

# RIA

## Independent Inspection Report

<b>Centre:</b>	<b>Eyre Powell</b>
<b>Inspector:</b>	<b>Shane Mac Loughlin</b>
<b>Date of Inspection:</b>	<b>4/7/17</b>
<b>Time of Arrival &amp; Departure:</b>	<b>14.00-17.00</b>

## 1. CENTRE DETAILS

Name and address of Centre	Eyre Powell Hotel Main St, Newbridge, Co. Kildare
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Contractor	Joseph Germaine
Manager	David Kiely
Who deputises for manager in his/her absence?	<b>Give Job Title only</b> Relief Manager

Telephone Number	04s 438828
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Current Contracted Capacity	<b>90</b>
Current Occupancy (today)	<b>85</b>
Current Centre Profile (e.g., singles, families etc.)	<b>Families, singles</b>

HSE Area	Eastern Health Board - Newbridge
Public Health Nurse	Suzanne Kennedy
DSP / CWO name	Terry Conroy
Environmental Health Officer name	Lisa Balfe
Local Fire Officer Name	Brian Cosgrove
Local Fire Station	Newbridge Fire Station

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 checked="" type="checkbox"/>

## 2. Please provide a copy of the following

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

In what areas are visitors allowed in the centre?	<b>Communal areas downstairs</b>
Any other relevant information:	<b>No</b>
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>No</b>
What toiletries are provided to residents on arrival?	<b>Toilet paper, soap, shampoo, shower gel, toothpaste</b>
What arrangements are in place to replenish these items?	<b>Weekly</b>

## 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: <b>The maintenance book is updated every evening and issues are then addressed</b>	

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	<b>Yes. Staff are given a copy and are required to sign off that they have read and understand the Policy.</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	<b>Yes</b>
Where is declaration held?	<b>Reception</b>
Is there a sign in book for visitors? Where?	<b>Reception</b>
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	<b>Yes in reception</b>
Have Designated Liaison Persons received HSE training?	<b>Yes</b>
Are notices prominently displayed regarding parental supervision of children? Where?	<b>Yes in reception</b>

## 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:	<b>November 2016 – no report received</b>

Where?	
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### 13 INDOOR FACILITIES

<i>Are the following are available to residents?</i>	Yes/No			
Computers with Internet access	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
WIFI	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
DVD player	Yes	<input 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 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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
Other	<b>Play area on first floor</b>			
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?	
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?	<b>100</b>
Are residents allowed to erect satellite dishes?	<b>Yes</b>

### 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)	<b>Residents</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>On request</b>
What procedures are in place for ironing boards and irons?	<b>Available In laundry</b>
How is washing powder / tablets supplied?	<b>On arrival and weekly</b>
Are there specific arrangements for access to the	<b>24 hours in basement and 0800 to 2200 on first</b>

*PART 2*

*Room by Room Inspection*

Independent Inspection

*Centre:* *Eyre Powell*  
*Date of Inspection:* *4/7/17*

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
3/7/17	<b>Manager</b>	<input checked="" type="checkbox"/>	<b>None</b>	<b>n/a</b>	<b>Y</b>
2/7/17	<b>Manager</b>	<input checked="" type="checkbox"/>	<b>None</b>	<b>n/a</b>	<b>Y</b>
27/4/15	<b>Firestop Enterprise Ltd</b>	<input checked="" type="checkbox"/>	<b>None</b>	<b>n/a</b>	<b>Y</b>
29/4/16	<b>Firestop Enterprise Ltd</b>	<input checked="" type="checkbox"/>	<b>None</b>	<b>n/a</b>	<b>Y</b>

#### 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
3/7/17	<b>Manager</b>	<input checked="" type="checkbox"/>	<b>None</b>	<b>n/a</b>	<b>Y</b>
2/7/17	<b>Manager</b>	<input checked="" type="checkbox"/>	<b>None</b>	<b>n/a</b>	<b>Y</b>

#### 19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
26/6/17	4	85/33	10 mins	
19/12/16	4	66/27		

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

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

Job Description	Course	Instructor	Duration	Date
8 staff-Manager, staff including cleaning, security	Fire & evacuation drills	Robin Knox & Associates	30 mins	12/3/15

#### 19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	<b>Back lane, rear of hotel</b>
Are they marked?	<b>Yes</b>
Are staff aware of locations?	<b>Yes</b>
Comments:	

#### 19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	<b>Yes</b>
Are there smoke alarms throughout the premises, inc bedrooms?	<b>Yes</b>
Are all smoke alarms linked back to a central control panel?	<b>Yes</b>
Are there designated 'Smoking' areas?	<b>Outside of building</b>

## Administration Area:

### Reception:

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	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>	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"/>	Reception
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Reception

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	Not displayed
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	Reception
Supervision of children notice	<input checked="" type="checkbox"/>	Reception
Gym Notices (Child Safety – if applicable)	<input checked="" 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): Ground Floor

What facilities are provided? Dining area		
Is the area generally clean?	Yes <input checked="" type="checkbox"/>	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 <input type="checkbox"/>
If yes please detail:		

### Pre-school Room: N/A

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

## KITCHEN AREA: Food Safety Critical Requirements

### FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	November 2016
Comments: No report issued	

Has a HACCP system been implemented?	<b>yes</b>
Who designed the HACCP system?	<b>Chef</b>
Who is responsible for reviewing the system?	<b>Chef</b>
How frequently is the system reviewed?	<b>Annually</b>

### HACCP Records:

Pest Control: yes.
Induction and Ongoing Staff Training: Records in HACCP file . training certs for staff dated 21/12/15
Time & Temperature Records: in place and up to date
Hygiene Audits: In place
List of Approved Suppliers: In place
Cleaning Schedules: in place and up to date
Procedures for accepting deliveries: In HACCP file
General Comments: Kitchen was clean and good storage practices were being adhered to.



**Refrigerated Storage:**

What type of refrigerated storage is provided?	<b>Fridges and freezers</b>
Comment on the condition and suitability of the refrigerated storage: Storage is suitable. Cooked and uncooked suitably segregated.	
Are thermostats provided and in working order?	<b>Yes and calibrated</b>
Are food items date stamped?	<b>Yes</b>
Are samples of dishes being kept?	<b>Yes</b>

**Other:**

Is there appropriate storage for cleaning agents and chemicals?	<b>Yes</b>
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**OPERATIONAL HYGIENE**

Do residents use the main kitchen?	<b>No</b>
Is that use supervised to ensure safe & hygienic practices are observed?	<b>yes</b>
By whom is it supervised?	<b>Kitchen staff</b>

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, refridgerated units.</i>
Yes

Condition and suitability of serving equipment and utensils:
Serving equipment is suitable and clean

What procedures are in place for unused/unserved food at the end of service?
Chilled and stored

Comments:
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**23 PUBLIC TOILET (State Location): Reception**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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 <input checked="" type="checkbox"/>
Is the area clean? (provide comment) Clean and suitable						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/>	No <input type="checkbox"/>
If No, give details:						

**24 COMMUNAL ROOM (State Location): Ground floor**

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

**OUTDOOR GROUNDS / FACILITIES**

Please rate the following:

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



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

<b>ROOM NUMBER 103</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Single		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 104</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 105</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>

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

<b>ROOM NUMBER 110</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
Shared		4		4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

<b>ROOM NUMBER 111</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
Shared		4		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

<b>ROOM NUMBER 112</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
Shared		2		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

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

<b>ROOM NUMBER 203</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
<b>Shared</b>		<b>2</b>		<b>1</b>	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

<b>ROOM NUMBER 204</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
<b>Shared</b>		<b>2</b>		<b>2</b>	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>	
If *, please give details:					

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

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

<b>ROOM NUMBER 210</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
<b>Single</b>		<b>2</b>		<b>2</b>	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

<b>ROOM NUMBER 211</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
<b>Shared</b>		<b>2</b>		<b>2</b>	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

<b>ROOM NUMBER 212</b>					
Room Profile:		Room Capacity:		Room Occupancy:	
<b>Single</b>		<b>2</b>		<b>2</b>	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

Cleanliness	<input type="checkbox"/>	<input checked="" 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:				

**STAIRWAY (State Location): To Third Floor**

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

**Corridor (State Location): Third Floor**

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

<b>ROOM NUMBER 301</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 302</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" 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:				



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

## Summary Sheet

<b>Name of Centre:</b>	Eyre Powell
<b>Address:</b>	Main Street, Newbridge, Kildare
<b>Proprietor :</b>	J Germaine
<b>Manager:</b>	David Kiely
<b>Contact Name:</b>	David Kiley
<b>Capacity Per MOA (Current Occupancy):</b>	90 (85)
<b>Date of Inspection:</b>	4/7/17

Fire Safety:  
Smoke detector covered in room 207

Food Safety:  
Kitchen back door needs screen if being left opened.

Bedrooms:  
108 Bathroom ceiling damp  
205 ensuite ceiling has mould

Other issues: None

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Eyre Powell Hotel,  
Newbridge,  
Co. Kildare,  
14th September 2017.

M/S Marie Walker,  
R.I.A.  
P.O. Box 11487  
Dublin 2.

Dear M/S Walker,

Sorry for the delay in replying to your inspection report carried out by QTS on 4th of July 2017.

All issues outlined have been dealt with in full.

Fire Safety;

1. Warning letter issued to residents of Room 207.

Food safety;  
Kitchen back door to remain closed.

Bedrooms;  
108 Bathroom ceiling repaired and re-painted.  
205 Ensuite ceiling cleaned and freshly painted.

Hope this is to your satisfaction .

Yours Sincerely

David Kiely (Manager)



DEPARTMENT OF JUSTICE, EQUALITY AND LAW REFORM  
AN ROINN DLÍ AGUS CIRT, COMHIONANNAIS AGUS ATHCHÓIRITHE DLÍ

RECEPTION AND INTEGRATION AGENCY  
ÁISINEACHT FHÁILTE AGUS COMHTHÁITE

Mr. Joseph Germaine,  
Peachport Ltd.,  
Main Street,  
Baltinglass,  
Co. Wicklow

18<sup>th</sup> July, 2017

Dear Mr. Germaine,

QTS Limited on behalf of the Reception and Integration Agency carried out an inspection at the Eyre Powell Hotel on *4<sup>th</sup> July, 2017*. A copy of the inspection report is enclosed for your attention. Please read the report carefully and do not hesitate to contact me if it contains any discrepancies.

During the course of the inspection a number of issues were highlighted and you are required to deal with any hazards or risks detailed in this report immediately.

Please reply in writing, on or before Friday 4<sup>th</sup> August, 2017 outlining the steps you have taken/propose to take to address each of the issues raised.

Yours sincerely,

Marie Walker  
Reception and Integration Agency