

RIA

Inspection Report

Centre:	Park Lodge Accommodation Centre
Inspector:	MAJELLA DONOGHUE
Date of Inspection:	10 DECEMBER 2020
Time of Arrival & Departure:	2.30am – 6:30pm

Part 1

General Information on Services

Internal Inspection Report

Centre: **Park Lodge Accommodation Centre**

Date of Inspection: **10 DECEMBER 2020**

1. CENTRE DETAILS

Name and address of Centre	Park Lodge, Killarney Co. Kerry
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Contractor	OFM
Manager	Geradette Milligan
Who deputises for manager in his/her absence?	Give Job Title only Assistant manager

Telephone Number	064 39671
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Current Contracted Capacity	55
Current Occupancy (today)	36
Current Centre Profile (e.g., singles, families etc.)	Single Female

HSE Area	South West
Public Health Nurse	Hannah Healey
DSP / CWO name	Nora Deane
Environmental Health Officer name	Anne Hussey
Local Fire Officer Name	Padraig Mangan
Local Fire Station	Bypass Road, Killarney

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please give details:	HACCP, QS Development
What was the date of the last certification?	08/11/2019
Have you a copy of the Certification	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

2. Please provide a copy of the following

	Check List
Official Register	<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)	N/A

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	Night Porter 8pm to 8 am
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	Internal OFM Staff
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 RIA 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?	2 - 1 x kitchen and 1 x reception
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Electric/Oil
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, what arrangements are in place?	
What are the heating 'ON' times?	Times dependent on weather, residents can control it individually in their rooms.

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?	On arrival induction with Manager. House rules available in different languages.

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	Door is locked at 10pm. Access after that time via a coded lock. Also, night porter can allow access.
Are there procedures to allow residents to receive visitors? (Give details)	Yes
Outline visiting times :	10am to 10pm
In what areas are visitors allowed in the centre?	Reception lobby and TV lounge
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	Storage Lockers on site.
What toiletries are provided to residents on arrival?	Soap, shampoo, toothpaste, toilet paper. Monthly supply of soaps, shampoo and toothpaste and weekly supply of toilet paper.
What arrangements are in place to replenish these items?	On request

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: Residents or staff report maintenance issues and these are recorded in the log in the manager's office.	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Not applicable to Park Lodge
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	n/a
Where is declaration held?	n/a
Is there a sign in book for visitors? Where?	n/a
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	n/a
Have Designated Liaison Persons received HSE training?	n/a
Are notices prominently displayed regarding parental supervision of children? Where?	n/a

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:	16/10/19

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Chef openly meets with residents, guest also provide recipes to chef for theme nights
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 	n/a
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
What food/snacks are available after hours or when kitchen is closed?	Fruit, Bread, juices, coffee, tea and milk
Where are the snacks located and how are they accessed?	Dining room/residents kitchenette
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Meal left covered for re-heating once notified.
Are meals available for new arrivals? (Give details)	Yes, on arrival if outside main meal times, meals will have been set aside from previous service.
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sandwich, juice/water and fruit
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?	Dried fruit provided – dates, sultanas, prunes. Dining room opens early for breakfast.

12 FACILITIES FOR FEEDING BABIES

Are the following available?	Does not apply to Park Lodge
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	n/a
Sterilisers	n/a
Kettles	n/a
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	n/a
Bottle Warmer	n/a
Microwave	n/a
Are these facilities available 24 hours a day	n/a
Is there a dedicated room provided? Where?	n/a

13 INDOOR FACILITIES

Are the following are available to residents?	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 type="checkbox"/>	No <input checked="" 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 checked="" type="checkbox"/>
Other	Weights Bench – gym weights	
Give details of any other arrangement or other comments:	Gym with cardio equipment, bike, treadmill in building at rear, plus table tennis and pool table. Room also used as a sewing room.	

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Where does the service go to?	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Cable TV is available in communal room.
An average, how many TV channels are provided to residents?	10 +12 NEW SMART TV'S
Are residents allowed to erect satellite dishes?	No

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)	Residents
What procedures are in place for the exchange of towels and bed linen at the centre?	On request from manager
What procedures are in place for ironing boards and irons?	Available from laundry both irons and ironing boards
How is washing powder / tablets supplied?	Automatically dispensed in machines
Are there specific arrangements for access to the laundry (give details):	Open from 8am to 10pm

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?	Cif/toilet cleaner/vacuum/mops and brushes, window cleaner, mould and mildew remover
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Available on request from manager's office
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Manager speaks to resident and assistance is provided, if necessary.

PART 2

Room by Room Inspection

Internal Inspection

Centre: *Park Lodge Killarney*

Date of Inspection: *10 DECEMBER 2020*

Section A- Administration / Communal areas

Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Dining room and lobby
Complaint Forms	<input checked="" type="checkbox"/>	Reception
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Manager's office

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	n/a
Designated Liaison Person details (Child Protection)	<input type="checkbox"/>	n/a
Supervision of children notice	<input type="checkbox"/>	n/a
Gym Notices (Child Safety – if applicable)	<input checked="" type="checkbox"/>	Gym door
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Lobby outside manager's office

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

Staff Awareness

Did you see the IPAS Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of IPAS Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of IPAS Code & House Rules? All staff read and sign off on Code and Rules. Records kept on individual files.	

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

FIRE SAFETY

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

EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
14/09/2020	Security on site - Internal	Ok
11/09/2020	Flesk Electrical	Ok
11/09/2020	FLESK ELECTRICAL	OK

FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
29/09/2020	Assistant manager	<input checked="" type="checkbox"/>	None	N	Y
30/09/2020	Assistant manager	<input checked="" type="checkbox"/>	None	N	Y
11/08/2020	Chubb	<input checked="" type="checkbox"/>	Service & Test	Y	Y
03/12/2020	CHUBB	OK	SERVICE & TEST	Y	Y

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
29/09/2020	Assistant manager	<input checked="" type="checkbox"/>	None	N	Y
30/09/2020	Assistant manager	<input checked="" type="checkbox"/>	None	N	Y
Due in Nov. 2020 (01/11/2019)	M & K Defence	<input checked="" type="checkbox"/>	Full service	Y	Y
01/11/2020	M&K DEFENCE	OK	FULL SERVICE	Y	Y

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
29/09/2020	Assistant manager	<input checked="" type="checkbox"/>	None	N	Y
30/09/2020	Assistant manager	<input checked="" type="checkbox"/>	None	N	Y
03/12/2020	ASSISTANT MANAGER	OK	NINE	N	Y

FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
05/11/19 4pm	4	17/17	3mins	V. Good response
21/08/2020 2pm	3	23/23	3min	V. Good Response

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

STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All staff	Fire Safety	M Morley (M&K Fire)	1 day	15/12/2016

FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Front of building
Are they marked?	Yes
Are staff aware of locations?	Yes
Comments:	

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>	No smoking allowed inside building
Comments:	

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
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:

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"/> (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)		
If yes please detail:		

Social Room / Tea Station (State Location):

What facilities are provided? Dining room, tv lounge and upstairs kitchenette, tea/ coffee, bread, toaster, fridge, burco boiler, microwave		
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:		

COMMUNAL ROOM : Ground floor

General Seating Area	
Is the seating in good condition?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What is the area generally used for?	Socialising and visitors
Any other comments? If yes please detail: CLOSED DUE TO COVID 19.	

PUBLIC TOILET (State Location): behind reception area

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is there a cleaning schedule displayed?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Record the last time entry.						

Is the area clean? (provide comment) Area very clean.	
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:	

DINING AREA:

Please outline the meal times:

	From	To
Breakfast	8.30	9.30
Lunch	12.30	14.00
Dinner	17.30	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:

Breakfast	
Lunch	
Dinner	

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"/>
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Meatballs, Vegetarian Spring Rolls, Chips, Kebabs, Vegetarian Pasta, Chili Sauce, Beans, with Salads & Fruit. Food was Hot, Fresh and Tasty.		
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"/>
Give details of this option:	Vegetable Pasta	
Were there ethnic dishes available?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Give details of this option:	Ethnic Meals available	
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	n/a	
In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Did inspection take place during Ramadan?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, please outline arrangements for provision of meals outside of normal mealtimes, (<i>medical or other appointments, etc.</i>):		
Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Comments: Very Good. No eating in Dining Room due to Covid 19. Also, currently developing a new menu to work/accommodate the residents with any additional ethnic dishes. Disposable plates & cutlery.

KITCHEN AREA: Food Safety Critical Requirements

Is there a dress code for kitchen and servery staff? Yes No

Please outline: **Chefs both wearing uniform**

Has the manager shown you HACCP Certificates for chefs?	<input checked="" type="checkbox"/>
Was the fridge temperature showing as being between 1 and 5°C?	<input checked="" type="checkbox"/>
Did you see evidence that the fridge temperature is recorded daily?	<input checked="" type="checkbox"/>
Was the freezer temperature showing as being -18°C or below?	<input checked="" type="checkbox"/>
Did you see evidence that freezer temperature is recorded daily?	<input checked="" type="checkbox"/>
Are dry food stuffs stored on shelving? (all dry goods should be stored off the ground)	<input checked="" type="checkbox"/>
Has it been demonstrated to you that cooked food is at a temperature above 72°C?	<input checked="" type="checkbox"/>
Is the temperature recorded for all food services (lunch & dinner)	<input checked="" type="checkbox"/>
Is there a record of daily cleaning of kitchen, food service and dining areas?	<input checked="" type="checkbox"/>
Have you seen a record of periodic deep clean of all floors, under and behind cookers/fridges etc.?	<input checked="" type="checkbox"/>
Are bins with waste food covered/lidded ?	<input checked="" type="checkbox"/>
Are fly screens present on windows and doors into kitchen?	<input checked="" type="checkbox"/>

Where you have not checked boxes above, please provide further details, including any specific corrective actions you may have requested:

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input checked="" type="checkbox"/>	<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? No				
Comments No children residing in the centre				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	2	2
Do they appear to be in working order? Yes		

CORRIDOR All corridors are maintained very well

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: (All recently painted)				

STAIRWAY All stairwells are clean and kept clear

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? <i>(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)</i>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If yes please detail:				

Gym:

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? <i>(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)</i>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If yes please detail: Gym CLOSED due to Covid 19				

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/>	Weekly <input checked="" type="checkbox"/>
Who cleans the bedrooms?	Staff <input type="checkbox"/>	Residents <input checked="" type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input type="checkbox"/>	fortnightly <input type="checkbox"/>
	Monthly <input type="checkbox"/>	Other <input checked="" 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?	Mops, brushes, toilet cleaner, household cleaning sprays, 2 vacuum cleaners etc.	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Management will work with residents and, if necessary, housekeeping will assist in cleaning the room. All aware of Covid 19	

ROOM 1				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<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 2				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<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 3				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<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: 1 RESIDENT OFFSITE- BED HELD				

ROOM 4				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<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: 1 RESIDENT OFFSITE- BED HELD				

ROOM 5				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<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 6				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<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: 1 RESIDENT HEALTH CARE WORKER- BED HELD 1 RESIDENT LEFT 2 WEEKS AGO				

ROOM 7				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<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 1 RESIDENT OFFSITE- ROOM HELD				

ROOM 8				
Room Profile: single female		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<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 type="checkbox"/> No <input checked="" type="checkbox"/>				
If *, please give details:				

ROOM 9				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<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: : 1 RESIDENT OFFSITE				

ROOM 10				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<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 11				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<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 12				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<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 14				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<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 type="checkbox"/>	No <input checked="" type="checkbox"/>	
If *, please give details:				

ROOM 15				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<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 type="checkbox"/>	No <input checked="" type="checkbox"/>
If *, please give details:				

ROOM 16				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<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:				

Kitchenette

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"/>
<i>(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)</i>			
If yes please detail: CLOSED DUE TO COVID 19			

ROOM 17 -ISOLATION ROOM				
Room Profile: single female		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<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 18				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<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 19- ROOM NOT CHECKED- RESIDENT IN SHOWER				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If *, please give details:				

ROOM 20				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If *, please give details				

ROOM 21				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If *, please give details				

Cleanliness	<input type="checkbox"/>	<input checked="" 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: 2 RESIDENTS OFFSITE				

ROOM 22				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM 23				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	<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:				

General Representations

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

N/a

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

N/A

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

N/A

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.

Áisneacht Fháilte agus Comhtháite
Reception and Integration Agency

Mr. Jamie Carnegie,
OFM,
Laccamore,
Abbeydorney,
Tralee,
Co. Kerry.

2nd October 2020

Dear Mr. Carnegie,

The IPPS/IPAS carried out an inspection in Park Lodge on 30th September 2020. A copy of the inspection report is enclosed for your attention. Please read the report carefully and do not hesitate to contact me if it contains any discrepancies.

A number of minor issues were identified as requiring attention during the course of the inspection. Please reply in writing, on or before Friday 16th October, outlining the steps you have taken/propose to take to address the issues raised.

Yours sincerely,

Majella Donoghue
Contracts and Inspections Unit
International Protection Procurement Unit

Park lodge
Park road
Killarney
Co. Kerry
23.02.2021

Re: Inspection 10.12.2020

Dear Majella,

In response to the recent audit in this centre, I am satisfied with the overall results.

For your records, fire training was completed for all staff in November 2020 and the most up to date C-19 awareness posters and precautions are in place for residents and staff. Management participate in HSE lead zoom calls on a regular basis.

If you have any further queries, please do not hesitate to contact me.

Yours faithfully,



Jamie Carnegie
Managing director.

