

IPAS/IPPS

Independent Inspection Report

Centre:	Atlantic Lodge, Kenmare, Co.Kerry
Inspector:	Shane Mac Loughlin
Date of Inspection:	20/3/21
Time of Arrival & Departure:	15.00-17.30

Part 1
General Information on Services

Independent Inspection Report

Centre: **Atlantic Lodge , Kenmare**
Date of Inspection: **20/3/21**

1. CENTRE DETAILS

Name and address of Centre	Atlantic Lodge
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Contractor	Millstreet Equestrian services
Manager	Vlad Alhimovics
Who deputises for manager in his/her absence?	Assistant manager

Telephone Number	089 2002271
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Current Contracted Capacity	98
Current Occupancy (today)	24
Current Centre Profile (e.g., singles, families etc.)	Singles and Families

HSE Area	Kerry – HSE South West
Public Health Nurse	Caroline Doyle
DSP / CWO name	Nora Deane
Environmental Health Officer name	Anne Hussey
Local Fire Officer Name	Joe Crowley
Local Fire Station	Kenmare

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, please give details:		
What was the date of the last certification?		
Have you a copy of the Certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Please provide a copy of the following

	Check List
Official Register	X
Menu Cycle	n/a
Staffing Lists as follows:	
1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,)	x
2. Indicate who is on duty at time of inspection (today)	x
3. a separate list of Designated Liaison Persons (child protection)	yes

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	Roster calendar agreed with Manager
Is security provided by external company? (Y/N)	No
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes
Is a list of emergency numbers available in the Manager's office?	Yes
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes If no, give details:
Are first aid kits available? (Y/N)	Yes
Where and how many?	1 in main office
Who is responsible for first aid restocking?	Job title only (not name) of person responsible: Manager
Is there a defibrillator in the centre? How many staff been trained to use it?	No

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Oil
Do residents have control of the heating in their own bedroom?	No
If no, what arrangements are in place?	On timer and thermostat
What are the heating 'ON' times?	Automatic from thermostat

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes
How does centre management explain house rules to residents on arrival?	Sit down discussion

6 ARRANGEMENTS FOR RESIDENTS & VISITORS (keys / storage / toiletries)

Are residents issued with key for their bedroom?(Yes/No)	Yes
Are residents issued with key for main door? (Yes/No)	NO
If no, give details	Door remains open until 10pm
Are there procedures to allow residents to receive visitors? (Give details)	Yes – visitor log in and can meet in lounge
Outline visiting times :	9am-10pm
In what areas are visitors allowed in the centre?	Front lounge

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	In bedrooms
What toiletries are provided to residents on arrival?	Shop system in place – on arrival soap, toothpaste, shampoo initially issued
What arrangements are in place to replenish these items?	Shop system

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes
Is there a maintenance day book? (Yes/No)	Yes
Describe the maintenance procedure at the centre: Logged into day book and reviewed by manager	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	yes
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	yes
Where is declaration held?	
Is there a sign in book for visitors? Where?	yes
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	yes
Have Designated Liaison Persons received HSE training?	Yes
Are notices prominently displayed regarding parental supervision of children? Where?	Yes – at reception notice board

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	n/a – centre provides kitchen for residents to cook their own meals. Shop deliveries from Millstreet on Mondays, Wednesday & Fridays
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	no
Date of last visit:	

10 NUTRITION / SCHOOL LUNCHES / BABY FORMULA (general arrangements)

Are residents consulted regarding menu / dietary requests? (Give details.)	n/a - residents buy their own food from shop and cook their own meals.
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> • Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? • Drinks? Juice? Water? • Yogurt? • Fruit? • Other 	Please also provide details of the system for distribution of school lunches:
Is infant formula kept out of public view?	In shop
What arrangements are in place for distribution of infant formula?	Purchase in shop

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes
What food/snacks are available after hours or when kitchen is closed?	Kitchen open 24/7
Where are the snacks located and how are they accessed?	Residents purchase their own foods in shop
Are meals available for residents who arrive late? (Give details.)	Yes - prepared by management on prior notice
Are meals available for new arrivals? (Give details)	Yes - prepared by management on prior notice
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	No - Residents purchase their own foods in shop
If the inspection takes place during Ramadan this section <u>must</u> be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan?	n/a

12 FACILITIES FOR FEEDING BABIES

Are the following available?	Yes/No
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	yes
Sterilisers	yes
Kettles	yes
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	yes
Bottle Warmer	yes
Microwave	yes
Are these facilities available 24 hours a day	yes
Is there a dedicated room provided?	yes

Where?	kitchen and bedrooms
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13 INDOOR FACILITIES

<i>Are the following available to residents?</i>	Yes/No
Computers with Internet access	Yes
WIFI	Yes
DVD player	No
Computer Games	Yes
Snooker Table	No
Pool Table	No
Table Tennis Table	Yes
Board Games	Yes
Newspapers	No
Books	Yes
Toys / games for children	Yes
Other	
Give details of any other arrangement or other comments:	Dedicated games rooms with toys.

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes
Where does the service go to?	Killarney
What is the frequency of the service? (List time table opposite)	Twice a week

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes Saorview
An average, how many TV channels are provided to residents?	15
Are residents allowed to erect satellite dishes?	no

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Residents
What procedures are in place for the exchange of towels and bed linen at the centre?	Arrange with manager
What procedures are in place for ironing boards and irons?	Freely available iron laundry
How is washing powder / tablets supplied?	Shop points system

Are there specific arrangements for access to the laundry (give details):	Open 24/7
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17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes
What cleaning equipment is available to residents?	Detergents, brushes, m ops and vacuum
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Freely available
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Assisted by house-keeping

PART 2

Room by Room Inspection

Independent Inspection

Centre: Atlantic Lodge , Kenmare

Date of Inspection: 20/3/21

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	y	Reception
Complaint Forms	y	Office
Accident/ Incident procedure	y	Office

HSE Breastfeeding Posters (if applicable)	y	Dining room
Designated Liaison Person details (Child Protection)		Not displayed
Supervision of children notice		Not displayed
Gym Notices (Child Safety – if applicable)	n/a	
IOM Voluntary Return Posters	<input type="checkbox"/>	Reception

18 Staff Awareness

Did you see the RIA Code of Practice*?	yes
Are all staff aware of RIA Code & House Rules?	yes
How are staff made aware of RIA Code & House Rules? <i>Induction and sign-off</i>	

*A Code of Practice for persons working in accommodation centres

19 FIRE SAFETY

You should record the last 2 entries on the fire register for each of the following sections:

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
18/3/21	Internal	OK
21/9/20	Keltron	OK

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
19/3/21	Internal	y			
21/9/20	Keltron	y			

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

(Include all fire extinguishers, hose reels and fire blankets.)

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
2/12/20	Munster Fire	y			
19/3/21	internal	y			

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
19/3/21	Internal	y			
18/3/21	internal	y			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
17/6/20	2	42	5 mins	
18/12/20	2	27	5 mins	

****Both numbers must be recorded.**

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All staff	Fire Safety	MFS	½ day	7/12/20

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Front car park
Are they marked?	yes
Are staff aware of locations?	yes
Comments:	

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	yes
Are there smoke alarms throughout the premises, inc bedrooms?	yes
Are all smoke alarms linked back to a central control panel?	yes
Are there designated 'Smoking' areas? <i>Include locations</i>	Outside only
Comments:	

19i FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES

(in corridors & common areas)

Are fire exits clear from obstruction?	Yes
Are they unlocked?	yes
Are fire exits clearly posted throughout the building?	yes
Are all fire doors kept closed?	doors wedged open in main hall and on stairwell due to cv-19 requirements , these are closed at night
Are fire evacuation instructions clearly displayed in the centre?	yes
Are fire extinguishers clearly visible?	yes
Is there emergency lighting system in place?	yes
Comments:	

Administration Area:

Reception: inside front door

Is the area generally clean?	Yes
If no please give details:	
<i>Visual Check:</i> Have you noticed any issues requiring attention? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	No
If yes please detail:	

Have you seen the following?

		Location of display
Up to date House Rules	yes	Reception
Complaint Forms	yes	Office
Accident/ Incident procedure	yes	Office

HSE Breastfeeding Posters (if applicable)	yes	Dining room
Designated Liaison Person details (Child Protection)	no	
Supervision of children notice	no	
Gym Notices (Child Safety – if applicable)	N/a	

IOM Voluntary Return Posters	yes	Reception
Anti Human-Trafficking Posters	yes	Reception
'NO to Violence & Harassment' Posters	yes	reception

Social Room / Tea Station (State Location): dining room off reception

What facilities are provided? Kettles, toasters, microwave
Is the area generally clean? Yes
If no please give details:
<i>Visual Check:</i> Have you noticed any issues requiring attention? No <input type="checkbox"/>
If yes please detail:

Pre-school Room:

Is the area generally clean? Yes
If no please give details:
<i>Visual Check:</i> Have you noticed any issues requiring attention? No (observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)
Other comments:

DINING AREA:

Please outline the meal times: N/A -cookers and ovens are provide for residents to cook their own meals using food purchased in shop which is operated on points system.

	From	To
Breakfast	n/a	
Lunch		
Dinner		

Which is the main meal of the day:	Lunch <input type="checkbox"/>	Dinner <input type="checkbox"/>
Is menu cycle available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If no, give details of all menu options on day of inspection:

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?	n/a
Does menu cycle correspond with options available?	
If no, ask manager for explanation and provide details:	
Which meal was sampled?	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)	
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	n/a
Give details of this option:	
Were there ethnic dishes available?	
Give details of this option:	
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	
In your opinion, does the food on offer appear to provide a good variety?	
Did inspection take place during Ramadan?	
If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.):	
Is there any damaged seating or tables in dining room?	No
Is there enough seating for residents present to sit down and eat their lunch?	Yes
Comments:	

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	
Date of Visit?	no
Comments:	

Has a HACCP system been implemented?	N/A -cookers and ovens are provide for residents to cook their own meals using food purchased in shop which is operated on points system.
Who designed the HACCP system?	
Who is responsible for reviewing the system?	
How frequently is the system reviewed?	

HACCP Records:

Pest Control: Prevent A Pest 28/1/21 – no activity noted
Induction and Ongoing Staff Training: n/a
Time & Temperature Records: Fridge and freezer records in shop maintained
Hygiene Audits: n/a
List of Approved Suppliers: yes
Cleaning Schedules: yes
Procedures for accepting deliveries: yes
General Comments:

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	domestic
What equipment is in place?	6 domestic cooker/ovens
In what condition is the equipment?	All equipment in good condition
Comments:	

STRUCTURAL HYGIENE

Kitchen:

Is the refuse area suitably located?	Yes
Is the area tidy?	Yes
Are all bins covered?	Yes
Are signs displayed at all entrances in relation to access to kitchen for non kitchen staff?	Kitchen open for residents
Are white coats, shoe covers and hats available for non kitchen staff?	n/a
Comment of the structural hygiene of the kitchen (i.e floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc)	
Are suitable hand washing and drying facilities provided?	Yes
General Comments:	6 domestic cooker/ovens

Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	Dry goods store in shop
Condition and suitability of facilities:	
What evidence is there of stock rotation?	Yes – deliveries a number of times a week

Refrigerated Storage:

What type of refrigerated storage is provided?	Retail display fridge and freezers in shop
Comment on the condition and suitability of the refrigerated storage: Brand new and very clean	
Are thermostats provided and in working order?	yes
Are food items date stamped?	yes
Are samples of dishes being kept?	n/a

Other:

Is there appropriate storage for cleaning agents and chemicals?	yes
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OPERATIONAL HYGIENE

Do residents use the main kitchen?	yes
Is that use supervised to ensure safe & hygienic practices are observed?	Kitchen is purpos built for residnts own use
By whom is it supervised?	n/a

Is the correct equipment provided? <i>e.g. colour coded chopping boards</i>

Is the necessary holding equipment provided? <i>e.g. bain maries, refridgerated units.</i>
n/a

Condition and suitability of serving equipment and utensils:
good

What procedures are in place for unused/unserved food at the end of service?
n/a

Comments:

STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Toilets and changing room

Are all areas clean and well maintained?	Yes
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Yes
Are showers provided? <i>Indicate cleanliness & suitability</i>	no

Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained. If no, outline arrangements for breaks</i>	Use main dining room or office
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Are uniforms provided for:	
Kitchen Staff?	n/a
Serving Staff?	n/a

Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i>	n/a
Is personal grooming satisfactory?	
Are safe habits practiced?	
General Comments on staff facilities:	

23 PUBLIC TOILET (State Location):

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies:	1	y	y	y	y	y
Gents:	1	y	y	y	y	
Is there a cleaning schedule displayed?					no	
Record the last time entry.						
Is the area clean? (provide comment) yes – very clean						
Are all facilities working?					Yes	
<i>Visual Check:</i> Have you noticed any issues requiring attention?					No	
If No, give details:						

24 COMMUNAL ROOM (State Location): **main lobby off reception**

Storage area:	
Is the walkway through the area clear?	Yes
Are the exit signs clearly marked?	Yes
General Seating Area	
Is the seating in good condition?	Yes
What is the area generally used for?	Yes – lounging
Computer room:	
Is the area generally clean?	Yes
<i>Visual Check:</i> Have you noticed any issues requiring attention?	NO
If yes please detail:	
Any other comments? If yes please detail:	

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cleanliness of the grounds (ie., evidence of rubbish etc.)	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Large green play are				
Comments				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	8	8
Do they appear to be in working order? yes		
Comments:		

CORRIDOR (State Location): all corridors

Is the area generally clean?	Yes
If no please give details:	
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes	
If yes please detail: Fire doors wedged open	

STAIRWAY (State Location): Main stairwell

Is the area generally clean?	Yes
If no please give details:	
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes <input type="checkbox"/> (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	
If yes please detail: Fire door on landing wedged open	

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	weekly
Who cleans the bedrooms?	residents
How often do staff clean the bedrooms?	As needed if residents need assistance
Are there cleaning materials and equipment provided by management for residents?	Yes
What cleaning equipment is available to residents?	Brushes, vacuums, mops etc.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Assisted by housekeeping staff

ROOM NUMBER 102 Room held for 4 currently accomdated by HSE				
Room Profile: Family		Room Capacity:		Room Occupancy:
		4		
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 103 Room held for 4 currently accomdated by HSE				
Room Profile: Family		Room Capacity:		Room Occupancy:
		5		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 104				
Room Profile: Family		Room Capacity:		Room Occupancy:
		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/>	No *	<input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 106				
Room Profile:		Room Capacity:	Room Occupancy:	
Family		5	4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/>	No *	<input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 107				
Room Profile:		Room Capacity:	Room Occupancy:	
Family		4	0	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/>	No *	<input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 108				
Room Profile:		Room Capacity:	Room Occupancy:	
Family		4	0	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/>	No *	<input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 109				
Room Profile:		Room Capacity:	Room Occupancy:	
Family		4	1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is everything in working order?	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:		

ROOM NUMBER 200				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/>		No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 201				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/>		No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 202				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/>		No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 203				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/>		No * <input type="checkbox"/>

If *, please give details: **missing light cover**

ROOM NUMBER 204

Room Profile: Family		Room Capacity: 4		Room Occupancy: 2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	<input type="checkbox"/>	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			yes		
If *, please give details:					

ROOM NUMBER 205

Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	<input type="checkbox"/>	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes X	No *	<input type="checkbox"/>
If *, please give details:					

ROOM NUMBER 206

Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	<input type="checkbox"/>	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes X	No *	<input type="checkbox"/>
If *, please give details: smoke detector covered					

ROOM NUMBER 207

Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	<input type="checkbox"/>	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes X	No *	<input type="checkbox"/>

If *, please give details:

ROOM NUMBER 208

Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		0	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	<input type="checkbox"/>	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes X	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 209

Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	<input type="checkbox"/>	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes X	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 210

Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		0	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	<input type="checkbox"/>	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes X	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 211

Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		0	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	<input type="checkbox"/>	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			yes		
If *, please give details:					

ROOM NUMBER 212				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 213				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 214				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details: smoke detector covered				

ROOM NUMBER 215 Held as isolation room				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 216				
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Room Profile:		Room Capacity:		Room Occupancy:	
Family		4		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	<input type="checkbox"/>	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes X	No *	<input type="checkbox"/>
If *, please give details:					

Use this space for any comments or other information not covered in this form:

General Representations

If you were approached by any residents regarding general issues while in the centre please outline the details below:

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If you were approached by any members of staff regarding general issues while in the centre please outline the details below:

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If you were approached by any other persons regarding general issues while in the centre please outline the details below:

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Please ensure that no personal information or information that could lead to the identification of an individual is recorded in this section.

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:	Atlantic Lodge
Address:	Kenmare, Co. Kerry
Proprietor :	Millstreet Equestrian services
Manager:	Vlad Alhimovics
Contact Name:	Thomas Duggan
Capacity Per MOA (Current Occupancy):	98 (24)
Date of Inspection:	20/3/21

Fire Safety:

Smoke detector covered in rooms 206 & 214

Food Safety:

No Issues

Bedrooms:

Room 203 light cover is missing

Other issues:

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Thank you for your email of June 2nd.

In reply

The smoke detectors in rooms 206 and 214 were uncovered on the day of the inspection and the residents in question asked not to repeat covering them.

Light cover in room 203 is replaced.

Sincerely,

Thomas Duggan