

# IPAS/IPPS

## Independent Inspection Report

<b>Centre:</b>	<b>Kinsale road</b>
<b>Inspector:</b>	<b>Shane Mac Loughlin</b>
<b>Date of Inspection:</b>	<b>29/03/2021</b>
<b>Time of Arrival &amp; Departure:</b>	<b>13.00-16:00</b>

*Part 1*  
*General Information on Services*

Independent Inspection Report

*Centre:* *Kinsale Road*  
**Accommodation Centre**

*Date of Inspection: 29/3/21*

**1. CENTRE DETAILS**

Name and address of Centre	<b>Kinsale Road, Kinsale Road, Co. Cork</b>
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Contractor	<b>Aramark</b>
Manager	<b>Breda Keane</b>
Who deputises for manager in his/her absence?	<b>Give Job Title only Ass. Manager</b>

Telephone Number	<b>0214318932</b>
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Current Contracted Capacity	<b>301</b>
Current Occupancy (today)	<b>259</b>
Current Centre Profile (e.g., singles, families etc.)	<b>Families, single male &amp; single female</b>

HSE Area	<b>Cork</b>
Public Health Nurse	<b>varies</b>
DSP / CWO name	<b>Roseanne Donovan</b>
Environmental Health Officer name	<b>Monica Jones</b>
Local Fire Officer Name	<b>Gerald Malone</b>
Local Fire Station	<b>Cork City (Angelesa street)</b>

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, please give details: <b>eiqa</b>	
What was the date of the last certification?	<b>Dec 17</b>
Have you a copy of the Certification	No <input checked="" type="checkbox"/> <b>Held at HQ</b>

**2. Please provide a copy of the following**

	<b>Check List</b>
Official Register (not provided due to GDPR)	<input checked="" type="checkbox"/>
Menu Cycle	<input checked="" type="checkbox"/>
Staffing Lists as follows:	
1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,)	<input checked="" type="checkbox"/>
2. Indicate who is on duty at time of inspection (today)	<input checked="" type="checkbox"/>
3. a separate list of Designated Liaison Persons (child protection)	<input checked="" type="checkbox"/>

### 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	<b>24 HR SECURITY</b>
Is security provided by external company? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, give name of company:	<b>Synergy</b>
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 IPAS/IPPS out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	
Who is responsible for first aid restocking?	<i>Job title <b>only</b> (not name) of person responsible: <b>RECEPTION, KITCHEN , MAIN GATE - CHECKED BY ASS. MANAGER MONTHLY</b></i>
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### 4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	<b>Electric</b>
Do residents have control of the heating in their own bedroom?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, what arrangements are in place?	<b>CENTRAL CONTROL</b>
What are the heating 'ON' times?	<b>AS REQUIRED</b>

### 5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
How does centre management explain house rules to residents on arrival?	<b>during induction on arrival</b>

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, give details	<b>blocks are never locked</b>
Are there procedures to allow residents to receive visitors? (Give details)	<b>sign in at reception</b>
Outline visiting times :	<b>8am-10pm</b>

In what areas are visitors allowed in the centre?	<b>communal rooms / lounges</b>
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>Safe</b>
What toiletries are provided to residents on arrival?	<b>shampoo, shower gel, tooth brush, tooth paste</b>
What arrangements are in place to replenish these items?	<b>First Thursday of the month</b>

## 7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: <b>day book at reception logs maintenance duties/actions required last entry 29/3/2021</b>	

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of IPAS/IPPS's Child Protection Policy? (Give details)	<b>yes</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	<b>yes</b>
Where is declaration held?	<b>in managers office</b>
Is there a sign in book for visitors? Where?	<b>reception</b>
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	<b>yes</b>
Have Designated Liaison Persons received HSE training?	<b>yes</b>
Are notices prominently displayed regarding parental supervision of children? Where?	<b>yes , in all buildings</b>

## 9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date of last visit:	

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

Are residents consulted regarding menu / dietary requests? (Give details.)	<b>yes</b>
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> <li>• Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other?</li> <li>• Drinks? Juice? Water?</li> <li>• Yogurt?</li> <li>• Fruit?</li> <li>• Other</li> </ul>	<b>Sandwich bread, variety of fruit, yogurts, juices</b>  Please also provide details of the system for distribution of school lunches: <b>Collected at breakfast 7;30-10am</b>
Is infant formula kept out of public view?	<b>yes office</b>
What arrangements are in place for distribution of infant formula?	<b>available on Tuesdays and when required</b>

## 11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What food/snacks are available after hours or when kitchen is closed?	<b>fruit, bread</b>
Where are the snacks located and how are they accessed?	<b>can be accessed by requesting from night staff</b>
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>once kitchen notified</b>
Are meals available for new arrivals? (Give details)	<b>on notification kitchen will hold plated meal</b>
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>once manger informed</b>
<b>If the inspection takes place during Ramadan this section must be completed.</b> What arrangements are in place to facilitate residents observing a fast during Ramadan?	<b>not applicable</b>

## 12 FACILITIES FOR FEEDING BABIES

<b>Are the following available?</b>	Yes/No
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sterilisers	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Kettles	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>own fridges</b>
Bottle Warmer	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Microwave	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are these facilities available 24 hours a day	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a dedicated room provided? Where?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### 13 INDOOR FACILITIES

<b><i>Are the following available to residents?</i></b>	Yes/No	
Computers with Internet access	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
WIFI	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
DVD player	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Computer Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Snooker Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Pool Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Table Tennis Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Board Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Newspapers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Books	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Toys / games for children	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other	<b>fussball, sony playstation</b>	
Give details of any other arrangement or other comments:		

### 14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where does the service go to?	<b>Cork city centre</b>
What is the frequency of the service? (List time table opposite)	<b>BUS FREQUENCY HAS BEEN DOUBLED AS CAPACITY HAS BEEN REDUCED IN KEEPING WITHN CV-19 PROTOCOLS (MAX OCCUPANCY OF 15 ON 30 SEATER BUS)</b>

### 15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Saorview</b>
An average, how many TV channels are provided to residents?	<b>over 200</b>
Are residents allowed to erect satellite dishes?	<b>no</b>

### 16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	<b>External contractor</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>every 2 weeks replaced</b>
What procedures are in place for ironing boards and irons?	<b>available from reception</b>

How is washing powder / tablets supplied?	<b>automatic dosing systems</b>
Are there specific arrangements for access to the laundry (give details):	<b>8am - 12 midnight</b>

**17 CLEANING (General Arrangements)**

Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	<b>Detergents, mops, brushes etc. each resident has cleaning mop-bucket-brush tray</b>
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>Available from reception</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Written notice given to resident, if resident doesn't clean room, room will be cleaned by staff</b>



## *PART 2*

### *Room by Room Inspection*

#### Independent Inspection

*Centre: Kinsale Road*

*Date of Inspection: 29/3/21*

## Section A- Administration / Communal areas

### 17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Reception
Complaint Forms	<input checked="" type="checkbox"/>	Reception
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Reception

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	Dining room
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	Reception
Supervision of children notice	<input checked="" type="checkbox"/>	Reception & each building.
Gym Notices (Child Safety – if applicable)	<input checked="" type="checkbox"/>	Gym
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Reception

### 18 Staff Awareness

Did you see the IPAS/IPPS Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of IPAS/IPPS Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of IPAS/IPPS Code & House Rules? <b>read and sign off</b>	

*\*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>
29/3/21	Maintenance	Ok
28/3/21	Maintenance	All in house weekly inspections are up to date

#### 19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
<b>24/3/21</b>	<b>Em-com</b>	<input checked="" type="checkbox"/>	<b>None</b>		
28/3/21	maintenance	<input checked="" type="checkbox"/>	None		

#### 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
<b>06/2020</b>	<b>Amber fire</b>	<input checked="" type="checkbox"/>			
29/3/21	<b>Security</b>	<input checked="" type="checkbox"/>			
28/3/21	<b>Security</b>	<input checked="" type="checkbox"/>			

**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
29/3/21	<b>Maintenance</b>	<input checked="" type="checkbox"/>			
28/3/21	<b>Maintenance</b>	<input checked="" type="checkbox"/>			

**19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE**

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
<b>30/11/18 11.45am</b>	<b>13</b>	<b>40/40</b>		<b>Due to cv-19 full drills not completed</b>
<b>22/2/19</b>	<b>13</b>	<b>62/62</b>		

**19f STAFF INSTRUCTION AND TRAINING (Fire Safety)**

Job Description	Course	Instructor	Duration	Date
<b>all staff</b>	<b>Fire Safety</b>	<b>Amber</b>	<b>1 day</b>	<b>6/6/2019</b>

**19g FIRE ASSEMBLY POINTS**

Where are the Fire Assembly Points located?	<b>main gate</b>
Are they marked?	<b>yes</b>
Are staff aware of locations?	<b>yes</b>
Comments:	

**19h FIRE ALARM SYSTEM**

Is there a fire alarm system in place?	<b>yes</b>
Are there smoke alarms throughout the premises, inc bedrooms?	<b>yes</b>
Are all smoke alarms linked back to a central control panel?	<b>yes</b>

Are there designated 'Smoking' areas? <i>Include locations</i>	<b>Yes, exterior to building</b>
Comments:	

**19i FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES**  
(in corridors & common areas)

Are fire exits clear from obstruction?	<b>yes</b>
Are they unlocked?	<b>yes</b>
Are fire exits clearly posted throughout the building?	<b>yes</b>
Are all fire doors kept closed?	<b>yes</b>
Are fire evacuation instructions clearly displayed in the centre?	<b>yes</b>
Are fire extinguishers clearly visible?	<b>yes</b>
Is there emergency lighting system in place?	<b>yes</b>
Comments: <b>all fire register cheks by staff are up to date</b>	

## Administration Area:

### Reception:

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

### Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Reception
Complaint Forms	<input checked="" type="checkbox"/>	Reception
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Manger office

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	dining room
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	Reception
Supervision of children notice	<input checked="" type="checkbox"/>	all buildings
Gym Notices (Child Safety – if applicable)	<input checked="" type="checkbox"/>	gym

IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	reception
Anti Human-Trafficking Posters	<input checked="" type="checkbox"/>	reception
'NO to Violence & Harassment' Posters	<input checked="" type="checkbox"/>	reception

### Social Room / Tea Station (State Location): Main buidling

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

### Pre-school Room:

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

Other comments:

**DINING AREA:**

Please outline the meal times:

	From	To
<b>Breakfast</b>	7.30	10.00
<b>Lunch</b>	12	14.00
<b>Dinner</b>	17.00	19.00

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

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

<b>Breakfast</b>	
<b>Lunch</b>	
<b>Dinner</b>	

Is menu cycle on display?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does menu cycle correspond with options available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

If no, ask manager for explanation and provide details:

Which meal was sampled?	Breakfast <input type="checkbox"/>	Lunch <input checked="" type="checkbox"/>	Dinner <input type="checkbox"/>
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Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)  
 Spicy chicken salsa, Lamb Mousakka, Veggie curry, bean goulash, bbq chicken wings, selection of salads

Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Give details of this option: **Vegetable curry**

Were there ethnic dishes available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Give details of this option: **Goulash & mousakka**

Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Did inspection take place during Ramadan?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Comments: **dining room has been reconfigured to ensure adequate social distancing between tables , there is a sanitization systems in place which is monitored and maintained by security to ensure all touch points and dining furniture is wiped down & sanitized after every use**



## **Food Safety**

<b>Has the premises been inspected by an Environmental Health Officer?</b>	Yes
<b>Date of Visit?</b>	28/11/2019

<b>Has a HACCP system been implemented?</b>	Yes.
<b>Who designed the HACCP system?</b>	Aramark Ltd.
<b>Who is responsible for reviewing the system?</b>	Head Chef on a daily basis and Manager on a weekly basis.
<b>How frequently is the system reviewed?</b>	Weekly.

### **HACCP records:**

<b>Pest Control:</b> Rentokil – no activity noted 24/12/2020
<b>Induction and Ongoing Staff Training:</b> All Kitchen staff have received Aramark in house training. Chefs have also received HACCP training. Staff have also received manual handling
<b>Time &amp; Temperature Records:</b> Food service temperatures, food delivery temperatures, dish washer temperature, defrost temperatures and refrigerator/freezer (AM/PM), cold room and milk temperatures are completed and are all maintained.
<b>Hygiene Audits:</b> Audits completed by EIQA. Also weekly hygiene audits completed by management.
<b>List of Approved Suppliers:</b> List of suppliers approved by Aramark where all HACCP documentation is assessed. Copy of supplier documentation in day book.
<b>Cleaning Schedules:</b> Detailed cleaning schedule is in place for daily and weekly cleaning of kitchen areas.
<b>Procedures for accepting deliveries:</b> Critical 12 point HACCP purchase & delivery plan in place and posted in kitchen. viewed Hacc ok
<b>General Comments:</b> Kitchen flooring has been repaired in some areas however further repair and laying of linoe is needed. Electric fly killers need to be installed Ceiling tiles need replacing



## HACCP and Kitchen Evaluation

### **General:**

<b>Is the kitchen commercial or domestic?</b>	Commercial
<b>What equipment is in place?</b>	Deep fryer, 4 ring gas top burners, commercial dishwasher, 2 commercial ovens, commercial mixer, commercial microwave, separate metal bench top preparation areas and ducted metal extractor fans,
<b>In what condition is the equipment?</b>	All equipment is clean and well maintained .
<b>Comments:</b>	

## **Structural Hygiene**

### **Kitchen:**

<b>Is the refuse area suitably located?</b>	Yes, located outside kitchen area in a fenced area.
<b>Is the area tidy?</b>	Yes
<b>Are all bins covered?</b>	Yes
<b>Are signs displayed at all entrances in relation to access to kitchen for non kitchen staff?</b>	Yes staff only signage located on kitchen door.
<b>Are white coats, shoe covers and hats available for non kitchen staff?</b>	Yes provided at time of inspection.
<b>Comment of the structural hygiene of the kitchen (i.e. floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc):</b>  Kitchen flooring has been repaired in some areas however further repair and laying of linoleum is needed. Electric fly killers need to be installed Ceiling tiles need replacing	
<b>Are suitable hand washing and drying facilities provided?</b>	Yes, hand wash basin with anti-bacterial soap dispenser and disposable towels are provided.
<b>General Comments:</b>	

## **Structural Hygiene cont**

### **Dry Goods**

<b>Suitably equipped? Shelving/containers etc</b>	Large dry goods storage room is provided.
<b>Condition and suitability of facilities:</b> Excellent facility in place. Separate shelving for storage of baby food and formula from other food items.	
<b>What evidence is there of stock rotation?</b>	Date stamps are provided.

### **Refrigerated Storage**

<b>What type of refrigerated storage is provided?</b>	1 standing refrigerators, 1 cool room, 1 free standing freezer and 1 freezer room provided
<b>Comment on the condition and suitability of the refrigerated storage:</b> Refrigerators are used to separately store prepared salads. Cool room used to separately store raw meat, dairy, fruit & vegetables. All items labelled and date stamped.	
<b>Are thermostats provided and in working order?</b>	Yes
<b>Are food items date stamped?</b>	Yes.
<b>Are samples of dishes being kept?</b>	Yes, labelled and date stamped. Kept for 5 days.

### **Other**

<b>Is there appropriate storage for cleaning agents and chemicals?</b>	Appropriate cleaning storage unit provided.
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## **Operational Hygiene**

<b>Do residents use the main kitchen?</b>	No.
<b>Is that use supervised to ensure safe &amp; hygienic practices are observed?</b>	N/A
<b>By whom is it supervised?</b>	N/A

<b>Is the correct equipment provided? e.g. <i>colour coded chopping boards</i></b>
Yes, correct colour coded equipment is in place such as knives and chopping boards.

<b>Is the necessary holding equipment provided? e.g. <i>bain maries, refrigerated units</i></b>
Yes, necessary heated bain maries and refrigerator units are in place.

<b>Condition and suitability of serving equipment and utensils:</b>
All serving equipment and utensils are clean and well maintained.

<b>What procedures are in place for unused/unserved food at the end of service?</b>
All unserved food is disposed of at end of service.

<b>Comments:</b>          
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## Staff Facilities and Hygiene

<b>Are designated staff facilities provided?</b>	Yes
<b>What facilities are in place?</b>	Male & Female locker rooms with toilet & shower facilities.

<b>Are all areas clean and well maintained?</b>	Malodour in male toilets coming from broken toilet that needs repair.
<b>Are suitable hand washing &amp; drying facilities provided?</b>	Yes, two hand wash basins are provided in each locker room facility.
<b>Is storage provided for personal belongings?</b>	Yes, locked and hanging space is provided.
<b>Are showers provided? <i>indicate cleanliness &amp; suitability</i></b>	Yes, one shower in each locker room is provided. All suitable and clean.

<b>Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained</i> <i>If no, outline arrangements for breaks</i></b>	No, staff use dining room on designated breaks.
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<b>Are uniforms provided for:</b>	
<b>Kitchen Staff?</b>	Yes, uniforms incorporating hats, shirt, trousers and aprons are provided.
<b>Serving Staff?</b>	Yes, uniforms incorporating hats, shirt, trousers and aprons are provided.

<b>Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i></b>	Yes, all clean and well maintained. All kitchen staff wore appropriate footwear.
<b>Is personal grooming satisfactory?</b>	Yes
<b>Are safe habits practiced?</b>	Yes, disposable gloves are worn whilst serving food.
<b>General Comments on staff facilities:</b>	
Locker rooms are clean and well maintained.	

## Nutrition

<b>Is a vegetarian option provided at each meal?</b>	Yes
<b>Are ethnic dishes provided?</b>	Yes, halal meat and ethnic dishes are prepared for residents.
<b>Are residents consulted regarding menus / dietary requests?</b>	Yes.
<b>Is the food provided varied and nutritious?</b>	Yes very varied with plenty of good healthy options.
<b>Are child appropriate dishes served at each meal?</b>	Yes.
<b>Are the options provided suitable and nutritious?</b>	Options are very nutritious and suitable for children.
<b>What is provided in the packed lunches for school children? Are they suitable and nutritious in nature?</b>	Yes as per guidelines, sandwich and juice
<b>Are fresh infant foods available at each meal? (details)</b>	Yes, pureed food can be provided.
<b>Are IPAS/IPPS notices/posters promoting breastfeeding on display? (state location)</b>	Yes dining room.
<b>Is infant formula kept out of public view?</b>	Yes, kept in dry goods storage area.
<b>What arrangements are in place for distribution of formula?</b>	Distribution register in place. Formula is issued weekly to mothers.
<b>Are staff aware of the Department of Health &amp; Children's guidelines for preschool and primary children? (available on their website)</b>	Yes
<b>Are staff aware of the IPAS/IPPS Infant Feeding Guidelines?</b>	Yes.

## **Arrangements for refreshments/meals outside normal meal times**

<b>Are tea/coffee/snacks/drinking water etc available outside normal mealtimes?</b>	Milk, tea and sugar, water boiler, microwave and refrigerator available for residents to prepare own snacks.
<b>Provide details of location and accessibility of the above facilities:</b> Each residential block has two kitchenettes provided which are open on a 24hr basis. Residents own food can be stored in refrigerators.	
<b>What arrangements are there for residents who arrive late for meal times?</b>	No meals are kept unless prior notification is provided.
<b>What arrangements are there for new arrivals to centre?</b>	Once prior notification is provided meals are kept.
<b>Are packed lunches provided for residents travelling to Dublin on official business?</b>	Can provide packed lunch
<b>Comments:</b>	

## Special Facilities for Babies

<b>Are the following facilities available for babies:</b>	
Access to drinking water (for preparation of infant formula):	Yes
Sterilisers	Provided by CWO
Kettles	Boilers in kitchenettes
Fridge (for infant formula bottles)	Fridge in kitchenettes
Microwave/bottle warmer	Microwave in kitchenettes
Are these facilities available on a 24 hour basis?	Yes
Is the room/facility maintained in a clean condition?	Housekeeping maintain kitchenettes in a clean condition.
Are healthy/nutritious snacks available 24 hours for breastfeeding mothers? ( <i>details</i> )	No, residents store own foods.
Are there any other facilities provided? No.	

**Comments:**



**23 PUBLIC TOILET (State Location): Main building**

	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:	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed? Record the last time entry.					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
					<b>29/3/2021</b>	
Is the area clean? (provide comment) yes						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:						

**24 COMMUNAL ROOM (State Location): main buiding**

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

## OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input checked="" type="checkbox"/>			
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Comments				

## LAUNDRY ROOM

	Washing Machines	Dryers
Number	<b>10</b>	<b>10</b>
Do they appear to be in working order?	<b>yes</b>	
Comments:		

## CORRIDOR (State Location): All areas

Is the area generally clean?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If no please give details:		
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail: +		

## STAIRWAY (State Location): all stairways

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

## KITCHENETTES

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
<i>Visual Check:</i> Have you noticed any issues requiring attention? NO		
If yes please detail:		

## Bedrooms:

### **CLEANING (General Arrangements)**

How often are bedrooms inspected?	twice weekly <input checked="" type="checkbox"/>	Weekly <input type="checkbox"/>
Who cleans the bedrooms?	Staff <input type="checkbox"/>	Residents <input type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input checked="" type="checkbox"/>	fortnightly <input type="checkbox"/>
	Monthly <input type="checkbox"/>	Other <input type="checkbox"/>
Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What cleaning equipment is available to residents?	brushes, mops, buckets etc	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	written notice to resident and staff assist if necessary	

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

**Due to current covid restriction and potential cases within the centre a bedroom inspection was not carried out. All common areas were inspected and were found to be satisfactory.**  
**There are daily security checks throughout all the centre with up 15 patrols of the entire facility throughout the day and night.**

## **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

<b>Name of Centre:</b>	KINSALE ROAD
<b>Address:</b>	KINSALE ROAD CO.CORK
<b>Contractor :</b>	ARAMARK
<b>Manager:</b>	Breda Keane
<b>Contact Name:</b>	Breda Keane
<b>Capacity Per MOA (Current Occupancy):</b>	301 (259)
<b>Date of Inspection:</b>	23/9/21

Fire Safety:

No issues

Food Safety:

Kitchen flooring has been repaired in some areas however further repair and laying of lino is needed.

Electric fly killers need to be installed

Ceiling tiles need replacing

Note: dining room has been reconfigured (reduced capacity of 15 tables) to ensure adequate social distancing between tables , there is a sanitization systems in place

which is monitored and maintained by security to ensure all touch points and dining furniture is wiped down & sanitized after every

**Bedrooms:**

Due to current covid restriction and potential cases within the centre a bedroom inspection was not carried out. All common areas were inspected and were found to be satisfactory.

There are daily security checks throughout all the centre with up to 15 patrols of the entire facility throughout the day and night.

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18<sup>th</sup> June 2021.

**Re: QTS Inspection at Kinsale Road Accommodation Centre**

Dear Mr Tracey,

We write in response to your e-mail of the 02<sup>nd</sup> June regarding the Inspection carried out by QTS at the Kinsale Road Accommodation Centre on 29<sup>th</sup> March 2021. Please find below a list of Corrective Actions that have been implemented following the Audit.

The replacement Electronic Fly Killer Units were installed on 13<sup>th</sup> April. These were on order at the time of the Inspection.

We are also pleased to confirm that the OPW have completed the replacement of the Kitchen Flooring. The works were completed on dates from 24<sup>th</sup> to 28<sup>th</sup> May 2021.

The Kitchen Ceiling tiles have been repainted or replaced as required. Date of completion 02<sup>nd</sup> April 2021.

I have attached to the e-mail a copy of the ISO Certification which was not available on site on the date of the audit.

Yours sincerely,

Breda Keane Shortt  
Centre Manager

Copy Pamela Cotter -Regional Manager