IPPS/IPAS

Inspection Report

Centre:	**MARIAN HOSTEL**
IPPS/IPAS Inspector:	**James Walsh**
Date of Inspection:	**21st December 2020**
Time of Arrival & Departure:	**10:15PM – 13:30**

Part 1

General Information on Services

Centre: **MARIAN HOSTEL**

Date of Inspection: **21st December 2020**

1. CENTRE DETAILS

Name and address of Centre	**Marian Hostel, High Street, Tullamore, Co. Offaly**

Contractor	**Bridgestock Care Ltd**
Manager	**Shane Lynam**
Who deputises for manager in his/her absence?	**Give Job Title only** **Duty Manager**

Telephone Number	**057 93 03965**

Current Contracted Capacity	**168**
Current Occupancy (today)	**102**
Current Centre Profile (e.g., singles, families etc.)	**Singles/Familes/Couples**

HSE Area	**Midlands**
Public Health Nurse	**Health Centre Tullamore**
DSP / CWO name	
Environmental Health Officer name	
Local Fire Officer Name	
Local Fire Station	**Tullamore**

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	Yes ☒ No ☐
If yes, please give details:	
What was the date of the last certification?	**15/05/2020**
Have you a copy of the Certification	Yes ☒ No ☐

2. Please provide a copy of the following

	Check List
Official Register	☒
Menu Cycle	☐ **N/A**
Latest EHO Report	☐ **N/A**
Staffing Lists as follows: **1.** Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,) **2.** Indicate who is on duty at time of inspection (today) **3.** a separate list of Designated Liaison Persons (child protection)	 ☒ ☒ ☐

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes ☒ No ☐
Give details of roster hours	**Patrolling Officer 24/7. Patrols carried out intermittently during the day hours & 2 hr intervals @ night hours.**
Is security provided by external company? (Y/N)	Yes ☐ No ☒
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes ☒ No ☐
Is a list of emergency numbers available in the Manager's office?	Yes ☒ No ☐
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 ☒ No ☐ If no, give details:
Are first aid kits available? (Y/N)	Yes ☒ No ☐
Where and how many?	4 – office & Kitchens
Who is responsible for first aid restocking?	*Job title **only** (not name) of person responsible:* ***Kitchen Supervisor***
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes ☒ No ☐ **Presently/Currently 3 -**

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	**Oil & Gas**
Do residents have control of the heating in their own bedroom?	Yes ☒ No ☐
If no, what arrangements are in place?	**Centrally Controlled Timer**
What are the heating 'ON' times?	**6am – 9am & 6pm – 9pm**

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes ☒ No ☐
How does centre management explain house rules to residents on arrival?	**Induction Meeting**

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

Are residents issued with key for their bedroom?(Yes/No)	Yes ☒ No ☐
Are residents issued with key for main door? (Yes/No)	Yes ☒ No ☐
If no, give details	**Electric Lock in Main Door. Keys Issued for Houses**

Are there procedures to allow residents to receive visitors? (Give details)	**Yes – Currently only Officials**
Outline visiting times :	**-**
In what areas are visitors allowed in the centre?	**Meeting Rooms**
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) *(* Storage is at resident's own risk)*	**Yes**
What toiletries are provided to residents on arrival?	**Toiletries – Toothpaste. Shop Available**
What arrangements are in place to replenish these items?	**Shop on Site**

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes ☒ No ☐
Is there a maintenance day book? (Yes/No)	Yes ☒ No ☐
Describe the maintenance procedure at the centre: **Maintenance Log Kept at Front Desk**	

8 CHILD PROTECTION

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

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes No
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes No
Date of last visit of Environmental Health Officer:	**N/A**

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

Are residents consulted regarding menu / dietary requests? (Give details.)	**N/A**
Provide details opposite: Which of the following are provided for school children's packed lunches: • Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? • Drinks? Juice? Water? • Yogurt? • Fruit? • Other	**N/A** Please also provide details of the system for distribution of school lunches:
Is infant formula kept out of public view?	**N/A**
What arrangements are in place for distribution of infant formula?	**N/A**

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes ☐ No ☒
What food/snacks are available after hours or when kitchen is closed?	**If Resident Arrive Late – A Meal/Refreshments Provided**
Where are the snacks located and how are they accessed?	
Are meals available for residents who arrive late? (Give details.)	Yes ☒ No ☐
Are meals available for new arrivals? (Give details)	**Yes**
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes ☐ No ☐ **Shop Bought**
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 ☒ No ☐
Sterilisers	Yes ☒ No ☐
Kettles	Yes ☒ No ☐
Fridge (for bottles of EBM* / formula) **Expressed Breast Milk*	Yes ☒ No ☐
Bottle Warmer	Yes ☒ No ☐
Microwave	Yes ☒ No ☐

Are these facilities available 24 hours a day	Yes ☒ No ☐
Is there a dedicated room provided? Where?	Yes ☐ No ☐ **Bedrooms/Kitchen**

13 INDOOR FACILITIES

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

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes ☐ No ☒ **N/A**
Where does the service go to?	**Public Service Available – All over**
What is the frequency of the service? *(List time table opposite)*	

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes ☒ No ☐
An average, how many TV channels are provided to residents?	**Free To Air & SKY TV**
Are residents allowed to erect satellite dishes?	**NO**

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes ☒ No ☐
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?	**Provided on Arrival & Replacements if Needed/Requested**
What procedures are in place for ironing boards	**Sign out from office**

and irons?	
How is washing powder / tablets supplied?	**Shop on Site – Purchased by resident**
Are there specific arrangements for access to the laundry (give details):	**Yes – Hours displayed. 2 in at any time during Covid – allowing for social distancing**

17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes ☒ No ☐
What cleaning equipment is available to residents?	**Hoovers/Mops/Sweeping Brushes**
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	**Collected From Reception. Hoover Stations throughout Building**
What arrangements are in place if rooms are not cleaned sufficiently by residents?	**Cleaners Arranged to Assist.**

PART 2

Room by Room Inspection

Centre: MARIAN HOSTEL

Date of Inspection: 21st December 2020

Section A- Administration / Communal areas

Have you seen the following?

		Location of Display
Up to date House Rules	☒	**In Reception & Each resident has a copy**
Complaint Forms	☒	**In Reception**
Accident/ Incident procedure	☒	**Forms at reception**

HSE Breastfeeding Posters (if applicable)	☒	**In No19 House – No families in Main Building.**
Designated Liaison Person details (Child Protection)	☐	**No – Work in Progress (January 2021)**
Supervision of children notice	☒	
Human trafficking awareness poster	☒	
		Covid 19 Posters on Notice boards
IOM Voluntary Return Posters	☒	

Staff Awareness

Did you see the RIA Code of Practice*?	☒
Are all staff aware of RIA Code & House Rules?	☒
How are staff made aware of RIA Code & House Rules*?* **All Staff sign a sheet.**	

**A Code of Practice for persons working in accommodation centres*

19 FIRE SAFETY

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	Comments
13/12/20	**Security - Internal**	**All ok. Done Weekly**
06/12/20	**Security - Internal**	**All ok. Done Weekly**

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
21/12/20	**Security - Internal**	☒	**----------**		**Y**
20/12/20	**Security - Internal**	☒	**----------**		**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
30/11/2020	**Security - Internal**	☒			**Y**
01/10/2020	**Security - 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
20/12/2020	**Security-Internal**	☒			**Y**
19/12/2020	**Security-Internal**	☒			**Y**

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
25/11/2020	**2**	**32/51**	**3:41 mins**	**Residents/Occupants – Room 18, 12, 5 – refused to leave room.**
05/10/2020	**2**	**13/13**	**2:20 mins**	

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All Staff	**Fire Warden Course**	**First Point Safety Training**	**1 Day**	**06/06/2020**

19g 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?	**Yes**
Comments:	

Administration Area:

Reception:

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

FOOD - Shop

Were the points value of the items clearly displayed: Yes
Electronic POS: Yes No
Food storage – dry & cold: Yes No

Is the area generally clean?	Yes ☒	No ☐	
If no please give details:			
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒	
If yes please detail:			

List of items:	**Points value:**	**List of items:**	**Points value:**
Cream Crackers	**1.44 points**	**Fresh Eggs**	**1.11 points**
Surf	**3.69 points**	**Tea bags**	**1.29 points**
A selection of fresh fruit and vegetables available		**Good display & options re stock available**	

KITCHENS:
Main communal kitchen

Is the area generally clean?	Yes ☒	No ☐	
If no please give details:			
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒	
If yes please detail: Cooking stations???			

Kitchenette x 4 (Main Building – Marian Hostel)

What facilities are provided? Toaster, table, chairs, wi-fi, microwave, sink, kitchen station.			
Is the area generally clean?	Yes ☒	No ☐	
If no please give details:			
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒	
If yes please detail:			

PUBLIC TOILET (State Location): In Main Building – Marian Hostel

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:		☒	☒	☒	☐	☐
Ladies:		☐	☐	☐	☐	☐
Gents:		☐	☐	☐	☐	

Is there a cleaning schedule displayed? Record the last time entry	Yes ☒ No ☐
Is the area clean? (provide comment)	Yes, well lit & ventilated
Are all facilities working?	Yes ☒ No *☐
Visual Check: Have you noticed any issues requiring attention?	Yes*☐ No ☒
If No, give details:	

Social Room /Communal Room (State Location): Main Building – Marian Hostel

What facilities are provided?	Residents & Staff use room. Multi-purpose
Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☒
If yes please detail:	

<u>Other rooms: (eg) Family Rooms/Living Rooms (State Location): Ground Floor@reception</u>

What facilities are provided?	Meetings, residents use, lockable door, Wi-Fi
Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☒
If yes please detail:	

<u>Other rooms: (State Room Type & Location): Staff Room – Ground Floor – Main Building</u>

What facilities are provided?	Staff Room - microwave, toaster, fridge, tables, chairs
Is the area generally clean?	Yes ☒ No ☐
If no please give details:	

Visual Check: Have you noticed any issues requiring attention? Yes ☐ No ☒	
If yes please detail:	

Other rooms: (State Room Type & Location): Dining Room – Ground Floor – Main Building

What facilities are provided? Residents dining. Tables, chairs, sink, hot water, TV, notice boards	
Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☒
If yes please detail:	

Other rooms: (State Room Type & Location): No 4 – Ground Floor – Main Building

What facilities are provided? Sofas, table, library, bookcase, Wi-Fi, large space – 'bookable' space for residents and staff. Multi-purpose use.	
Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☒
If yes please detail:	

Other rooms: (State Room Type & Location): No 4 – Ground Floor – Main Building

What facilities are provided? Sofas, table, library, bookcase, Wi-Fi, large space – 'bookable' space for residents and staff. Multi-purpose use.	
Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☒
If yes please detail:	

Other rooms: (State Room Type & Location): Recreation Room – 1st Floor – Main Building

What facilities are provided? Snooker Table, sofa, table, fridges (storage for residents chilled goods), TV, chairs	
Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☒

If yes please detail:

LAUNDRY ROOM:

	Washing Machines	Dryers
Number	**10**	**10**
Is the area generally clean?	Yes ☒ No ☐	
If no please give details:		
Do they appear to be in working order?	**YES (Additional Laundry Room to be added)**	

OUTDOOR GROUNDS / FACILITIES:

	Very Good	**Adequate**	**Poor***	**Needs urgent attention***
Condition of exterior of centre	☒	☐	☐	☐
Paintwork of the centre	☒	☐	☐	☐
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	☒	☐	☐	☐
Cleanliness of the grounds (i.e; evidence of rubbish etc.)	☒	☐	☐	☐
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes ☒ No ☐				
Comments: Garden space with benches at the rear of property. Multi-purpose area; bbq, allotment, garden.				

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly ☐ Weekly ☒
Who cleans the bedrooms?	Staff ☐ Residents ☒
How often do staff clean the bedrooms?	Weekly ☐ fortnightly ☐ Monthly ☐ Other ☒
Are there cleaning materials and equipment provided by management for residents?	Yes ☒ No ☐
What cleaning equipment is available to residents?	There is hoover/mop stations throughout the building. There is sanitiser bottles supplied to every bathroom. Cleaning products are available for use and can also be purchased in the onsite shop.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	If a resident's room is unclean, staff will clean the room, and show residents how to keep their rooms clean.

CORRIDOR (State Location): Ground Floor – Main Building – Marian Hostel

Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☒
If yes please detail:	

CORRIDOR (State Location): Level 2 – outside room 39 -41 (Males)

Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☒
If yes please detail:	

CORRIDOR (State Location): Level 1 – Main Building – (Females)

Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☒

If yes please detail:

STAIRWAY (State Location): Main Building – Marian Hostel -

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

STAIRWAY (State Location): Throughout Building

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

Rooms:

Room Number: 12				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**3**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?			Yes ☒	No ☐
If *, please give details :				

Room number: 14				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**3**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?			Yes ☒	No ☐
If *, please give details :				

Room number : 15				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family		**3**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?			Yes ☒	No ☐
If *, please give details :				

Room number: 16				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒ No ☐
If *, please give details :	

Room number: 17				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**2**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?			Yes ☒	No ☐
If *, please give details :				

Room number: 18				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**2**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☐	☐	☐
Is everything in working order?			Yes ☒	No ☐
If *, please give details :				

Room number: 19				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**2**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☐	☐	☐
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☒	No ☐
If *, please give details:				

Room number: 20				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**2**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☐	☐	☐	☐	☐
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No ☐
If *, please give details:		

Room number : 21				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?		Yes ☒	No ☐	
If *, please give details :				

Room number : 22				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?		Yes ☐	No ☒	
If *, please give details : Light on celling needs repair				

Room number : 23				
Room Profile: Singles		Room Capacity:		Room Occupancy: 1
Family/Singles/Couple		**3**		
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?		Yes ☒	No ☐	
If *, please give details :				

Room number : 24				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒	No ☐
If *, please give details :		

Room number: 25				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?		Yes ☒	No ☐	
If *, please give details :				

Room number: 26				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**2**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?		Yes ☒	No ☐	
If *, please give details :				

Room number: 27				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?		Yes ☒	No ☐	
If *, please give details :				

Room number: 28 – USED AS AN ISOLATION ROOM (BATHROOM NEXT TO ROOM FOR RM 28)				
Room Profile: Isolation Room		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**1**		**0**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order? Yes ☒ No ☐

If *, please give details :

Room number: 29

Room Profile: Singles	Room Capacity:	Room Occupancy:
Family/Singles/Couple	**3**	**2**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☐	☐	☒	☐	☐

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No ☐

If *, please give details :

Room number: 30

Room Profile: Singles	Room Capacity:	Room Occupancy:
Family/Singles/Couple	**3**	**2**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order? Yes ☒ No ☐

If *, please give details :

Room number : 31

Room Profile: Couple	Room Capacity:	Room Occupancy:
Family/Singles/Couple	**2**	**1**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order? Yes ☒ No ☐

If *, please give details :

Room number : 32				
Room Profile: Couple		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order? Yes ☒ No ☐

If *, please give details :

Room number : 33				
Room Profile: Couple		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☐	☐

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order? Yes ☒ No ☐

If *, please give details :

Room number : 34				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**2**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order? Yes ☒ No ☐

If *, please give details :

Room number : 35				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**3**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒	No ☐
If *, please give details :		

Room number : 36				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?		Yes ☒	No ☐	
If *, please give details :				
Room number : 37				
Room Profile: Single		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**2**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?		Yes ☒	No ☐	
If *, please give details :				

Room number : 38				
Room Profile: Single		Room Capacity:		Room Occupancy:
Family/Singles/Couple				**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?		Yes ☒	No ☐	
If *, please give details :				

Room number : 39				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**2**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒	No ☐
If *, please give details :		

Room number : 40				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**3**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?		Yes ☒	No ☐	
If *, please give details :				
Room number : 41				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple:		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?		Yes ☒	No ☐	
If *, please give details :				

Room number : 42				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?		Yes ☒	No ☐	
If *, please give details :				

Room number : 43				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**3**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *

Cleanliness	☒	☐	☐	☐
Is everything in working order?			Yes ☒	No ☐
If *, please give details :				

Room number : 44				
Room Profile:		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☐	☐	☒	☐	☐
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?			Yes ☐	No ☒
If *, please give details : Mould bathroom ceiling and strong bad odour				
Room number : 45				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple:		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?			Yes ☒	No ☐
If *, please give details :				

Room number : 46				
Room Profile:Single		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?			Yes ☒	No ☐
If *, please give details :				

Room number : 48				
Room Profile:		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *

Cleanliness	☒	☐	☐	☐
Is everything in working order?			Yes ☒	No ☐
If *, please give details :				

Room number : 49				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?			Yes ☒	No ☐
If *, please give details :				
Room number : 50				
Room Profile: Singles		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?			Yes ☒	No ☐
If *, please give details :				

Florence House – House on Main Street – Across Road from Marian Hostel

Room number : 65				
Room Profile:		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**4**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?			Yes ☒	No ☐
If *, please give details :				

Room number : 66				
Room Profile:		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**4**		**0**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?			Yes ☒	No ☐
If *, please give details :				

Room number : 67				
Room Profile:		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**2**		**0**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?			Yes ☒	No ☐
If *, please give details :				
Room number : 68				
Room Profile:		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**4**		**0**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?			Yes ☒	No ☐

If *, please give details :

Room number : 69				
Room Profile:		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**4**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒	No ☐
If *, please give details :		

OTHER ROOMS: (State Room Type & Location): Living Rooms/Family Rooms

What facilities are provided? Living Space/Family room X 3. Sofa, table.		
Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

STAIRWAY: (State Location): Florence House - Throughout Building

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

KITCHENS:

What facilities are provided? Cooking Stations x 3y, Fully equipped Kitchen; utensils, fridge etc.		
Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

OUTDOOR GROUNDS / FACILITIES:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	☒	☐	☐	☐
Paintwork of the centre	☒	☐	☐	☐
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	☒	☐	☐	☐
Cleanliness of the grounds (i.e; evidence of rubbish etc.)	☒	☐	☐	☐
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes ☒ No ☐				
Comments: Enclosed Area at the rear of Property				

House No. 19 House on Main Street – Across Road from Marian Hostel

Room number: 58				
Room Profile:		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**4**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?		Yes ☒	No ☐	
If *, please give details :				

Room number : 59				
Room Profile:		Room Capacity:		Room Occupancy:
Family/Singles/Couple		**4**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐
Is everything in working order?		Yes ☒	No ☐	
If *, please give details :				
Room number : 60				

Room Profile:	Room Capacity:	Room Occupancy:
Family/Singles/Couple	**4**	**3**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order? Yes ☒ No ☐

If *, please give details :

Room number : 61		
Room Profile:	Room Capacity:	Room Occupancy:
Family/Singles/Couple	**2**	**1**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order? Yes ☒ No ☐

If *, please give details : Mould around window needs attention

Room number : 62		
Room Profile:	Room Capacity:	Room Occupancy:
Family/Singles/Couple	**5**	**0**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order? Yes ☐ No ☐

If *, please give details :

Room number : 63		
Room Profile:	Room Capacity:	Room Occupancy:
Family/Singles/Couple	**4**	**63**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order? Yes ☒ No ☐

If *, please give details :

Room number **: 64**

Room Profile:			Room Capacity:	Room Occupancy:
Family/Singles/Couple			**3**	**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒ No ☐
If *, please give details :	

Room number : 65				
Room Profile:			Room Capacity:	Room Occupancy:
Family/Singles/Couple				**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒ No ☐
If *, please give details :	

Room number :65				
Room Profile:			Room Capacity:	Room Occupancy:
Family/Singles/Couple			**4**	**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☐	☐

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒ No ☐
If *, please give details :	

<u>OTHER ROOMS: (State Room Type & Location):</u> House No. 19 <u>Living Rooms/Family Rooms</u>

What facilities are provided? Living Space/Family room X 3. Sofa, table.	
Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☒
If yes please detail:	

STAIRWAY: (State Location): House No. 19 - Throughout Building

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

KITCHENS:

What facilities are provided? Cooking Stations x 3, Fully equipped Kitchen; utensils, fridge etc.				
Is the area generally clean?	Yes	☒	No	☐
If no please give details:				
Visual Check: Have you noticed any issues requiring attention?	Yes	☐	No	☒
If yes please detail:				

Manager should be asked to sign this declaration.

This inspection, by a RIA official, is primarily to examine how the terms of the Contract are being complied with in the centre.

The manager accepts that the person carrying out the inspection is not charged with certifying the centre is in compliance with all fire safety regulations. The manager agrees that the information provided above is correct.

Signed: _____

Position: _____

Date: _____

****

Manager should be asked to sign this declaration.

This inspection, by a RIA official, is primarily to examine how the terms of the Contract are being complied with in the centre.

The manager accepts that the person carrying out the inspection is not certifying that the centre is in compliance with all food safety regulations. The manager agrees that the information provided above is correct.

Signed: _____

Position: _____

Date: _____

General Representations

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

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

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

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.

Mr. Michael Gillen,
Bridgestock Ltd.,
RBK House,
2nd Floor,
Castle Street,
Co. Roscommon.

21st January 2021

Dear Mr. Gillen,

IPAS/IPPS carried out an inspection at the Marian Hostel on 21st December 2020. A copy of the inspection report is enclosed for your attention and I apologise for the delay in forwarding this to you. Please read the report carefully and do not hesitate to contact me if it contains any discrepancies.

During the course of the inspection a number of issues were highlighted. Please reply in writing on or before Friday 5th February 2021 outlining the steps you have taken/propose to take to address the issues raised.

Yours sincerely,

_____

Majella Donoghue
Contracts and Payments
International Protection Procurement Services