

IPAS / IPPS

Independent Inspection Report

Centre:	Ashbourne House
Inspector:	Fergal Duane
Date of Inspection:	30/08/2022
Time of Arrival & Departure:	09:30 – 13.00

Part 1
General Information on Services

Independent Inspection Report

Centre: *Ashbourne House*

Date of Inspection: *30/08/2022*

1. CENTRE DETAILS

Name and address of Centre	Ashbourne House, Glounthaune, Co Cork
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Contractor	Alan Hyde and Tadhg Murphy
Manager	Martina Collins
Who deputises for manager in his/her absence?	Give Job Title only Assistant Manager/Receptionist

Telephone Number	021 4353837
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Current Contracted Capacity	95
Current Occupancy (today)	94
Current Centre Profile (e.g., singles, families etc.)	Families/single females

HSE Area	Southern Health Board
Public Health Nurse	Catherine Lynch
DSP / CWO name	Roseann Donovan
Environmental Health Officer name	Karen Prendergast
Local Fire Officer Name	F Murray
Local Fire Station	Cork or Middleton

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	NO
If yes, please give details:	
What was the date of the last certification?	N/A
Have you a copy of the Certification	N/A

2. Please provide a copy of the following

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

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes
Give details of roster hours	10.5 per day and 14 for night porter
Is security provided by external company? (Y/N)	No
If yes, give name of company:	N/A
Does the centre have CCTV? (Y/N)	Yes
Is a list of emergency numbers available in the Manager's office?	At reception
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
Are first aid kits available? (Y/N)	Yes
Where and how many?	3 2 at reception and 1 in kitchen.
Who is responsible for first aid restocking?	Assistant Manager for restocking
Is there a defibrillator in the centre? How many staff been trained to use it?	No

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Oil & Storage Heater
Do residents have control of the heating in their own bedroom?	No
If no, what arrangements are in place?	On a Timer
What are the heating 'ON' times?	Varies depending on time of year

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes
How does centre management explain house rules to residents on arrival?	On Arrival and over the following days

6 ARRANGEMENTS FOR RESIDENTS & VISITORS (keys / storage / toiletries)

Are residents issued with key for their bedroom?(Yes/No)	Yes
Are residents issued with key for main door?(Yes/No)	No
If no, give details	Open during the day and night porter
Are there procedures to allow residents to receive visitors? (Give details)	In common areas, sign in and out
Outline visiting times :	10:00 to 21:00
In what areas are visitors allowed in the centre?	Common areas.

Any other relevant information:	No
Is there a facility for storage of residents' valuables*? (Give details.)(*Storage is at resident's own risk)	In Rooms
What toiletries are provided to residents on arrival?	Toothpaste, washing powder, soap, bathroom cleaner, toilet paper
What arrangements are in place to replenish these items?	Saturday and on request

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	<u>Yes</u>
Is there a maintenance day book? (Yes/No)	<u>Yes</u>
Describe the maintenance procedure at the centre: Room check on a weekly basis , log maintenance in book	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Yes, and signed off
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	Yes
Where is declaration held?	Reception
Is there a sign in book for visitors? Where?	Reception
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	Yes, Reception Manager and Assistant Manager
Have Designated Liaison Persons received HSE training?	Yes all staff
Are notices prominently displayed regarding parental supervision of children? Where?	Yes, Reception

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes
Date of last visit:	25/01/2022

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Yes
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 	Cheese, ham, tuna, jam, yoghurt, fruit and juice Please also provide details of the system for distribution of school lunches: Parents make lunches
Is infant formula kept out of public view?	Yes, in store room
What arrangements are in place for distribution of infant formula?	Weekly and on request

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes
What food/snacks are available after hours or when kitchen is closed?	Kitchen facilities available to all residents
Where are the snacks located and how are they accessed?	Common Fridge in place.
Are meals available for residents who arrive late? (Give details.)	Yes once notified
Are meals available for new arrivals? (Give details)	Yes on request
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes if requested
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?	N/A

FOOD HALL (N/A)

Is the till system in place Electronic POS:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Relevant Certification (halal meats) in place/on display:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there appropriate storage; shelving, cold storage, dry storage:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were the points value of the items clearly displayed:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the area generally clean:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no for any of the above, please give details:				

Other	N/A
Give details of any other arrangement or other comments:	Gym, crèche, library, available.

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes
Where does the service go to?	In to Cork city and back
What is the frequency of the service? (List time table opposite)	Friday from centre but train and another bus stop across the road from the centre.

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes
An average, how many TV channels are provided to residents?	Smart TV
Are residents allowed to erect satellite dishes?	On Request

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Residents or staff on request
What procedures are in place for the exchange of towels and bed linen at the centre?	Replaced when required at residents request.
What procedures are in place for ironing boards and irons?	At reception
How is washing powder / tablets supplied?	Weekly on Saturday
Are there specific arrangements for access to the laundry (give details):	7am to 10pm

17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes
What cleaning equipment is available to residents?	Vacuum, bucket, brushes, mop and detergents
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	On request in reception
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Warned by manager and assisted to clean with management

PART 2

Room by Room Inspection

Independent Inspection

Centre: *Ashbourne House*

Cork

Date of Inspection: *30/08/2022*

Section A- Administration / Communal areas

17 Have you seen the following?

Up to date House Rules	x	In common areas
Complaint Forms	x	In Office
Accident/ Incident procedure	x	In Office

HSE Breastfeeding Posters (if applicable)	x	Yes
Designated Liaison Person details (Child Protection)	x	Yes
Supervision of children notice	x	Yes
Gym Notices(Child Safety – if applicable)		n/a
IOM Voluntary Return Posters	x	Yes

18 Staff Awareness

Did you see the IPAS IPPS Code of Practice*?	x
Are all staff aware of IPAS IPPS Code & House Rules?	x
How are staff made aware of IPAS IPPS Code & House Rules? <i>Sign off on copy kept in managers file</i>	

**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>
27/07/22	Absolute Fire Systems	All OK
28/08/22	Internal	

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
28/07/2022	Absolute Fire Systems	OK	Replaced one smoke detector	Yes	Yes
29/08/22	Internal	OK			

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
June 22	Apex Fire	OK			
29/08/22	internally	x	None		

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
22/08/22	Internal	OK			
29/08/22	Internal	OK			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
16/01/22	3	89 (40)	7min	49 absent re: school
26/04/22	5	92(72)	8min	20 absent

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All Staff	Fire Safety & Awareness	Apex	½ day	Exp June 2022

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Car Par 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
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: Main Building

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

Have you seen the following?

	y/n	Location of display
Up to date House Rules	Yes	Office
Complaint Forms	Yes	Office
Accident/ Incident procedure	Yes	Office

HSE Breastfeeding Posters (if applicable)	Yes	
Designated Liaison Person details (Child Protection)	Yes	
Supervision of children notice	Yes	
Gym Notices (Child Safety – if applicable)	Yes	

IOM Voluntary Return Posters	Yes	
Anti Human-Trafficking Posters	Yes	
'NO to Violence & Harassment' Posters	Yes	

DINING AREA:

Please outline the meal times:

	From	To
Breakfast	7am	10am
Lunch	1pm	1.30pm
Dinner	5:45	18:15

Which is the main meal of the day:	Dinner
Is menu cycle available?	Yes

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

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?	Yes in dining area
Does menu cycle correspond with options available?	Yes
If no, ask manager for explanation and provide details:	
Which meal was sampled? Breakfast <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner <input type="checkbox"/>	
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)	
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes Corn on the Cob with salad and vegetables
Give details of this option:	above
Were there ethnic dishes available?	Yes Meat and chicken dishes
Give details of this option:	Pri Pri Chicken
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes
In your opinion, does the food on offer appear to provide a good variety?	Yes
Did inspection take place during Ramadan?	No
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:	

KITCHEN AREA: Food Safety Critical Requirements

Food Safety

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	25/01/2022
issues highlight and rectified by management 5 issues identified and rectified in relation to cleaning and maintenance. All rectified.	

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

HACCP records:

Pest Control: Last visit 24/05/22 activity in Room 18, identified and rectified.
Induction and Ongoing Staff Training: n/a
Time & Temperature Records: Food delivery, Fridge , Freezer . All records up to date.
Hygiene Audits: On display completed daily
List of Approved Suppliers: On a register in the kitchen
Cleaning Schedules: On display and being completed.
Procedures for accepting deliveries: Yes and records available for inspection.
General Comments: Kitchen in good order, clean and tidy.

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	Commercial
What equipment is in place? Fridges, Freezers, Ovens, Hobs	
In what condition is the equipment? Good condition	
Comments:	

Structural Hygiene

Kitchen:

Is the refuse area suitably located?	Yes at back of kitchen
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?	Yes
Are white coats, shoe covers and hats available for non kitchen staff?	Yes
Comment of the structural hygiene of the kitchen (i.e. floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc): Clean kitchen	
Are suitable hand washing and drying facilities provided?	Yes
General Comments:	

Structural Hygiene cont

Dry Goods

Suitably equipped? <i>Shelving/containers etc</i>	Yes separate to kitchen.
Condition and suitability of facilities: Good condition	
What evidence is there of stock rotation?	All food identified was fresh

Refrigerated Storage

What type of refrigerated storage is provided?	Fridge and freezer
Comment on the condition and suitability of the refrigerated storage: All in good working order clean and tidy.	
Are thermostats provided and in working order?	Yes and records being kept.
Are food items date stamped?	Yes
Are samples of dishes being kept?	Yes in freezer.

Other

Is there appropriate storage for cleaning agents and chemicals?	Yes separate area with shelving for all cleaning equipment.
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Operational Hygiene

Do residents use the main kitchen?	No new separate kitchen being created for them
Is that use supervised to ensure safe & hygienic practices are observed?	Yes
By whom is it supervised?	Manager checks.

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

Is the necessary holding equipment provided? <i>e.g. bainmaries, refrigerated units</i>

Condition and suitability of serving equipment and utensils: Good

What procedures are in place for unused/unserved food at the end of service?
Requested or cooking facilities available.

Comments:

Staff Facilities and Hygiene

Are designated staff facilities provided?	Yes
What facilities are in place?	Separate area for changing.

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</i> <i>If no, outline arrangements for breaks</i>	Yes
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Are uniforms provided for:	
Kitchen Staff?	Yes
Serving Staff?	Yes

Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i>	Yes
Is personal grooming satisfactory?	Yes
Are safe habits practiced?	Yes
General Comments on staff facilities: Staff facilities well maintained.	

23 PUBLIC TOILET (State Location):

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	1	x	x	x	x	x
Ladies:	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gents:	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed? Yes x No <input type="checkbox"/>						
Record the last time entry.						
Is the area clean? (provide comment) all very clean						
Are all facilities working? Yes x No * <input type="checkbox"/>						
Visual Check: Have you noticed any issues requiring attention? Yes* <input type="checkbox"/> No x						

If No, give details:

24 COMMUNAL ROOM (State Location):

Storage area:

Is the walkway through the area clear? Yes **X** No ☐

Are the exit signs clearly marked? Yes **X** No ☐

General Seating Area

Is the seating in good condition? Yes **X** No ☐

What is the area generally used for? Socialising & visitor Yes **X** No ☐

Computer room:

Is the area generally clean? yes

Visual Check: Have you noticed any issues requiring attention? no

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	X			
Paintwork of the centre	X			
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	X			
Cleanliness of the grounds (ie., evidence of rubbish etc.)	X			
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes good play area at back of the premises and new crèche being provided on site.				
Comments				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	5	5
Do they appear to be in working order? yes		
Comments:		

CORRIDOR (State Location): All corridors throughout

Is the area generally clean? Yes

If no please give details:
<i>Visual Check:</i> Have you noticed any issues requiring attention? no
If yes please detail:

STAIRWAY (State Location): all stairwells both sides of building

Is the area generally clean? Yes
If no please give details:
<i>Visual Check:</i> Have you noticed any issues requiring attention? NP (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 checked="" type="checkbox"/> Weekly <input type="checkbox"/>
Who cleans the bedrooms?	Staff <input type="checkbox"/> Residents <input checked="" type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input checked="" type="checkbox"/> x as needed
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?	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	

ROOM NUMBER 1

Room Profile:		Room Capacity:		Room Occupancy:	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	X	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
Is everything in working order?			y/n		
If *, please give details:					

ROOM NUMBER 2

Room Profile:		Room Capacity:		Room Occupancy:	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	X	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
Is everything in working order?			y/n		
If *, please give details:					

ROOM NUMBER 3

Room Profile:		Room Capacity:		Room Occupancy:	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	X	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	

Cleanliness				
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 4				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 5				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 6				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 7				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				

If *, please give details:

ROOM NUMBER 8

Room Profile:		Room Capacity:		Room Occupancy:	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	X	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
Is everything in working order? y/n					
If *, please give details:					

ROOM NUMBER 9

Room Profile:		Room Capacity:		Room Occupancy:	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	X	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
Is everything in working order? y/n					
If *, please give details:					

ROOM NUMBER 10

Room Profile:		Room Capacity:		Room Occupancy:	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	X	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
Is everything in working order? y/n					
If *, please give details:					

ROOM NUMBER 11

Room Profile:		Room Capacity:		Room Occupancy:	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	X	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
Is everything in working order? y/n					
If *, please give details:					

ROOM NUMBER 12									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm			Fire Notice	
X	X		X		X			X	
Cleanliness		Very Good	Adequate	Poor *	Needs urgent attention *				
Is everything in working order? y/n									
If *, please give details:									

ROOM NUMBER 13									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm			Fire Notice	
X	X		X		X			X	
Cleanliness		Very Good	Adequate	Poor *	Needs urgent attention *				
Is everything in working order? y/n									
If *, please give details:									

ROOM NUMBER 14									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm			Fire Notice	
X	X		X		X			X	
Cleanliness		Very Good	Adequate	Poor *	Needs urgent attention *				
Is everything in working order? y/n									
If *, please give details:									

ROOM NUMBER 15									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm			Fire Notice	
X	X		X		X			X	
Cleanliness		Very Good	Adequate	Poor *	Needs urgent attention *				
Is everything in working order? y/n									
If *, please give details:									

ROOM NUMBER 16									
Room Profile:					Room Capacity:			Room Occupancy:	

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 17				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 18				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 19				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 20				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X

Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details: Cover over fire alarm				

ROOM NUMBER 21									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite	Shared Bathroom			Smoke Alarm			Fire Notice	
X	X	X			X			X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *					
Is everything in working order? y/n									
If *, please give details:									

ROOM NUMBER 22									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite	Shared Bathroom			Smoke Alarm			Fire Notice	
X	X	X			X			X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *					
Is everything in working order? y/n									
If *, please give details: Cooking in the room									

ROOM NUMBER 23									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite	Shared Bathroom			Smoke Alarm			Fire Notice	
X	X	X			X			X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *					
				X					
Is everything in working order? y/n									
If *, please give details: Room need to be tidied.									

ROOM NUMBER 24									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite	Shared Bathroom			Smoke Alarm			Fire Notice	
X	X	X			X			X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *					
Is everything in working order? y/n									

If *, please give details:

ROOM NUMBER 25									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm			Fire Notice	
X	X		X		X			X	
Cleanliness		Very Good	Adequate	Poor *	Needs urgent attention *				
Is everything in working order? y/n									
If *, please give details:									

ROOM NUMBER 26									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm			Fire Notice	
X	X		X		X			X	
Cleanliness		Very Good	Adequate	Poor *	Needs urgent attention *				
Is everything in working order? y/n									
If *, please give details:									

ROOM NUMBER 27									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm			Fire Notice	
X	X		X		X			X	
Cleanliness		Very Good	Adequate	Poor *	Needs urgent attention *				
Is everything in working order? y/n									
If *, please give details: Cooking in the room									

ROOM NUMBER 28									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm			Fire Notice	
X	X		X		X			X	
Cleanliness		Very Good	Adequate	Poor *	Needs urgent attention *				
Is everything in working order? y/n									
If *, please give details: Room 28 upstairs requires a tidy.									

ROOM NUMBER 29									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm			Fire Notice	
X	X		X		X			X	
Cleanliness	Very Good		Adequate		Poor *			Needs urgent attention *	
Is everything in working order? y/n									
If *, please give details:									

ROOM NUMBER 30									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm			Fire Notice	
X	X		X		X			X	
Cleanliness	Very Good		Adequate		Poor *			Needs urgent attention *	
								X	
Is everything in working order? y/n									
If *, please give details: Room requires a tidy									

ROOM NUMBER 31, 32, 33, 34									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm			Fire Notice	
X	X		X		X			X	
Cleanliness	Very Good		Adequate		Poor *			Needs urgent attention *	
Is everything in working order? y/n									
If *, please give details: Socket at top of stairs requires repair, exposed cables at top of ceiling above the socket, replace fuse board cover, fix drip in sink in main kitchen and rooms could be tidied.									

ROOM NUMBER Lodge 1									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm			Fire Notice	
X	X		X		X			X	
Cleanliness	Very Good		Adequate		Poor *			Needs urgent attention *	
Is everything in working order? y/n									
If *, please give details:									

ROOM NUMBER Lodge 2									
Room Profile:					Room Capacity:		Room Occupancy:		
TV	Ensuite	Shared Bathroom		Smoke Alarm		Fire Notice			
X	X	X		X		X			
Cleanliness		Very Good		Adequate	Poor *	Needs urgent attention *			
Is everything in working order?					y/n				
If *, please give details:									

ROOM NUMBER Lodge 3									
Room Profile:					Room Capacity:		Room Occupancy:		
TV	Ensuite	Shared Bathroom		Smoke Alarm		Fire Notice			
X	X	X		X		X			
Cleanliness		Very Good		Adequate	Poor *	Needs urgent attention *			
Is everything in working order?					y/n				
If *, please give details:									

ROOM NUMBER Lodge 4									
Room Profile:					Room Capacity:		Room Occupancy:		
TV	Ensuite	Shared Bathroom		Smoke Alarm		Fire Notice			
X	X	X		X		X			
Cleanliness		Very Good		Adequate	Poor *	Needs urgent attention *			
Is everything in working order?					y/n				
If *, please give details:									

ROOM NUMBER Lodge 5									
Room Profile:					Room Capacity:		Room Occupancy:		
TV	Ensuite	Shared Bathroom		Smoke Alarm		Fire Notice			
X	X	X		X		X			
Cleanliness		Very Good		Adequate	Poor *	Needs urgent attention *			
Is everything in working order?					y/n				
If *, please give details:									

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 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.

Summary Sheet

Name of Centre:	Ashbourne House Cork
Address:	Ashbourne House, Glounthaune, Co Cork
Contractor :	Alan Hyde and Tadhg Murphy
Manager:	Martina Collins
Contact Name:	Ewelina Wozniczka
Capacity Per MOA (Current Occupancy):	95 (94)
Date of Inspection:	30/08/22

Fire Safety:

Room 20 Cover over fire alarm

Room 22 & 27 Cooking in Room

Socket in Room 31 at top of stairs and fix exposed cables above the socket.

Food Safety: N/A

Bedrooms:

Tidy for Rooms 23, 28 upstairs, Room 30 and 31.

IPAS / IPPS

Independent Inspection Report

Centre:	Ashbourne House
Inspector:	Fergal Duane
Date of Inspection:	28/10/2022
Time of Arrival & Departure:	09:30 – 13.00

Part 1
General Information on Services

Independent Inspection Report

Centre: *Ashbourne House*

Date of Inspection: *28/10/2022*

1. CENTRE DETAILS

Name and address of Centre	Ashbourne House, Glounthaune, Co Cork
----------------------------	--

Contractor	Alan Hyde and Tadhg Murphy
Manager	Martina Collins
Who deputises for manager in his/her absence?	Give Job Title only Assistant Manager/Receptionist

Telephone Number	021 4353837
------------------	--------------------

Current Contracted Capacity	95
Current Occupancy (today)	89
Current Centre Profile (e.g., singles, families etc.)	Families/single females

HSE Area	Southern Health Board
Public Health Nurse	Catherine Lynch
DSP / CWO name	Roseann Donovan
Environmental Health Officer name	Karen Prendergast
Local Fire Officer Name	F Murray
Local Fire Station	Cork or Middleton

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	NO
If yes, please give details:	
What was the date of the last certification?	N/A
Have you a copy of the Certification	N/A

2. Please provide a copy of the following

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

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes
Give details of roster hours	10.5 per day and 14 for night porter
Is security provided by external company? (Y/N)	No
If yes, give name of company:	N/A
Does the centre have CCTV? (Y/N)	Yes
Is a list of emergency numbers available in the Manager's office?	At reception
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
Are first aid kits available? (Y/N)	Yes
Where and how many?	3 2 at reception and 1 in kitchen.
Who is responsible for first aid restocking?	Assistant Manager for restocking
Is there a defibrillator in the centre? How many staff been trained to use it?	No

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Oil & Storage Heater
Do residents have control of the heating in their own bedroom?	No
If no, what arrangements are in place?	On a Timer
What are the heating 'ON' times?	Varies depending on time of year

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes
How does centre management explain house rules to residents on arrival?	On Arrival and over the following days

6 ARRANGEMENTS FOR RESIDENTS & VISITORS (keys / storage / toiletries)

Are residents issued with key for their bedroom?(Yes/No)	Yes
Are residents issued with key for main door?(Yes/No)	No
If no, give details	Open during the day and night porter
Are there procedures to allow residents to receive visitors? (Give details)	In common areas, sign in and out
Outline visiting times :	10:00 to 21:00
In what areas are visitors allowed in the centre?	Common areas.

Any other relevant information:	No
Is there a facility for storage of residents' valuables*? (Give details.)(*Storage is at resident's own risk)	In Rooms
What toiletries are provided to residents on arrival?	Toothpaste, washing powder, soap, bathroom cleaner, toilet paper
What arrangements are in place to replenish these items?	Saturday and on request

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	<u>Yes</u>
Is there a maintenance day book? (Yes/No)	<u>Yes</u>
Describe the maintenance procedure at the centre: Room check on a weekly basis , log maintenance in book	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Yes, and signed off
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	Yes
Where is declaration held?	Reception
Is there a sign in book for visitors? Where?	Reception
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	Yes, Reception Manager and Assistant Manager
Have Designated Liaison Persons received HSE training?	Yes all staff
Are notices prominently displayed regarding parental supervision of children? Where?	Yes, Reception

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes
Date of last visit:	25/01/2022

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Yes
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 	Cheese, ham, tuna, jam, yoghurt, fruit and juice Please also provide details of the system for distribution of school lunches: Parents make lunches
Is infant formula kept out of public view?	Yes, in store room
What arrangements are in place for distribution of infant formula?	Weekly and on request

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes
What food/snacks are available after hours or when kitchen is closed?	Kitchen facilities available to all residents
Where are the snacks located and how are they accessed?	Common Fridge in place.
Are meals available for residents who arrive late? (Give details.)	Yes once notified
Are meals available for new arrivals? (Give details)	Yes on request
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes if requested
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?	N/A

FOOD HALL (N/A)

Is the till system in place Electronic POS:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Relevant Certification (halal meats) in place/on display:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there appropriate storage; shelving, cold storage, dry storage:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were the points value of the items clearly displayed:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the area generally clean:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no for any of the above, please give details:				

Other	N/A
Give details of any other arrangement or other comments:	Gym, crèche, library, available.

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes
Where does the service go to?	In to Cork city and back
What is the frequency of the service? (List time table opposite)	Friday from centre but train and another bus stop across the road from the centre.

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes
An average, how many TV channels are provided to residents?	Smart TV
Are residents allowed to erect satellite dishes?	On Request

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes 6 wash and 5 Dryer
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Residents or staff on request
What procedures are in place for the exchange of towels and bed linen at the centre?	Replaced when required at residents request.
What procedures are in place for ironing boards and irons?	At reception
How is washing powder / tablets supplied?	Weekly on Saturday
Are there specific arrangements for access to the laundry (give details):	7am to 10pm

17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes
What cleaning equipment is available to residents?	Vacuum, bucket, brushes, mop and detergents
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	On request in reception
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Warned by manager and assisted to clean with management

PART 2

Room by Room Inspection

Independent Inspection

Centre: *Ashbourne House*

Cork

Date of Inspection: *28/10/2022*

Section A- Administration / Communal areas

17 Have you seen the following?

Up to date House Rules	x	In common areas
Complaint Forms	x	In Office
Accident/ Incident procedure	x	In Office

HSE Breastfeeding Posters (if applicable)	x	Yes
Designated Liaison Person details (Child Protection)	x	Yes
Supervision of children notice	x	Yes
Gym Notices(Child Safety – if applicable)		n/a
IOM Voluntary Return Posters	x	Yes

18 Staff Awareness

Did you see the IPAS IPPS Code of Practice*?	x
Are all staff aware of IPAS IPPS Code & House Rules?	x
How are staff made aware of IPAS IPPS Code & House Rules? <i>Sign off on copy kept in managers file</i>	

**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>
27/07/22	Absolute Fire Systems	All OK
24/10/22	Internal	

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
28/07/2022	Absolute Fire Systems	OK	Replaced one smoke detector	Yes	Yes
24/10/22/22	Internal	OK			

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
June 22	Apex Fire	OK			
24/10/2222	internally	x	None		

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
17/10/22	Internal	OK			
24/10/22	Internal	OK			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
16/01/22	3	89 (40)	7min	49 absent re: school
26/04/22	5	92(72)	8min	20 absent

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All Staff	Fire Safety & Awareness	Apex	½ day	14/09/22

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Car Par 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
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: Main Building

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

Have you seen the following?

	y/n	Location of display
Up to date House Rules	Yes	Office
Complaint Forms	Yes	Office
Accident/ Incident procedure	Yes	Office

HSE Breastfeeding Posters (if applicable)	Yes	
Designated Liaison Person details (Child Protection)	Yes	
Supervision of children notice	Yes	
Gym Notices (Child Safety – if applicable)	Yes	

IOM Voluntary Return Posters	Yes	
Anti Human-Trafficking Posters	Yes	
'NO to Violence & Harassment' Posters	Yes	

DINING AREA:

Please outline the meal times:

	From	To
Breakfast	7am	10am
Lunch	1pm	1.30pm
Dinner	5:45	18:15

Which is the main meal of the day:	Lunch
Is menu cycle available?	Yes

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

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?	Yes in dining area
Does menu cycle correspond with options available?	Yes
If no, ask manager for explanation and provide details:	
Which meal was sampled? Breakfast <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner <input type="checkbox"/>	
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Pizza Selection	
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes Vegetable Soup, Selection of Salads, Fresh Mackerel with Basmati Rice
Give details of this option:	above
Were there ethnic dishes available?	Wednesdays International Day
Give details of this option:	N/A
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes
In your opinion, does the food on offer appear to provide a good variety?	Yes 2 week menu cycle available.
Did inspection take place during Ramadan?	No
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:	

KITCHEN AREA: Food Safety Critical Requirements

Food Safety

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	25/01/2022
issues highlight and rectified by management 5 issues identified and rectified in relation to cleaning and maintenance. All rectified.	

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

HACCP records:

Pest Control: Last visit 06/10/22 external mouse bait taken and refilled..
Induction and Ongoing Staff Training: n/a
Time & Temperature Records: Food delivery, Fridge , Freezer . All records up to date.
Hygiene Audits: On display completed daily
List of Approved Suppliers: On a register in the kitchen
Cleaning Schedules: On display and being completed.
Procedures for accepting deliveries: Yes and records available for inspection.
General Comments: Kitchen in good order, clean and tidy.

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	Commercial
What equipment is in place? Fridges, Freezers, Ovens, Hobs	
In what condition is the equipment? Good condition	
Comments:	

Structural Hygiene

Kitchen:

Is the refuse area suitably located?	Yes at back of kitchen
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?	Yes
Are white coats, shoe covers and hats available for non kitchen staff?	Yes
Comment of the structural hygiene of the kitchen (i.e. floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc): Clean kitchen	
Are suitable hand washing and drying facilities provided?	Yes
General Comments:	

Structural Hygiene cont

Dry Goods

Suitably equipped? <i>Shelving/containers etc</i>	Yes separate to kitchen.
Condition and suitability of facilities: Good condition	
What evidence is there of stock rotation?	All food identified was fresh

Refrigerated Storage

What type of refrigerated storage is provided?	Fridge and freezer
Comment on the condition and suitability of the refrigerated storage: All in good working order clean and tidy.	
Are thermostats provided and in working order?	Yes and records being kept.
Are food items date stamped?	Yes
Are samples of dishes being kept?	Yes in freezer.

Other

Is there appropriate storage for cleaning agents and chemicals?	Yes separate area with shelving for all cleaning equipment.
---	---

Operational Hygiene

Do residents use the main kitchen?	No new separate kitchen being created for them
Is that use supervised to ensure safe & hygienic practices are observed?	Yes
By whom is it supervised?	Manager checks.

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

Is the necessary holding equipment provided? <i>e.g. bainmaries, refrigerated units</i>

Condition and suitability of serving equipment and utensils: Good

What procedures are in place for unused/unserved food at the end of service?
Requested or cooking facilities available.

Comments:

Staff Facilities and Hygiene

Are designated staff facilities provided?	Yes
What facilities are in place?	Separate area for changing.

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</i> <i>If no, outline arrangements for breaks</i>	Yes
--	-----

Are uniforms provided for:	
Kitchen Staff?	Yes
Serving Staff?	Yes

Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i>	Yes
Is personal grooming satisfactory?	Yes
Are safe habits practiced?	Yes
General Comments on staff facilities: Staff facilities well maintained.	

23 PUBLIC TOILET (State Location):

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	1	x	x	x	x	x
Ladies:	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gents:	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed? Yes x No <input type="checkbox"/>						
Record the last time entry.						
Is the area clean? (provide comment) all very clean						
Are all facilities working? Yes x No * <input type="checkbox"/>						
Visual Check: Have you noticed any issues requiring attention? Yes* <input type="checkbox"/> No x						

If No, give details:

24 COMMUNAL ROOM (State Location):

Storage area:

Is the walkway through the area clear? Yes **X** No ☐

Are the exit signs clearly marked? Yes **X** No ☐

General Seating Area

Is the seating in good condition? Yes **X** No ☐

What is the area generally used for? Socialising & visitor Yes **X** No ☐

Computer room:

Is the area generally clean? yes

Visual Check: Have you noticed any issues requiring attention? no

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	X			
Paintwork of the centre	X			
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	X			
Cleanliness of the grounds (ie., evidence of rubbish etc.)	X			
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes good play area at back of the premises and new crèche being provided on site.				
Comments				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	6	5
Do they appear to be in working order? yes		
Comments:		

CORRIDOR (State Location): All corridors throughout

Is the area generally clean? Yes

If no please give details:
<i>Visual Check:</i> Have you noticed any issues requiring attention? no
If yes please detail:

STAIRWAY (State Location): all stairwells both sides of building

Is the area generally clean? Yes
If no please give details:
<i>Visual Check:</i> Have you noticed any issues requiring attention? NP (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 checked="" type="checkbox"/> Weekly <input type="checkbox"/>
Who cleans the bedrooms?	Staff <input type="checkbox"/> Residents <input checked="" type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input checked="" type="checkbox"/> x as needed
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?	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	

ROOM NUMBER 1

Room Profile:		Room Capacity:		Room Occupancy:	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	X	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
Is everything in working order?			y/n		
If *, please give details:					

ROOM NUMBER 2

Room Profile:		Room Capacity:		Room Occupancy:	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	X	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
Is everything in working order?			y/n		
If *, please give details:					

ROOM NUMBER 3

Room Profile:		Room Capacity:		Room Occupancy:	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	X	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	

Cleanliness				
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 4				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 5				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 6				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 7				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				

If *, please give details:

ROOM NUMBER 8

Room Profile:		Room Capacity:		Room Occupancy:	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	X	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
Is everything in working order? y/n					
If *, please give details:					

ROOM NUMBER 9

Room Profile:		Room Capacity:		Room Occupancy:	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	X	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
Is everything in working order? y/n					
If *, please give details: Leak in the ceiling, Builders to visit today reported by resident yesterday.					

ROOM NUMBER 10

Room Profile:		Room Capacity:		Room Occupancy:	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	X	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
Is everything in working order? y/n					
If *, please give details:					

ROOM NUMBER 11

Room Profile:		Room Capacity:		Room Occupancy:	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	X	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
Is everything in working order? y/n					
If *, please give details: Smell of smoking in the room					

ROOM NUMBER 12									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm			Fire Notice	
X	X		X		X			X	
Cleanliness		Very Good	Adequate	Poor *	Needs urgent attention *				
Is everything in working order? y/n									
If *, please give details:									

ROOM NUMBER 13									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm			Fire Notice	
X	X		X		X			X	
Cleanliness		Very Good	Adequate	Poor *	Needs urgent attention *				
Is everything in working order? y/n									
If *, please give details:									

ROOM NUMBER 14									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm			Fire Notice	
X	X		X		X			X	
Cleanliness		Very Good	Adequate	Poor *	Needs urgent attention *				
Is everything in working order? y/n									
If *, please give details:									

ROOM NUMBER 15									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm			Fire Notice	
X	X		X		X			X	
Cleanliness		Very Good	Adequate	Poor *	Needs urgent attention *				
Is everything in working order? y/n									
If *, please give details:									

ROOM NUMBER 16									
Room Profile:					Room Capacity:			Room Occupancy:	

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 17				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 18				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details: Clutter behind entrance door into room.				

ROOM NUMBER 19				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details: Smoking in the room.				

ROOM NUMBER 20				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X

Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 21				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details: Mould in Ceiling Bathroom				

ROOM NUMBER 22				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details: Tap in bathroom hard to turn off.				

ROOM NUMBER 23				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
				X
Is everything in working order? y/n				
If *, please give details: Lots of luggage cases on top of wardrobe which has broken door of wardrobe which is not keeping all the luggage in place.				

ROOM NUMBER 24				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *

Is everything in working order?	y/n
If *, please give details:	

ROOM NUMBER 25				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order?		y/n		
If *, please give details:				

ROOM NUMBER 26				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order?		y/n		
If *, please give details:				

ROOM NUMBER 27				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order?		y/n		
If *, please give details:				

ROOM NUMBER 28				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order?		y/n		
If *, please give details:				

ROOM NUMBER 29				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 30				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
				X
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER 31, 32, 33, 34				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details: Rm 31 cluttered, Room 32 has a strong odour requires a clean.				

ROOM NUMBER Lodge 1				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
Is everything in working order? y/n				
If *, please give details:				

ROOM NUMBER Lodge 2									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm		Fire Notice		
X	X		X		X		X		
Cleanliness		Very Good	Adequate	Poor *	Needs urgent attention *				
Is everything in working order? y/n									
If *, please give details:									

ROOM NUMBER Lodge 3									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm		Fire Notice		
X	X		X		X		X		
Cleanliness		Very Good	Adequate	Poor *	Needs urgent attention *				
Is everything in working order? y/n									
If *, please give details:									

ROOM NUMBER Lodge 4									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm		Fire Notice		
X	X		X		X		X		
Cleanliness		Very Good	Adequate	Poor *	Needs urgent attention *				
Is everything in working order? y/n									
If *, please give details:									

ROOM NUMBER Lodge 5									
Room Profile:					Room Capacity:			Room Occupancy:	
TV	Ensuite		Shared Bathroom		Smoke Alarm		Fire Notice		
X	X		X		X		X		
Cleanliness		Very Good	Adequate	Poor *	Needs urgent attention *				
Is everything in working order? y/n									
If *, please give details:									

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 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.

Summary Sheet

Name of Centre:	Ashbourne House Cork
Address:	Ashbourne House, Glounthaune, Co Cork
Contractor :	Alan Hyde and Tadhg Murphy
Manager:	Martina Collins
Contact Name:	Martina Collins
Capacity Per MOA (Current Occupancy):	95 (89)
Date of Inspection:	28/10/22

Fire Safety:

Room 11 & 19 Smoking in Rooms.

Food Safety: N/A**Bedrooms:**

Room 17 Fix blind in room

Room 9 Leak in ceiling

Room 21 mould in Bathroom Ceiling

Room 22 Tap in sink in bathroom

Room 23 6 suitcases on top of weak wardrobe with door broken and door now keeping all suitcases in place.

Room 31 Cluttered

Room 32 Strong Odour within the room, needs to be cleaned and aired.

From: David Lardner (DCEDIY)
Sent: Tuesday 29 November 2022 10:20
To: [REDACTED]

Subject: IPPS - Inspection Reports Ashbourne House Accommodation Centre - Please review and respond

Dear Mr Hyde,

Please find attached PDF copy of the IPPS Inspection Reports for Ashbourne House Accommodation Centre, dated 30/08/2022 and 28/10/2022 which were completed this year.

I would be grateful if you could please review the reports and if there are any comments on the inspection reports which require remediation I would be grateful if you could please revert back to me by email confirming actions taken.

I would be grateful if we could receive your response by Tuesday 13th December 2022

With Kind regards,

David.

David Lardner
International Protection Procurement Services

—
The Department of Children, Equality, Disability, Integration and Youth.
An Roinn Leanaí, Comhionannais, Míchumais, Lánpháirtíochta agus Óige

david.lardner@equality.gov.ie
+353 (0)1 237 6038
<https://www.gov.ie/dcEDIY>

04-12-22

Attention: David Lardner
International Protection Procurement Unit

In reply to Inspection carried out in Ashboure by QTS on 30-08-22 and 28-10-22

FIRE SAFETY:

INSPECTION 30-08-22

Room 20: Received written warning on the day of inspection in connection with fire alarm been covered.

Room 22: Resident received verbal warning in connection with using a rice cooker in the bedroom.

Room 27: Resident received verbal warning in connection with using a sandwich maker in the bedroom.

Room 31: Socket replaced on the day of Inspection.

BEDROOMS:

Room 23 & 28: Residents de-cluttered bedroom.

Room 30-31: Rooms were de-cluttered by staff

Management spoke with the parent of the children to support them in the future in connection with the cleaning and tidying of their bedroom.

INSPECTION 28-10-22

Room 11 & 19: Verbal warning given to residents in connection with smoking in the bedroom.

BEDROOMS:

Room 17: Blind replaced.

Room 9: Leak from roof repaired.

Room 21: Bathroom ceiling cleaned and painted.

Room 22: Tap Replaced.

Room 23: Suitcases were removed on the day of Inspection and allocated in an appropriate area in the bedroom, wardrobe door fixed.

Room 31: Resident de-cluttered.

Room 32: Parent of child cleaned and aired bedroom.

Please do not hesitate to contact me if you need any further information.

Regards,
Martina Collins,
General Manager.