



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

Name of the Centre:	Ocean View House
Centre ID:	OSV-0008445
Provider Name:	Ocean View Accommodation Ltd
Location of Centre:	Co. Waterford
Type of Inspection:	Announced
Date of Inspection:	10/06/2024 and 11/06/2024
Inspection ID:	MON-IPAS-1040

## 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

Ocean View House is an accommodation centre located in Tramore, Co. Waterford. The centre comprised a mix of own-door units, shared bedrooms and single bedrooms, and could accommodate up to 100 people, both families and single adults. All bedrooms contained an en-suite bathroom. The own-door units contained a kitchen and living space, bathroom, and separate bedrooms. At the time of inspection, there were 92 people living in Ocean View; 44 adults and 48 children.

The main building of the centre comprised a reception area, a dining hall, a kitchen, a food store, and resident accommodation. There were three smaller buildings in which accommodation was provided, as well as a number of ancillary buildings which provided communal services such as laundry facilities, private meeting rooms, play rooms and a prayer room. There were multiple outdoor facilities for children to use such as a soccer pitch and a playground.

The centre was managed by the centre manager who reported to the provider representative. The centre manager oversaw a team of 14 staff including an assistant manager, reception officer, general operatives and maintenance staff.

The following information outlines some additional data on this centre:

<b>Number of residents on the date of inspection:</b>	92
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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)
10/06/2024	10:30-19:00	1	1
11/06/2024	08:30-14:20	1	1

## What residents told us and what inspectors observed

From speaking with residents and through observations made during the inspection, it was found that residents were happy and felt secure living in Ocean View. The provider operated a service that met residents' needs, promoted their welfare and supported integration into the local community. The provider ensured residents lived in comfortable and well-maintained accommodation, with communal facilities that met their needs as individuals and as a group.

The inspection of Ocean View House took place over the course of two days. During this time inspectors met and spoke with 14 residents, including four children. One resident completed a feedback questionnaire. The inspectors also observed many other residents during the course of the inspection, for example, when using communal facilities, engaging with each other and staff, and coming and going from the centre. In addition, the inspectors spoke with the centre manager, provider representative, and five staff members.

Ocean View House was located in Tramore, Co. Waterford and provided accommodation for up to 100 people, the majority of whom were families. At the time of inspection there were 92 people, including 48 children, living in the accommodation centre. Five people were accommodated in single-occupancy bedrooms. Accommodation was provided across four buildings, and included a mix of own-door accommodation, which featured separate kitchen and living facilities, and en-suite bedrooms. At the time of inspection the provider was renovating a number of bedrooms to increase the availability of own-door accommodation units.

The majority of accommodation was provided in the centre's main building, which was three storeys high. This building also contained the main reception, a large communal dining space, the centre's shop, and communal kitchen facilities. Three smaller buildings provided the remainder of accommodation. Many of these had been renovated during recent years to provide own-door family units, with separate bedrooms and living areas, a bathroom, and a small kitchen. These units were outfitted in a very good condition. The bedrooms in which other residents were accommodated were clean and well furnished, and provided sufficient space for residents. For example, in the case of families, multiple connected rooms were provided to ensure a suitable living space was available.

The provider had utilised the remainder of space in the centre well to meet residents' needs. There were ample communal and private spaces for residents' use and a range of facilities. For example, there were three additional kitchen facilities available to residents who did not have kitchens in their accommodation. These were located in different areas of the centre for convenience, and were very well equipped. It was evident that the provider considered residents' needs and their feedback in the design and layout of the centre and its facilities. There were a number of modular units that provided facilities such as a playroom, a study room and a space for prayer or worship.

There was a clear system in place for the allocation of accommodation. The provider endeavoured to accommodate residents in accommodation that best met their individual and family needs. For example, families were accommodated in larger rooms or in own-door accommodation, and the provider responded to growing families' needs where possible. Residents who spoke with the inspectors were complimentary of the accommodation. Some said that staff were very proud of the centre and took good care of it which made them feel like it was a home.

Single residents were accommodated in single en-suite bedrooms which were sufficiently sized and nicely decorated. All residents received a welcome pack which included relevant information about the centre and the area, as well as essential items such as bedlinen, towels, cooking equipment and supplies for cleaning. The inspectors observed a vacant single room that was prepared for a new arrival; this room was furnished to a high standard and nicely decorated. The bed had been made with new bedding and linen and new household items were neatly displayed for the new resident.

The inspectors observed residents engaging with staff throughout the course of the inspection and it was noted that staff spoke with residents in a respectful and friendly tone. Residents were observed to seek out staff to ask for assistance or with queries which were seen to be dealt with promptly. For example, one resident was noted to seek out a specific staff member for help understanding the content of a letter they had received; the staff member spent time supporting the resident to understand how to respond to the letter.

Residents also told the inspectors that they felt safe living in Ocean View, and that the other residents there felt like family. The inspectors observed that residents knew each other by name and greeted each other in a familiar and friendly way when passing by. Residents were clear with regard to staff roles and responsibilities, and knew each staff member by name. When asked about the complaints procedure in the centre, they were clear as to how they would make a complaint, and told the inspectors that staff listened to them when they had issues and acted upon their concerns.

It was evident that the provider had considered children's needs in the design and layout of the centre. There was a large playground outside the main building with a spacious open play area. The inspectors observed children using the playground and playing football in this area during the inspection, which could be observed from the centre's dining room. There was also an all-weather sports pitch to the rear of the centre, a dedicated study room, play room and a room used for activities such as arts and crafts or drama classes. The inspectors noted that one of the rooms had been used the week prior to the inspection to host a child's birthday party.

Children spoken with told the inspectors they enjoyed living in the centre. They also told the inspectors that they had friends in the centre and enjoyed playing soccer with them. Some children told the inspectors that they sometimes brought friends to visit but didn't like having to sign them in, and some said they would like if they could have sleepovers.

Staff in the centre provided support and information to assist residents to integrate into the community. Residents were supported to access education and employment opportunities. The provider encouraged independent living and skill-building to assist residents to prepare for moving out of the centre. Overall, it was found that residents were receiving a person-centred service in good-quality accommodation. Despite some action required to fully comply with the standards, it was evident that the provider had the capacity to operate a high-quality service that met the requirements of the standards.

The observations of inspectors and views of the residents outlined in this section are generally reflective of the overall findings of the report. The next two sections of the report present the inspection findings in relation to governance and management in the centre, and how the governance and management affects the quality and safety of the service being delivered.



## Capacity and capability

This was the first inspection of Ocean View House by HIQA. The inspection found that there were clear and established governance and management arrangements in place that were facilitating the delivery of a good-quality service. There were various oversight and monitoring systems in place that were found to inform quality improvement plans. While there were some areas that required further improvement to fully meet the requirements of the national standards, the inspectors found that the centre was well managed and was providing a safe and person-centred service to residents.

Ocean View House was managed by an experienced centre manager who reported to the provider representative. The centre manager had engaged in a range of continuous professional development opportunities, including training in family support, and was knowledgeable in their role. The management team also included an assistant manager and a reception officer; the reception officer had a third-level qualification in social care, and the assistant manager was completing a third-level social studies course. The centre manager oversaw a team of 14 staff members, including general operatives, housekeeping staff, night porters and reception staff. It was found that staffing levels in the centre were sufficient to ensure a consistent and good-quality service was delivered to residents.

There were a range of local oversight systems in place, such as health and safety audits and fire safety checks. There were well established policies available in many areas, which had been reviewed and updated at regular intervals. Staff members had clear areas of responsibility and there were clear procedures in place for key areas of operations.

The service provider oversaw a quality improvement plan. At the time of inspection there were a number of improvement initiatives being implemented, with actions at various stages of completion. While it was evident that the work undertaken had a positive impact on residents' experience of living in the centre, the plan was largely based on improvements to the premises or facilities and it would be enhanced by including improvement initiatives in a wider range of areas. This would ensure that actions required to improve the quality and safety of the service received the same level of oversight and monitoring as premises or maintenance issues.

The 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, the provider had identified that there were no written references available for staff who had been employed in the centre for a long

time, and subsequently updated their policies and procedures to ensure suitable references were received for any future appointment. There was a clear job description available for all staff members.

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 staff members who had resided outside of the State for a period of six months or more.

In addition to the centre manager and the provider representative, the inspectors spoke with five staff members during the inspection, including housekeeping staff and night porter staff. All staff spoke confidently about their role in the centre, and were knowledgeable regarding the operation of the centre and their own areas of responsibility. Staff members spoken with were familiar with the needs of residents and spoke of them in a familiar and respectful manner. The inspectors observed staff engagement with residents over the course of the inspection to be courteous, friendly and informal. It was noted that staff and residents addressed each other by their first names. Residents told the inspectors that staff were easy to talk to, kind and helpful.

The inspectors reviewed the arrangements in place regarding staff training and development. It was found that staff had received training in a wide range of areas. All staff had undertaken training in key areas such as child protection, adult safeguarding and first aid. Additional training had been undertaken by some of the staff team. For example, 12 staff members had been trained in responding to the possible needs of victims of torture and four staff members had received training in mental health awareness and suicide prevention. There was a training plan in place which outlined areas of training that were required by the staff team. Improvement to the assessment and training plan was necessary to ensure it highlighted training that needed to be repeated at specific intervals (for example, child protection training) in sufficient time for the provider to address these requirements. The training plan could be further developed by the inclusion of particular training and development needs of staff members specific to their roles.

Staff spoken with told the inspectors they felt supported by the management team. The inspectors found there were regular staff meetings and there was a culture of open communication between the staff and management team. However, at the time of inspection, there was no supervision policy in place and staff were not in receipt of regular supervision. A supervision policy and programme of supervision meetings was necessary to ensure staff were adequately supported to carry out their roles, and to facilitate professional accountability and development. There was a staff appraisal system in place.

The risk management arrangements in the centre were reviewed by the inspectors. There was a well-established risk management policy that defined how risk was managed. There was a risk register in place that outlined known risks and their associated control measures in areas such as resident experience and health and safety. The risk register also included the assessment of risks specific to residents, which were generally overseen by the centre manager or reception officer. It was found that the service provider and centre manager were competently identifying risks and using the risk management system to improve the safety and quality of the service.

The risk register included contingency assessments and plans, for use in the event of specific circumstances that would impact service provision. These contained information and guidance for the staff and management team to implement contingency plans if necessary, however, information regarding the measures to be taken in the event residents could not be accommodated in the centre had not been included.

A review of fire safety arrangements in the centre found that there were suitable control measures in place. For example, there were fire doors installed throughout all buildings, fire-fighting equipment was located throughout the centre and was serviced regularly, and there was a detection and alarm system in place in all main and ancillary buildings. The centre manager ensured fire evacuation drills were carried out at planned intervals.

The service provider had developed a residents' charter that described the services available to residents. It included, for example, information about the staff team, the facilities in the centre and how to make a complaint. The residents' charter had been translated into multiple languages and was provided to residents on arrival to the centre.

The provider had developed a complaints policy that outlined how complaints were to be managed. Residents who spoke with the inspectors told them they rarely had any reason to complain, but knew how to make a complaint and would be comfortable raising any issues with the centre manager if necessary. A review of records found that complaints made were managed in accordance with the provider's policy.

Generally, the inspectors found that the service provider had good oversight of the running of the centre and was committed to delivering a person-centred service and a comfortable living environment. While there were some areas requiring improvement, it was evident that the service provider was responsive to feedback and had clear plans in place to fully meet the requirements of the standards. The centre manager

had commenced work to address some of the issues identified during the inspection before it had concluded.

### **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 a range of systems in place to ensure the service operated in accordance with any relevant legislation, regulation or standards. There were policies in place that provided direction and established clear procedures in many areas. The service provider was actively engaged in the running of the centre and there were clear lines of accountability and communication that ensured effective oversight. While there were some areas that required further development to fully meet the requirements of standards, the inspectors found that the provider was responsive to feedback and committed to operating a high-quality service.

Judgment: Compliant

### **Standard 1.2**

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

There was a clear governance structure in place, with clear lines of reporting and accountability between members of the management team and the wider staff team. It was evident that the service provider was actively engaged in the operation of the centre and was knowledgeable regarding the policies and procedures in place. The centre manager ensured accurate and relevant records were maintained and there was a clear strategic and operational plan in place.

Judgment: 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.

There was a residents' charter available to residents which accurately described the services available to adults and children living in the centre. The provider had arrangements in place to ensure residents received a copy of the charter. The residents' charter had been translated into numerous languages.

Judgment: Compliant

#### **Standard 1.4**

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

There were systems in place to monitor the quality and safety of the service provided to residents. There was evidence that residents' feedback was considered and that this was used to inform service delivery. The provider had a service improvement plan in place that set out quality improvement objectives. It was found that this was largely focused on premises or maintenance issues, and could be enhanced by including improvement initiatives in a wider range of areas. For example, where a review of the service indicated that a new policy or updated procedure was required.

Judgment: Substantially Compliant

#### **Standard 2.1**

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 employed in the centre.

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.

<p>Staff members were receiving support to carry out their duties. The inspectors found that the centre manager was providing informal supervision to staff who worked in the centre. However, there were no formal supervision arrangements in place at the time of inspection.</p>
<p>Judgment: Partially Compliant</p>
<p><b>Standard 2.4</b></p> <p>Continuous training is provided to staff to improve the service provided for all children and adults living in the centre.</p>
<p>A review of training records found that staff members had undergone training in a wide range of areas, including relevant occupational training and training specific to residents' needs. The centre manager oversaw the training plan for the staff team, and while this was generally effective in identifying training needs, improvement was required to ensure that it considered individual training needs based on staff members' specific roles, appraisal, and induction procedures.</p>
<p>Judgment: Substantially Compliant</p>
<p><b>Standard 3.1</b></p> <p>The service provider will carry out a regular risk analysis of the service and develop a risk register.</p>
<p>There was a risk management policy in place and a risk register which outlined known risks in the centre. There was a procedure in place for monitoring and responding to risk, and the risk register included clear control measures that were found to be in place, and relevant to the risks identified by the inspectors.</p> <p>While the provider had assessed risks in relation to contingency planning, the plans in place did not clearly outline the measures the provider would take to accommodate residents in the event of any serious disruption of the service.</p>
<p>Judgment: Substantially Compliant</p>

## Quality and Safety

This inspection found that the governance and management systems employed in the centre were ensuring that a good quality and safe service was being provided to residents. The service provider was committed to providing accommodation that met residents' needs and facilitated independence and autonomy. Staff members supported residents to integrate into the local community and provided assistance based on their individual needs. While there were some governance systems that required further development, it was found that residents were living in safe and comfortable accommodation and receiving a professional standard of support.

The accommodation centre was located in a busy seaside town in Co. Waterford. The centre comprised of one main accommodation building, three smaller accommodation buildings, and a number of small ancillary buildings and modular buildings. It was accessible through a main gate, and had many open spaces for residents to enjoy, including a playgrounds, football pitches and outdoor seating. There were no restrictions on entry to the centre, and residents each had their own key for their rooms. The centre was situated in close proximity to the beach, local shops, cafés and businesses.

The centre provided self-catering accommodation. Residents prepared and cooked their own meals; some residents had their own kitchen in their accommodation and others used communal kitchens. There were three communal kitchen facilities, with each designated to specific residents. These were very well equipped and had sufficient preparation space and cooking equipment. They also contained a fridge and secure spaces for residents to store their cooking equipment and dried goods. Residents who gave feedback on the shared kitchen amenities were complimentary of the facilities. The inspectors spoke to some residents who had transferred to a unit with their own kitchen and they told the inspectors that having their own kitchen had brought about many positive changes for their families and made their accommodation feel more like a home.

As the centre was self-catered, residents purchased their own food. Residents were allocated 'points' to purchase items from the on-site store. This shop was operated by the provider and was stocked with a wide variety of fresh food and dried goods. It was open three days per week and the provider facilitated residents to order items by email if required. The inspectors spoke with residents about this arrangement and they were told that staff members who worked in the shop listened to them and ordered specific items for them when they asked. The provider also ensured that residents' cultural or religious dietary requirements were considered in this arrangement where necessary.

Residents also used their weekly points allowance to purchase non-food items, such as personal toiletries and cleaning supplies. While inspectors found that this arrangement was in line with the provider's own policy and procedures, the national standards require that non-food items are provided to residents by the service provider. A review of these arrangements was required to ensure that residents were not disadvantaged by the self-catering nature of the service, and had sufficient allowance to purchase a reasonable supply of food and non-food items. While some residents told inspectors that the number of points was not quite sufficient to meet their needs, they did attribute this to the number of points awarded (which is standardised for any international protection applicant in receipt of such points) and not the cost of items in the centre's shop.

The provider assisted parents of babies and infants to apply for supplementary funding to help with the cost of nappies. Residents were also provided with items such as bedding, towels, crockery, and cutlery on arrival to the centre. It was found that these items were of high quality and supplied in sufficient quantities in accordance with the requirements of the national standards. For example, residents received two sets of bedding.

The inspectors viewed the laundry facilities in the centre. These were located in a central area of the premises, behind the main building. There were nine washing machines and nine dryers available to residents. There were also facilities for ironing, and drying clothes outdoors. There were arrangements in place to ensure the laundry facilities were maintained in good condition. Feedback from residents suggested that the facilities met their needs.

The inspectors observed a number of occupied and vacant bedrooms. The provider had prepared a recently vacated room for a new admission. This room had been thoroughly cleaned and there a welcome pack available for the incoming resident. This included all relevant information and items required to commence living an independent life; for example, all necessary cleaning equipment, cooking equipment, bedding and towels. The inspectors also observed a newly completed own-door unit, which comprised two bedrooms, a kitchen and dining room, small living area, and bathroom. This unit was found to have been finished to a very high standard and would provide comfortable accommodation to a small family.

The occupied rooms that were viewed by the inspectors were also found to be very well maintained. They contained good quality furniture and were nicely decorated. Resident accommodation generally had sufficient space for storing their personal items. In some cases, where residents had additional items that needed to be stored, the centre manager provided additional secure storage available.



The inspectors reviewed the process of allocating rooms to residents in the centre. There was a policy in place regarding room allocations and it was found that the centre manager strived to allocate accommodation based on residents' needs. Where the centre manager received relevant information in advance of a resident's arrival to the centre, this was used to inform the allocation of a room. The allocation process ensured that families were accommodated together, and efforts were made to place people with any special reception needs in the most suitable accommodation. The centre manager recorded the rationale of any admission or transfer. The inspectors found, however, that the allocations procedure could have been further improved by centralising the records for transfer requests to enhance monitoring and oversight.

Through discussion with staff and speaking with residents, the inspectors found that the welfare and wellbeing of residents was well promoted. The centre manager and reception officer met with residents on arrival and where the resident consented, a welfare assessment was undertaken to assist staff in supporting them appropriately. The inspectors found that residents' needs were well known by the centre manager and staff team. A review of records found that residents sought support in a variety of areas which was facilitated in a prompt and professional manner. For example, some residents received support to engage in training and to obtain a job. Others received support to manage their health, or to help them avail of support services for their children.

The provider had considered the needs and best interests of children in the planning of service delivery. There were comfortable indoor spaces for children to play and to do their homework. The provider had made Wi-Fi available throughout the centre. There were toys, games and art supplies available for children. There were plenty of open spaces available around the grounds of centre, which provided safe areas for children to play. The centre manager ensured school-aged children received all necessary items prior to starting school, for example, a school bag, lunch box and uniform.

There were systems in place to ensure residents received necessary or useful information. For example, there were notice boards in communal areas with up-to-date information on local and national services in areas such as healthcare, legal aid, child protection and mental health support services. Staff members also communicated important information through a text message broadcasting system. This was observed in use during the inspection and was used, for example, to share information about clinics held by external services or updates about maintenance issues.

Residents were facilitated to have family and friends visit the centre. There was clear guidance in place for residents regarding visits. While visitors could not be taken to resident bedrooms, they were welcome in any communal area in the centre. Some residents told the inspectors about celebrations they had hosted in the centre in the past, for example, children's birthday parties. The inspectors also heard from residents

about upcoming planned events, including one where the centre's large barbeque would be used to host a family celebration.

There were reasonable security measures in place in the centre that were proportionate to the risks which existed. There was no security staff present during the day, and a night porter was available overnight. There was closed-circuit television (CCTV) in use in some common areas, such as the dining space and hallways. There was clear signage in place in all areas where CCTV was present and there was a policy in place to direct how it was managed.

The inspectors reviewed the safeguarding arrangements in the centre. There were suitable measures in place to safeguard children. There was a child safeguarding policy in place and a child safety statement available which was prominently displayed. All staff members had received training in child protection and there was a designated liaison person appointed. There was evidence that where a child protection concern had been raised it was managed and reported appropriately. The provider had some arrangements in place to oversee the supervision arrangements of children in the centre, for example, where they were being looked after by other residents. This needed some enhancement to ensure the provider had reasonable oversight of longstanding arrangements and those made in an emergency.

There was an adult safeguarding policy available. Staff had all undertaken training in adult safeguarding. The inspectors found that the provider had appropriately managed any previous adult safeguarding risks they had identified.

There were arrangements in place to record and report any significant incidents that occurred in the centre. The service provider had a policy in place with regard to incident management and the systems in place enabled the provider to effectively review incidents and facilitate learning. Where necessary, incidents were escalated to relevant third party agencies, including those required to be notified to HIQA.

There were very few residents living in the centre with known special reception needs. In some cases, the provider had been made aware of these vulnerabilities in advance of the resident arriving to the centre. In other cases, staff members in the centre had identified existing or emerging special reception needs. Where special reception needs were identified, the provider made sure additional support was provided. If the centre was not in a position to offer the support required, they directed the resident to an appropriate service to receive appropriate assistance. Additionally, the provider made training available to the staff team to better understand and respond to special reception needs. However, at the time of inspection there was no local policy in place regarding special reception needs.

There was a dedicated reception officer employed in the centre, who was experienced and had a relevant qualification. This person had commenced the development of

needs assessments for all residents to support the identification of special reception needs. When special reception needs were identified, appropriate plans were developed, in consultation with residents, to support their specific needs. The inspectors found that the reception officer reported directly to the centre manager, which ensured management oversight of the supports provided to residents.

#### **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 a clear allocation policy that outlined how accommodation would be allocated to residents, including room transfers. The inspectors found that allocations were carried out in accordance with the policy, and were based on residents' needs and interests.

Judgment: Compliant

#### **Standard 4.2**

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

The provider ensured that residents were accommodated in comfortable accommodation that was homely and well furnished. Accommodation was maintained in very good condition and the layout of accommodation and communal facilities was based on residents' needs.

Judgment: Compliant

#### **Standard 4.4**

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

The provider ensured that families were accommodated together and it was clear that the interests of the family were considered in the allocation of rooms. Families were accommodated in larger rooms with access to nearby kitchen facilities, or in own-door units with a separate bathroom, living space and kitchen. The provider made other

facilities available for families and children, such as play rooms and study rooms, to support a comfortable family life.
Judgment: Compliant
<b>Standard 4.6</b> The service provider makes available, in the accommodation centre, adequate and dedicated facilities and materials to support the educational development of each child and young person.
The provider made available dedicated facilities and materials to support the educational development of each child. There was a multi-purpose room available that was used for activities such as art classes, and there were ample supplies available, for example, art and craft supplies and stationery. The provider also ensured children had all necessary supplies for school. There were spaces for children to do homework, and all areas of the centre had access to Wi-Fi.
Judgment: Compliant
<b>Standard 4.7</b> 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.
All common areas of the centre were found to be clean and in a good state of repair. Residents took responsibility for cleaning some areas after use, for example, kitchen facilities. Staff also regularly cleaned communal areas and provided support to residents when necessary.  There were adequate laundry facilities available to residents, with nine washing machines and nine dryers provided. There were outdoor facilities for drying clothes.
Judgment: Compliant
<b>Standard 4.8</b> 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.

<p>The inspection found that there were proportionate security arrangements in place in the centre. There was CCTV in some communal areas, such as the reception area and there were many communal areas without CCTV. There was clear signage in place regarding the use of CCTV in relevant areas of the building.</p>
<p>Judgment: Compliant</p>
<p><b>Standard 4.9</b></p> <p>The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.</p>
<p>Residents used their allocated weekly points allowance to purchase non-food items they required, such as personal toiletries, nappies and laundry detergent. Residents received suitable bedding and towels on arrival. They also received the basic equipment required to prepare, cook and eat their meals.</p> <p>While these arrangement were established in line with the provider's commitments to their contractor, they did not reflect the requirements of the national standards that all non-food items are made available to residents by the provider. A review of this arrangement was required to ensure non-food items were provided in addition to an allowance for food.</p> <p>The provider made free contraception available to residents.</p>
<p>Judgment: Partially Compliant</p>
<p><b>Standard 5.1</b></p> <p>Food preparation and dining facilities meet the needs of residents, support family life and are appropriately equipped and maintained.</p>
<p>There were adequate facilities for food preparation and dining provided to residents. Many of the accommodation units contained a kitchen, which greatly supported the needs of families. There were three communal kitchens in the centre which were well-equipped, clean and in good condition. Residents gave good feedback on the kitchen facilities.</p>
<p>Judgment: Compliant</p>

## **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.

Residents purchased their own food from an on-site shop in the centre using points allocated to them on a weekly basis. The shop contained a wide variety of fresh food, dried and canned goods, and a range of non-food items. Staff members managing the shop ensured that residents' cultural and dietary preferences were considered and provided for. The inspectors found that the staff team endeavoured to provide good value and sufficient variety to facilitate choice and affordability.

Judgment: Compliant

## **Standard 6.1**

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

The inspectors found that the service provided respected the rights of residents and promoted their dignity. Residents told the inspectors that staff members treated them with respect and took their feedback on board to deliver a service that met their needs. It was evident that residents' rights to privacy was considered in the layout of the centre, specifically in relation to communal areas. Residents were provided with information about their rights and entitlements.

Judgment: Compliant

## **Standard 7.1**

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

The service provider supported and facilitated residents to develop and maintain personal and family relationships. Residents had access to rooms in the centre to meet with visitors in private and there were spaces available for family members to spend time together outside of their bedrooms.

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.

Residents had access to information about local services and amenities and residents had opportunities to integrate into the local community. Where required, residents were supported by the staff team to access public services including local schools, general practitioners and hospitals.

Judgment: Compliant

## **Standard 8.1**

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

Safeguarding practices were well-developed and the centre had the appropriate policies, procedures and training in place to guide staff members in relation to safeguarding adults and children in the centre. Safeguarding or welfare concerns were recorded and were subject to review and oversight by the management team, with follow up actions noted when required.

Judgment: Compliant

## **Standard 8.2**

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

Child protection and welfare concerns were reported in line with national policy and staff members who met with the inspectors were aware of their responsibilities to ensure children were appropriately safeguarded. While safeguarding arrangements were found to be based on the best interests of the child with consideration of the rights of parents, improved oversight of the child-minding arrangements in the centre was required.

Judgment: Substantially Compliant

### **Standard 8.3**

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

The service provider had good systems in place for the recording, review and oversight of incidents that occurred in the centre. They were appropriately reported in line with the centre's policy.

Judgment: 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 and offered person-centred support. Residents were referred to health and social care services and had access to external supports, where required. Staff members in the service advocated for residents and it was evident that they understood their 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.

For the most part, the provider was not made aware of any special reception needs in advance of an admission to the centre. Despite this, residents with special reception needs or vulnerabilities were provided with assistance and support in accordance with their needs and preferences.

Judgment: Compliant

### **Standard 10.2**

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



<p>Staff members had received training in a wide range of areas in order to support them to identify and respond to special reception needs. For example, some staff had undertaken training in mental health awareness and suicide prevention. Staff were aware of their role in responding to residents' needs and escalating concerns where necessary for further support.</p>
<p>Judgment: Compliant</p>
<p><b>Standard 10.3</b></p> <p>The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.</p>
<p>There was evidence that the reception officer, and the centre manager, were identifying and addressing special reception needs. However, the service provider had not developed a policy to guide staff on how to identify and address existing and emerging special reception needs, as required by the national standards.</p>
<p>Judgment: Partially Compliant</p>
<p><b>Standard 10.4</b></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 service provider had employed a suitably qualified reception officer to support residents. The reception officer had developed links with relevant service providers and community supports and provided person-centred assistance to residents.</p>
<p>Judgment: Compliant</p>

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

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

Standard	Judgment
<b>Dimension: Capacity and Capability</b>	
<b>Theme 1: Governance, Accountability and Leadership</b>	
Standard 1.1	Compliant
Standard 1.2	Compliant
Standard 1.3	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	Compliant
<b>Dimension: Quality and Safety</b>	
<b>Theme 4: Accommodation</b>	
Standard 4.1	Compliant
Standard 4.2	Compliant
Standard 4.4	Compliant
Standard 4.6	Compliant
Standard 4.7	Compliant
Standard 4.8	Compliant
Standard 4.9	Partially Compliant

<b>Theme 5: Food, Catering and Cooking Facilities</b>	
Standard 5.1	Compliant
Standard 5.2	Compliant
<b>Theme 6: Person Centred Care and Support</b>	
Standard 6.1	Compliant
<b>Theme 7: Individual, Family and Community Life</b>	
Standard 7.1	Compliant
Standard 7.2	Compliant
<b>Theme 8: Safeguarding and Protection</b>	
Standard 8.1	Compliant
Standard 8.2	Substantially Compliant
Standard 8.3	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	Compliant
Standard 10.3	Partially Compliant
Standard 10.4	Compliant

# Compliance Plan for Ocean View House

Inspection ID: MON-IPAS-1040

Date of inspection: 10 and 11 June 2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

Compliance plan provider's response:

Standard	Judgment
2.3	Partially Compliant
Outline how you are going to come into compliance with this standard:  Formal staff supervision has already been implemented whereby a written record is kept of supervision and this formal supervision will be conducted on a quarterly basis. This staff supervision commenced on 17th June 2024	
4.9	Partially Compliant
Outline how you are going to come into compliance with this standard:  The centre will make available by the 1st September 2024 sufficient and appropriate non-food items and products in addition to the weekly food hall allowance	
10.3	Partially Compliant
Outline how you are going to come into compliance with this standard:  A written established Reception Officer Policy and Procedures Manual has since been created on 6th July 2024 and all staff have received a copy of the manual.	

## 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	17/06/2024
Standard 4.9	The service provider makes available sufficient and appropriate non-food items and products to ensure personal hygiene, comfort, dignity, health and wellbeing.	Partially Compliant	Orange	01/09/2024
Standard 10.3	The service provider has an established policy to identify, communicate and address existing and emerging special reception needs.	Partially Compliant	Orange	23/08/2024