

RIA

Independent Inspection Report

Centre:	Park Lodge Accommodation Centre
Inspector:	Cian MacLochlainn
Date of Inspection:	30/12/17
Time of Arrival & Departure:	1.00 -3.30

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)	40
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

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:	24/7/17

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"/>
An average, how many TV channels are provided to residents?	UPC cable channels	
Are residents allowed to erect satellite dishes?	30+	
	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	

PART 2

Room by Room Inspection

Independent Inspection

Centre: Park Lodge Killarney

Date of Inspection: 30/12/17

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
29/12/17	Internal security	x			
11/2017	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
29/12/17	Internal security	x			
28/12/17	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
23/2/17	3	35		No issues
18/9/17 16.00	4	37	6.5 mins	No issues

****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:	

Administration Area:

Reception:

Is the area generally clean? <input type="checkbox"/>	Yes x No
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 x 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)

IOM 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:</i> Have you noticed any issues requiring attention?	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:</i> Have you noticed any issues requiring attention?	n/a (observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)
Other comments:	

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	24/7/17
Comments: No major issues – improvements noted have all been implemented	

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 Ltd. document review. 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.

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.
------------------------------------------------------------------------	-----------------------------------------------------------------------------

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</i> <i>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:	

LAUNDRY ROOM

	Washing Machines	Dryers
Number	2	2
Do they appear to be in working order? yes		
Emergency exit door is locked secure. Push bar required.		

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:				

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 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:				

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:				

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:				

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"/>

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:				

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:				

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:				

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:				

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:				

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:				

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:				

General Representations

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

N/a

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

N/A

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

N/A

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:	Park Lodge
Address:	Killarney
Contractor :	OFM
Manager:	Gerardette Milligan
Contact Name:	Gerardette Milligan
Capacity Per MOA (Current Occupancy):	55 (40)
Date of Inspection:	30/12/17

Fire Safety:

No issues

Food Safety:

No safety issue

Bedrooms:

No issues.

NOTE: The level of cleanliness and tidiness of all rooms throughout the centre was exemplary and it is evident the centre is being very well managed.



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. Jamie Carnegie
OFM
Laccamore
Abbeydorney
Tralee
Co. Kerry


1st February, 2018

Dear Mr. Carnegie,

QTS on behalf of The Reception and Integration Agency carried out an inspection at **Park Lodge** on the *30th December, 2017*. A copy of the report is enclosed for your attention.

There are no issues highlighted on the report.

Yours sincerely,


Marie Walker
Higher Executive Officer.
Reception and Integration Agency