

Part 1
General Information on Services

Independent Inspection Report

Centre: **Linden House**

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

1. CENTRE DETAILS

Name and address of Centre	Linden House, New road, Killarney, Co. Kerry
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Contractor	Thomas Duggan
Manager	Gerrie Kotze
Who deputises for manager in his/her absence?	Give Job Title only Deputy manager Eduard Budur

Telephone Number	064 6631379
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Current Contracted Capacity	85
Current Occupancy (today)	63
Current Centre Profile (e.g., singles, families etc.)	Single male

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)	n/a

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yesx No <input type="checkbox"/>
Give details of roster hours	Night porter 6pm-8am
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> Nox
If yes, give name of company:	
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 IPAS/IPPS out of hours number	Yesx No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yesx No <input type="checkbox"/>
Where and how many?	1 in kitchen
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: Manager
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> Nox

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	oil
Do residents have control of the heating in their own bedroom?	Yes <input type="checkbox"/> Nox
If no, what arrangements are in place?	Timed thermostat with booster
What are the heating 'ON' times?	On thermostat

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?	Yes on one to one basis.

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)	Yesx No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	Yes in day room once signed in with reception first.
Outline visiting times :	9-9
In what areas are visitors allowed in the centre?	day room

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.)(*Storage is at resident's own risk)	In bedrooms
What toiletries are provided to residents on arrival?	Toothpaste, soap, toilet rolls & shampoo
What arrangements are in place to replenish these items?	Ask at reception

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: Day diary book in reception	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	No children are resident. Manager did undergo Tusla training
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	n/a
Where is declaration held?	
Is there a sign in book for visitors? Where?	Yes - reception
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	No but Manager has received Tusla training
Have Designated Liaison Persons received HSE training?	yes
Are notices prominently displayed regarding parental supervision of children? Where?	no

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:	5/3/2018 (None noted since)

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

Are residents consulted regarding menu / dietary requests? (Give details.)	RESIDENTS KITCHEN AND SHOP SYSTEM NOW IN PLACE
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 	n/a Please also provide details of the system for distribution of school lunches:
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?	Yesx No <input type="checkbox"/> Note: Residents kitchen NOW COMPLETED.
What food/snacks are available after hours or when kitchen is closed?	Residents have their own food and fridge storage facilities
Where are the snacks located and how are they accessed?	n/a
Are meals available for residents who arrive late? (Give details.)	Yesx No <input type="checkbox"/> Once prior notification to manager
Are meals available for new arrivals? (Give details)	Yes – meals prepared and left for reheating once prior notification given to manager.
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yesx No <input type="checkbox"/> Residents have their own food and fridge storage facilities
If the inspection takes place during Ramadan this section must 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?	Section does not apply
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	n/a
Sterilisers	n/a
Kettles	n/a
Fridge (for bottles of EBM* / formula)* <i>Expressed Breast Milk</i>	n/a
Bottle Warmer	n/a
Microwave	n/a
Are these facilities available 24 hours a day	n/a
Is there a dedicated room provided?	n/a

Where?	
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13 INDOOR FACILITIES

<i>Are the following are available to residents?</i>	Yes/No
Computers with Internet access	Yesx No <input type="checkbox"/>
WIFI	Yesx No <input type="checkbox"/>
DVD player	Yes <input type="checkbox"/> Nox
Computer Games	Yes <input type="checkbox"/> Nox
Snooker Table	Yes <input type="checkbox"/> Nox
Pool Table	Yes <input type="checkbox"/> Nox
Table Tennis Table	Yes <input type="checkbox"/> Nox
Board Games	Yes <input type="checkbox"/> Nox
Newspapers	Yes <input type="checkbox"/> Nox
Books	Yesx No <input type="checkbox"/>
Toys / games for children	Yes <input type="checkbox"/> Nox
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"/> NoX
Where does the service go to?	Linden House is in Town Centre
What is the frequency of the service? (List time table opposite)	

15 TV SYSTEM

Is there a specific TV system in place? (give details)	YesxNo <input type="checkbox"/>
An average, how many TV channels are provided to residents?	TV Saorview.
Are residents allowed to erect satellite dishes?	no

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yesx No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Available to staff
What procedures are in place for the exchange of towels and bed linen at the centre?	Request from manager.
What procedures are in place for ironing boards and irons?	Available from reception
How is washing powder / tablets supplied?	From reception
Are there specific arrangements for access to the laundry (give details):	Open 24/7

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?	When requested brushes, mops, vacuum.
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Request of reception.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Cleaning staff clean rooms weekly.

PART 2

Room by Room Inspection

Independent Inspection

Centre: Linden House, Killarney

Date of Inspection: 06/07/2022

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	x	Reception lobby
Complaint Forms	x	Reception lobby
Accident/ Incident procedure	x	Reception lobby

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	n/a
Designated Liaison Person details (Child Protection)	<input type="checkbox"/>	Nemanja Babic
Supervision of children notice	<input type="checkbox"/>	n/a
Gym Notices(Child Safety – if applicable)	<input type="checkbox"/>	n/a
IOM Voluntary Return Posters	<input type="checkbox"/>	Reception lobby

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 on hire with Manager.	

**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>
26/7/19	Pat Lyons electrical	All working
19/3/21	Internal	ok

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
14/06/22	Allied fire Protection	x			
4/7/22	Internal	x			
05/07/22	Internal	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
May 22	MFS	x			

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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
04/07/22	Internal	x			
05/07/22	internal	x			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
14/6/21 2pm	3 staff	18	4	No Issues
10/12/22	3 staff	20	4.5	ok

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All staff	Firs safety	C O Leary	½ day	8/1/18

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Carpark to left of main door
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? Include locations	No smoking in centre
Comments:	The panel was inspected last month and it shows there is two faults at the moment. Manager has made contact with the alarm company to call and repair.

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: inside the front door

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

Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	n/a
Designated Liaison Person details (Child Protection)	<input type="checkbox"/>	not posted - no children in centre
Supervision of children notice	<input type="checkbox"/>	n/a
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"/>	reception

Social Room / Tea Station (State Location): in dining room

What facilities are provided? Full residents kitchen with supplies from on-line shop in Millstreet	
Is the area generally clean?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no please give details:	
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes please detail:	

Pre-school Room: section not applicable

Is the area generally clean?	Yes / No
If no please give details:	
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(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: As all residents now cook for themselves this section is not applicable.

	From	To
Breakfast		
Lunch		
Dinner		

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

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

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?	
Does menu cycle correspond with options available?	
If no, ask manager for explanation and provide details:	
Which meal was sampled?	
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)	
Give details of this option:	
Were there ethnic dishes available?	
Give details of this option:	
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?	
Is there enough seating for residents present to sit down and eat their lunch?	
Comments:	

KITCHEN AREA:Food Safety Critical Requirements

Commercial kitchen has been replaced with 6 cooking stations which are now in full use by residents who cook all their own meals with their own foods which they purchase from the on-line shop in Carrick-on-Suir.

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	18/1/16
Comments: No issues	

Has a HACCP system been implemented?	n/a – all staff cook for themselves
Who designed the HACCP system?	
Who is responsible for reviewing the system?	
How frequently is the system reviewed?	

HACCP Records:

Pest Control - no activity noted last visit 24/05/22 prevent-a -pest
Induction and Ongoing Staff Training: N/A
Time & Temperature Records: current and up to date
Hygiene Audits: current and up to date
List of Approved Suppliers: current and up to date
Cleaning Schedules: current and up to date
Procedures for accepting deliveries: shop orders and are provided to residents on delivery Tuesday, Thursday and Saturday.
General Comments: Kitchen area where residents cook is clean

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	6 x domestic cookers and cooking stations
What equipment is in place? 6 cookers, walk in dry goods store, upright freezer x 2 and walk-in fridge,	
In what condition is the equipment? In general the area is tidy.	
Comments:	

STRUCTURAL HYGIENE

Kitchen:

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

Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	Clean and suitable storage
Condition and suitability of facilities: excellent condition and appropriate in size	
What evidence is there of stock rotation?	Orders are delivered on Tuesday, Thursday and Saturday

Refrigerated Storage:

What type of refrigerated storage is provided?	Free standing freezer and fridges in each room
Comment on the condition and suitability of the refrigerated storage: All in excellent condition , kept neat and free from ice build up etc.	
Are thermostats provided and in working order?	N/A
Are food items date stamped?	N/A
Are samples of dishes being kept?	N/A

Other:

Is there appropriate storage for cleaning agents and chemicals?	Yes – off the kitchen
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OPERATIONAL HYGIENE

Do residents use the main kitchen?	Yes
Is that use supervised to ensure safe & hygienic practices are observed?	Not necessary as 6 cooking stations are for residents use. With 2nd kitchenette for apts 33-35
By whom is it supervised?	

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

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

Condition and suitability of serving equipment and utensils:
All very clean and appropriate to food type

What procedures are in place for unused/unserved food at the end of service?
Skip at rear of kitchen

Comments:

STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Toilets and changingroom

Are all areas clean and well maintained?	Yes
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Yes
Are showers provided? <i>Indicate cleanliness & suitability</i>	Not used

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

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

23 PUBLIC TOILET (State Location): off main reception

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

24 COMMUNAL ROOM (State Location): large reception room to the right when entering building**Storage area:**

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

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

General Seating Area

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

What is the area generally used for? Pool table and general socialising

Computer room:

Is the area generally clean? Yes **x** No ☐

Visual Check: Have you noticed any issues requiring attention? Yes ☐ No **x**

If yes please detail:

Any other comments? If yes please detail: Cabin at rear of building for meetings and social gatherings.

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Paintwork of the centre	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Where you have rated * please provide details and comments: Area is clean and manager comments it in relation to the cleaner on morning shift.				
Are there any facilities available for children outdoors? Yes <input type="checkbox"/> No x				
Comments				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	7	6
Do they appear to be in working order? Yes - new laundry room at rear of centre		
Comments:		

CORRIDOR (State Location): all

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"/> No x	
If yes please detail: +	

STAIRWAY (State Location): main stairs

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? Yesx (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	
If yes please detail: Carpet worn on main stairs no carpet on fire exit at rear of building.	

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 checked="" type="checkbox"/> Residents <input checked="" type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input checked="" type="checkbox"/> fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input 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, detergents & vacuum
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Assisted by house keeping

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

ROOM NUMBER2				
Room Profile:		Room Capacity:		Room Occupancy:
shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	<input type="checkbox"/>	x	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

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

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

ROOM NUMBER5a				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	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 NUMBER6a				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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 *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				

If *, please give details:

ROOM NUMBER7a

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

ROOM NUMBERS

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

ROOM NUMBER6

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

ROOM NUMBER8				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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 *
	<input type="checkbox"/>	X	<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:		Room Capacity:		Room Occupancy:
shared		3		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<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:		Room Capacity:		Room Occupancy:
shared		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 *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				

If *, please give details:

ROOM NUMBER 11

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

ROOM NUMBER12

Room Profile:		Room Capacity:		Room Occupancy:	
shared		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 *	
	<input type="checkbox"/>	X	<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:		Room Capacity:		Room Occupancy:	
shared		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 *	
	<input type="checkbox"/>	X	<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:		Room Capacity:		Room Occupancy:	
shared		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 *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

ROOM NUMBER15				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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 *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER16				
Room Profile:		Room Capacity:		Room Occupancy:
single		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 *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details: ensuite ceiling is damp				

ROOM NUMBER17				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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 *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				

If *, please give details: smoke detector covered

ROOM NUMBER18				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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 *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER19				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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 *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details: smoke detector covered				

ROOM NUMBER20				
Room Profile:		Room Capacity:		Room Occupancy:
single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER21		
Room Profile:	Room Capacity:	Room Occupancy:

shared		3		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	<input type="checkbox"/> Note	X	X	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order? Yes x No* <input type="checkbox"/>					
If *, please give details: Mould in the ceiling of the bathroom					

ROOM NUMBER22					
Room Profile:		Room Capacity:		Room Occupancy:	
shared		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 *	
	<input type="checkbox"/>	X	<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:		Room Capacity:		Room Occupancy:	
shared		4		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
X	X	<input type="checkbox"/>	X	X Note	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order? Yes x No* <input type="checkbox"/>					
If *, please give details: Hot plate in the room being used very close to curtains.					

ROOM NUMBER24					
Room Profile:		Room Capacity:		Room Occupancy:	
shared		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 *	
	<input type="checkbox"/>	X	<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 28				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? YesX No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 29				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? YesX No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 33				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? YesX No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 34				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X Note
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? YesX No * <input type="checkbox"/>				

If *, please give details: **Cover over the fire alarm.**

ROOM NUMBER 35				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X Note
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details: No plastic covers over the fire alarm				

ROOM NUMBER 36				
Room Profile:		Room Capacity:		Room Occupancy:
shared		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 37				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 38				
Room Profile:		Room Capacity:		Room Occupancy:
shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				

If *, please give details:

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

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:	Linden House
Address:	New Road, Killarney, Co. Kerry
Proprietor :	Thomas Duggan
Manager:	Nemanja Babic
Contact Name:	Eduard Budur
Capacity Per MOA (Current Occupancy):	85 (63)
Date of Inspection:	06/07/2022

Fire Safety:

At time of inspection fire panel showed 'a general fault and buzzer muted.

Food Safety:

No Issues

Bedrooms:

Room 23 Remove Hot Plate

Room 35 No Outer cover on fire alarm.

Room 21 mould in ceiling of bathroom

Note:

Residents all use on-line shop facility in Millstreet with deliveries on Monday, Tuesday, Thursday and Saturday every week.

To whom it may concern:

Please find details in response to inspection at Linden House Killarney on 6th July 2022.

The individual issues raised in the report:

Fire safety- At time of inspection fire panel showed a general fault and buzzer muted.

Technician came shortly after and panel issue has been resolved.

Room 23 – cooking in the room

Warned residents not to cook in the room. Verbal warning has been issued.

Room 35 no outer cover on fire alarm

Technician came and placed a cover on the fire alarm. Residents warned not to meddle with the fire alarm.

Room 21 Ceiling in the bathroom

Maintenance cleaned and painted the ceiling.

IPAS/IPPS

Independent Inspection Report

Centre:	Linden House
Inspector:	Fergal Duane
Date of Inspection:	21/10/2022
Time of Arrival & Departure:	9pm – 12.00

Part 1
General Information on Services

Independent Inspection Report

Centre: **Linden House**

Date of Inspection: **21/10/2022**

1. CENTRE DETAILS

Name and address of Centre	Linden House, New road, Killarney, Co. Kerry
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Contractor	Thomas Duggan
Manager	Nemanja Babic
Who deputises for manager in his/her absence?	Give Job Title only Deputy manager

Telephone Number	064 6631379
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Current Contracted Capacity	84
Current Occupancy (today)	59
Current Centre Profile (e.g., singles, families etc.)	Single male

HSE Area	South West
Public Health Nurse	Mary O Connor
DSP / CWO name	Nora Deane
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	N/A
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)	n/a

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yesx No <input type="checkbox"/>
Give details of roster hours	Night porter 10pm-8.30am
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> Nox
If yes, give name of company:	
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 IPAS/IPPS out of hours number	Yesx No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yesx No <input type="checkbox"/>
Where and how many?	1 in kitchen
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: Manager
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> Nox

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	oil
Do residents have control of the heating in their own bedroom?	Yes <input type="checkbox"/> Nox
If no, what arrangements are in place?	Timed thermostat with booster
What are the heating 'ON' times?	On thermostat

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?	Yes on one to one basis.

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)	Yesx No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	Yes in day room once signed in with reception first.
Outline visiting times :	9-9
In what areas are visitors allowed in the centre?	day room

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.)(*Storage is at resident's own risk)	In bedrooms
What toiletries are provided to residents on arrival?	Toothpaste, soap, toilet rolls & shampoo
What arrangements are in place to replenish these items?	Ask at reception

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: Day diary book in reception	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	No children are resident. Manager did undergo Tusla training
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	n/a
Where is declaration held?	
Is there a sign in book for visitors? Where?	Yes - reception
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	No but Manager has received Tusla training
Have Designated Liaison Persons received HSE training?	yes
Are notices prominently displayed regarding parental supervision of children? Where?	no

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:	5/3/2018 (None noted since)

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

Are residents consulted regarding menu / dietary requests? (Give details.)	RESIDENTS KITCHEN AND SHOP SYSTEM NOW IN PLACE
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 	n/a Please also provide details of the system for distribution of school lunches:
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?	Yesx No <input type="checkbox"/> Note: Residents kitchen NOW COMPLETED.
What food/snacks are available after hours or when kitchen is closed?	Residents have their own food and fridge storage facilities
Where are the snacks located and how are they accessed?	n/a
Are meals available for residents who arrive late? (Give details.)	Yesx No <input type="checkbox"/> Once prior notification to manager
Are meals available for new arrivals? (Give details)	Yes – meals prepared and left for reheating once prior notification given to manager.
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yesx No <input type="checkbox"/> Residents have their own food and fridge storage facilities
If the inspection takes place during Ramadan this section must 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?	Section does not apply
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	n/a
Sterilisers	n/a
Kettles	n/a
Fridge (for bottles of EBM* / formula)* <i>Expressed Breast Milk</i>	n/a
Bottle Warmer	n/a
Microwave	n/a
Are these facilities available 24 hours a day	n/a
Is there a dedicated room provided?	n/a

Where?	
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13 INDOOR FACILITIES

<i>Are the following are available to residents?</i>	Yes/No
Computers with Internet access	Yesx No <input type="checkbox"/>
WIFI	Yesx No <input type="checkbox"/>
DVD player	Yes <input type="checkbox"/> Nox
Computer Games	Yes <input type="checkbox"/> Nox
Snooker Table	Yes <input type="checkbox"/> Nox
Pool Table	Yes <input type="checkbox"/> Nox
Table Tennis Table	Yes <input type="checkbox"/> Nox
Board Games	Yes <input type="checkbox"/> Nox
Newspapers	Yes <input type="checkbox"/> Nox
Books	Yesx No <input type="checkbox"/>
Toys / games for children	Yes <input type="checkbox"/> Nox
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"/> NoX
Where does the service go to?	Linden House is in Town Centre
What is the frequency of the service? (List time table opposite)	

15 TV SYSTEM

Is there a specific TV system in place? (give details)	YesxNo <input type="checkbox"/>
An average, how many TV channels are provided to residents?	TV Saorview.
Are residents allowed to erect satellite dishes?	no

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yesx No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Available to staff
What procedures are in place for the exchange of towels and bed linen at the centre?	Request from manager.
What procedures are in place for ironing boards and irons?	Available from reception
How is washing powder / tablets supplied?	From reception
Are there specific arrangements for access to the laundry (give details):	Open 24/7

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?	When requested brushes, mops, vacuum.
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Request of reception.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Cleaning staff clean rooms weekly.

PART 2

Room by Room Inspection

Independent Inspection

Centre: Linden House, Killarney

Date of Inspection: 21/10/2022

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	x	Reception lobby
Complaint Forms	x	Reception lobby
Accident/ Incident procedure	x	Reception lobby

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	n/a
Designated Liaison Person details (Child Protection)	<input type="checkbox"/>	Nemanja Babic
Supervision of children notice	<input type="checkbox"/>	n/a
Gym Notices(Child Safety – if applicable)	<input type="checkbox"/>	n/a
IOM Voluntary Return Posters	<input type="checkbox"/>	Reception lobby

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 on hire with Manager.	

**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>
19/10/22	Pat Lyons electrical	All working
20/10/22	Internal	ok

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
14/06/22	Allied fire Protection	x			
19/10/22	Internal	x			
20/10/22	Internal	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
9/05/22	MFS	x			

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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
19/10/22	Internal	x			
20/10/22	internal	x			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
15/6/22 2pm	4 staff	26	5	No Issues
10/12/21	3 staff	20	4.5	ok

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All staff	Firs safety	C O Leary	½ day	8/1/18

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Carpark to left of main door
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 in centre
Comments: The panel was inspected three months ago and is showing a fault with a buzzer. The manager does not turn off faults and makes contact with the alarm company to remove faults.	

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: inside the front door

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

Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	n/a
Designated Liaison Person details (Child Protection)	<input type="checkbox"/>	not posted - no children in centre
Supervision of children notice	<input type="checkbox"/>	n/a
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"/>	reception

Social Room / Tea Station (State Location): in dining room

What facilities are provided? Full residents kitchen with supplies from on-line shop in Millstreet
Is the area generally clean? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no please give details:
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes please detail:

Pre-school Room: section not applicable

Is the area generally clean? Yes / No
If no please give details:
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input type="checkbox"/> (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: As all residents now cook for themselves this section is not applicable.

	From	To
Breakfast		
Lunch		
Dinner		

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

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

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?	
Does menu cycle correspond with options available?	
If no, ask manager for explanation and provide details:	
Which meal was sampled?	
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)	
Give details of this option:	
Were there ethnic dishes available?	
Give details of this option:	
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?	
Is there enough seating for residents present to sit down and eat their lunch?	
Comments:	

KITCHEN AREA:Food Safety Critical Requirements

Commercial kitchen has been replaced with 6 cooking stations which are now in full use by residents who cook all their own meals with their own foods which they purchase from the on-line shop in Carrick-on-Suir.

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	18/1/16
Comments: No issues	

Has a HACCP system been implemented?	n/a – all staff cook for themselves
Who designed the HACCP system?	
Who is responsible for reviewing the system?	
How frequently is the system reviewed?	

HACCP Records:

Pest Control - no activity noted last visit 19/10/22 prevent-a –pest No Issues.
Induction and Ongoing Staff Training: N/A
Time & Temperature Records: current and up to date
Hygiene Audits: current and up to date
List of Approved Suppliers: current and up to date
Cleaning Schedules: current and up to date
Procedures for accepting deliveries: shop orders and are provided to residents on delivery Tuesday, Thursday and Saturday.
General Comments: Kitchen area where residents cook is clean

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	6 x domestic cookers and cooking stations
What equipment is in place? 6 cookers, walk in dry goods store, upright freezer x 2 and walk-in fridge,	
In what condition is the equipment? In general the area is tidy.	
Comments:	

STRUCTURAL HYGIENE

Kitchen:

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

Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	Clean and suitable storage
Condition and suitability of facilities: excellent condition and appropriate in size	
What evidence is there of stock rotation?	Orders are delivered on Tuesday, Thursday and Saturday

Refrigerated Storage:

What type of refrigerated storage is provided?	Free standing freezer and fridges in each room
Comment on the condition and suitability of the refrigerated storage: All in excellent condition , kept neat and free from ice build up etc.	
Are thermostats provided and in working order?	N/A
Are food items date stamped?	N/A
Are samples of dishes being kept?	N/A

Other:

Is there appropriate storage for cleaning agents and chemicals?	Yes – off the kitchen
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OPERATIONAL HYGIENE

Do residents use the main kitchen?	Yes
Is that use supervised to ensure safe & hygienic practices are observed?	Not necessary as 6 cooking stations are for residents use. With 2nd kitchenette for apts 33-35
By whom is it supervised?	

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

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

Condition and suitability of serving equipment and utensils:
All very clean and appropriate to food type

What procedures are in place for unused/unserved food at the end of service?
Skip at rear of kitchen

Comments:

STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Toilets and changingroom

Are all areas clean and well maintained?	Yes
--	-----

Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Yes
Are showers provided? <i>Indicate cleanliness & suitability</i>	Not used

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

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

23 PUBLIC TOILET (State Location): off main reception

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

24 COMMUNAL ROOM (State Location): large reception room to the right when entering building

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?	Pool table and general socialising	
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: Cabin at rear of building for meetings and social gatherings.		

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Paintwork of the centre	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Where you have rated * please provide details and comments: Area is clean and manager comments it in relation to the cleaner on morning shift.				
Are there any facilities available for children outdoors? Yes <input type="checkbox"/> No x				
Comments				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	7	6
Do they appear to be in working order? Yes - new laundry room at rear of centre		
Comments:		

CORRIDOR (State Location): all

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 (State Location): main stairs

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? Yesx (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	
If yes please detail: All OK	

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/> Weekly x
Who cleans the bedrooms?	Staff x Residents x
How often do staff clean the bedrooms?	Weekly x fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/>
Are there cleaning materials and equipment provided by management for residents?	Yes x <input type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	Mops. Brushes, detergents & vacuum
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Assisted by house keeping

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

ROOM NUMBER2				
Room Profile:		Room Capacity:		Room Occupancy:
shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	<input type="checkbox"/>	x	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: Crack in Wall				

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

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

ROOM NUMBERS				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	<input type="checkbox"/>	x	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: This room is extremely cluttered and intidy.				

ROOM NUMBERSa				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	<input type="checkbox"/>	x	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 NUMBER6a				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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 *
	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yesx No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER7a				
Room Profile:		Room Capacity:		Room Occupancy:
shared		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details: Leak coming through light in bathroom				

ROOM NUMBER6				
Room Profile:		Room Capacity:		Room Occupancy:
single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details: Daisy chain of many electrical leads				

ROOM NUMBER7				
Room Profile:		Room Capacity:		Room Occupancy:
shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x

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

ROOM NUMBER8				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	x	<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:		Room Capacity:		Room Occupancy:
shared		3		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 type="checkbox"/>	x	<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:		Room Capacity:		Room Occupancy:
shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 11				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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 *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER12				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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 *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details: Cover placed over fire detector				

ROOM NUMBER13				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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 *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details: Smoking in Room				

ROOM NUMBER14				
Room Profile:		Room Capacity:		Room Occupancy:
shared		2		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 type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? yes				
If *, please give details:				

ROOM NUMBER15				
Room Profile:		Room Capacity:		Room Occupancy:
shared		2		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 type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER16				
Room Profile:		Room Capacity:		Room Occupancy:
single		2		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 type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details: Ceiling in Bathroom required attention				

ROOM NUMBER17				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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 type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details: smoke detector covered				

ROOM NUMBER18				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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 *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER19				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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 *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details: smoke detector covered				

ROOM NUMBER20				
Room Profile:		Room Capacity:		Room Occupancy:
single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details: Smoking in Room				

ROOM NUMBER21				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

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

ROOM NUMBER22				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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 *
	<input type="checkbox"/>	X	<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:		Room Capacity:		Room Occupancy:
shared		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X Note
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				
If *, please give details: Hot plate in the room being used very close to curtains. 2nd time				

ROOM NUMBER24				
Room Profile:		Room Capacity:		Room Occupancy:
shared		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 *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No* <input type="checkbox"/>				

If *, please give details:

ROOM NUMBER 28				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? YesX No * <input type="checkbox"/>				
If *, please give details: Mould in Bathroom				

ROOM NUMBER 29				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? YesX No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 33				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? YesX No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 34				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X Note
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? YesX No * <input type="checkbox"/>				
If *, please give details: Smoking in Room				

ROOM NUMBER 35				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X Note
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? YesX No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 36				
Room Profile:		Room Capacity:		Room Occupancy:
shared		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? YesX No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 37				
Room Profile:		Room Capacity:		Room Occupancy:
shared		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? YesX No * <input type="checkbox"/>				
If *, please give details: Bathroom Requires attention Mould in ceiling.				

ROOM NUMBER 38				
Room Profile:		Room Capacity:		Room Occupancy:
shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	<input type="checkbox"/>	X	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? YesX 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:

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:	Linden House
Address:	New Road, Killarney, Co. Kerry
Proprietor :	Thomas Duggan
Manager:	Nemanja Babic
Contact Name:	Nemanja Babic
Capacity Per MOA (Current Occupancy):	84 (59)
Date of Inspection:	21/10/2022

Fire Safety:

At time of inspection fire panel showed 'a general fault and buzzer muted.

Rm 23 Cooking in Room again and very close to curtain.

Rm 13, Rm 32, Rm 34 & Rm 20 Smoking in Room

Rm 12, Rm 1 Cover over Fire Detector

Rm 6 Daisy Chain of Electrical leads.

Food Safety:

No Issues

Bedrooms:

Room 16 Leak in Bathroom

Rm 5 Extremely untidy room, Requires attention

Rm 29 Untidy Room

Rm 28 Mould in Bathroom and in the bedroom around window.

Rm 2 Crack in Wall being repaired currently

Rm 7a Leak in bathroom through light

Rm 37 Mould in bathroom

New Building Kitchen 1 Kitchen needs to be cleaned.

Note:

Residents all use on-line shop facility in Millstreet with deliveries on Monday, Tuesday, Thursday and Saturday every week.

To whom it may concern:

Please find details in response to inspection at Linden House Killarney on 21st October 2022.

Fire safety - At time of inspection fire panel showed 'a general fault and buzzer muted.

Technician was called to fix the problem with panel.

Rm 23 Cooking in Room.

Residents in room 23 were warned again regarding the dangers of cooking in the room and a written warning has been issued.

Rm 13, Rm 32, Rm 34 & Rm 20 Smoking in Room.

Residents in rooms 13, 32, 34, 20 have been reminded about the house rules and given verbal warning regarding the smoking in the room and danger it can cause for everyone in the centre.

Rm 12, Rm 1 Cover over Fire Detector.

Residents in room 12 were given a verbal warning and asked not to meddle with fire detector. Cover was removed.

Rm 6 Daisy Chain of Electrical leads.

Resident in room 6 was asked to sort out the leads/cables and was informed of the dangers it can cause. The resident sorted the issue.

Room 16 Leak in Bathroom.

Problem rectified by plumber that day

Rm 5 Extremely untidy room, Requires attention.

Resident in room 5 was asked to tidy the room and offered help of the staff.

Rm 29 Untidy Room.

Residents in room 29 were asked to tidy the room and offered help of the staff.

Rm 28 Bathroom , bedroom and window.

Maintenance cleaned and painted the bedroom + bathroom.

Rm 2 Crack in wall

Room 2 crack repaired.

Rm 7a Leak in bathroom.

Problem rectified by plumber that day

Rm 37 Bathroom.

Maintenance cleaned and painted the bathroom.

New Building Kitchen 1 Kitchen needs to be cleaned - **Cleaned + new cleaning scheduled added.**