the building which required fencing and the car park where children played. The risk ratings and control measures were appropriate to the level of risk identified. The service provider had a contingency and emergency preparedness plan in place in the event of a fire, flood or outbreak of an infectious disease however it did not account for risks such as staff shortages. Residents were informed about fire drills and emergency protocols were outlined on notice boards in the centre. Fire evacuation routes and exits were clearly marked and there was appropriate fire detection, alarm and emergency lighting systems in the centre.

There was a complaints policy and process in place which was working well. Complaints were documented, complainants were consulted with, and complaints were resolved. A recording system ensured the provider had good oversight of complaints which informed service improvements. There was an absence of a residents committee or resident's survey to seek the views of the residents, and this required improvement.

The provider had employed a resident liaison officer to support residents and to develop links with the local community. The service provider did not currently have a reception officer employed for the centre, however the resident liaison officer was providing links to support services for vulnerable residents and maintained records of the positive work

they had completed with residents. The service provider was in the process of recruiting a reception officer at the time of inspection.

On the day of inspection the inspectors reviewed the staff rota which indicated that there was an adequate number of staff employed in the centre for the number of residents. The skill level of staff was also adequate to meet the number and needs of the residents. Staff were trained in areas such as child protection and mental health awareness. However, they had not received some training in areas such as conflict resolution and as a result there were training deficits identified by the inspectors.

From a review of centre records, the inspectors found that all staff were vetted in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. International police checks were in place for all staff members who required them. Employment references were not on file for any staff member and 12 of 13 staff members' files reviewed were without identification. The provider had developed a recruitment policy and employment references and identification would be sought for new staff employed in the centre.

The inspectors found that there was an absence of formal supervision arrangements for staff members and as a result there were no systems in place to ensure that staff members fulfilled their roles in accordance with relevant policies and procedures. The provider had recently implemented a system of performance appraisal and review for staff, however, the provider had not yet implemented their supervision process, although they had developed a policy and form in relation to same. Commencement of this process was needed to ensure that all staff members received regular, formal supervision to support them to carry out their roles safely and effectively.

The provider had prepared a residents' charter that clearly described the services available, and this was made available to residents.

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 management team had good awareness of the legislation, National Standards and national policy. The service provider had completed a self -assessment of their compliance against the standards however this had been completed very recently and actions identified were required to be fully implemented to improve the quality of support provided to the residents and to achieve compliance with the standards.

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 effective management of some key areas of service provision including child protection and welfare issues, maintenance issues and reporting of incidents. However, the service provider needed to develop formal quality assurance and reporting systems to support good oversight and monitoring of all aspects of service provision. The service provider had governance arrangements in place that set out the lines of authority and accountability and detailed responsibilities for areas of service provision. However, there was no reception officer within the internal management structure. Also a special reception needs policy, training and guidance document were required to be developed.

Judgment: Partially Compliant

Standard 1.3

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

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

Judgment: Compliant

Standard 1.4

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

<p>The service provider had implemented some systems for the oversight and monitoring of the quality of care and experience of adults and children living in the centre. The provider demonstrated self-awareness and had identified some issues as part of the self-assessment process and was committed to ensuring that arrangements were put in place to continue to evaluate and manage the safety and quality of the service. An annual review of the quality and safety of care delivered to residents had not been completed.</p>
<p>Judgment: Substantially Compliant</p>
<p>Standard 1.5</p> <p>Management regularly consult residents on their views and allow them to participate in decisions which affect them as much as possible.</p>
<p>There was a complaints policy and procedure in place and there was documentary evidence of complaints made and how they were investigated and managed by the service provider. The service provider had recently commenced service user meetings where residents could give feedback and inform the delivery and planning of the service. While residents' were consulted with in other forms this was done on an informal basis and there were no records of this consultation.</p>
<p>Judgment: Substantially Compliant</p>
<p>Standard 2.1</p> <p>There are safe and effective recruitment practices in place for staff and management.</p>
<p>The provider had ensured that there were safe and effective recruitment practices in place for staff and management. On review of documentation the inspectors found that all staff had a valid Garda vetting disclosure and all staff who had resided outside of the country for a period of six months or more had an international police check in place. A staff appraisal system had been developed by the provider however it had not been implemented yet. All staff files were reviewed and the inspectors noted that there were no references available for staff members. A staff appraisal system had recently been developed but had not been implemented at the time of the inspection.</p>
<p>Judgment: Substantially Compliant</p>

Standard 2.2

Staff have the required competencies to manage and deliver person-centred, effective and safe services to children and adults living in the centre.

The service provider had ensured there were appropriate numbers of staff employed in the centre with regard to the number and needs of the residents and the size, layout and purpose of the service. The service provider had ensured that the staff team had the necessary experience and competencies to deliver person-centred support to the residents and to meet the individual needs of residents.

Judgment: Compliant

Standard 2.3

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

The provider had recently developed a system for performance management, however, this was not implemented at the time of the inspection and there was an absence of formal supervision of staff and managers as required by the National Standards. The provider had developed a supervision policy and was committed to implementing this and the inspectors noted that staff members demonstrated a good understanding of their roles and responsibilities in promoting and safeguarding the welfare of all residents. Staff members spoken with said they felt supported by the centre managers.

Judgment: Substantially 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 inspectors completed a review of staff records and training files and found that staff members had not completed training in areas such as conflict resolution, domestic and gender based violence and disability training. The staff team had received child protection training and members of the management team had received training in mental health, however, there was a significant gap in the training requirements as outlined in the National Standards.

Judgment: Partially 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 did have a risk management policy in place and a risk register had recently been developed. The provider had not completed an in-depth risk analysis of the service and risks such as the absence of a safeguarding policy had not been identified and added to the risk register.

Judgment: Substantially Compliant

Quality and Safety

This inspection found that the service provider and centre managers were dedicated to the delivery of a consistently good quality and safe service which met the needs of all residents. Residents were supported to live independent lives and were treated with respect and dignity. While residents informed the inspectors that they felt safe living in Bridgewater House, improvements were required in relation to recruitment of and guidance for the role of reception officer, recording systems and supply of non-food items to residents.

The accommodation centre was owned and operated by a private provider and while it had been well maintained, it was an old building which required regular upgrade work. Some areas of the centre needed painting and play areas for children were not adequate. Bedrooms either had an ensuite with a shower, toilet and wash basin or a shared bathroom on the same floor.

Inspectors reviewed the procedure for allocating rooms to residents at the centre and it was noted that room allocation was primarily determined by residents' needs and guided by the provider's policy. Upon residents' arrival, the centre's manager and staff team made allocation decisions based on the information accessible to them at the time. They endeavoured to fulfil residents' needs by placing them in the most appropriate accommodation. In cases where immediate accommodation matching the residents' needs wasn't possible upon admission, the centre manager kept track of room vacancies and relocated residents to more suitable accommodations once available.

The inspectors found that the bedrooms in the accommodation centre were clean and in a good condition. There was sufficient storage and space for residents to facilitate a good living environment. There was sufficient parking available for staff members, residents and visitors. CCTV was in operation in external and communal areas of the centre and its use was informed by a centre policy.

The service provider was proactive in meeting the educational and recreational needs of residents. There was a playschool available nearby and children attended the local primary school. There was a playroom onsite and it was adequately equipped with, toys, educational resources and equipment to support the children's learning and development.

There were adequate communal facilities for residents to use, including a dining room, a visitor or meeting room and study space. The inspectors observed residents using the kitchenettes throughout the inspection. There was Wi-Fi throughout the centre. There was a well-equipped laundry rooms with 14 washing machines and 10 tumble dryers.

Laundry detergents were available in the on-site shop for purchase with points (in line with the points system residents avail of to meet some of their material conditions).

Residents were provided with bedding, towels and non-food items on arrival to the centre. Thereafter however, non-food items were purchased by the resident from their weekly allowance on their pre-loaded debit card. The management team explained that toiletries including toothpaste, shampoo and shower gel were included as the non-food items in the arrival pack, but this arrangement was not sufficient and required change. There was no evidence that residents were consulted with regarding the types or varieties of non-food items provided in the centre.

The centre was located on the outskirts of a town and there was access to public transport links and some of the residents had their own vehicles. Residents had ready access to shops, amenities and educational facilities within the local community.

Through discussion with staff and speaking with residents, the inspectors found that the general welfare of residents was well promoted and concerns raised by residents were effectively dealt with. Residents were encouraged to be independent and autonomous while receiving the necessary supports to achieve this. The centre manager informed the inspectors that residents' rights were promoted in the centre and it was evident from positive interactions between residents and centre management that the residents were treated with respect in the centre and their rights upheld.

A child safeguarding statement was in place along with a policy on child protection and welfare. There was an interim adult safeguarding policy in place to protect vulnerable adult residents from the risks of abuse and harm in line with relevant legislation and guidance. All staff members had received training in the safeguarding of vulnerable adults. The service provider had ensured that child and adult safeguarding concerns were identified, addressed and reported in line with national policy and legislation. The provider had good practices in relation to child protection and welfare and currently there were no child protection concerns. No adult safeguarding concerns had been recorded or reported, and residents reported that they felt safe living in the centre. The service provider had identified a designated officer and a designated liaison person for the service, this was highlighted on the notice board at reception. There were no arrangements in place for lessons learnt or debriefing following incidents and events for the purpose of service improvement.

Residents were supported and facilitated to maintain personal and family relationships. Families were accommodated together and the family unit was respected and promoted in the centre.

There were some residents living in the centre with known special reception needs. The provider had not, for the most part, been made aware of these vulnerabilities in advance of the resident arriving to the centre. Where special reception needs were identified the provider implemented additional supports or directed the resident to an appropriate service to receive the necessary assistance. The service provider ensured that any special reception needs notified to them by the DCEDIY were incorporated into the provision of accommodation and associated services for the residents concerned.

The centre did not have a dedicated reception officer at the time of inspection and in the interim, the centre's liaison officer supported the residents with any issues that arose. The service provider was in the process of recruitment of a reception officer. The liaison officer had developed links with local services and it was evident that residents were appropriately referred to health and social care services in accordance with their needs.

The service provider and management team engaged with other agencies to provide information and access to a range of services for residents. The service provider supported residents to participate in education (both formal and informal), training, volunteering and employment opportunities.

Standard 4.1

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

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

Judgment: Compliant

Standard 4.2

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

<p>The service provider had ensured that the accommodation for residents was of a good standard and residents had sufficient space in line with the requirements of the National Standard. There was adequate storage in bedrooms and they were appropriately furnished. The buildings in general were well maintained though two areas had mould on ceiling and some areas needed to be freshly painted.</p>
<p>Judgment: Substantially Compliant</p>
<p>Standard 4.4</p> <p>The privacy and dignity of family units is protected and promoted in accommodation centres. Children and their care-givers are provided with child friendly accommodation which respects and promotes family life and is informed by the best interests of the child.</p>
<p>The service provider had ensured that the privacy and dignity of family units was protected and promoted in this centre in that families were accommodated together.</p>
<p>Judgment: Compliant</p>
<p>Standard 4.5</p> <p>The accommodation centre has adequate and accessible facilities, including dedicated child-friendly, play and recreation facilities.</p>
<p>The children who resided in the centre had a dedicated playground area, although it was not adequate in size for the 60 children residing in the centre. There was a playroom where children could play, complete artwork and which had age appropriate toys and books for the children.</p>
<p>Judgment: Substantially Compliant</p>
<p>Standard 4.7</p> <p>The service provider commits to providing an environment which is clean and respects, and promotes the independence of residents in relation to laundry and cleaning.</p>
<p>There was a large laundry room in the centre which was found to be clean and well maintained and contained adequate number of washers and dryers for the number of residents. All equipment was observed to be in working order.</p>

Judgment: Compliant

Standard 4.8

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

The inspectors found that the service provider had implemented suitable security measures within the centre which were deemed proportionate and adequate and which respected the privacy and dignity of residents. CCTV was in operation in communal spaces within the centre only and was monitored in line with the service provider's policy.

Judgment: Compliant

Standard 4.9

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

The service provider had not made available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing. Residents did receive two sets of bed linen and towels on arrival at the centre however they were not given any toiletries but had to purchase them from their weekly points allowance. Residents were provided with the necessary utensils and equipment in the kitchen to allow them to live independently.

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.

The centre provided self-catering options for residents where they could cook foods of choice and culturally sensitive meals. There were storage facilities available for residents' food and included ovens, cookers, microwaves, refrigerators, hot water and space for preparing 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 provider had developed an online food ordering system where the residents could order their groceries and it would be delivered to their accommodation. The service provider had ensured that there was a variety of foods, which accommodated cultural, religious, dietary, nutritional and medical requirements.

Judgment: Compliant

Standard 6.1

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

The inspector found that the provider promoted the rights of the residents and adults and children were treated with dignity, respect and kindness by the staff team employed in the centre. The staff team provided person-centred supports according to the needs of the residents. Equality was promoted in the centre in terms of religious beliefs, gender and age.

Judgment: Compliant

Standard 7.1

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

Residents were supported to develop and maintain personal relationships and they could invite family and friends to visit them in the centre. The family unit was respected in the centre and privacy and dignity were promoted.

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.

<p>The service provider facilitated residents to have appropriate access to local recreational, educational, medical, health and social care. The children attended the local primary school and young children attended playschool nearby. There was a local general practitioner and pharmacy service available to meet the healthcare needs of residents. The centre was located in a town and there was positive community integration, there was access to public transport links also and some of the residents had their own vehicles.</p>
<p>Judgment: Compliant</p>
<p>Standard 7.3</p> <p>The service provider supports and facilitates residents, including children and young people, to integrate and engage with the wider community, including through engagement with other agencies.</p>
<p>The service provider had employed a resident's liaison officer who provided supports to residents including social inclusion, an integration programme, and support to link with local services. There was photographic evidence from newspapers to indicate that residents were very much part of the community.</p>
<p>Judgment: Compliant</p>
<p>Standard 8.1</p> <p>The service provider protects residents from abuse and neglect and promotes their safety and welfare.</p>
<p>The inspectors reviewed all incident records for the centre and noted that there was a very good reporting and recording system in place for child protection issues. All child protection incidents had been recorded and reported to Child and Family Agency and the Gardaí as per national requirements and recommendations and guidance followed.</p>
<p>Judgment: Compliant</p>
<p>Standard 8.2</p> <p>The service provider takes all reasonable steps to protect each child from abuse and neglect and children's safety and welfare is promoted.</p>

There was a child protection policy and child safeguarding statement in place and staff had completed training in child protection and adult safeguarding. There was an appropriately trained designated liaison person appointed. The staff team provided support and advice to parents when required and children had access to additional supports, if this was required.

Judgment: Compliant

Standard 8.3

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

There was a system in place to report and notify all incidents and serious events in the centre. However, there were no arrangements in place for lessons learnt or debriefing following incidents and events for the purpose of service improvement.

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 service provider promoted the health, well-being and development of each resident. The staff team provided person-centred support that was appropriate and proportionate to the needs of the residents. The service provider had engaged with community healthcare services to support residents' needs.

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.

<p>The provider ensured that any special reception needs notified to them informed the provision of accommodation and delivery of supports and services for the residents. While these supports were person-centred, they were offered informally and there was limited records maintained of special reception need requirements.</p>
<p>Judgment: Substantially Compliant</p>
<p>Standard 10.2</p> <p>All staff are enabled to identify and respond to emerging and identified needs for residents.</p>
<p>While staff members and managers had not received specialist training to identify and respond to the special reception needs and vulnerabilities of residents, they were responsive to residents need and person-centred in their approach.</p>
<p>Judgment: Substantially Compliant</p>
<p>Standard 10.4</p> <p>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.</p>
<p>The centre did not have a reception officer employed in the centre but were actively recruiting for one. Residents were linked with the appropriate healthcare services within the local community by the resident liaison officer.</p>
<p>Judgment: Partially Compliant</p>

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
Dimension: Capacity and Capability	
Theme 1: Governance, Accountability and Leadership	
Standard 1.1	Substantially Compliant
Standard 1.2	Partially Compliant
Standard 1.3	Compliant
Standard 1.4	Substantially Compliant
Standard 1.5	Substantially Compliant
Theme 2: Responsive Workforce	
Standard 2.1	Substantially Compliant
Standard 2.2	Compliant
Standard 2.3	Substantially Compliant
Standard 2.4	Partially Compliant
Theme 3: Contingency Planning and Emergency Preparedness	
Standard 3.1	Substantially Compliant
Dimension: Quality and Safety	
Theme 4: Accommodation	
Standard 4.1	Compliant
Standard 4.2	Substantially Compliant
Standard 4.4	Partially Compliant
Standard 4.5	Substantially Compliant
Standard 4.7	Compliant

Standard 4.8	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
Standard 7.3	Compliant
Theme 8: Safeguarding and Protection	
Standard 8.1	Compliant
Standard 8.2	Compliant
Standard 8.3	Partially Compliant
Theme 9: Health, Wellbeing and Development	
Standard 9.1	Compliant
Theme 10: Identification, Assessment and Response to Special Needs	
Standard 10.1	Substantially Compliant
Standard 10.2	Substantially Compliant
Standard 10.4	Partially Compliant

Compliance Plan for Bridgewater House

Inspection ID: MON-IPAS-1043

Date of inspection: 01 July 2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Standard	Judgment
1.2	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A system of auditing will be implemented from 15 October 2024. Findings from the audits will be used to provide an assurance on the progress of actions and to identify further potential improvements.</p> <p>The first audit will take place in November 2024. This will have a dual focus and includes:</p> <p>(a) A once yearly improvement audit that will focus on specific areas of governance and service provision with actions to be identified, persons responsible and timeframe attached. Areas identified in the first audit include:</p> <ul style="list-style-type: none">- Incidents- Risk management practices- Recording on resident's files- Team meetings- Supervision and staff appraisal <p>(b) The centre annual 'Quality Review', where the quality and safety of service provision will be assessed in conjunction with staff, children and adults living in the centre. The findings of the audit will inform service improvement in the centre. A copy of this review will be available to residents and IPAS.</p>	

<p>A special reception needs policy and procedure was signed off on the 04 June 2024. Due to an oversight, it was not provided to inspectors during the inspection.</p> <p>The recruitment of a reception officer began on the early July 2024 is ongoing. It is hoped a reception officer will be in place by 30 September 2024.</p>	
2.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A Training Needs Analysis was undertaken and was last updated on the 06 June 2024. It was in place at the time of the inspection and provided to inspectors.</p>	
4.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The finding from the report states:</p> <p>“ The service provider had ensured that the privacy and dignity of family units was protected and promoted in this centre in that families were accommodated together. ”</p>	
4.9	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>As per the Cromey Ltd Induction Policy and Induction Pack, Residents are provided with appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing. After the inspection the average weekly points allowance was increased to ensure that residents to cover the purchase products to ensure personal hygiene, comfort, dignity, health and wellbeing.</p>	
8.3	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>A Policy on Incidents was finalised on the 14 May 2024. A copy was provided to inspectors during the inspection. It outlines the arrangements in place for lessons learnt or debriefing following incidents and events for the purpose of service improvement.</p>	

10.4	Partially Compliant
<p>Outline how you are going to come into compliance with this standard:</p> <p>The recruitment of a reception officer began on the early July 2024 is ongoing. It is hoped a reception officer will be in place by 30 September 2024.</p>	

Section 2:

Standards to be complied with

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

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

Standard Number	Standard Statement	Judgment	Risk rating	Date to be complied with
Standard 1.2	The service provider has effective leadership, governance arrangements and management arrangements in place and staff are clearly accountable for areas within the service.	Partially Compliant	Orange	15 October 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	Complete
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	Partially Compliant	Orange	N/A

	and is informed by the best interests of the child.			
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	July 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	Complete
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Not Compliant	Red	20/09/2024
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	30 September 2024

