

RIA

Independent Inspection Report

| | |
|---|--|
| Centre: | Park Lodge Accommodation Centre |
| Inspector: | Shane Mac Loughlin |
| Date of Inspection: | 18/12/2019 |
| Time of Arrival & Departure: | 16.00-18.00 |

Part 1
General Information on Services

Independent Inspection Report

Centre: *Park Lodge, Killarney*
Accommodation Centre
Date of Inspection: *18/12/2019*

1. CENTRE DETAILS

| | |
|----------------------------|---------------------------------|
| Name and address of Centre | Park Lodge, Killarney Co. Kerry |
|----------------------------|---------------------------------|

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

| | |
|------------------|-----------|
| Telephone Number | 064 39671 |
|------------------|-----------|

| | |
|---|------------------------|
| Current Contracted Capacity | 55 |
| Current Occupancy (today) | 46 |
| Current Centre Profile (e.g., singles, families etc.) | Single Female (adults) |

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

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

2. Please provide a copy of the following

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

3 GENERAL SECURITY & EMERGENCY DETAILS

| | |
|---|---|
| Is 24 hour supervision provided? (Y/N) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Give details of roster hours | Night staff 8pm to 8 am |
| Is security provided by external company? (Y/N) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If yes, give name of company: | Internal OFM Staff |
| 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? | 3 between kitchen and reception |
| Who is responsible for first aid restocking? | Job title only (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? | Electric |
| Do residents have control of the heating in their own bedroom? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If no, what arrangements are in place? | |
| What are the heating 'ON' times? | |

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? | On arrival induction with Manager and RIA booklet issued |

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

7 ARRANGEMENTS FOR MAINTENANCE

| | |
|---|---|
| Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No) | 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: Log in managers office for maintenance to do etc. | |

8 CHILD PROTECTION

| | |
|--|-------------------------------------|
| Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) | Not applicable to Park Lodge |
| Are visitors asked to sign a declaration agreeing to adhere to the child protection policy? | n/a |
| Where is declaration held? | n/a |
| Is there a sign in book for visitors? Where? | n/a |
| Are there notices on public display giving name and contact details of Designated Liaison Person? Where? | n/a |
| Have Designated Liaison Persons received HSE training? | n/a |
| Are notices prominently displayed regarding parental supervision of children? Where? | n/a |

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: | 18/10/19 |

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

| | |
|---|---|
| Are residents consulted regarding menu / dietary requests? (Give details.) | Chef openly meets with residents, guest also provide recipes to chef for theme nights |
| 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 |
| 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? | Fruit, Bread, coffee, tea and milk |
| Where are the snacks located and how are they accessed? | Dining room |
| Are meals available for residents who arrive late? (Give details.) | Yes x No <input type="checkbox"/> Meal left covered for re-heating once notified |
| Are meals available for new arrivals? (Give details) | Yes on arrival if outside main meal times , meals will have been set aside from previous service. |
| Are packed lunches available for residents travelling to Dublin on official business? (Give details) | Yes x No <input type="checkbox"/> Sandwich, juice/water and fruit |
| If the inspection takes place during Ramadan this section <u>must</u> be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan? | n/a |

12 FACILITIES FOR FEEDING BABIES

| | |
|--|------------------------------|
| Are the following available? | Does not apply to Park Lodge |
| 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? Where? | n/a |

13 INDOOR FACILITIES

| <i>Are the following are 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 checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Computer Games | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Snooker Table | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Pool Table | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Table Tennis Table | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Board Games | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Newspapers | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Books | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Toys / games for children | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Other | | |
| Give details of any other arrangement or other comments: | Gym with cardio equipment, ab machines in building at rear | |

14 TRANSPORT ARRANGEMENTS

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

15 TV SYSTEM

| | |
|---|--|
| Is there a specific TV system in place? (give details) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UPC cable channels |
| An average, how many TV channels are provided to residents? | 30+ |
| Are residents allowed to erect satellite dishes? | No |

16 LAUNDRY FACILITIES (General Arrangements)

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

| | |
|--|---|
| What procedures are in place for the exchange of towels and bed linen at the centre? | On request with manger |
| What procedures are in place for ironing boards and irons? | Available from laundry both irons and ironing boards |
| How is washing powder / tablets supplied? | Washing machines on automatic dosing |
| Are there specific arrangements for access to the laundry (give details): | Open from 8am to 10pm |

17 CLEANING (General Arrangements)

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

PART 2

Room by Room Inspection

Independent Inspection

Centre: Park Lodge Killarney

Date of Inspection: 18/11/2019

Section A- Administration / Communal areas

17 Have you seen the following?

| | | Location of display |
|------------------------------|---|-----------------------|
| Up to date House Rules | x | Dining room and lobby |
| Complaint Forms | x | Reception board |
| Accident/ Incident procedure | x | Mangers office |

| | | |
|--|---|-------------------------------|
| HSE Breastfeeding Posters (if applicable) | | n/a |
| Designated Liaison Person details (Child Protection) | | n/a |
| Supervision of children notice | | n/a |
| Gym Notices (Child Safety – if applicable) | x | Gym door |
| IOM Voluntary Return Posters | x | Lobby outside managers office |

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 session by manager and sign off. | |

**A Code of Practice for persons working in accommodation centres*

19 FIRE SAFETY

You should record the last 2 entries on the fire register for each of the following sections:

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

| <u>Date</u> | <u>Inspected By</u> (Company Name / Position) | <u>Comments</u> |
|-------------|--|-----------------|
| 16/11/19 | Internal | Ok |
| 15/11/19 | 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 |
|---------|---|----|--------|------------------------------|-----------------|
| 7/8/19 | Chubb | x | | | |
| 8/11/19 | Chubb | x | | | |

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

(Include all fire extinguishers, hose reels and fire blankets.)

| Date | Inspected By (Company Name / Position) | OK | Defect | Remedial Action Taken (Y/N) | Sign Off Y/N |
|-------------|--|----|--------|---------------------------------|-----------------|
| 16/11/19 | Internal security | x | | | |
| Nov 2019 | by M&K Fire – Conformance Certificate | x | | | |

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

| Date | Inspected By (Company Name / Position) | OK | Defect | Remedial Action Taken (Y/N) | Sign Off Y/N |
|----------|--|----|--------|------------------------------------|-----------------|
| 16/11/9 | Internal security | x | | | |
| 15/11/19 | Internal security | x | | | |

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

| Date & Time | Numbers of staff involved in drill | No. of residents present / evacuated ** | Evacuation Time | Comments |
|-------------------|---------------------------------------|---|--------------------|-----------|
| 5/11/19 1.45pm | 4 | 12/12 | 4 mins | Went well |
| 5/3/19 4pm | 4 | 17/17 | 3min | |

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

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

19g FIRE ASSEMBLY POINTS

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

19h FIRE ALARM SYSTEM

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

19i FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES

(in corridors & common areas)

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

Administration Area:

Reception:

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

Have you seen the following?

| | | Location of display |
|------------------------------|---|-----------------------|
| Up to date House Rules | x | Dining room and lobby |
| Complaint Forms | x | Dining room and lobby |
| Accident/ Incident procedure | x | Managers office |

| | | |
|---|---|--------------------------------------|
| HSE Breastfeeding Posters (if applicable) | | n/a |
| Designated Liaison Person details (Child Protection) | | n/a |
| Supervision of children notice | | n/a |
| Gym Notices (Child Safety – if applicable) | x | Gym door notice (no children onsite) |

| | | |
|---------------------------------------|---|-----------------------|
| IGM Voluntary Return Posters | x | Dining room and lobby |
| Anti Human-Trafficking Posters | x | Dining room and lobby |
| 'NO to Violence & Harassment' Posters | x | Dining room and lobby |

Social Room / Tea Station (State Location):

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

Pre-school Room:

| | |
|--|------------------------------|
| Is the area generally clean? | Not applicable to Park Lodge |
| If no please give details: | |
| <i>Visual Check: Have you noticed any issues requiring attention?</i> n/a (observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc) | |
| Other comments: | |

DINING AREA:

Please outline the meal times:

| | From | To |
|------------------|-------|-------|
| Breakfast | 7.30 | 9.30 |
| Lunch | 12.30 | 14.00 |
| Dinner | 17.30 | 19.00 |

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

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

| | |
|------------------|--|
| Breakfast | |
| Lunch | |
| Dinner | |

| | | |
|---|---|--|
| Is menu cycle on display? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Does menu cycle correspond with options available? | Yes | |
| If no, ask manager for explanation and provide details: | | |
| Which meal was sampled? | Lunch <input checked="" type="checkbox"/> | |
| Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Beef stew and pasta – food was tasty and perfect temperature | | |
| Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option) | No - no vegetarians in centre | |
| Give details of this option: | | |
| Were there ethnic dishes available? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Give details of this option: Chicken stir fry | | |
| Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines) | 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, (<i>medical or other appointments, etc.</i>): | | |
| 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: Food and service of a high standard. | | |

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

| | |
|---|----------|
| Has the premises been inspected by an Environmental Health Officer? | Yes |
| Date of Visit? | 18/10/19 |
| Comments: No major issues | |

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

HACCP Records:

| |
|--|
| Pest Control: Alphasan Pest Control , no activity noted All in order. |
| Induction and Ongoing Staff Training: HACCP training has been provided to all kitchen staff, training records viewed in employee file. |
| Time & Temperature Records: Cooking, re-heating, service temperatures are taken at each service. Food server temperature taken also. Fridge & Freezer temperatures taken twice daily as food delivery and food storage. |
| Hygiene Audits: Hygiene and cleaning tracking complete |
| List of Approved Suppliers: Detailed list of approved suppliers in place. |
| Cleaning Schedules: Daily/weekly cleaning registers in place, checked by Head Chef on a daily/weekly basis, separate server and kitchen cleaning registers. |
| Procedures for accepting deliveries: 12 point HACCP control point system and acceptance of delivery process in place. |
| General Comments: Very clean kitchen and well maintained. Excellent HACCP system in place. |

HACCP and Kitchen Evaluation

General

| | |
|--|--|
| Is the kitchen commercial or domestic? | Commercial. |
| What equipment is in place? | 2 Freezers, 4 fridges , Oven, gas burner, deep fryer, commercial microwave, commercial mixer, milk dispenser, commercial dishwasher, separate metal worktops for cooked meat, raw meat and vegetables. |
| In what condition is the equipment? | Equipment is clean and well maintained. |
| Comments: Separate room for dish washing. Area well ventilated, clean and well maintained | |

Structural Hygiene

Kitchen:

| | |
|--|------------------------------------|
| Is the refuse area suitably located? | Yes, located outside kitchen area. |
| Is the area tidy? | Yes |
| Are all bins covered? | Yes |
| Are signs displayed at all entrances in relation to access to kitchen for non kitchen staff? | Yes. |
| Are white coats, shoe covers and hats available for non kitchen staff? | Yes |
| Comment of the structural hygiene of the kitchen (i.e. floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc): | |
| Good standard of hygiene maintained within the kitchen. | |
| Are suitable hand washing and drying facilities provided? | Yes |
| General Comments: | |
| Generally good habits being practised by staff. | |

Structural Hygiene cont

Dry Goods

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

Refrigerated Storage

| | |
|--|---|
| What type of refrigerated storage is provided? | Free standing commercial refrigerators and free standing and commercial chest freezers. |
| Comment on the condition and suitability of the refrigerated storage: 2 freezers and 4 fridges all spotless and very well maintained with everything appropriately labelled. | |
| Are thermostats provided and in working order? | Yes, all in good working order. |
| Are food items date stamped? | Yes. |
| Are samples of dishes being kept? | Yes, kept in refrigerated display unit in service area. |

Other

| | |
|--|---|
| Is there appropriate storage for cleaning agents and chemicals? | Yes, separate locked room facility in place. Appropriate shelving provided. |
|--|---|

Operational Hygiene

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

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

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

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

| |
|---|
| What procedures are in place for unused/unserved food at the end of service? |
| Foods are disposed of after every service. |

| |
|--|
| Comments: |
| |

Staff Facilities and Hygiene

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

| | |
|---|---|
| Are all areas clean and well maintained? | Yes. All areas are regularly cleaned and are in a good condition. |
| Are suitable hand washing & drying facilities provided? | Yes. |
| Is storage provided for personal belongings? | Yes, lockers are provided. |
| Are showers provided? <i>indicate cleanliness & suitability</i> | No. |

| | |
|--|---|
| Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained If no, outline arrangements for breaks</i> | No, dining room used for staff breaks also. |
|--|---|

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

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

23 PUBLIC TOILET (State Location):

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|--|--------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Unisex: | 1 | x | x | x | x | <input type="checkbox"/> |
| 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) | | | | | | |
| Are all facilities working? | | | | | | Yes x No * <input type="checkbox"/> |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | | | | | | Yes* <input type="checkbox"/> No x |
| If No, give details: | | | | | | |

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

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

OUTDOOR GROUNDS / FACILITIES

Please rate the following

| | Very Good | Adequate | Poor* | Needs urgent attention* |
|---|-----------|--------------------------|--------------------------|--------------------------|
| Condition of exterior of centre | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paintwork of the centre | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.) | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cleanliness of the grounds (ie., evidence of rubbish etc.) | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Where you have rated * please provide details and comments: | | | | |
| Are there any facilities available for children outdoors? no | | | | |
| Comments No children reside in Park Lodge | | | | |

LAUNDRY ROOM

| | | |
|---|------------------|--------|
| | Washing Machines | Dryers |
| Number | 2 | 2 |
| Do they appear to be in working order? yes | | |

CORRIDOR all corridors are maintained exceptionally well

| | | | | |
|---|-----|-------------------------------------|----|-------------------------------------|
| 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: + | | | | |

STAIRWAY all stairwells are clean and kept clear

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

Bedrooms:

CLEANING (General Arrangements)

| | | |
|--|---|---|
| How often are bedrooms inspected? | twice weekly <input type="checkbox"/> | Weekly <input checked="" type="checkbox"/> |
| Who cleans the bedrooms? | Staff <input type="checkbox"/> | Residents <input checked="" type="checkbox"/> |
| How often do staff clean the bedrooms? | Weekly <input type="checkbox"/> | fortnightly <input type="checkbox"/> |
| | Monthly <input type="checkbox"/> | Other <input type="checkbox"/> |
| Are there cleaning materials and equipment provided by management for residents? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| What cleaning equipment is available to residents? | Mops, brushes, toilet cleaner, vacuum etc | |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Management will work with resident and if necessary get housekeeping to assist in cleaning. | |

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

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

| | | | | |
|-----------------------------|---------|-----------------|-------------|-----------------|
| ROOM 3 | | | | |
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | X | x |

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

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

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

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|---------------------------------|-----------|--------------------------|--------------------------|-------------------------------|
| ROOM 6 | | | | |
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes x | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|-----------------------------|-----------|--------------------------|--------------------------|--------------------------|
| ROOM 7 | | | | |
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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|---------------------------------|-----------|--------------------------|---|-------------------------------|
| ROOM 8 | | | | |
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|---------------------------------|-----------|--------------------------|---|-------------------------------|
| ROOM 9 | | | | |
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|---------------------------------|-----------|--------------------------|---|-------------------------------|
| ROOM 10 | | | | |
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|---------------------------------|-----------|--------------------------|---|-------------------------------|
| ROOM 11 | | | | |
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|---------------------------------|-----------|--------------------------|--------------------------|-------------------------------|
| ROOM 12 | | | | |
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes X | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|---------------------------------|-----------|--------------------------|--------------------------|-------------------------------|
| ROOM 14 | | | | |
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes X | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|---------------------------------|-----------|--------------------------|--------------------------|-------------------------------|
| ROOM 15 | | | | |
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes X | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|---------------------------------|-----------|--------------------------|--------------------------|-------------------------------|
| ROOM 16 | | | | |
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes X | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|---------------------------------|-----------|--------------------------|--------------------------|-------------------------------|
| ROOM 17 | | | | |
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes X | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|---------------------------------|-----------|--------------------------|--------------------------|-------------------------------|
| ROOM 18 | | | | |
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes X | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|---------------------------------|-----------|--------------------------|--------------------------|-------------------------------|
| ROOM 19 | | | | |
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | X | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | X | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes X | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|---------------------------------|-----------|--------------------------|--------------------------|-------------------------------|
| ROOM 20 | | | | |
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | X | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | X | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes X | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| ROOM 21 | | | | |
|---------------------------------|-----------|--------------------------|--------------------------|-------------------------------|
| Room Profile: vacant | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes x | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| ROOM 22 | | | | |
|---------------------------------|-----------|--------------------------|--------------------------|-------------------------------|
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes x | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| ROOM 23 | | | | |
|---------------------------------|-----------|--------------------------|--------------------------|-------------------------------|
| Room Profile: single female | | Room Capacity: | | Room Occupancy: |
| | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| x | x | n/a | X | x |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | x | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes x | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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.

Part 3
Sensitive Information

Independent Inspection

Centre: Park Lodge, Killarney

Date of Inspection: 18/11/2019

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.

Personal Representations

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

N/A

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

N/A

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

N/A

Summary Sheet

| | |
|--|---------------------|
| Name of Centre: | Park Lodge |
| Address: | Killarney |
| Contractor : | OFM |
| Manager: | Gerardette Milligan |
| Contact Name: | Gerardette Milligan |
| Capacity Per MOA (Current Occupancy): | 55 (46) |
| Date of Inspection: | 18/11/2019 |

Fire Safety:

No issues

Food Safety:

No safety issue

Bedrooms:

No issues.



Seirbhísí an tSoláthair Cosaint Idirnáirsiúnta
International Protection Procurement Services

Mr. Jamie Carnegie,
OFM,
Laccamore,
Abbeydorney,
Tralee,
Co. Kerry.

4th February 2020.

Dear Mr. Carnegie,

QTS carried out an inspection at Park Lodge Accommodation Centre, Killarney at the request of International Protection Procurement Services on 18th December 2019. A copy of the inspection report is enclosed for your attention and I apologise for the delay in forwarding this to you. Please read the report carefully and do not hesitate to contact me if it contains any discrepancies.

No issues were identified as requiring attention during the course of the inspection or outlined in the report. Please reply in writing on or before Friday 14th February confirming receipt of the report and this letter.

Yours sincerely,

Bernie Loughrey
Internal Inspection Unit
International Protection Procurement Services

Bernadette M. Loughrey

From: jamie.carnegie@ofm.ie
Sent: Thursday 6 February 2020 12:18
To: Bernadette M. Loughrey; catherine.leen
Subject: QTS audits received.

Dear Bernie,

I acknowledge receipt of your letters and the QTS audit reports for AHT on 18th Nov 2019 and PLK on 18th Dec 2019.

I am satisfied with the reports and will convey the results to the staff in the centers.

kindest regards

Jamie Carnegie

OFM

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