

IPAS/IPPS

Independent Inspection Report

Centre:	Atlas Killarney
Inspector:	Fergal Duane
Date of Inspection:	06/10/2023
Time of Arrival & Departure:	14:30 – 17:00

Part 1
General Information on Services

Independent Inspection Report

Centre: **Atlas Killarney**

Date of Inspection: **06/10/2022**

1. CENTRE DETAILS

Name and address of Centre	Atlas House Killarney Co. Kerry
----------------------------	--

Contractor	OFM
Manager	Gerardette Milligan
Who deputises for manager in his/her absence?	Give Job Title only Assistant manager / Receptionist

Telephone Number	064 6633559
------------------	--------------------

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

HSE Area	South West
Public Health Nurse	Mary O Connor
DSP / CWO name	Theresa O Gorman
Environmental Health Officer name	Anne Hussey
Local Fire Officer Name	Padraig Mangan
Local Fire Station	Killarney

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	x
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)	Yesx No <input type="checkbox"/>
Give details of roster hours	Security 8pm to 8 am
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> Nox
If yes, give name of company:	Internal OFM Staff
Does the centre have CCTV? (Y/N)	Yesx No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yesx 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	Yesx <input type="checkbox"/> No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yesx No <input type="checkbox"/>
Where and how many?	3 between kitchen and reception
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"/> Nox

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Electric
Do residents have control of the heating in their own bedroom?	Yesx No <input type="checkbox"/>
If no, what arrangements are in place?	
What are the heating 'ON' times?	Electric heating available 24/7 controlled (on/off) in resident room

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yesx No <input type="checkbox"/>
How does centre management explain house rules to residents on arrival?	On arrival induction with Manager. RIA booklet

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

Are residents issued with key for their bedroom?(Yes/No)	Yesx No <input type="checkbox"/>
Are residents issued with key for main door?(Yes/No)	Yes <input type="checkbox"/> Nox
If no, give details	Door is locked in evening time at security on duty (locked at 10pm)
Are there procedures to allow residents to receive visitors? (Give details)	Yes
Outline visiting times :	10am to 10pm
In what areas are visitors allowed in the centre?	Communal Areas, tv room and play room
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.)(*Storage is at resident's own risk)	In own rooms only or cabin at the back
What toiletries are provided to residents on arrival?	Soap, shampoo, toothpaste, toilet paper
What arrangements are in place to replenish these items?	Go to manager – checked also monthly

7 ARRANGEMENTS FOR MAINTENANCE

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

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Yes – all staff issued Child Protection Policy and signs off.
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	Yes
Where is declaration held?	Office
Is there a sign in book for visitors? Where?	Yes – reception desk
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	Yes – in dining room, stairwell lobby and main reception corridors
Have Designated Liaison Persons received HSE training?	Yes
Are notices prominently displayed regarding parental supervision of children? Where?	Yes in Dining room and reception notice boards

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yesx No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yesx No <input type="checkbox"/>
Date of last visit:	22/12/21 No Issues

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

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

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?	Fruit, Bread, coffee, tea and milk
Where are the snacks located and how are they accessed?	Dining room
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Meal left covered for re-heating once notified
Are meals available for new arrivals? (Give details)	Yes on arrival if outside main meal times , meals will have been set aside from previous service.
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sandwich, juice/water and fruit
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

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 type="checkbox"/> No <input checked="" type="checkbox"/>
Kettles	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Fridge (for bottles of EBM* / formula)* <i>Expressed Breast Milk</i>	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"/> Dining room

13 INDOOR FACILITIES

Are the following available to residents?	Yes/No
Computers with Internet access	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
WIFI	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DVD player	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Computer Games	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Snooker Table	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Pool Table	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Table Tennis Table	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Board Games	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Newspapers	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Books	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Toys / games for children	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	
Give details of any other arrangement or other comments:	TV Room,

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Where does the service go to?	
What is the frequency of the service? (List time table opposite)	

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Satellite TV channels available
An average, how many TV channels are provided to residents?	6 satellite and 50+ others
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 (6 washers / 4 dryers)
What procedures are in place for the exchange of towels and bed linen at the centre?	On request with manager
What procedures are in place for ironing boards and irons?	Available from laundry both irons and ironing boards
How is washing powder / tablets supplied?	Washing machines on automatic dosing

Are there specific arrangements for access to the laundry (give details):	Open from 8am to 10pm
---	------------------------------

17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yesx No <input type="checkbox"/>
What cleaning equipment is available to residents?	Cif/Toilet cleaner/Vacuum/Mops and brushes
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Request them from managers office
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Manager speaks to resident and if necessary assistance provided

PART 2

Room by Room Inspection

Independent Inspection

Centre: Atlas House Killarney

Date of Inspection: 06/10/22

Section A- Administration / Communal areas

17 Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	x	Dining room and lobby
Designated Liaison Person details (Child Protection)	x	Dining room and lobby
Supervision of children notice	x	Dining room and lobby
Gym Notices(Child Safety – if applicable)	x	Gym door
IOM Voluntary Return Posters	x	Stairwell lobby beside reception

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? Training session by manager and sign off.	

**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>
26/09/22	Internal	Ok
14/6/22	N.E.L. Service Ltd	5 repairs completed

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
05/10/22	Internal	x			
14/06/22	Chubb	x			

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
5/10/22	Internal security	x			
Nov 21	by M&K Fire – Conformance Certificate	x			

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
2/10/22	Internal security	x			
3/10/22	Internal security	x			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
7/8/22 8am	4	91-91	7.5 min	Good response
7/2/22 14:00	5	53	45min	Some residents would not leave the building.

****Both numbers must be recorded.****19f STAFF INSTRUCTION AND TRAINING (Fire Safety)**

Job Description	Course	Instructor	Duration	Date
All staff	Fire Safety	M Morley (M&K Fire)	1 day	30.3.15
All staff	Fire Safety	M Morley (M&K Fire)	1 day	Nov 2021

19g FIRE ASSEMBLY POINTS

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

19h FIRE ALARM SYSTEM

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

19i FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES
(in corridors & 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 x 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 No x
If yes please detail:	

Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	x	Dining room
Designated Liaison Person details (Child Protection)	x	Dining room / Office
Supervision of children notice	x	Dining room
Gym Notices (Child Safety – if applicable)		N/A

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

Social Room / Tea Station (State Location):

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

Pre-school Room:

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

DINING AREA:**Please outline the meal times:**

	From	To
Breakfast	7.30	9.30
Lunch	12.30	14.00
Dinner	17.30	19.00

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

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

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?	Yes x	No <input type="checkbox"/>
Does menu cycle correspond with options available?	Yes x	No
If no, ask manager for explanation and provide details: Daily Menu matched menu cycle, however days of dishes may change on request of residents		
Which meal was sampled?	Lunch	
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Haddock		
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes X No	
Give details of this option:	Jallefrei Rice and mixed Vegetables	
Were there ethnic dishes available?	Yes x No <input type="checkbox"/>	
Give details of this option:	Jallefrei Rice	
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes x No <input type="checkbox"/>	
In your opinion, does the food on offer appear to provide a good variety?	Yes x No <input type="checkbox"/>	
Did inspection take place during Ramadan?	Yes No x	
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 x	
Is there enough seating for residents present to sit down and eat their lunch?	Yes x No <input type="checkbox"/>	
Comments: Food, service and hygiene all to a very good standard.		

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	22/12/21
Comments: No issues	

Has a HACCP system been implemented?	Yes
Who designed the HACCP system?	OFM
Who is responsible for reviewing the system?	Chef
How frequently is the system reviewed?	Not determined

HACCP Records:

Pest Control: Alphasen Pest Control Ltd. Bait points serviced minimum 8 times per year – no activity noted in past recent inspections 22/06/22.
Induction and Ongoing Staff Training: HACCP training has been provided to all kitchen staff, training records viewed in employee file. Full training matrix in place for all staff.
Time & Temperature Records: As part of HACCP plan, Cooking, re-heating, service temperatures are taken at each service. Food server temperature taken also. Fridge & Freezer temperatures taken twice daily as food delivery and food storage.
Hygiene Audits: None recorded but cleaning logs available. Weekly deep clean takes place on Wednesday, Cleaning audits need to be signed by management at the end of each week. Cleaning after each service.
List of Approved Suppliers: Detailed list of approved suppliers in place.
Cleaning Schedules: Daily/weekly cleaning registers in place, checked by Head Chef on a daily/weekly basis, separate server and kitchen cleaning registers.
Procedures for accepting deliveries: 12 point HACCP control point system and acceptance of delivery process in place. Sign off reviewed.
General Comments: Very clean kitchen and well maintained. Excellent HACCP system in place.

HACCP and Kitchen Evaluation

General

Is the kitchen commercial or domestic?	Commercial.
What equipment is in place? Convie Oven, 6 ring gas burner, deep fryer, commercial microwave, commercial mixer, milk dispenser, commercial dishwasher, separate metal worktops for cooked meat, raw meat and vegetables.	
In what condition is the equipment? New fridges in place	
Comments: Very clean kitchen in place.	

Structural Hygiene

Kitchen:

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?	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): Good standard of hygiene maintained within the kitchen.	
Are suitable hand washing and drying facilities provided?	Yes, two hand washing facilities in place.
General Comments:	

Structural Hygiene cont

Dry Goods

Suitably equipped? <i>Shelving/containers etc</i>	Yes, separate dry goods storage room.
Condition and suitability of facilities: Suitable shelving area is provided. All items clearly displayed and shelving kept in a clean state.	
What evidence is there of stock rotation?	All stock within expiry dates.

Refrigerated Storage

What type of refrigerated storage is provided?	Free standing commercial refrigerators and chest freezers.
Comment on the condition and suitability of the refrigerated storage: Two commercial refrigerators , old fridges have been replaced. Freezers for separate storage of raw meats and breads/processed vegetables and dairy.	
Are thermostats provided and in working order?	Yes, all in good working order.
Are food items date stamped?	Yes.
Are samples of dishes being kept?	Yes, kept in refrigerated display unit in service area.

Other

Is there appropriate storage for cleaning agents and chemicals?	Yes, separate locked
--	----------------------

Operational Hygiene

Do residents use the main kitchen?	No
Is that use supervised to ensure safe & hygienic practices are observed?	N/A
By whom is it supervised?	N/A

<p>Is the correct equipment provided? e.g. colour coded chopping boards</p> <p>Yes, colour coded chopping boards and knives are used for separate food preparation areas. Colour notices on display advising of which equipment to use.</p>
--

<p>Is the necessary holding equipment provided? <i>e.g. bainmaries, refrigerated units</i></p> <p>Bain marie and refrigerated display unit provided in service area. Both units are clean and well maintained.</p>

Condition and suitability of serving equipment and utensils:
All serving equipment and utensils are clean and well maintained.

<p>What procedures are in place for unused/unserved food at the end of service?</p> <p>Food waste is disposed of after every service. Uncontaminated Food which can be saved and cooled within time controls, such as rice, is recycled correctly to reduce food waste</p>

Comments:

Staff Facilities and Hygiene

Are designated staff facilities provided?	Yes.
What facilities are in place?	staff locker room and toilets in place.

Are all areas clean and well maintained?	Yes. All areas are regularly cleaned and are in a good condition.
Are suitable hand washing & drying facilities provided?	Yes, hand washing facilities in both toilet areas.
Is storage provided for personal belongings?	Yes, lockers are provided.
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>	No, dining room used for staff breaks also.
---	---

Are uniforms provided for:	
Kitchen Staff?	Yes, uniforms, hats and aprons are provided.
Serving Staff?	Yes, uniforms, hats and aprons are provided.

Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i>	Appropriate uniforms, hats, hairnets are provided. Appropriate shoes are also worn.
Is personal grooming satisfactory?	Yes.
Are safe habits practiced?	Yes, use of serving equipment, and use of gloves are practiced.
General Comments on staff facilities:	

23 PUBLIC TOILET (State Location):

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:						
Ladies:	1	x	x	x	x	x
Gents:	1	x	x	x	x	
Is there a cleaning schedule displayed? Yes <input type="checkbox"/> No x						
Record the last time entry.					Not noted	
Is the area clean? (provide comment) yes						
Are all facilities working? Yes x No						
Visual Check: Have you noticed any issues requiring attention?					Yes No x	
If No, give details:						

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

Storage area:		
Is the walkway through the area clear?	Yes x No	<input type="checkbox"/>
Are the exit signs clearly marked?	Yes x No	<input type="checkbox"/>
General Seating Area		
Is the seating in good condition?	Yes x No	<input type="checkbox"/>
What is the area generally used for? Socialising and visitors		
Computer room:		
Is the area generally clean?	Yes x No	<input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No x		
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	x	<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 Facilities for children and general maintenance of Atlas House is excellent				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	6	4
Do they appear to be in working order? yes		

CORRIDOR all corridors are maintained exceptionally well

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

STAIRWAY all stairwells are clean and kept clear

Is the area generally clean?	Yesx No <input type="checkbox"/>
If no please give details:	
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes <input type="checkbox"/> Nox (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?	Mops, brushes, toilet cleaner, vacuum etc
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Management will work with resident and if necessary get housekeeping to assist in cleaning.

ROOM NUMBER 1				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	n/a	n/a	X	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details: No globe over the bulb in the bathroom.				

ROOM NUMBER3				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	n/a	n/a	X	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER4				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x

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

ROOM NUMBERS				
Room Profile:single female		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X note below	<input type="checkbox"/>	x	x
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER6				
Room Profile:isolation room		Room Capacity:		Room Occupancy:
		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER7				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBERS8				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is everything in working order?	Yes X	No * <input type="checkbox"/>
If *, please give details: Fridge blocking room entering the room.		

ROOM NUMBER9				
Room Profile:single female		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER10				
Room Profile:Single Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER11				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER12				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				

If *, please give details:

ROOM NUMBER13				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER14				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER15				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER16				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is everything in working order?	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Dedicated bathroom adjacent to room Cooking in Room		

ROOM NUMBER17				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER18				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	x	X	X note below
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No * X note below				
If *, please give details:				

ROOM NUMBER19				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER22				
Room Profile: Family Rooms		Room Capacity:		Room Occupancy:
		5		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is everything in working order?	Yes X	No * <input type="checkbox"/>
If *, please give details:		

ROOM NUMBER23				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
Yes X No * <input type="checkbox"/>				
If *, please give details: Cooking in Room				

ROOM NUMBER24				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER25				
Room Profile:Single female		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
Yes X No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER26				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is everything in working order?	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Dedicated bathroom adjacent to room		

ROOM NUMBER27				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				
ROOM NUMBER28				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER29				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER30				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				

If *, please give details:

ROOM NUMBER31				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER32				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: Cooking in Room				

ROOM NUMBER33				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
				x
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER34				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is everything in working order?	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:		

ROOM NUMBER35				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER36				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER37				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	xNote
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<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 NUMBER38				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>

If *, please give details:

ROOM NUMBER 39

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

ROOM NUMBER 40

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

General Representations

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

N/a

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

N/A

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

N/A

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:	Atlas Killarney
Address:	Killarney Co Kerry
Contractor :	OFM
Manager:	Gerardette Milligan
Contact Name:	Tshenesani Moyo
Capacity Per MOA (Current Occupancy):	90 (90)
Date of Inspection:	06/10/2022

Issues

Fire Safety:

Replace cover over emergency light in play room.

Room 23, 16, 32 Cooking in Room.

Room 8 Fridge blocking door opening

Food Safety:

No Issues

Maintenance:

Room 1 Install globe over bathroom light bulb.

IPAS/IPPS

Independent Inspection Report

Centre:	Atlas Killarney
Inspector:	Fergal Duane
Date of Inspection:	06/07/2023
Time of Arrival & Departure:	9am – 1pm

Part 1
General Information on Services

Independent Inspection Report

Centre: **Atlas Killarney**

Date of Inspection: **06/07/2022**

1. CENTRE DETAILS

Name and address of Centre	Atlas House Killarney Co. Kerry
----------------------------	--

Contractor	OFM
Manager	Gerardette Milligan
Who deputises for manager in his/her absence?	Give Job Title only Assistant manager / Receptionist

Telephone Number	064 6633559
------------------	--------------------

Current Contracted Capacity	90
Current Occupancy (today)	89
Current Centre Profile (e.g., singles, families etc.)	Families/Single Female

HSE Area	South West
Public Health Nurse	Mary O Connor
DSP / CWO name	Theresa O Gorman
Environmental Health Officer name	Anne Hussey
Local Fire Officer Name	Padraig Mangan
Local Fire Station	Killarney

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	x
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)	Yesx No <input type="checkbox"/>
Give details of roster hours	Security 8pm to 8 am
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> Nox
If yes, give name of company:	Internal OFM Staff
Does the centre have CCTV? (Y/N)	Yesx No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yesx 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	Yesx <input type="checkbox"/> No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yesx No <input type="checkbox"/>
Where and how many?	3 between kitchen and reception
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"/> Nox

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Electric
Do residents have control of the heating in their own bedroom?	Yesx No <input type="checkbox"/>
If no, what arrangements are in place?	
What are the heating 'ON' times?	Electric heating available 24/7 controlled (on/off) in resident room

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yesx No <input type="checkbox"/>
How does centre management explain house rules to residents on arrival?	On arrival induction with Manager. RIA booklet

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

Are residents issued with key for their bedroom?(Yes/No)	Yesx No <input type="checkbox"/>
Are residents issued with key for main door?(Yes/No)	Yes <input type="checkbox"/> Nox
If no, give details	Door is locked in evening time at security on duty (locked at 10pm)
Are there procedures to allow residents to receive visitors? (Give details)	Yes
Outline visiting times :	10am to 10pm
In what areas are visitors allowed in the centre?	Communal Areas due to gym, tv room and play room being occupied
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.)(*Storage is at resident's own risk)	In own rooms only
What toiletries are provided to residents on arrival?	Soap, shampoo, toothpaste, toilet paper
What arrangements are in place to replenish these items?	Go to manager – checked also monthly

7 ARRANGEMENTS FOR MAINTENANCE

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

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Yes – all staff issued Child Protection Policy and signs off.
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	Yes
Where is declaration held?	Office
Is there a sign in book for visitors? Where?	Yes – reception desk
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	Yes – in dining room, stairwell lobby and main reception corridors
Have Designated Liaison Persons received HSE training?	Yes
Are notices prominently displayed regarding parental supervision of children? Where?	Yes in Dining room and reception notice boards

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yesx No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yesx No <input type="checkbox"/>
Date of last visit:	8/10/20

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

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

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?	Fruit, Bread, coffee, tea and milk
Where are the snacks located and how are they accessed?	Dining room
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Meal left covered for re-heating once notified
Are meals available for new arrivals? (Give details)	Yes on arrival if outside main meal times , meals will have been set aside from previous service.
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sandwich, juice/water and fruit
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

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 type="checkbox"/> No <input checked="" type="checkbox"/>
Kettles	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Fridge (for bottles of EBM* / formula)* <i>Expressed Breast Milk</i>	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"/> Dining room

13 INDOOR FACILITIES

Are the following available to residents?	Yes/No
Computers with Internet access	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
WIFI	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DVD player	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Computer Games	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Snooker Table	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Pool Table	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Table Tennis Table	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Board Games	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Newspapers	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Books	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Toys / games for children	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	
Give details of any other arrangement or other comments:	Limited indoor facilities available due to movement of personnel from Park Lawn into this premises..

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Where does the service go to?	
What is the frequency of the service? (List time table opposite)	

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Satellite TV channels available
An average, how many TV channels are provided to residents?	6saorview and 50+ others
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 (6 washers / 4 dryers)
What procedures are in place for the exchange of towels and bed linen at the centre?	On request with manger
What procedures are in place for ironing boards and irons?	Available from laundry both irons and ironing boards

How is washing powder / tablets supplied?	Washing machines on automatic dosing
Are there specific arrangements for access to the laundry (give details):	Open from 8am to 10pm

17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yesx No <input type="checkbox"/>
What cleaning equipment is available to residents?	Cif/Toilet cleaner/Vacuum/Mops and brushes
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Request them from managers office
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Manager speaks to resident and if necessary assistance provided

PART 2

Room by Room Inspection

Independent Inspection

Centre: Atlas House Killarney

Date of Inspection: 06/07/22

Section A- Administration / Communal areas

17 Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	x	Dining room and lobby
Designated Liaison Person details (Child Protection)	x	Dining room and lobby
Supervision of children notice	x	Dining room and lobby
Gym Notices(Child Safety – if applicable)	x	Gym door
IOM Voluntary Return Posters	x	Stairwell lobby beside reception

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? Training session by manager and sign off.	

**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>
3/3/22	Internal	Ok
14/6/22	N.E.L. Service Ltd	5 repairs completed

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
05/07/22	Chubb	x			
14/06/22	Chubb	x			

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
5/7/22	Internal security	x			
Nov 21	by M&K Fire – Conformance Certificate	x			

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
4/7/22	Internal security	x			
5/7/22	Internal security	x			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
4/7/21 8.10am	3	41	3 mins	Went well
7/2/22 14:00	5	53	45min	Some residents would not leave the building.

****Both numbers must be recorded.****19f STAFF INSTRUCTION AND TRAINING (Fire Safety)**

Job Description	Course	Instructor	Duration	Date
All staff	Fire Safety	M Morley (M&K Fire)	1 day	30.3.15
All staff	Fire Safety	M Morley (M&K Fire)	1 day	Nov 2021

19g FIRE ASSEMBLY POINTS

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

19h FIRE ALARM SYSTEM

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

19i FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES
(in corridors & 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 x 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 No x
If yes please detail:	

Have you seen the following?

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

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

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

Social Room / Tea Station (State Location):

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

Pre-school Room:

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

DINING AREA:

Please outline the meal times:

	From	To
Breakfast	7.30	9.30
Lunch	12.30	14.00
Dinner	17.30	19.00

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

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

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?	Yes x	No <input type="checkbox"/>
Does menu cycle correspond with options available?	Yes x	No
If no, ask manager for explanation and provide details: Daily Menu matched menu cycle, however days of dishes may change on request of residents		
Which meal was sampled?	Lunch	
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Chicken pasta – tasty nice and well cooked		
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes X No	
Give details of this option:	Jallefrei Rice and mixed Vegetables	
Were there ethnic dishes available?	Yes x No <input type="checkbox"/>	
Give details of this option:	Jallefrei Rice	
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes x No <input type="checkbox"/>	
In your opinion, does the food on offer appear to provide a good variety?	Yes x No <input type="checkbox"/>	
Did inspection take place during Ramadan?	Yes No x	
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 x	
Is there enough seating for residents present to sit down and eat their lunch?	Yes x No <input type="checkbox"/>	
Comments: Food, service and hygiene all to a very good standard.		

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	8/10/20
Comments: No issues	

Has a HACCP system been implemented?	Yes
Who designed the HACCP system?	OFM
Who is responsible for reviewing the system?	Chef
How frequently is the system reviewed?	Not determined

HACCP Records:

Pest Control: Alphasen Pest Control Ltd. Bait points serviced minimum 8 times per year – no activity noted in past recent inspections.
Induction and Ongoing Staff Training: HACCP training has been provided to all kitchen staff, training records viewed in employee file. Full training matrix in place for all staff.
Time & Temperature Records: As part of HACCP plan, Cooking, re-heating, service temperatures are taken at each service. Food server temperature taken also. Fridge & Freezer temperatures taken twice daily as food delivery and food storage.
Hygiene Audits: None recorded but cleaning logs available. Weekly deep clean takes place on Wednesday, Cleaning audits need to be signed by management at the end of each week. Cleaning after each service.
List of Approved Suppliers: Detailed list of approved suppliers in place.
Cleaning Schedules: Daily/weekly cleaning registers in place, checked by Head Chef on a daily/weekly basis, separate server and kitchen cleaning registers.
Procedures for accepting deliveries: 12 point HACCP control point system and acceptance of delivery process in place. Sign off reviewed.
General Comments: Very clean kitchen and well maintained. Excellent HACCP system in place.

HACCP and Kitchen Evaluation

General

Is the kitchen commercial or domestic?	Commercial.
What equipment is in place? Convie Oven, 6 ring gas burner, deep fryer, commercial microwave, commercial mixer, milk dispenser, commercial dishwasher, separate metal worktops for cooked meat, raw meat and vegetables.	
In what condition is the equipment? New fridges in place	
Comments: Very clean kitchen in place.	

Structural Hygiene**Kitchen:**

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?	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): Good standard of hygiene maintained within the kitchen.	
Are suitable hand washing and drying facilities provided?	Yes, two hand washing facilities in place.
General Comments:	

Structural Hygiene cont

Dry Goods

Suitably equipped? <i>Shelving/containers etc</i>	Yes, separate dry goods storage room.
Condition and suitability of facilities: Suitable shelving area is provided. All items clearly displayed and shelving kept in a clean state.	
What evidence is there of stock rotation?	All stock within expiry dates.

Refrigerated Storage

What type of refrigerated storage is provided?	Free standing commercial refrigerators and chest freezers.
Comment on the condition and suitability of the refrigerated storage: Two commercial refrigerators , old fridges have been replaced. Freezers for separate storage of raw meats and breads/processed vegetables and dairy.	
Are thermostats provided and in working order?	Yes, all in good working order.
Are food items date stamped?	Yes.
Are samples of dishes being kept?	Yes, kept in refrigerated display unit in service area.

Other

Is there appropriate storage for cleaning agents and chemicals?	Yes, separate locked
--	----------------------

Operational Hygiene

Do residents use the main kitchen?	No
Is that use supervised to ensure safe & hygienic practices are observed?	N/A
By whom is it supervised?	N/A

<p>Is the correct equipment provided? e.g. colour coded chopping boards</p> <p>Yes, colour coded chopping boards and knives are used for separate food preparation areas. Colour notices on display advising of which equipment to use.</p>
--

<p>Is the necessary holding equipment provided? <i>e.g. bainmaries, refrigerated units</i></p> <p>Bain marie and refrigerated display unit provided in service area. Both units are clean and well maintained.</p>

Condition and suitability of serving equipment and utensils:
All serving equipment and utensils are clean and well maintained.

<p>What procedures are in place for unused/unserved food at the end of service?</p> <p>Food waste is disposed of after every service. Uncontaminated Food which can be saved and cooled within time controls, such as rice, is recycled correctly to reduce food waste</p>

Comments:

Staff Facilities and Hygiene

Are designated staff facilities provided?	Yes.
What facilities are in place?	staff locker room and toilets in place.

Are all areas clean and well maintained?	Yes. All areas are regularly cleaned and are in a good condition.
Are suitable hand washing & drying facilities provided?	Yes, hand washing facilities in both toilet areas.
Is storage provided for personal belongings?	Yes, lockers are provided.
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>	No, dining room used for staff breaks also.
---	---

Are uniforms provided for:	
Kitchen Staff?	Yes, uniforms, hats and aprons are provided.
Serving Staff?	Yes, uniforms, hats and aprons are provided.

Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i>	Appropriate uniforms, hats, hairnets are provided. Appropriate shoes are also worn.
Is personal grooming satisfactory?	Yes.
Are safe habits practiced?	Yes, use of serving equipment, and use of gloves are practiced.
General Comments on staff facilities:	

23 PUBLIC TOILET (State Location):

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:						
Ladies:	1	x	x	x	x	x
Gents:	1	x	x	x	x	
Is there a cleaning schedule displayed? Yes <input type="checkbox"/> No x						
Record the last time entry.					Not noted	
Is the area clean? (provide comment) yes						
Are all facilities working? Yes x No						
Visual Check: Have you noticed any issues requiring attention?					Yes No x	
If No, give details:						

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

Storage area:		
Is the walkway through the area clear?	Yes X No	<input type="checkbox"/>
Are the exit signs clearly marked?	Yes X No	<input type="checkbox"/>
General Seating Area		
Is the seating in good condition?	Yes X No	<input type="checkbox"/>
What is the area generally used for?	Socialising and visitors	
Computer room:		
Is the area generally clean?	Yes X No	<input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention?	Yes <input type="checkbox"/> No	x
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	x	<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 Facilities for children and general maintenance of Atlas House is excellent				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	6	4
Do they appear to be in working order? yes		

CORRIDOR all corridors are maintained exceptionally well

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

STAIRWAY all stairwells are clean and kept clear

Is the area generally clean?	Yesx No <input type="checkbox"/>
If no please give details:	
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes <input type="checkbox"/> Nox (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?	Mops, brushes, toilet cleaner, vacuum etc
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Management will work with resident and if necessary get housekeeping to assist in cleaning.

ROOM NUMBER3

Room Profile: Family Room		Room Capacity:		Room Occupancy:	
		4		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
x	n/a	n/a	x	x	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes x	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER4

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

ROOM NUMBERS5				
Room Profile:single female		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	Xnote below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER6				
Room Profile:isolation room		Room Capacity:		Room Occupancy:
		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER7				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBERS8				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER9				
Room Profile:single female		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER10				
Room Profile:Single Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x note below	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER11				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x note below	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER12				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER13				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER14				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x note below	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER15				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x note below	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER16				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x note below	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER17				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER18				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	X	X	X note below
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No * X note below				
If *, please give details: Hot plate removed during visit				

ROOM NUMBER19				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

RM 20 used as a Store room, 21 closed for maintenance

ROOM NUMBER22				
Room Profile: Family Rooms		Room Capacity:		Room Occupancy:
		5		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER23				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER24				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER25				
Room Profile:Single female		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER26				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER27				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X note below	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER28				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X note below	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: Dedicated bathroom adjacent to room				

ROOM NUMBER29				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER30				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER31				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER32				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER33				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
				x
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER34				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER35				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER36				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER37				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	xNote
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: Hot plate removed during visit				

ROOM NUMBER38				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER39				
Room Profile: Family Room		Room Capacity:		Room Occupancy:

			2		1	
TV	Ensuite	Shared Bathroom		Smoke Alarm		Fire Notice
x	x	<input type="checkbox"/>		x		x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *		
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is everything in working order? Yes x No * <input type="checkbox"/>						
If *, please give details:						

ROOM NUMBER 40						
Room Profile: Family Room			Room Capacity:		Room Occupancy:	
			3		2	
TV	Ensuite	Shared Bathroom		Smoke Alarm		Fire Notice
x	x	<input type="checkbox"/>		x		x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *		
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is everything in working order? Yes x No * <input type="checkbox"/>						
If *, please give details:						

General Representations

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

N/a

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

N/A

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

N/A

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:	Atlas Killarney
Address:	Killarney Co Kerry
Contractor :	OFM
Date of Inspection:	06/07/2022

Issues

Fire Safety:
Hot plates removed from two rooms.

Food Safety:
No issues

Maintenance:
No issues

From: David Lardner (DCEDIY)

Sent: Tuesday 29 November 2022 10:57

To: [REDACTED]

Subject: IPPS - Inspection Reports for Atlas House Killarney Accommodation Centre - Please review and respond

Dear Mr Carnegie,

Please find attached PDF copies of the IPPS Independent Inspection Reports from QTS Ltd for Atlas House Killarney Accommodation Centre, dated 06/07/2022 and 06/10/2022 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>

Atlas House
Deerpark road
Killarney
Co. Kerry
29.11.2022

Re: Inspection 06.10.2022

Dear David,

In response to the recent audit in this centre the following action has been taken.

Residents in rooms 16, 23 & 32 reminded of house rules regarding cooking in the rooms.

Room 8 fridge moved.

Emergency light in playroom cover replaced.

Room 1 light cover replaced.

Yours faithfully,



Jamie Carnegie
Managing director.

Atlas House
Deerpark road
Killarney
Co. Kerry
29.11.2022

Re: QTS Inspection 06.07.2022

Dear David,

In response to the recent independent audit in this centre the following action has been taken.

All residents reminded of house rules regarding cooking in the rooms.

Yours faithfully,



Jamie Carnegie
Managing director.