

IPAS/IPPS

Independent Inspection Report

Centre:	Hibernian Hotel, Abbeyleigh
Inspector:	Emma Downey
Date of Inspection:	23/8/21
Time of Arrival & Departure:	1000 to 1230

Part 1

General Information on Services

Independent Inspection Report

Centre: **Hibernian Hotel, Abbeyleigh**

Date of Inspection: **23/8/21**

1. CENTRE DETAILS

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

Telephone Number	057 30282
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Current Contracted Capacity	63
Current Occupancy (today)	38
Current Centre Profile (e.g., singles, families etc.)	families

HSE Area	South East
Public Health Nurse	Denise (last name unknown)
DSP / CWO name	Siobhan Flanagan
Environmental Health Officer name	Sonya Mooney
Local Fire Officer Name	Anthony Tynan
Local Fire Station	Abbeyleix

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

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

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	Security 7pm – 8am
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?	1 kitchen
Who is responsible for first aid restocking?	Job title <u>only</u> (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?	gas
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?	Heating on thermostats
What are the heating 'ON' times?	0600 to 0900, 1300 to 1500 and 1700 0000

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?	By discussion on arrival

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	Front door card entry
Are there procedures to allow residents to receive visitors? (Give details)	yes
Outline visiting times :	10am-10pm Restricted due to COVID
In what areas are visitors allowed in the centre?	Tv Lounge

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	No
What toiletries are provided to residents on arrival?	In Shop
What arrangements are in place to replenish these items?	In Shop

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 x
Is there a maintenance day book? (Yes/No)	Yes x No <input type="checkbox"/>
Describe the maintenance procedure at the centre: Maintenance book in place last entry February 2020	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Shown on arrival
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	Yes log in place
Where is declaration held?	Office
Is there a sign in book for visitors? Where?	In office
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	On door of office
Have Designated Liaison Persons received HSE training?	yes
Are notices prominently displayed regarding parental supervision of children? Where?	On office door and in sitting room

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes x No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes x No <input type="checkbox"/>
Date of last visit:	8/7/21

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Consultation in place for shop contents
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> • Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? • Drinks? Juice? Water? • Yogurt? • Fruit? • Other 	Residents make own lunches for children Please also provide details of the system for distribution of school lunches:
Is infant formula kept out of public view?	In shop
What arrangements are in place for distribution of infant formula?	In shop

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?	Kitchen available for residents
Where are the snacks located and how are they accessed?	As above
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If advance notice given shop is available
Are meals available for new arrivals? (Give details)	Food available from shop If advance notice given
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes No x
If the inspection takes place during Ramadan this section <u>must</u> be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan?	Not during Ramadan

12 FACILITIES FOR FEEDING BABIES

Are the following available?	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"/>
	Everything is available in the dining area	

13 INDOOR FACILITIES

<i>Are the following available to residents?</i>	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		No x
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:	Garden with swings and play room		

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?	Twice a week to Portlaoise
What is the frequency of the service? (List time table opposite)	Twice a week

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sky in TV Lounge and Saorview in bedrooms
An average, how many TV channels are provided to residents?	100 +
Are residents allowed to erect satellite dishes?	no

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Residents
What procedures are in place for the exchange of towels and bed linen at the centre?	Ask at reception
What procedures are in place for ironing boards and irons?	Available at reception
How is washing powder / tablets supplied?	Through shop

Are there specific arrangements for access to the laundry (give details):	Any
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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?	Bath spray, toilet cleaner, window cleaner
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	At reception on request
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Staff will clean on request

PART 2

Room by Room Inspection

Independent Inspection

Centre: Hibernian Abbey

Date of Inspection: 23/8/21

Section A- Administration / Communal areas

17 Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	In dining room
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	In lobby
Supervision of children notice	<input checked="" type="checkbox"/>	In lobby
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	No gym
IOM Voluntary Return Posters	<input type="checkbox"/>	In lobby

18 Staff Awareness

Did you see the RIA Code of Practice*?	y
Are all staff aware of RIA Code & House Rules?	y
How are staff made aware of RIA Code & House Rules? On induction when hired	

**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>
17/8/21	Ben White Electrical	Servive
22/8/21	Manager	No issues
21/8/21	Manager	No issues

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
17/8/21	Ben White Electrical	<input checked="" type="checkbox"/>	None		y
9/8/21	Ben White Electrical	<input checked="" type="checkbox"/>	None		y
17/8/21	Manager	<input checked="" type="checkbox"/>	none		y
16/8/21	Manager	<input checked="" type="checkbox"/>	none		y

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

(Include all fire extinguishers, hose reels and fire blankets.)

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
3/8/21	Manager	<input checked="" type="checkbox"/>	none	n/a	y
6/8/21	Manager	<input checked="" type="checkbox"/>	none	n/a	y
18/1/21	Fitz Fire	<input checked="" type="checkbox"/>	none	n/a	y

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
21/8/21	manager	x	n/a	n/a	n/a
22/8/21	manager	x	n/a	n/a	n/a

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
4/3/19	5	27/27	2min 40 sec	none
19/3/21 4pm	3	Not recorded	2 min	

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All staff	Fire Equipment	Rapid Fire safety	3 hours	1/12/18

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	At 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>	Yes at front of building.
Comments:	

19i FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES
(in corridors & common areas)

Are fire exits clear from obstruction?	Yes
Are they unlocked?	Yes
Are fire exits clearly posted throughout the building?	Yes
Are all fire doors kept closed?	Yes
Are fire evacuation instructions clearly displayed in the centre?	Yes
Are fire extinguishers clearly visible?	Yes
Is there emergency lighting system in place?	Yes
Comments:	

Administration Area:

Reception:

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

Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	Dining room
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	lobby
Supervision of children notice	<input checked="" type="checkbox"/>	lobby
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	N/a

IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Lobby
Anti Human-Trafficking Posters	<input checked="" type="checkbox"/>	lobby
‘NO to Violence & Harassment’ Posters	<input checked="" type="checkbox"/>	lobby

Social Room / Tea Station (State Location):

What facilities are provided? Tv Lounge		
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:		

Pre-school Room: Playroom for children

Is the area generally clean?	Yes / No	yes
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"/> (observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)		
Other comments:		

DINING AREA: Meals are no longer provided. Shop in place now. Inspected shop, temperature records are being kept and up to date.

Please outline the meal times:

	From	To
Breakfast	n/a	n/a
Lunch	n/a	n/a
Dinner	n/a	n/a

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

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

Breakfast	
Lunch	
Dinner	

Is menu on display?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does menu correspond with options available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, ask manager for explanation and provide details:		
Which meal was sampled? Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>		
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Turkey wings, Basmati rice was tasty and cooked well		
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	No <input checked="" type="checkbox"/> However all ingredients are available for residents to cook in residents kitchen or request chef to cook	
Give details of this option:		
Were there ethnic dishes available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Give details of this option:		
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In your opinion, does the food on offer appear to provide a good variety?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did inspection take place during Ramadan?	Yes <input type="checkbox"/>	No <input 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 type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:		

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	yes
Date of Visit?	8/7/21 (last recorded visit)
Comments:	

Has a HACCP system been implemented?	
Who designed the HACCP system?	
Who is responsible for reviewing the system?	
How frequently is the system reviewed?	

HACCP Records:

Pest Control: Yes - Last visit 14/6/21 and 14/7/21(Pestgard) No activity
Induction and Ongoing Staff Training: yes
Time & Temperature Records: Daily records all up to date for chill and freezer in shop. Reviewed delivery 23/12/20, batch numbers recorded
Hygiene Audits: Yes
List of Approved Suppliers: Yes
Cleaning Schedules: schedule in place deep clean every Sunday . All cleaning records up to date
Procedures for accepting deliveries:Record of incoming supplies
General Comments:

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	Residents kitchen only now
What equipment is in place? Cookers, fridges, food prep areas.	
In what condition is the equipment? all new equipment	
Comments:	

STRUCTURAL HYGIENE

Kitchen: Residents

Is the refuse area suitably located?	yes
Is the area tidy?	Yes
Are all bins covered?	Yes
Are signs displayed at all entrances in relation to access to kitchen for non kitchen staff?	n/a
Are white coats, shoe covers and hats available for non kitchen staff?	n/a
Comment of the structural hygiene of the kitchen (i.e floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc) Residents kitchen is clean and well laid out.	
Are suitable hand washing and drying facilities provided?	yes
General Comments:	

Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	N/A
Condition and suitability of facilities: n/a	
What evidence is there of stock rotation?	Food in shop in date

Refrigerated Storage:

What type of refrigerated storage is provided?	Residents fridge and freezer monitored
Comment on the condition and suitability of the refrigerated storage:	
Are thermostats provided and in working order?	Yes,
Are food items date stamped?	Yes
Are samples of dishes being kept?	n/a

Other:

Is there appropriate storage for cleaning agents and chemicals?	Yes stored in cupboard with colour coded mops etc
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OPERATIONAL HYGIENE

Do residents use the main kitchen?	Residents own kitchen, in main kitchen
Is that use supervised to ensure safe & hygienic practices are observed?	Yes
By whom is it supervised?	Staff

Is the correct equipment provided? <i>e.g. colour coded chopping boards</i>
yes

Is the necessary holding equipment provided? <i>e.g. bain maries, refridgerated units.</i>
n/a

Condition and suitability of serving equipment and utensils:
n/a

What procedures are in place for unused/unserved food at the end of service?
n/a

Comments:

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STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Changing room & separate toilets

Are all areas clean and well maintained?	Yes
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Yes
Are showers provided? <i>Indicate cleanliness & suitability</i>	No

Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained. If no, outline arrangements for breaks</i>	Main dining area
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Are uniforms provided for:	
Kitchen Staff?	n/a
Serving Staff?	n/a

Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i>	n/a
Is personal grooming satisfactory?	n/a
Are safe habits practiced?	n/a
General Comments on staff facilities: records in place for freezer and fridges 3C and -19C	

23 PUBLIC TOILET : Reception

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
unisex	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed? Yes No <input checked="" type="checkbox"/>						
Record the last time entry.						
Is the area clean? (provide comment) yes						
Are all facilities working? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>						
Visual Check: Have you noticed any issues requiring attention? Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>						
If No, give details:						

24 COMMUNAL ROOM : TV Lounge

Storage area:			
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"/>	
General Seating Area			
Is the seating in good condition?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
What is the area generally used for?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Computer room:			
Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Visual Check: Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
If yes please detail:			
Any other comments? If yes please detail:			

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes x No <input type="checkbox"/>				
Comments swing area and play area				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	2	2
Do they appear to be in working order? yes		
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 checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes please detail: <u>Area around light damaged outside room 17</u>		

Stairs: reception

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 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?	Bathroom cleaner, toilet cleaner, window cleaner	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Rooms cleaned on request	

ROOM NUMBER 1				
Room Profile:		Room Capacity:		Room Occupancy:2
Single		5		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:				

ROOM NUMBER 2				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		3
ITV	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: cluttered				

ROOM NUMBER 3				
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"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 4				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		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 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: food in bedroom and mould in bathroom				

ROOM NUMBER 6				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		4
<u>TV</u>	<u>Ensuite</u>	<u>Shared Bathroom</u>	<u>Smoke Alarm</u>	<u>Fire Notice</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Cleanliness</u>	<u>Very Good</u>	<u>Adequate</u>	<u>Poor *</u>	<u>Needs urgent attention *</u>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Is everything in working order?</u>			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<u>If *, please give details:</u> cluttered				

ROOM NUMBER 10				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		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 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: Mould in bathroom				

ROOM NUMBER 11				
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: Mould in bathroom				

ROOM NUMBER 12				
Room Profile: shared		Room Capacity:		Room Occupancy:
Family		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 checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 13				
Room Profile: shared		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: . Mould in bathroom				

ROOM NUMBER 14				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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:				

ROOM NUMBER 15				
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 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: Mould in bathroom				

ROOM NUMBER 16				
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:				

ROOM NUMBER 17				
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:				

ROOM NUMBER 18				
Room Profile:		Room Capacity:		Room Occupancy:
family		4		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 detail Peeling paint bathroom				

ROOM NUMBER 19				
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: Mould in bathroom				

ROOM NUMBER 20				
Room Profile:		Room Capacity		Room Occupancy:
Shared		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: Mould in bathroom				

ROOM NUMBER 21				
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 type="checkbox"/>	<input 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 type="checkbox"/>
If *, please give details: Peeling paint bathroom				

The Mews Apartment

ROOM NUMBER				
Room Profile: Family		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 type="checkbox"/>	No * <input checked="" type="checkbox"/>

If *, please give details: **very cluttered and a lot of food**

The Bungalow

ROOM NUMBER 1				
Room Profile: Family		Room Capacity		Room Occupancy:
Family		4		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:				

ROOM NUMBER 2				
Room Profile: Family		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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
Cluttered and mould in bathroom				

ROOM NUMBER 3				
Room Profile: Family		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 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:				

ROOM NUMBER 4				
Room Profile: Family		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"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>

If *, please give details:

ROOM NUMBER 5

Room Profile: Family		Room Capacity		Room Occupancy:	
Family		4		0	
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:					

ROOM NUMBER 6

Room Profile: Family		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 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: very cluttered					

Use this space for any comments or other information not covered in this form:

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General Representations

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

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

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

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:	Hibernian Hotel
Address:	Abbeyleix , Co. Laois
Proprietor :	Ian Skeffington
Manager:	Ann Walsh
Contact Name:	Ann Walsh
Capacity Per MOA (Current Occupancy):	63 (54)
Date of Inspection:	23/08/21

Fire Safety:

Fire alarm in general disablement due to break glass unit being activated.
Fire inspection records not up to date for lighting, equipment and escape

Food Safety: no issues but records not retained for EHO visit

Bedrooms:

Room 10 bed blocking fire door hole in wall
Room 14 hotplate in room
Room 16 ceiling requires painting in bathroom
Room 17 paint required on bathroom ceiling, towel rail broken, untidy, toilet roll holder damaged and fans not working.

Room 18 Bathroom ceiling needs cleaning. Smoke detector covered. Fire door blocked.

Mews Apartment Cover off boiler and toys stored in boiler room. Residents stated that boiler does not work properly. Deep fat fryer in room.

The Bungalow

Room 2 Slow cooker in room

Room 3 Food and cooker in room. Very untidy.

Room 4 Walls in bathroom require painting.

Room 6 Lampshade missing

Other issues: Water softener bottle was unrestrained in walkway.

Good Afternoon

The issues commented on in this report have all been dealt with as we have had families get their papers and some have moved out, these rooms have been redecorated and any issues dealt with. With regard to the issue of mould in bathrooms and other areas this is an ongoing problem as the residents will not use the fans while showering or open windows. We have stain blocked and repainted these bathrooms on numerous occasions but to no avail. I hope this answers your queries if not you can contact me.