

IPAS/IPPS

Inspection Report

Centre:	Davis Lane Apartments, Mallow
RIA Inspector:	Audrey Walsh
Date of Inspection:	02 September, 2021
Time of Arrival & Departure:	11.00am – 14:00pm

Part 1
General Information on Services

*Centre: Davis Lane Apartments,
Mallow, Co Cork.*

Date of Inspection: **02nd September 2021**

1. CENTRE DETAILS

Name and address of Centre	Davis Lane Apartments, 73-75 Davis Street, Mallow, Co. Cork.
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Contractor	Millstreet, Equestrian Services
Manager	Karol Smeich
Who deputises for manager in his/her absence?	Peter Czyszczonek

Telephone Number	029-71008
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Current Contracted Capacity	52
Current Occupancy (today)	53
Current Centre Profile (e.g., singles, families etc.)	Families/singles

HSE Area	Southern HB
Public Health Nurse	Cecelia Roche (RPN)
DSP / CWO name	Marie O' Brien
Environmental Health Officer name	N/A
Local Fire Officer Name	David O'Donoghue/ Aaron Fahy
Local Fire Station	Mallow Fire Station

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

2. Please provide a copy of the following

	Check List
Official Register	<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) Karol Smeich, Peter Czyszczonek, Paulina Molawka, Zbigniew Brzyski-	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3. a separate list of Designated Liaison Persons (child protection) Karol Smeich-Manager, Peter Czyszczonek	

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Give details of roster hours	The centre is managed remotely from Mill Street. There is no management staff present in the complex daily.
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"/> In the entrance hall
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service IPAS 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?	In entrance hallway
Who is responsible for first aid restocking?	Job title <i>only</i> (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?	All apartments have electric storage heating.
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?	

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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How does centre management explain house rules to residents on arrival?	Manager explains the House Rules to new arrivals
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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	The main door is controlled by an electronic code and fob.
Are there procedures to allow residents to receive visitors? (Give details)	Yes Visitors have been permitted to resume in line with National Covid Guidelines.
Outline visiting times :	10:00am to 10:00pm
In what areas are visitors allowed in the centre?	In the apartments
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	Storage available in each apartment. Bike racks have been installed on all levels and are very well used.

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 can outline their maintenance concerns verbally, or submit them in writing to the manager, who will attend to the issues as soon as practicable. Residents can call or email manager any time.	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of IPAS's Child Protection Policy? (Give details)	Yes, the information is displayed on the notice board in the hallway.
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	Yes
Where is declaration held?	It is part of the visitors sign in sheet
Is there a sign in book for visitors? Where?	Yes, in the hallway
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	Yes, on the notice board in the hallway.
Have Designated Liaison Persons received HSE training?	Yes
Are notices prominently displayed regarding parental supervision of children? Where?	Yes in the hallway.

9 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?	Washing machines in all apartments

PART 2

Room by Room Inspection

Internal Inspection

Centre: Davis Lane Apartments

Date of Inspection: 02nd September 2021

Section A- Administration / Communal areas

10 Have you seen the following?

		Location of display
Up to date House Rules	<input type="checkbox"/>	Drishane Castle
Complaint Forms	<input type="checkbox"/>	Drishane Castle
Accident/ Incident procedure	<input type="checkbox"/>	Drishane Castle
HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	On notice board
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	On notice board
Supervision of children notice	<input checked="" type="checkbox"/>	On notice board
Human trafficking awareness poster	<input checked="" type="checkbox"/>	On notice board
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	On notice board

11 Staff Awareness

Did you see the IPAS Code of Practice*?	<input type="checkbox"/> In Drishane Castle
Are all staff aware of IPAS Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of IPAS Code & House Rules? Staff are made aware of IPAS code and house rules on induction and are required to sign to say they understand them.	

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

Bus takes residents from Davis Lane to Drishane Castle every Tuesday, Thursday and Saturday to collect provisions and to carry out all necessary business and request assistance from management at the centre. Provisions also available online and will be delivered to Davis Lane 2 times a week.

12 FIRE SAFETY

12a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
23/03/2021	Pat Lyons Electrical	Ok
September 2021	Staff	Ok

12b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
04/05/2021	Allied Fire Protection	Ok	Service/Test	Y	Y
05/07/2021	Allied Fire Protection	Ok	Service/Test	Y	Y
02/09/2021	Staff				

12c 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
09/02/2021	Munster Fire Safety	<input checked="" type="checkbox"/>	Service/maintenance	Y	Y
02/09/2021	Staff	<input checked="" type="checkbox"/>	No	N	Y

12d 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
31/08/2021	Security	<input checked="" type="checkbox"/>	No	N	Y

12e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
05/12/2020 15.24	2	46	5 mins	None
18/06/2021 16.29	2	44	5 mins	None

12f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
Staff/Residents	Fire Drill Procedure		1 day	19/12/2018

12g 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 in common areas
Comments:	

Administration Area:**Reception: None on site. All administration is carried out from Drishane Castle**

Is the area generally clean?	Yes <input 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 type="checkbox"/>
If yes please detail: Communal areas are clean and free of obstructions. Bike racks have been installed and are being well utilised by residents.		

Bedrooms:**CLEANING (General Arrangements)**

How often are bedrooms inspected?	On occasion, or when maintenance is being carried out.		
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"/>
	Monthly <input type="checkbox"/>	Other <input type="checkbox"/>	
	This is an independent living centre and residents are obliged to clean their own apartments. There is a cleaner onsite 3 hours per day to clean the communal areas.		
Are there cleaning materials and equipment provided by management for residents?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

What cleaning equipment is available to residents?	Residents purchase their own cleaning equipment in the shop.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Residents can request assistance with their rooms if required.

APT NUMBER 1 (2 bedrooms)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
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 :				

APT NUMBER: 2 (3 bedrooms)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		6		6
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: One of the windows in the bedroom is cracked and has been repaired with duct tape.				

APT NUMBER 3 (3 bedrooms)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		6		6
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:				

APT NUMBER 4 (2 bedrooms)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
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:				

APT NUMBER 5 (2 bedrooms)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		5
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 checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: The entire apartment is cluttered and untidy. It needs to be freshened up by painting all areas.				

APT NUMBER 6 (1 bedroom)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		3
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 checked="" type="checkbox"/>	No <input type="checkbox"/>
If *, please give details: The ceiling in the kitchen needs to be painted.				

APT NUMBER 7 (1 bedroom)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		3
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"/>

	Very Good	Adequate	Poor *	Needs urgent attention *
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: The apartment is full of items and is cluttered but all things are in working order.				

APT NUMBER 8 (2 bedrooms)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
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"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
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: The front door needs to be painted.				

APT NUMBER 9 (3 bedrooms)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		7		7
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"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<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: The front door needs to be painted.				

APT NUMBER 10 (2 bedrooms)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		3
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"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<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: A small bit of mould on bathroom ceiling.				

APT NUMBER 11 (2 bedrooms)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		6		6
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:				

APT NUMBER 12 (1 bedroom)				
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 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:				

APT NUMBER 13 (1 bedroom)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		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:				

Manager should be asked to sign this declaration.

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

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

Signed: Phyllis

Position: Assistant Manager

Date: 02/09/2021

Manager should be asked to sign this declaration.

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

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

Signed: Phyllis

Position: Assistant Manager

Date: 02/09/2021

Dear Mr Tracey,

Thank you for yours in relation to the above.

In reply.....

Apartment No. 2 window – we have ordered a replacement glass for this window, it is taking a little longer than hoped due to supply issues, we expect it to be complete very shortly.

Apartment No. 5 had been recently painted before the inspection by our maintenance team. The occupants have not been very careful in protecting and maintaining the finished product.

Apartment No. 6 – Family in occupation has asked that we leave any painting work until they move out. They have recently gained permission to stay in Ireland

Apartment No. 7 – This family is in receipt of leave to remain. They are making preparations to move out. The accumulation of items is as a result of this.

Apartment No. 8 – Front Door has been painted

Apartment No. 9 – ditto

Apartment No. 10 – Bathroom ceiling has been cleaned.

Sincerely,

Thomas Duggan