

RIA

Independent Inspection Report

Centre:	Linden House
Inspector:	Shane Mac Loughlin
Date of Inspection:	29/3/18
Time of Arrival & Departure:	12-2.30

Part 1
General Information on Services

Independent Inspection Report

Centre: Linden House

Date of Inspection: 29/3/18

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

Telephone Number	064 6631379
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Current Contracted Capacity	54
Current Occupancy (today)	51
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)	Yes <input checked="" type="checkbox"/> 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"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	1 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"/> No <input checked="" type="checkbox"/>

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"/> No <input checked="" type="checkbox"/>
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?	Yes <input checked="" type="checkbox"/> 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)	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)	Yes in pool room and day room once signed in with reception first.
Outline visiting times :	9-9
In what areas are visitors allowed in the centre?	Pool room and 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)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> 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 on 12/1/2018
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)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date of last visit:	5/3/2018

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Yes. Chef very open and engages with residents.
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> • Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? • Drinks? Juice? Water? • Yogurt? • Fruit? • Other 	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?	Yes x No <input type="checkbox"/>
What food/snacks are available after hours or when kitchen is closed?	Tea / coffee station in pool room.
Where are the snacks located and how are they accessed?	In pool room
Are meals available for residents who arrive late? (Give details.)	Yes x No <input type="checkbox"/> Once prior notification to chef & manager
Are meals available for new arrivals? (Give details)	Yes – meals prepared and left for reheating once prior notification given to chef.
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes x No <input type="checkbox"/> Sandwiches and cold drinks provided along with some fruit.
If the inspection takes place during Ramadan this section <u>must</u> be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan?	n/a

12 FACILITIES FOR FEEDING BABIES

Are the following available?	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) *Expressed Breast Milk	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 available to residents?</i>	Yes/No			
Computers with Internet access	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
WIFI	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
DVD player	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Computer Games	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Snooker Table	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Pool Table	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Table Tennis Table	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Board Games	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Newspapers	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Books	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Toys / games for children	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>
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)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
An average, how many TV channels are provided to residents?	TV Saorview also SkySports has been ordered and awaiting installation.
Are residents allowed to erect satellite dishes?	no

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	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
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17 **CLEANING (General Arrangements)**

Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What cleaning equipment is available to residents?	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: 29/3/18

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"/>	Gerrie Kotze
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 RIA Code of Practice*?	x
Are all staff aware of RIA Code & House Rules?	x
How are staff made aware of RIA 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

Date	Inspected By (Company Name / Position)	Comments
12/12/2017	Pat Lyons electrical	All working
21/3/18	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
21/12/17	Allied Fire	x			
6/3/18	Allied Fire	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
12/2017	MFS	x			
15/3/18	Internal	x			

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
28/3/18	Internal	x			
29/3/18	internal	x			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
23/12/17 5.30pm	2 staff	16	5 mins	Went well

****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:	

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?	All are except outside room 17 is getting wedged open by residents.
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 pool room

What facilities are provided? Small kitchenette with toast , tea/coffee facilities	
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:

	From	To
Breakfast	8	10
Lunch	12	1.30
Dinner	5.30	6.30

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

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

Breakfast	Variety of fruit, yogurts and cereals.
Lunch	Fish & Chips, lamb Casserole, Mixed Salad, Rice and Pastas with white sauce, mashed potatoes.
Dinner	Evening meal planned for lamb stew and chicken legs

Is menu cycle on display?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Does menu cycle correspond with options available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, ask manager for explanation and provide details: Chef cooks fresh produce daily		
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.) Fish and chips with salad – tasted very nice as one would find in a typical restaurant serving.		
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Give details of this option:	Pasta with white sauce	
Were there ethnic dishes available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Give details of this option:	Lamb casserole	
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input type="checkbox"/>	No <input type="checkbox"/> n/a
In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Did inspection take place during Ramadan?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.):		
Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Comments:		

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	5/3/2018
Comments:	

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

HACCP Records:

Pest Control: Prevent A Pest inception and service 30/1/2018 – all clear
Induction and Ongoing Staff Training: 8/1/18
Time & Temperature Records: all in place , compliant and up to date
Hygiene Audits: cleaning checks audit by head chef
List of Approved Suppliers: Flesk Meats, All fresh, Spillane Seafood, Musgraves & Lidl
Cleaning Schedules: daily , weekly , monthly records ok
Procedures for accepting deliveries: in place
General Comments:

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	commercial
What equipment is in place?	Gas Hobs, Oven, Deep Fryer, Double walk in fried, Standalone Fridge
In what condition is the equipment?	Good condition
Comments:	Gulley cover missing outside back door.

STRUCTURAL HYGIENE

Kitchen:

Is the refuse area suitably located?	Yes – to rear of kitchen
Is the area tidy?	Yes
Are all bins covered?	Yes
Are signs displayed at all entrances in relation to access to kitchen for non kitchen staff?	Yes
Are white coats, shoe covers and hats available for non kitchen staff?	No
Comment of the structural hygiene of the kitchen (i.e floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc) Kitchen and surrounds are kept clean	
Are suitable hand washing and drying facilities provided?	yes
General Comments:	Good controls in place

Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	Good storage practices everything is off the ground.
Condition and suitability of facilities: ok	
What evidence is there of stock rotation?	Daily deliveries minimal stock in place

Refrigerated Storage:

What type of refrigerated storage is provided?	Double walk in fridge with standalone fired and freezer
Comment on the condition and suitability of the refrigerated storage: Good condition	
Are thermostats provided and in working order?	yes
Are food items date stamped?	yes
Are samples of dishes being kept?	yes

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?	
By whom is it supervised?	

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

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

Condition and suitability of serving equipment and utensils:
Well maintained and kept clean

What procedures are in place for unused/unserved food at the end of service?
Put to compost.

Comments:

STAFF FACILITIES AND HYGIENE

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

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>	Yes- but no use by staff

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

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

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? Record the last time entry.					Yes <input type="checkbox"/>	No x
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 left 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 <input type="checkbox"/> 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:	

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"/>	<input type="checkbox"/>	x	<input type="checkbox"/>

Where you have rated * please provide details and comments: Car park and side of building is grubby in appearance	
Are there any facilities available for children outdoors? Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Comments	

LAUNDRY ROOM

	Washing Machines	Dryers
Number	2	2
Do they appear to be in working order? yes		
Comments:		

CORRIDOR (State Location): all

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

STAIRWAY (State Location): main stairs

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

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 2				
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 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 NUMBER 5a				
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 *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 6a				
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 7a				
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 NUMBER 5				
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 NUMBER 6				
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 NUMBER 7				
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 8				
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 9				
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 NUMBER 10				
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: Resident smoking in room.				

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 NUMBER 12				
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 13				
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 14				
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? No*				
If *, please give details: Smoke detector covered by resident.				

ROOM NUMBER 15			
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 16				
Room Profile:		Room Capacity:		Room Occupancy:
vacant		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<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 17				
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 NUMBER 18				
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 19				
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 20				
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 NUMBER 21				
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: Mould in en suite				

ROOM NUMBER 22		
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 NUMBER 23					
Room Profile:		Room Capacity:		Room Occupancy:	
shared		4		4	
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 24					
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:					

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.

Part 3
Sensitive Information

Independent Inspection

Centre: Linden House

Date of Inspection: 29/3/18

Child Protection

THIS IS NOT A CHILD PROTECTION REFERRAL FORM

***If you observed any child protection issues while conducting the inspection, please indicate which category the incident relates to:**

Case Type	Check as appropriate
Unsupervised child	<input type="checkbox"/>
Disruptive behaviour	<input type="checkbox"/>
Inappropriate Sexual behaviour	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>
Physical abuse / assault	<input type="checkbox"/>
Neglect	<input type="checkbox"/>
Other (give general details below)	<input type="checkbox"/>

Details:

*** Please note that this is solely the initial perception of the inspector.**

If an inspector witnesses a child protection or welfare incident, he / she must:

- (a) Report the matter to the Designated Liaison Person in the centre, and;
- (b) Report the matter to the Child and Family Services Unit on return to the RIA Office.

Do you have a full list of staff employed at the centre?	Yes	x	No	<input type="checkbox"/>
Do you have a list of the Staff on duty on the day of the inspection?	Yes	x	No	<input type="checkbox"/>
Do you have a list of the Designated Liaison Persons (Child Protection)?	Yes	x	No	<input type="checkbox"/>

Please attach the above lists to the end of the inspection report.

If you do not have a separate list, please provide

[illegible]

Personal Representations

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

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

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

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Summary Sheet

Name of Centre:	Linden House
Address:	New Road, Killarney, Co. Kerry
Proprietor :	Thomas Duggan
Manager:	Gerrie Koetz
Contact Name:	Gerrie Koetz
Capacity Per MOA (Current Occupancy):	54 (51)
Date of Inspection:	29/3/18

Fire Safety:

Fire door in corridor outside room 17 is wedged open.

Resident smoking in room 10.

Room 14 smoke detector cover by resident.

Food Safety:

Gulley outside back door needs cover.

Bedrooms:

Room 21 Mould build up in en-suite ceiling.

Other issues:

Car park and side of building is grubby in appearance.

Mr Thomas Duggan
Millstreet Equestrian Services Ltd
Green Glens Arena,
Millstreet
Co. Cork

7th June, 2018

Dear Mr Duggan,

QTS Limited, on behalf of the Reception and Integration Agency, carried out an inspection at **Linden House** on *29th March, 2018*. A copy of their report is enclosed for your information. Please read this report carefully and do not hesitate to contact me if you require any clarifications.

During the course of the inspection a number of issues were highlighted, we would appreciate your immediate attention to deal with any hazards or risks detailed in this report.

Please reply to me in writing, on or before *21st June, 2018* outlining the steps you have taken/propose to take to address each of the issues raised in the report.

Yours sincerely,

Marie Walker
Higher Executive Officer
Reception and Integration Agency

Bernadette M. Loughrey

From: Thomas Duggan <thomas@millstreet.ie>
Sent: 30 July 2018 15:37
To: Bernadette M. Loughrey
Cc: 'Linden House' [REDACTED]
Subject: Inspection Linden House June 18

Dear Ms. Loughrey,

In response to the above inspection.....

A number of the Fire Notices had been removed by residents. These have all been replaced. We will keep up to date with these into the future.

Arrangements will be made to change the flooring in the bathroom of room 7,
Room 21 ensuite to be painted and the mirror repaired.

Sincerely,

Thomas Duggan

