

# IPAS

## Inspection Report

<b>Centre:</b>	<b>Hibernian Hotel, Abbeyleigh</b>
<b>Inspector:</b>	<b>Siobhan O'Higgins</b>
<b>Date of Inspection:</b>	<b>22<sup>nd</sup> December, 2020</b>
<b>Time of Arrival &amp; Departure:</b>	<b>10:30am – 13:45pm</b>

*Part 1*  
*General Information on Services*

IPAS Inspection Report

*Centre:* **Hibernian Hotel, Abbeyleigh**  
*Date of Inspection:* **22nd December 2020**

**1. CENTRE DETAILS**

Name and address of Centre	<b>Hibernian Hotel, Main Street, Abbeyleix, Co. Laois</b>
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Contractor	<b>Ian Skeffington</b>
Manager	<b>Ann Walsh</b>
Who deputises for manager in his/her absence?	<b>Give Job Title only Assistant Manager</b>

Telephone Number	<b>057 30282</b>
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Current Contracted Capacity	<b>63</b>
Current Occupancy (today)	<b>51</b>
Current Centre Profile (e.g., singles, families etc.)	<b>Families</b>

HSE Area	<b>South East</b>
Public Health Nurse	<b>Denise – Residents attend clinic locally</b>
DSP / CWO name	<b>Siobhan Flanagan</b>
Environmental Health Officer name	<b>Sonya Mooney</b>
Local Fire Officer Name	<b>Anthony Tynan</b>
Local Fire Station	<b>Abbeyleix</b>

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

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

	<b>Check List</b>
Official Register	<input checked="" type="checkbox"/>
Menu Cycle	
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>Security 7:00pm – 8:00am</b>
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
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?	<b>2 - 1 x office &amp; 1 in the kitchen</b>
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: <b>Manager</b>
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>Gas</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>Heating on thermostats</b>
What are the heating 'ON' times?	<b>Automatic</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>Rules are explained to new residents 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>Front door coded</b>
Are there procedures to allow residents to receive visitors? (Give details)	<b>Yes</b>
Outline visiting times :	<b>10:00am-10:00pm. No visitors at present due to COVID restrictions</b>
In what areas are visitors allowed in the centre?	<b>TV Lounge and dining room for tea and coffee</b>
Any other relevant information:	<b>New sitting room available</b>
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>No, own rooms</b>
What toiletries are provided to residents on arrival?	<b>Toothpaste, shampoo, toiletries</b>
What arrangements are in place to replenish these items?	<b>Shop on site</b>

**7 ARRANGEMENTS FOR MAINTENANCE**

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" 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>When maintenance issues are reported they are noted by manager and actioned by maintenance team immediately</b>	

**8 CHILD PROTECTION**

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	<b>Yes – notices in place</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	<b>No</b>
Where is declaration held?	<b>n/a</b>
Is there a sign in book for visitors? Where?	<b>Yes</b>
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	<b>Yes – office door and notice in kitchen</b>
Have Designated Liaison Persons received HSE training?	<b>Yes</b>
Are notices prominently displayed regarding parental supervision of children? Where?	<b>Yes in dining room, hallway and playroom door.</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:	<b>16/07/18 - Centre now independent living</b>

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

Are residents consulted regarding menu / dietary requests? (Give details.)	<b>Centre is independent living – residents cook for themselves.</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>Parents can make lunches with ingredients from shop</b>  Please also provide details of the system for distribution of school lunches:
Is infant formula kept out of public view?	<b>Available in shop</b>
What arrangements are in place for distribution of infant formula?	<b>As above</b>

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

### CENTRE IS NOW INDEPENDENT LIVING

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?	
Where are the snacks located and how are they accessed?	
Are meals available for residents who arrive late? (Give details.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are meals available for new arrivals? (Give details)	
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<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>N/A</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 checked="" type="checkbox"/> No <input 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"/>
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"/> <b>Everything is available in the dining area</b>

### 13 INDOOR FACILITIES

<b><i>Are the following are 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 type="checkbox"/>	No <input checked="" 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
Board Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Newspapers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Books and slides	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Toys / games for children	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other		
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>Portlaoise</b>
What is the frequency of the service? (List time table opposite)	<b>Once a week</b>

### 15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Sky in TV Lounge and Saorview in bedrooms</b>
An average, how many TV channels are provided to residents?	<b>100 +</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>Residents</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>Available from reception</b>
What procedures are in place for ironing boards and irons?	<b>Available from reception</b>
How is washing powder / tablets supplied?	<b>Available in shop</b>
Are there specific arrangements for access to the laundry (give details):	<b>Daily 7:00am – 10:00pm</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>Hoover, brushes, mops etc.</b>
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>At reception on request</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Staff will clean rooms on request</b>



## *PART 2*

### *Room by Room Inspection*

#### IPAS Inspection

*Centre:           Hibernian Abbey*

*Date of Inspection: 22<sup>nd</sup> December, 2020*

## Section A- Administration / Communal areas

**Have you seen the following?**

		<b>Location of display</b>
Up to date House Rules	<input checked="" type="checkbox"/>	<b>Office</b>
Complaint Forms	<input checked="" type="checkbox"/>	<b>Office</b>
Accident/ Incident procedure	<input checked="" type="checkbox"/>	<b>In safety statement</b>

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	<b>Missing</b>
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	<b>Dining Room</b>
Supervision of children notice	<input checked="" type="checkbox"/>	<b>Hall</b>
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	<b>No gym</b>

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

### **Staff Awareness**

Did you see the RIA Code of Practice*?	<b>Yes</b>
Are all staff aware of RIA Code & House Rules?	<b>Yes</b>
How are staff made aware of RIA Code & House Rules? <b>Staff are made aware of Code &amp; House Rules on induction when hired. Should be required to sign understanding and agreement to these documents and code.</b>	

*\*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>
21/12/20	Asst manager	No issues
22/12/20	Asst manager	No issues

(Emergency lighting is checked daily and logged weekly)

### FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
8/12/20	Asst manager	<input checked="" type="checkbox"/>	None	N	Y
15/12/20	Asst manager	<input checked="" type="checkbox"/>	None	N	Y
13/8/2020	Ben White Electrical LCGI		¼ inspection	No	Y

(Fire Alarm & Detection System is checked daily and logged weekly)

### 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
21/12/20	Asst manager	<input checked="" type="checkbox"/>	None	N	Y
22/12/20	Asst manager	<input checked="" type="checkbox"/>	None	N	Y
March, 20	Rapid Fire & Safety	<input checked="" type="checkbox"/>	Annual 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
21/12/20	Asst manager	<input checked="" type="checkbox"/>	None	N	Y
22/12/20	Asst manager	<input checked="" type="checkbox"/>	None	N	Y

### FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
04/03/2019 @ 4pm	3 staff	13 residents	2 mins & 20 secs	Verbal warning to residents who did not evacuate

Advised of importance of conducting frequent fire drills and of conducting one when it is dark outside.

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

Job Description	Course	Instructor	Duration	Date
<b>6 staff members</b>	<b>Evacuation procedures &amp; fire extinguisher training</b>	<b>Kieran Kirwan. Rapid Fire &amp; Safety Ltd</b>	<b>1 hour</b>	<b>19/12/2019</b>

**FIRE ASSEMBLY POINTS**

Where are the Fire Assembly Points located?	<b>At front of building</b>
Are they marked?	<b>Yes</b>
Are staff aware of locations?	<b>Yes</b>
Comments:	

**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, at front of building.</b>
Comments:	

**FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES**

(in corridors &amp; 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:	

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

### Dining area / Tea Station:

What facilities are provided? <b>Tables</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: <b>4 tables with chairs. This area was very cold during the inspection</b>		

### Pre-school Room: Playroom for children

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? (observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other comments: <b>Warm and inviting and well equipped</b>		

### TV room:

What facilities are provided? <b>TV and Playstation</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:		

### COMMUNAL ROOM :

<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?	Socialising, meeting room etc.	
<b>Any other comments?</b> If yes please detail:		

**PUBLIC TOILET : Reception**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex	<b>1</b>	<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? Record the last time entry.					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/>	No <input type="checkbox"/>
If No, give details: <b>All very clean</b>						

## FOOD SAFETY: Food Hall

Has the premises been inspected by an Environmental Health Officer?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>This area was spotlessly clean and HACVP records are kept for inspection</b> <b>Checked by EHO</b>												
Were the points value of items clearly displayed:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
State Day and time Food Hall visited:	<b>21/02/20 – 11:30am</b>												
<b>Examine 5 Random items:</b>	<table><thead><tr><th>List of items:</th><th>Points Value:</th></tr></thead><tbody><tr><td>Bag Gem sugar</td><td>1.39</td></tr><tr><td>2 kg flour (basic brand)</td><td>1.57</td></tr><tr><td>Basmati rice (basic brand)</td><td>1.50</td></tr><tr><td>2 ltr (dairy farm) milk</td><td>1.49</td></tr><tr><td>Bag onions (4 pack)</td><td>0.85</td></tr></tbody></table>	List of items:	Points Value:	Bag Gem sugar	1.39	2 kg flour (basic brand)	1.57	Basmati rice (basic brand)	1.50	2 ltr (dairy farm) milk	1.49	Bag onions (4 pack)	0.85
List of items:	Points Value:												
Bag Gem sugar	1.39												
2 kg flour (basic brand)	1.57												
Basmati rice (basic brand)	1.50												
2 ltr (dairy farm) milk	1.49												
Bag onions (4 pack)	0.85												

## Residents Kitchen

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: <b>6 work stations</b> <b>3 Sinks</b> <b>2 Fridges and 2 in the dining room</b> <b>1 Freezer</b>	

## **OUTDOOR GROUNDS / FACILITIES**

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Comments : <b>Swing and play area</b>				

## **LAUNDRY ROOM**

	Washing Machines	Dryers
Number	<b>3</b>	<b>3</b>
Do they appear to be in working order?		
Comments:		

## **CORRIDOR: to bedrooms**

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

## **STAIRWAY: to bedrooms**

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
Visual Check: 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:		



# Bedrooms:

## CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/> Weekly <input 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?	<b>Bathroom cleaner, toilet cleaner, window cleaner all available in the onsite shop.</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Cleaning staff will provide assistance, if requested.</b>

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

<b>ROOM NUMBER 2</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2 &amp; 1</b>		<b>2 &amp; 1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: <b>Damp marks in bathroom. Room very cluttered and requires painting. Residents have status</b>				

<b>ROOM NUMBER 3</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2 &amp; 2</b>		<b>2 &amp; 1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: <b>2 ring hotplate in room, damp marks in bathroom, requires painting. Very cluttered</b>				

<b>ROOM NUMBER 4</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3 &amp; 2</b>		<b>2 &amp; 2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: <b>Damp marks in bathroom, kettle and deep fat fryer in room</b>				

<b>ROOM NUMBER 5</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2 &amp; 2</b>		<b>2 &amp; 3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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: Fire notice missing. Family have status				

<b>ROOM NUMBER 6</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3 &amp; 2</b>		<b>2 &amp; 2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: <b>Requires painting. Fire notice missing</b>				

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<b>ROOM NUMBER APT-3 The Mews – 3 rooms</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>5</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Cleanliness</b>	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: <b>Fire notice missing</b>				

<b>ROOM NUMBER 10 Inter-connecting room. No keys available, not inspected</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>4</b>		<b>5</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cleanliness</b>	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: <b>Family have status</b>				

<b>ROOM NUMBER 11</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Cleanliness</b>	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: <b>Ceiling in ensuite requires attention</b>				

<b>ROOM NUMBER 12</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Cleanliness</b>	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: <b>Ceiling in ensuite requires painting</b>				
<b>ROOM NUMBER 13 - no room number on door</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/>				
If *, please give details: <b>Ensuite ceiling to be painted.</b>				

<b>ROOM NUMBER 14</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 15</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2 & 1		2 & 1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: <b>Room cluttered. Damp marks in ensuite</b>				

<b>ROOM NUMBER 16</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Vacant		3		Vacant
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 17</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>VACANT</b>		<b>2</b>		<b>VACANT</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 18</b>				
Room Profile:		Room Capacity		Room Occupancy:
<b>Family</b>		<b>2 &amp; 2</b>		<b>1 &amp; 1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 19</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

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

<b>ROOM NUMBER 21 – No keys available, not inspected</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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:				

**Study Room – ceiling leaking – requires attention**

## **General Representations**

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

No

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

No

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

No

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

Seirbhísí Cóiríochta um Chosaint Idirnáisiúnta  
International Protection Accommodation Services

Mr. Ian Skeffington,  
Flodale Limited,  
'Carraigeen'  
Malahide,  
Co. Dublin.

February, 2021

Dear Mr. Skeffington,

The International Protection Accommodation Services carried out an inspection at the Hibernian Hotel, Abbeylax, Co. Laois on 22<sup>nd</sup> December, 2020. A copy of the inspection report is enclosed for your information 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.

A number of issues were identified as requiring attention during the course of the inspection and these are listed in the report.

Please reply in writing, on or before ????? March, 2021 outlining the steps you have taken/propose to take to address the issues raised.

Yours sincerely,

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Bernie Loughrey  
Internal Inspection Unit  
International Protection Procurement Services



David Tracey  
International Protection Procurement Services  
Dept. of Children, Equality, Disability, Integration & Youth  
2nd Floor Montague Court, 7-11 Montague Street, Dublin 2  
18<sup>th</sup> March 2021  
Reference: Inspection at the Hibernian Hotel on 22<sup>nd</sup> December 2020.

Dear Mr. Tracey,  
I refer to your email dated 4<sup>th</sup> March 2021 which included the report following the inspection of the Hibernian Hotel on 22<sup>nd</sup> December 2020. We have reviewed the report and have outlined below the actions which we have or intend to take to rectify each point mentioned.  
There was one error noted on the report, which is that the staffing list on the final page is not from our centre.

#### Staff Awareness

- Staff have been issued with the RIA Code & House Rules and have signed their agreement.

#### Fire Safety

- A daytime fire drill is due to be carried out on 19<sup>th</sup> March 2021 and a night time one is planned for the near future.

#### Administration Area

- The timings for the heating in the dining area have been reviewed following the note that it was cold during the inspection.

#### Bedrooms

- Room 2
  - o The damp marks are being removed and the area redecorated.
  - o The resident has been spoken to regarding the clutter but has informed us that they are items required for when they move out.
- Room 3
  - o The damp marks are being removed and the area redecorated.
  - o The resident has been spoken to regarding the clutter and that the room needs to be kept tidy.
  - o The resident has been spoken to regarding cooking in their room and the hotplate has been placed in storage for them.
- Room 4
  - o The damp marks have been removed and the area is currently being redecorated.
  - o The resident has been spoken to regarding cooking in their room. The kettle has been placed in storage for them and the fryer moved to the kitchen.
- Room 5
  - o The missing fire notice has been replaced.
- Room 6
  - o The room is currently being redecorated.

o The missing fire notice has been replaced.

[Flodale Abbeyleix Limited](#)

The Hibernian, Pembroke Terrace,

Abbeyleix, County Laois,

R32 XC85, Ireland

+353 (0)57 873 0282

hibernian@flodale.com

Registered Company Address: [Flodale Abbeyleix Limited](#), The Hibernian, Pembroke Terrace, Abbeyleix, County Laois, R32 XC85, Ireland

- The Mews

o The missing fire notice has been replaced.

- Room 11

o The room is currently being redecorated.

- Room 12

o The ceiling has been redecorated.

- Room 13

o The ceiling has been redecorated.

- Room 15

o The bathroom has been redecorated.

o The resident has been spoken to regarding the clutter and that the room needs to be kept tidy.

- Study Room

o The leak has been located and fixed. The room has been redecorated.

I hope that the above actions are to your satisfaction, but please let me know if you require any further information.

Yours sincerely

DANIEL SAUNDERS

Daniel Saunders

[Group Operations Director](#)

[Flodale Group Limited](#) Company Number: 628355