

# IPAS / IPPS

## Independent Inspection Report

<b>Centre:</b>	<b>Clare lodge, Ennis</b>
<b>Inspector:</b>	<b>Shane Mac Loughlin</b>
<b>Date of Inspection:</b>	<b>24/10/22</b>
<b>Time of Arrival &amp; Departure:</b>	<b>11.30-13.00</b>

*Part 1*  
*General Information on Services*

Independent Inspection Report

*Centre:* **Clare Lodge**

*Date of Inspection:* 24/10/22

**1. CENTRE DETAILS**

Name and address of Centre	<b>Clare Lodge, Summerhill, Ennis, Co. Clare</b>
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Contractor	<b>Bridgestock</b>
Manager	<b>Ms. Eliza Zak</b>
Who deputises for manager in his/her absence?	<b>Duty Manager</b>

Telephone Number	<b>065 686 6583</b>
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Current Contracted Capacity	<b>65</b>
Current Occupancy (today)	<b>50</b>
Current Centre Profile (e.g., singles, families etc.)	<b>Single male</b>

HSE Area	<b>Mid-west</b>
Public Health Nurse	<b>Ennis HSE Centre</b>
DSP / CWO name	<b>n/a</b>
Environmental Health Officer name	<b>unknown</b>
Local Fire Officer Name	<b>Adrian Kelly</b>
Local Fire Station	<b>Ennis Town</b>

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

**2. Please provide a copy of the following**

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

**3 GENERAL SECURITY & EMERGENCY DETAILS**

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	<b>12 hr shifts rotated</b>
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	Reception x2 and Kitchen
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: <b>Trained first aiders on staff</b>
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**4 HEATING ARRANGEMENTS**

What type of heating is used in the centre?	<b>oil</b>
Do residents have control of the heating in their own bedroom?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, what arrangements are in place?	<b>Residents can turn off/down radiators</b>
What are the heating 'ON' times?	<b>Heating on all day except for few hours in middle of day</b>

**5 HOUSE RULES**

Are residents provided with a copy of the House Rules on arrival?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
How does centre management explain house rules to residents on arrival?	<b>Orientation/Induction on arrival</b>

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	<b>Yes – in communal meeting room</b>
Outline visiting times :	<b>10am to 10pm</b>

In what areas are visitors allowed in the centre?	<b>communal room</b>
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>Lockers in rooms</b>
What toiletries are provided to residents on arrival?	<b>Toothpaste, shampoo, soap, towels</b>
What arrangements are in place to replenish these items?	<b>Shop open daily and use of points system</b>

## 7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <b>x</b> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <b>x</b> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: <b>Bridgestock group online tracking system for maintenance</b>	

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	<b>Yes – all staff signed off</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	<b>yes</b>
Where is declaration held?	<b>Management File</b>
Is there a sign in book for visitors? Where?	<b>Yes at reception desk</b>
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	<b>Yes in dining room notice board</b>
Have Designated Liaison Persons received HSE training?	<b>Yes by HSE and Tusla</b>
Are notices prominently displayed regarding parental supervision of children? Where?	<b>Yes – in dining room hall</b>

## 9 FOOD SAFETY

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

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

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

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

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	<b>Yes</b>
What food/snacks are available after hours or when kitchen is closed?	<b>Residents purchase and store own food</b>
Where are the snacks located and how are they accessed?	<b>Residents cook own meals</b>
Are meals available for residents who arrive late? (Give details.)	n/a
Are meals available for new arrivals? (Give details)	<b>Yes on arrangement</b>
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	<b>Residents have own food supplies</b>
<b>If the inspection takes place during Ramadan this section <u>must</u> be completed.</b> What arrangements are in place to facilitate residents observing a fast during Ramadan?	n/a

**FOOD HALL**

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

<b>Visual Check:</b> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(Products in date, fresh food, ethnic food, Halal food, variety available, suitable range of food products, toiletries and cleaning materials.)	
If <b>yes</b> to any issues please give detail:	
Do food products available in the food hall reflect the reasonable needs of the different ethnic groups; e.g. the provision of halal food for Muslim residents, the provision of food for gluten free, vegetarian, vegan residents, etc.	
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If <b>no</b> please give details:	
<b>Products (Available) Check:</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Adequately stocked in order to provide a choice for residents.	
<b>Please Insert/List Some Items/Products Below;</b>	
1L Milk expiry 2/11/22 price 1.80 -- this was discussed with manager as priced as 2 Litre	
Beans expiry 02/24 price 1.07	
6 Eggs expiry 03/11/22 price 0.95	

## 12 FACILITIES FOR FEEDING BABIES

<b><i>Are the following available?</i></b>	n/a – no children in centre
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	
Sterilisers	
Kettles	
Fridge (for bottles of EBM* / formula) <i>*Expressed Breast Milk</i>	
Bottle Warmer	
Microwave	
Are these facilities available 24 hours a day	
Is there a dedicated room provided? Where?	

## 13 INDOOR FACILITIES

<b><i>Are the following available to residents?</i></b>	Yes/No			
Computers with Internet access	Yes	<b>x</b>	No	<input type="checkbox"/>
WIFI	Yes	<b>x</b>	No	<input type="checkbox"/>
DVD player	Yes	<input type="checkbox"/>	No	<b>x</b>
Computer Games	Yes	<input type="checkbox"/>	No	<b>x</b>
Snooker Table	Yes	<input type="checkbox"/>	No	<b>x</b>
Pool Table	Yes	<b>x</b>	No	<input type="checkbox"/>
Table Tennis Table	Yes	<b>x</b>	No	<input type="checkbox"/>
Board Games	Yes	<input type="checkbox"/>	No	<b>x</b>

Newspapers	Yes <input type="checkbox"/> No <b>x</b>
Books	Yes <input type="checkbox"/> No <b>x</b>
Toys / games for children	Yes <input type="checkbox"/> No <b>x</b>
Other	
Give details of any other arrangement or other comments:	

#### 14 TRANSPORT ARRANGEMENTS

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

#### 15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <b>x</b> No <input type="checkbox"/> <b>Sky satellite in communal room, bedrooms have saorview</b>
An average, how many TV channels are provided to residents?	<b>50+</b>
Are residents allowed to erect satellite dishes?	<b>no</b>

#### 16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <b>x</b> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	<b>Residents (staff will assist if requested)</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>On request or if identified need during room inspection</b>
What procedures are in place for ironing boards and irons?	<b>Reception sign out</b>
How is washing powder / tablets supplied?	<b>From reception as needed</b>
Are there specific arrangements for access to the laundry (give details):	<b>Open everyday</b>

#### 17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes <b>x</b> No <input type="checkbox"/>
What cleaning equipment is available to residents?	<b>Full range of cleaning consumable as used by housekeeping is available</b>



What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>Will be provided by reception on request</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Housekeeping will clean if residents are not maintaining cleanliness</b>

## *PART 2*

### *Room by Room Inspection*

# Independent Inspection

*Centre: Clare Lodge, Ennis*

*Date of Inspection: 24/10/22*

## Section A- Administration / Communal areas

### 17 Have you seen the following?

		Location of display
Up to date House Rules	x	Dining room & reception
Complaint Forms	x	Reception
Accident/ Incident procedure	x	Reception

HSE Breastfeeding Posters (if applicable)	x	Dining room
Designated Liaison Person details (Child Protection)	x	Dining room
Supervision of children notice	x	Dining room
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	n/a
IOM Voluntary Return Posters	x	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? <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>
23/10/22	Internal	
22/10/22	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
21/7/22	Midwest alarms				
22/10/22	internal	x	None		

#### 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
20/12/21	Annual service	x	None		

<b>22/10/22</b>	<b>internally</b>	<b>x</b>	<b>None</b>		
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#### 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
<b>23/10/22</b>	<b>Internal Staff</b>	<b>x</b>	<b>None</b>		
<b>22/10/22</b>	<b>Internal staff</b>	<b>x</b>	<b>None</b>		

#### 19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
<b>4/3/22 18.30</b>	<b>3</b>	<b>11/10</b>	<b>7mins</b>	
<b>29/10/22 14.40</b>	<b>5</b>	<b>18/19</b>	<b>4 mins</b>	

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

#### 19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
<b>All staff</b>	<b>Fire warden</b>	<b>safetech</b>	<b>1 day</b>	<b>31/8/22</b>

#### 19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	<b>Front of main building</b>
Are they marked?	<b>yes</b>
Are staff aware of locations?	<b>yes</b>
Comments:	

#### 19h FIRE ALARM SYSTEM

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

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

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

## Administration Area:

### Reception: Main Building

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

### Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Reception
Complaint Forms	<input checked="" type="checkbox"/>	office
Accident/ Incident procedure	<input checked="" type="checkbox"/>	office
HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	dining room
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	reception / dining room
Supervision of children notice	<input checked="" type="checkbox"/>	dining room
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	n/a
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	reception
Anti Human-Trafficking Posters	<input checked="" type="checkbox"/>	reception
'NO to Violence & Harassment' Posters	<input checked="" type="checkbox"/>	dining room

### DINING AREA:

Please outline the meal times: Shop system now in place where residents purchase products on points pricing system. Shop open from 9-4 Monday to Friday and 9-1 Saturday.

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

Which is the main meal of the day:	n/a
Is menu cycle available?	n/a

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

Breakfast	n/a
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<b>Lunch</b>	n/a
<b>Dinner</b>	n/a

Is menu cycle on display?		n/a
Does menu cycle correspond with options available?		n/a
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 <input checked="" type="checkbox"/> <input type="checkbox"/>
Give details of this option:		<b>Fruit and vegetable selections</b>
Were there ethnic dishes available?		Yes large variety in shop
Give details of this option:		<b>Curries, spices etc.</b>
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)		
In your opinion, does the food on offer appear to provide a good variety?		
Did inspection take place during Ramadan?		
If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.):		
Is there any damaged seating or tables in dining room?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Comments: <b>All residents now have cooking facilities</b>		

## KITCHEN AREA: Food Safety Critical Requirements

### Food Safety

**Note : No food preparation by Centre – residents cook their own meals.**

Has the premises been inspected by an Environmental Health Officer?	no
Date of Visit?	n/a
issues highlight and rectified by management	

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

### HACCP records:

Pest Control: Rentokill inspection no activity noted last visit 21/9/22
Induction and Ongoing Staff Training: n/a
Time & Temperature Records: Food delivery, Fridge , Freezer . All records up to date.
Hygiene Audits: none
List of Approved Suppliers: List of approved suppliers in place, with associated HACCP documentation. Very detailed and well done.
Cleaning Schedules: Daily and Weekly register in place. Evident that kitchen was maintained at high level of cleanliness.
Procedures for accepting deliveries: HACCP point plan in place. Copy of procedure delivery posted next to delivery door.
General Comments:



## HACCP and Kitchen Evaluation

### General:

Is the kitchen commercial or domestic?	6 domestic kitchen stations for residents
What equipment is in place?n/a	
In what condition is the equipment?	
Comments: Commercial kitchen has been removed	

## Structural Hygiene

### Kitchen:

Is the refuse area suitably located?	Yes, located outside kitchen area.	
Is the area tidy?	Yes	
Are all bins covered?	Yes	
Are signs displayed at all entrances in relation to access to kitchen for non kitchen staff?	n/a	
Are white coats, shoe covers and hats available for non kitchen staff?	n/a	
Comment of the structural hygiene of the kitchen (i.e. floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc):  6 cooking stations for residents are well maintained		
Are suitable hand washing and drying facilities provided?	Hand washing basin, soap dispenser and paper towel in place.	
General Comments:		

## Structural Hygiene cont

### Dry Goods

Suitably equipped? <i>Shelving/containers etc</i>	More shelving is needed as some food item boxes are stored on the ground.
Condition and suitability of facilities:  All shelving is clean and well maintained.	
What evidence is there of stock rotation?	All foods within expiry date.

### Refrigerated Storage

What type of refrigerated storage is provided?	Shop freezers & standing refrigerators.
Comment on the condition and suitability of the refrigerated storage:  All freezers, and refrigerators kept clean and are in a good working order.	
Are thermostats provided and in working order?	Yes, all in working order.
Are food items date stamped?	Yes.
Are samples of dishes being kept?	n/a

### Other

Is there appropriate storage for cleaning agents and chemicals?	yes
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## 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

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

Is the necessary holding equipment provided? e.g. <i>bain maries, refrigerated units</i>
Yes – all equipment in good condition and clean

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

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

Comments:
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## Staff Facilities and Hygiene

Are designated staff facilities provided?	Yes.
What facilities are in place?	Staff changing room and toilets next to dining room, and staff room.

Are all areas clean and well maintained?	Yes. All areas kept clean and in good condition, however flooring is damaged.
Are suitable hand washing & drying facilities provided?	Yes, provided within toilet facilities.
Is storage provided for personal belongings?	Lockers and hanging space provided in staff changing room.
Are showers provided? <i>indicate cleanliness &amp; suitability</i>	Yes

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>	Staff room in place for breaks, refrigerator provided.
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Are uniforms provided for:	
Kitchen Staff?	Yes – work as shop staff
Serving Staff?	n/a

Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i>	All uniforms of a clean standard.
Is personal grooming satisfactory?	Satisfactory.
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:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies:	2	x	x	x	x	x <input type="checkbox"/>
Gents:	2	x	x	x	x	
Is there a cleaning schedule displayed?					Yes x	No <input type="checkbox"/>
Record the last time entry.					Not noted	
Is the area clean? (provide comment) all very clean						
Are all facilities working?					Yes x	No * <input type="checkbox"/>

<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes* <input type="checkbox"/>	No <b>x</b>
If No, give details:		

## 24 COMMUNAL ROOM (State Location):

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

## OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	x	<input type="checkbox"/>	<input type="checkbox"/>	<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? n/a				
Comments				

## LAUNDRY ROOM

	Washing Machines	Dryers
Number	<b>3</b>	<b>3</b>
Do they appear to be in working order?	<b>No – 1 washer and 1 dryer out of order</b>	
Comments:		

## CORRIDOR (State Location): All corridors throughout Clare Lodge

Is the area generally clean?	Yes
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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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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?	Mops, brushes, toilet cleaner, floor cleaner, vacuum
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Staff will clean and management will discuss with resident

<b>ROOM NUMBER 101</b>				
Room Profile:		Room Capacity:		Room Occupancy:
single male		3		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: <b>under refurbishment</b>				

<b>ROOM NUMBER 102</b>				
Room Profile:		Room Capacity:		Room Occupancy:
single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 103</b>				
Room Profile:		Room Capacity:		Room Occupancy:
single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice



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

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

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

<b>ROOM NUMBER 203</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 204</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>5</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

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

<b>ROOM NUMBER 205</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

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

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

<b>ROOM NUMBER 302</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>

	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:				

<b>ROOM NUMBER 303</b>				
Room Profile:		Room Capacity:		Room Occupancy:
single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 304</b>				
Room Profile:		Room Capacity:		Room Occupancy:
single male		5		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

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

<b>ROOM NUMBER 306</b>				
Room Profile:		Room Capacity:		Room Occupancy:
single male		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

<b>ROOM NUMBER 401</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>7</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 402</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 403</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>5</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

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:**

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

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

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

**Personal representations should be recorded in Part 3.**

Summary Sheet
---------------

<b>Name of Centre:</b>	Clare Lodge
<b>Address:</b>	Ennis, Co. Clare
<b>Contractor :</b>	Bridgestock
<b>Manager:</b>	Eliza Zak
<b>Contact Name:</b>	Eliza Zak
<b>Capacity Per MOA (Current Occupancy):</b>	65 (50)
<b>Date of Inspection:</b>	24/10/22

**Fire Safety:**

No issues - recent refresher training done with staff (31/8/22)

**Food Safety:**

No issues - however noted pricing on 1litre of Milk seemed to be double what it should

**Bedrooms:**

No issues

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# IPAS / IPPS

## Independent Inspection Report

<b>Centre:</b>	<b>Clare lodge, Ennis</b>
<b>Inspector:</b>	<b>Shane Mac Loughlin</b>
<b>Date of Inspection:</b>	<b>14/4/22</b>
<b>Time of Arrival &amp; Departure:</b>	<b>9.30-12</b>



*Part 1*  
*General Information on Services*

Independent Inspection Report

*Centre:* **Clare Lodge**

*Date of Inspection:* 14/4/22

**1. CENTRE DETAILS**

Name and address of Centre	<b>Clare Lodge, Summerhill, Ennis, Co. Clare</b>
----------------------------	--

Contractor	<b>Bridgestock</b>
Manager	<b>Ms. Eliza Zak</b>
Who deputises for manager in his/her absence?	<b>Duty Manager</b>

Telephone Number	<b>065 686 6583</b>
------------------	---------------------

Current Contracted Capacity	<b>65</b>
Current Occupancy (today)	<b>37</b>
Current Centre Profile (e.g., singles, families etc.)	<b>Single male</b>

HSE Area	<b>Mid-west</b>
Public Health Nurse	<b>Ennis HSE Centre</b>
DSP / CWO name	<b>n/a</b>
Environmental Health Officer name	<b>unknown</b>
Local Fire Officer Name	<b>Adrian Kelly</b>
Local Fire Station	<b>Ennis Town</b>

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

**2. Please provide a copy of the following**

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

### 3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	<b>12 hr shifts rotated</b>
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	Reception x2 and Kitchen
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: <b>Trained first aiders on staff</b>
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### 4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	<b>oil</b>
Do residents have control of the heating in their own bedroom?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, what arrangements are in place?	<b>Residents can turn off/down radiators</b>
What are the heating 'ON' times?	<b>Heating on all day except for few hours in middle of day</b>

### 5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
How does centre management explain house rules to residents on arrival?	<b>Orientation/Induction on arrival</b>

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	<b>Yes – in communal meeting room</b>
Outline visiting times :	<b>10am to 10pm</b>

In what areas are visitors allowed in the centre?	<b>communal room</b>
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>Lockers in rooms</b>
What toiletries are provided to residents on arrival?	<b>Toothpaste, shampoo, soap, towels</b>
What arrangements are in place to replenish these items?	<b>Shop open daily and use of points system</b>

## 7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <b>x</b> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <b>x</b> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: <b>Bridgestock group online tracking system for maintenance</b>	

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	<b>Yes – all staff signed off</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	<b>yes</b>
Where is declaration held?	<b>Management File</b>
Is there a sign in book for visitors? Where?	<b>Yes at reception desk</b>
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	<b>Yes in dining room notice board</b>
Have Designated Liaison Persons received HSE training?	<b>Yes by HSE and Tusla</b>
Are notices prominently displayed regarding parental supervision of children? Where?	<b>Yes – in dining room hall</b>

## 9 FOOD SAFETY

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

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

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

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

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	<b>Yes</b>
What food/snacks are available after hours or when kitchen is closed?	<b>Residents purchase and store own food</b>
Where are the snacks located and how are they accessed?	<b>Residents cook own meals</b>
Are meals available for residents who arrive late? (Give details.)	n/a
Are meals available for new arrivals? (Give details)	<b>Yes on arrangement</b>
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	<b>Residents have own food supplies</b>
<b>If the inspection takes place during Ramadan this section <u>must</u> be completed.</b> What arrangements are in place to facilitate residents observing a fast during Ramadan?	n/a

**FOOD HALL**

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



Newspapers	Yes <input type="checkbox"/> No <b>x</b>
Books	Yes <input type="checkbox"/> No <b>x</b>
Toys / games for children	Yes <input type="checkbox"/> No <b>x</b>
Other	
Give details of any other arrangement or other comments:	

#### 14 TRANSPORT ARRANGEMENTS

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

#### 15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <b>x</b> No <input type="checkbox"/> <b>Sky satellite in communal room, bedrooms have saorview</b>
An average, how many TV channels are provided to residents?	<b>50+</b>
Are residents allowed to erect satellite dishes?	<b>no</b>

#### 16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <b>x</b> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	<b>Residents (staff will assist if requested)</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>On request or if identified need during room inspection</b>
What procedures are in place for ironing boards and irons?	<b>Reception sign out</b>
How is washing powder / tablets supplied?	<b>From reception as needed</b>
Are there specific arrangements for access to the laundry (give details):	<b>Open everyday</b>

#### 17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes <b>x</b> No <input type="checkbox"/>
What cleaning equipment is available to residents?	<b>Full range of cleaning consumable as used by housekeeping is available</b>

What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>Will be provided by reception on request</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Housekeeping will clean if residents are not maintaining cleanliness</b>

## *PART 2*

### *Room by Room Inspection*



# Independent Inspection

*Centre: Clare Lodge, Ennis*

*Date of Inspection: 14/4/22*

## Section A- Administration / Communal areas

### 17 Have you seen the following?

		Location of display
Up to date House Rules	x	Dining room & reception
Complaint Forms	x	Reception
Accident/ Incident procedure	x	Reception

HSE Breastfeeding Posters (if applicable)	x	Dining room
Designated Liaison Person details (Child Protection)	x	Dining room
Supervision of children notice	x	Dining room
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	n/a
IOM Voluntary Return Posters	x	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? <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>
14/4/22	Internal	
13/4/22	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
23/2/22	Fireco				
14/4/22	internal	x	None		

#### 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
14/4/22	internally	x	None		

<b>10/4/22</b>	<b>internally</b>	<b>x</b>	<b>None</b>		
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#### 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
<b>14/4/22</b>	<b>Internal Staff</b>	<b>x</b>	<b>None</b>		
<b>13/4/22</b>	<b>Internal staff</b>	<b>x</b>	<b>None</b>		

#### 19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
<b>4/3/22 18.30</b>	<b>3</b>	<b>11/10</b>	<b>7mins</b>	
<b>14/7/21 6pm</b>	<b>5</b>	<b>14/12</b>	<b>5 mins</b>	

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

#### 19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
<b>All staff</b>	<b>Fire warden</b>	<b>First Point Safety</b>	<b>1 day</b>	<b>19/2/20</b>

#### 19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	<b>Front of main building</b>
Are they marked?	<b>yes</b>
Are staff aware of locations?	<b>yes</b>
Comments:	

#### 19h FIRE ALARM SYSTEM

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

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

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

## Administration Area:

### Reception: Main Building

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

### Have you seen the following?

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

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

IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	reception
Anti Human-Trafficking Posters	<input checked="" type="checkbox"/>	reception
'NO to Violence & Harassment' Posters	<input checked="" type="checkbox"/>	dining room

### DINING AREA:

**Please outline the meal times: Shop system now in place where residents purchase products on points pricing system. Shop open from 9-4 Monday to Friday and 9-1 Saturday.**

	From	To
<b>Breakfast</b>	n/a	
<b>Lunch</b>	n/a	
<b>Dinner</b>	n/a	

Which is the main meal of the day:	n/a
Is menu cycle available?	n/a

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

<b>Breakfast</b>	n/a
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<b>Lunch</b>	n/a
<b>Dinner</b>	n/a

Is menu cycle on display?		n/a
Does menu cycle correspond with options available?		n/a
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 <input checked="" type="checkbox"/> <input type="checkbox"/>
Give details of this option:		<b>Fruit and vegetable selections</b>
Were there ethnic dishes available?		Yes large variety in shop
Give details of this option:		<b>Curries, spices etc.</b>
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)		
In your opinion, does the food on offer appear to provide a good variety?		
Did inspection take place during Ramadan?		
If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.):		
Is there any damaged seating or tables in dining room?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Comments: <b>All residents now have cooking facilities</b>		

## KITCHEN AREA: Food Safety Critical Requirements

### Food Safety

**Note : No food preparation by Centre – residents cook their own meals.**

Has the premises been inspected by an Environmental Health Officer?	no
Date of Visit?	n/a
issues highlight and rectified by management	

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

### HACCP records:

Pest Control: Rentokill inspection no activity noted
Induction and Ongoing Staff Training: n/a
Time & Temperature Records: Food delivery, Fridge , Freezer . All records up to date.
Hygiene Audits: none
List of Approved Suppliers: List of approved suppliers in place, with associated HACCP documentation. Very detailed and well done.
Cleaning Schedules: Daily and Weekly register in place. Evident that kitchen was maintained at high level of cleanliness.
Procedures for accepting deliveries: HACCP point plan in place. Copy of procedure delivery posted next to delivery door.
General Comments:

## HACCP and Kitchen Evaluation

### General:

Is the kitchen commercial or domestic?	6 domestic kitchen stations for residents
What equipment is in place?n/a	
In what condition is the equipment?	
Comments: Commercial kitchen has been removed	



## Structural Hygiene

### Kitchen:

Is the refuse area suitably located?	Yes, located outside kitchen area.	
Is the area tidy?	Yes	
Are all bins covered?	Yes	
Are signs displayed at all entrances in relation to access to kitchen for non kitchen staff?		n/a
Are white coats, shoe covers and hats available for non kitchen staff?		n/a
Comment of the structural hygiene of the kitchen (i.e. floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc):  6 cooking stations for residents are well maintained		
Are suitable hand washing and drying facilities provided?		Hand washing basin, soap dispenser and paper towel in place.
General Comments:		

## Structural Hygiene cont

### Dry Goods

Suitably equipped? <i>Shelving/containers etc</i>	More shelving is needed as some food item boxes are stored on the ground.
Condition and suitability of facilities:  All shelving is clean and well maintained.	
What evidence is there of stock rotation?	All foods within expiry date.

### Refrigerated Storage

What type of refrigerated storage is provided?	Shop freezers & standing refrigerators.
Comment on the condition and suitability of the refrigerated storage:  All freezers, and refrigerators kept clean and are in a good working order.	
Are thermostats provided and in working order?	Yes, all in working order.
Are food items date stamped?	Yes.
Are samples of dishes being kept?	n/a

### Other

Is there appropriate storage for cleaning agents and chemicals?	yes
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## 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

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

Is the necessary holding equipment provided? e.g. <i>bain maries, refrigerated units</i>
Yes – all equipment in good condition and clean

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

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

Comments:
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## Staff Facilities and Hygiene

Are designated staff facilities provided?	Yes.
What facilities are in place?	Staff changing room and toilets next to dining room, and staff room.

Are all areas clean and well maintained?	Yes. All areas kept clean and in good condition, however flooring is damaged.
Are suitable hand washing & drying facilities provided?	Yes, provided within toilet facilities.
Is storage provided for personal belongings?	Lockers and hanging space provided in staff changing room.
Are showers provided? <i>indicate cleanliness &amp; suitability</i>	Yes

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>	Staff room in place for breaks, refrigerator provided.
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Are uniforms provided for:	
Kitchen Staff?	Yes – work as shop staff
Serving Staff?	n/a

Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i>	All uniforms of a clean standard.
Is personal grooming satisfactory?	Satisfactory.
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:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladies:	2	x	x	x	x	x <input type="checkbox"/>
Gents:	2	x	x	x	x	
Is there a cleaning schedule displayed?					Yes x	No <input type="checkbox"/>
Record the last time entry.					Not noted	
Is the area clean? (provide comment) all very clean						
Are all facilities working?					Yes x	No * <input type="checkbox"/>

<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:		

## 24 COMMUNAL ROOM (State Location):

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

## OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	x	<input type="checkbox"/>	<input type="checkbox"/>	<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? n/a				
Comments				

## LAUNDRY ROOM

	Washing Machines	Dryers
Number	3	3
Do they appear to be in working order?	yes	
Comments:		

## CORRIDOR (State Location): All corridors throughout Clare Lodge

Is the area generally clean?	Yes
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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	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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?	Mops, brushes, toilet cleaner, floor cleaner, vacuum
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Staff will clean and management will discuss with resident

<b>ROOM NUMBER 101</b>				
Room Profile:		Room Capacity:		Room Occupancy:
single male		3		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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:				

<b>ROOM NUMBER 102</b>				
Room Profile:		Room Capacity:		Room Occupancy:
single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 103</b>				
Room Profile:		Room Capacity:		Room Occupancy:
single male		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

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

<b>ROOM NUMBER 201</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Single</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 202</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 203</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 204</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>5</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice



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

<b>ROOM NUMBER 205</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

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

<b>ROOM NUMBER 301</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>3</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <b>X</b>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 302</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>

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

<b>ROOM NUMBER 303</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>3</b>		<b>0</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 304</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>5</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 305</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 306</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>

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

<b>ROOM NUMBER 401</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>7</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 402</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>4</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 403</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>single male</b>		<b>5</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<b>X</b>	<input type="checkbox"/>	<b>X</b>	<b>X</b>	<b>X</b>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<b>X</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <b>X</b> No * <input type="checkbox"/>				
If *, please give details:				

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:**

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

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

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

**Personal representations should be recorded in Part 3.**

<b>Summary Sheet</b>
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<b>Name of Centre:</b>	Clare Lodge
<b>Address:</b>	Ennis, Co. Clare
<b>Contractor :</b>	Bridgestock
<b>Manager:</b>	Eliza Zak
<b>Contact Name:</b>	Eliza Zak
<b>Capacity Per MOA (Current Occupancy):</b>	65 (37)
<b>Date of Inspection:</b>	14/4/22

**Fire Safety:**

No issues

**Food Safety:**

No issues

**Bedrooms:**

No issues

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From: David Lardner (DCEDIY)

Sent: Tuesday 29 November 2022 11:02

To: [REDACTED]

Subject: IPPS - Inspection Reports Clare Lodge Accommodation Centre - Please review and respond

Dear Mr Gillen,

Please find attached PDF copies of the IPPS Independent Inspection Reports from QTS Ltd for Clare Lodge Accommodation Centre, dated 14/04/2022 and 24/10/2022 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

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<https://www.gov.ie/dcEDIY>

12/12/2022

**Re: Independent Inspection Report Clare Lodge 14/04/22 & 24/10/22**

Dear Mr. Lardner,

I hope this letter finds you well. I refer to the inspection in Clare Lodge Accommodation Centre on the following dates: 14/04/22 & 24/10/22.

Having reviewed the report in detail with my colleagues, the following outlines the actions we have taken to rectify highlighted issues in the reports:

Issue	Action
Both Reports states that there is no defibrillator in the Clare Lodge centre.	We have had defibrillator since the opening the centre. All First Aiders are trained to use it, the defibrillator is located on the reception, it is clearly labelled, displayed, and wall mounted and checked every day by Staff members. We keep a record of daily inspections.
More shelving is needed on outside storage shed	Additional shelving has been added in the storeroom. The Additional shelving was added in April.
Price of Milk in the Shop	Milk was incorrectly priced; it has been amended and like all food items it sells at the IPAS assigned points.

I trust that you find the response to be in order, If I can be of any further assistance, please do not hesitate to contact me with any questions, Thank you.

Your Sincerely,

Dan Hassett

Duty Manager