

# IPPS/IPAS

## Inspection Report

<b>Centre:</b>	<b>Johnson Marina, Tralee Accommodation Centre</b>
<b>Inspector:</b>	<b>Bernie Loughrey &amp; Teresa Curley</b>
<b>Date of Inspection:</b>	<b>29/09/2020</b>
<b>Time of Arrival &amp; Departure:</b>	<b>1.30pm – 4.30pm</b>

*Part 1*  
*General Information on Services*

**Independent Inspection Report**

*Centre: Johnson Marina, Tralee*

*Date of Inspection: 29<sup>th</sup> September 2020*

**1. CENTRE DETAILS**

Name and address of Centre	<b>Johnson Marina, Tralee, Co Kerry</b>
----------------------------	---

Contractor	<b>OFM</b>
Manager	<b>Jamie Carnegie</b>
Who deputises for manager in his/her absence?	<b>Give Job Title only Assistant manager / Receptionist</b>

Telephone Number	<b>066 718 0177</b>
------------------	---------------------

Current Contracted Capacity	<b>90</b>
Current Occupancy (today)	<b>70</b>
Current Centre Profile (e.g., singles, families etc.)	<b>Families/Single Female</b>

HSE Area	<b>South West</b>
Public Health Nurse	<b>Catherine O'Sullivan</b>
DSP / CWO name	<b>CWO: Caroline O'Brien</b>
Environmental Health Officer name	<b>Isabel Kennelly</b>
Local Fire Officer Name	<b>Fire officer: Vincent Hussey</b>
Local Fire Station	<b>Tralee</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	<b>x</b>
Menu Cycle	<b>x</b>
Staffing Lists as follows:	
<b>1.</b> Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,)	<b>x</b>
<b>2.</b> Indicate who is on duty at time of inspection (today)	<b>x</b>
<b>3.</b> a separate list of Designated Liaison Persons (child protection)	<b>x</b>

### 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>Night Porter 8pm to 8 am</b>
Is security provided by external company? (Y/N)	Yes
If yes, give name of company:	<b>Guard Force</b>
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service 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?	kitchen and reception
Who is responsible for first aid restocking?	Job title <b>only</b> (not name) of person responsible: <b>Assistant 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>Electric</b>
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?	<b>Electric heating available 24/7 controlled (on/off) in resident room</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>Post in reception and made available on arrival induction with Manager. RIA booklet issued</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>Door is locked in evening time by Porter on duty (locked at 10pm)</b>
Are there procedures to allow residents to receive visitors? (Give details)	<b>Yes</b>
Outline visiting times :	<b>10am to 10pm</b>
In what areas are visitors allowed in the centre?	<b>Reception lobby and restaurant seating</b>
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>Yes. Excess belongings are stored in the Loft space above the GYM / Children's play area. Residents are advised to not store expensive items</b>
What toiletries are provided to residents on arrival?	<b>Soap, shampoo, toothpaste, toilet paper</b>
What arrangements are in place to replenish these items?	<b>Go to reception to request – checked also monthly</b>

## 7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre:	<b>Log in managers office for maintenance to do etc.</b>

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	<b>Yes – all staff issued Child Protection Policy and signs off.</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	<b>Yes</b>
Where is declaration held?	<b>Office</b>
Is there a sign in book for visitors? Where?	<b>Yes – reception desk</b>
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	<b>Yes – in dining room and main reception corridors</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 and reception notice boards</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>4/9/2018 – no issues</b>

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

Are residents consulted regarding menu / dietary requests? (Give details.)	<b>Chef openly meets with residents</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>Selection of fruit and juices everyday with yogurt drink once a week.</b>  <b>Residents have dining room set out for them every school morning with bread , ham, chicken, cheese, salads and butter/spread</b>
Is infant formula kept out of public view?	<b>yes</b>
What arrangements are in place for distribution of infant formula?	<b>Issued by manager and recorded on issue log.</b>

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

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What food/snacks are available after hours or when kitchen is closed?	<b>Fruit, Bread, coffee, tea and milk</b>
Where are the snacks located and how are they accessed?	<b>Dining room</b>
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Meal left covered for re-heating once notified</b>
Are meals available for new arrivals? (Give details)	<b>Yes on arrival if outside main meal times , meals will have been set aside from previous service.</b>
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Sandwich, juice/water and fruit</b>
<b>If the inspection takes place during Ramadan this section must be completed.</b> What arrangements are in place to facilitate residents observing a fast during Ramadan?	<b>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 checked="" type="checkbox"/> No <input type="checkbox"/> <b>Dining room</b>

### 13 INDOOR FACILITIES

<b>Are the following available to residents?</b>	Yes/No
Computers with Internet access	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
WIFI	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DVD player	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Computer Games	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Snooker Table	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Pool Table	Yes <input type="checkbox"/> No <input checked="" 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	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:	<b>The children's play room is a multipurpose space for resident use. Access to the GYM is through this space.</b>

### 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"/>
An average, how many TV channels are provided to residents?	<b>Saorview available to all residents</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 (4 washers / 1 dryers)</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>On request with manger</b>
What procedures are in place for ironing boards and irons?	<b>Available from reception both irons and ironing boards</b>
How is washing powder / tablets supplied?	<b>Washing machines on automatic dosing</b>
Are there specific arrangements for access to the laundry (give details):	<b>Open from 8am to 10pm</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>Cleaning Agent/Toilet cleaner/Vacuum/Mops and brushes</b>
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>Request them from managers office</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Manager speaks to resident and if necessary assistance provided</b>



## *PART 2*

### *Room by Room Inspection*

#### *IPPS/IPAS Inspection*

*Centre: Johnson Marina, Tralee*

*Date of Inspection: 29/09/2020*

## Administration Area:

### Reception:

Is the area generally clean? <input type="checkbox"/>	Yes x	No
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	No x
If yes please detail:		

### Have you seen the following?

		Location of display
Up to date House Rules	x	Dining room and lobby
Complaint Forms	x	Dining room and lobby
Accident/ Incident procedure	x	Managers office

HSE Breastfeeding Posters (if applicable)	x	Dining room
Designated Liaison Person details (Child Protection)	x	Dining room
Supervision of children notice	x	Dining room and corridors
Gym Notices (Child Safety – if applicable)	x	Gym door

IOM Voluntary Return Posters	x	Dining hall
Anti Human-Trafficking Posters	x	Dining hall
'NO to Violence & Harassment' Posters	x	Dining hall

### 18 Staff Awareness

Did you see the RIA Code of Practice*?	x
Are all staff aware of RIA Code & House Rules?	x
How are staff made aware of RIA Code & House Rules? <b>Training session by manager and sign off.</b>	

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

## 19 FIRE SAFETY

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

### 19a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
14/09/2020	Internal	Ok
21/09/2020	Internal	Ok
28/09/2020	NEL Ltd.	Ok

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
27/09/2020	<b>Internal</b>	<b>x</b>		<b>Y</b>	<b>Y</b>
28/09/2020	<b>Internal</b>	<b>x</b>		<b>Y</b>	<b>Y</b>
<b>24/09/2020</b>	<b>External by Chubb – service call</b>	<b>x</b>		<b>Y</b>	<b>Y</b>

### 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
12/09/2020	<b>Internal</b>	<b>x</b>			
<b>Nov /2019</b>	<b>External by M&amp;K Fire</b>	<b>x</b>			

### 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
26/09/2020	<b>Internal security</b>	<b>x</b>			
<b>25/09/2020</b>	<b>Internal Security</b>	<b>x</b>			

### 19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
<b>2/4/19</b>	<b>6</b>	<b>47/83</b>	<b>10mins</b>	<b>No issues</b>
<b>215/12/18</b>	<b>6</b>	<b>67/67</b>	<b>8mins</b>	<b>No issues</b>

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

**19f 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

**19g FIRE ASSEMBLY POINTS**

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

**19h FIRE ALARM SYSTEM**

Is there a fire alarm system in place?	Yes
Are there smoke alarms throughout the premises, inc bedrooms?	yes
Are all smoke alarms linked back to a central control panel?	yes
Are there designated 'Smoking' areas? <i>Include locations</i>	No smoking allowed inside building
Comments:	

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

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

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

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

### Pre-school Room:

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

**DINING AREA:**

Please outline the meal times:

	From	To
<b>Breakfast</b>	7.30	9.30
<b>Lunch</b>	12.30	14.00
<b>Dinner</b>	17.30	19.00

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

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

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

Is menu cycle on display?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does menu cycle correspond with options available?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, ask manager for explanation and provide details:	
<b>Daily Menu matched menu cycle</b>	
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.) Soup, chicken curry, samosas, rice, potato wedges & fruit. Food was very 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:	<b>Menus been updated at the moment</b>
Were there ethnic dishes available?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Give details of this option:	<b>Menus been updated at the moment</b>
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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, (medical or other appointments, etc.):	
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: <b>Food, service and hygiene all to a very good standard.</b>	

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

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:						
Ladies:	4	x	x	x	x	x
Gents:	4	x	x	x	x	
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					Not noted	
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:						

**24 COMMUNAL ROOM (State Location): down from reception on right hand side**

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

**OUTDOOR GROUNDS / FACILITIES**

Please rate the following

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

**LAUNDRY ROOM**

	Washing Machines	Dryers
Number	<b>4</b>	<b>1</b>
Do they appear to be in working order Comments: <b>Yes</b>		

**CORRIDOR all corridors are maintained exceptionally 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:				

**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		No	<input checked="" type="checkbox"/>
If yes please detail:				



## 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, vacuum etc	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Management will work with resident and if necessary get housekeeping to assist in cleaning.	

<b>ROOM NUMBER 101</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>X</b>	<b>x</b>
	Very Good	Adequate	Poor *	Needs urgent attention *
		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes No * <input checked="" type="checkbox"/>				
If *, please give details: <b>Door handle broken. Extension lead going from bedroom onto corridor.</b>				

<b>ROOM NUMBER 102</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<b>n/a</b>	<b>x</b>	<b>x</b>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details: <b>Bulb flickering, smell of cigarette smoke, ceiling in ensuite requires painting</b>				

<b>ROOM NUMBER 103 – same family as 101</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details: <b>Silicone requires attention. Extension lead from room onto corridor.</b>				

<b>ROOM NUMBER 104</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details: <b>Resident complained about the wifi and said water from shower was yellow.</b>				

<b>ROOM NUMBER 105</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes				
If *, please give details:				

<b>ROOM NUMBER 106</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X		<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				



<b>ROOM NUMBER 201 Same family as 202</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 202</b>				
Room Profile: family		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details: <b>Ensuite was occupied during inspection</b>				

<b>ROOM NUMBER 203</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	No * <input checked="" type="checkbox"/>
If *, please give details: <b>Handle broken on window</b>				

<b>ROOM NUMBER 204</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	No * <input checked="" type="checkbox"/>
If *, please give details: <b>Toilet seat broken</b>				

<b>ROOM NUMBER 205</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<input type="checkbox"/>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? no				
If *, please give details: <b>Sink is cracked and silicone requires attention</b>				

<b>ROOM NUMBER 206</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<input type="checkbox"/>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 207 - vacant</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>0</b>		<b>0</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<input type="checkbox"/>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 208</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<input type="checkbox"/>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>x</b> No * <input type="checkbox"/>				
If *, please give details: <b>Mattress requires replacing</b>				

<b>ROOM NUMBER 209</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 210</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 211</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	No * <input checked="" type="checkbox"/>
If *, please give details: Vent in ensuite doesn't work and window handle broken				

<b>ROOM NUMBER 212</b>				
Room Profile: Family Rooms		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 215</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details: <b>Light flickering in ensuite</b>				

<b>ROOM NUMBER 217</b>				
Room Profile: Single female		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 301</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details: <b>Extension lead onto corridor</b>				

<b>ROOM NUMBER 302</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details: <b>Bath requires deep clean</b>				

<b>ROOM NUMBER 303</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<input type="checkbox"/>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>
If *, please give details				

<b>ROOM NUMBER 304</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<input type="checkbox"/>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	No * <input checked="" type="checkbox"/>
If *, please give details: <b>TV not working</b>				

<b>ROOM NUMBER 305 – Quarantine room</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>0</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<input type="checkbox"/>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 306</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>x</b>	<b>x</b>	<input type="checkbox"/>	<b>x</b>	<b>x</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>x</b>	No * <input type="checkbox"/>
If *, please give details:				



<b>ROOM NUMBER 307 - vacant</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>0</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 308</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 309</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
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 <b>X</b>	No * <input type="checkbox"/>
If *, please give details: <b>Ceiling in ensuite requires painting and silicone requires attention</b>				

<b>ROOM NUMBER 310</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			No	
If *, please give details: <b>Door handle broken. Microwave in room</b>				

<b>ROOM NUMBER 311</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes No * <input checked="" type="checkbox"/>				
If *, please give details: <b>Handle broken and ceiling in ensuite damp.</b>				

<b>ROOM NUMBER 312</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details: <b>A lot of extension leads and microwave in the room.</b>				

<b>ROOM NUMBER 315</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 317</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		<b>4</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> 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.**

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

20<sup>th</sup> November 2020

Dear Mr. Carnegie,

IPPS/IPAS carried out an inspection at Johnston Marina on 29<sup>th</sup> September 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.

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 Friday 11<sup>th</sup> December 2020, outlining the steps you have taken/propose to take to address the issues raised.

Yours sincerely,

---

Majella Donoghue  
Contracts & Inspections Unit  
International Protection Procurement Services

Johnston Marina  
Dingle Road  
Tralee  
Co. Kerry

23.11.2020

RE: Audit

Dear Bernie,

In response to the 29.09.2020 audit,

- WIFI, quote for improvements with IPAS.
- Room 101, Door handle fixed, extension lead removed.
- Room 102, Resident reminded of fire safety rules and procedures for smoking. Room will be regularly inspected to ensure no repeat. Bulb changed; ceiling painted.
- Room 103, silicone redone, extension lead removed.
- Room 104, IPAS aware of WIFI issue in centre. OPW aware of water issue.
- Room 203, widow handle fixed
- Room 204, Toilet seat fixed.
- Room 205 sink repaired, and silicon redone.
- Room 208 mattress ordered.
- Room 211 vent repaired and widow handle fixed.
- Room 215 bulb replaced
- Room 301 extension lead removed
- Room 302 bath cleaned
- Room 304 tv fixed
- Room 309 silicon redone, and ceiling painted
- Room310 handle fixed
- Room 311 handle fixed
- Room 312 extension lead removed.

I hope that these actions meet with your approval and should you require any more information, please do not hesitate to get in touch with me.

Kind regards,  
Jamie Carnegie.  
Managing Director

